SAMHSA | SM-16-007 Cooperative Agreement to Benefit Homeless Individuals

Final Submitted Application

Pinellas County submitted its application to SAMHSA for the Cooperative Agreement to Benefit Homeless Individuals for a three year project period starting October 1, 2016 through September 30, 2019. Total requested grant funds for the first budget period totaled $800,000. The program anticipates serving 125 clients/year or 375 over the lifetime of the grant with mental health and substance abuse services. Partners include: WestCare Gulf Coast, Operation PAR, Directions for Living, and our homeless housing providers including Boley Centers, HEP, Pinellas Hope, Ready for Life, and Pinellas County Housing Authority.

Pinellas County BCC
Human Services Dept.

3/15/2016

Project Abstract: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-16-007

Project Summary: Pinellas County, FL is seeking to increase capacity of services and evidence based mental health and substance abuse treatment services to approximately 125 individuals who have, or are currently experiencing homelessness, and have serious mental illness (SMI), substance abuse disorder (SUD, serious emotional disturbance (SED), and/or co-occurring disorder (COD).

The County will partner and contract with three (3) provider organizations for treatment services and is looking to increase supportive wraparound services including peer recovery and SOAR specialists. By assisting clients' entry and continued residence in permanent housing, the County will provide a stable foundation to receive treatment for underlying substance abuse and mental health disorders. If awarded, the County's homeless population will be on a path to secure housing, coordinated behavioral health services and reduce their likelihood to use the emergency room for behavioral health and linkage services.

Project Name: Pinellas County Cooperative Agreement to Benefit Homeless Individuals

Population Served: The population of focus is primarily male/female adults who are or have experienced chronic homelessness in Pinellas County, Florida, who have a substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), and/or a co-occurring disorder (COD). This population includes veterans, and youth, especially those aging out of foster care. The County is seeking to focus on the population who is entering permanent housing or has recently been housed in permanent housing or permanent supportive housing.

The homeless population suffers a variety of ailments and health risks at rates consistently higher, and in some cases dramatically higher, than the housed. *Homelessness and Health: What is the Connection*, published by the National Health Care for the Homeless Council in June 2011, showed homeless individuals had alcohol dependence (11% vs. 2%), and severe mental illness (25% vs. 12%) when compared to their housed counterparts. The 2015 PIT study for Pinellas County showed 21.6% reported chronic health problems. 14.4% of the respondents reported abusing alcohol only, 4% abused drugs only and 4% abused both alcohol and drugs. 35.5% reported some physical disability and 20.2% report having a serious mental health issue.

Project Goals/Measurable Objectives Pinellas County goal are to 1) Reduce chronic homelessness; 2) Strengthen behavioral health care for individuals experiencing chronic homelessness; and 3) Reduce behavioral health disparities among racial and ethnic minorities.

The County anticipates serving 125 clients/year or 375 over the lifetime of the grant.

Strategies/Interventions: The County, through its contracted provider organizations will utilize the following Evidence Based Practices to meet the Program's Goals and Objectives:

- Technology Assisted Care
- Biopsychosocial Assessment
- Cognitive-Behavioral Therapy (CBT)
- Seeking Safety
- Motivational Interviewing (MI)

Pinellas County dba Board of County Commissioners

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SECTION A: POPULATION AND FOCUS AND STATEMENT OF NEED

A-1: TARGET POPULATION AND DEMOGRAPHICS

Pinellas County, located on the west coast of Florida, is the most densely populated county in the State with 3,348 persons/square mile. The Census Bureau estimated the County's population in 2014 at 938,098 people. The population of focus of this proposed cooperative agreement is primarily male/female adults who are or have experienced chronic homelessness in Pinellas County, Florida, who have a substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), and/or a co-occurring disorder (COD). This population may include veterans, and youth, especially those aging out of foster care. The County is seeking to focus on the population who is entering permanent housing or has recently been housed in permanent housing or permanent supportive housing. We anticipate serving 125 clients/year or 375 over the lifetime of the grant. We will be working with three permanent housing providers in the County as well as the Pinellas County Housing Authority and its Housing Choice Program.

Homelessness in Pinellas County: Each year, each Homeless Continuum of Care (COC) is required to report the number of homeless persons within its community to the Federal Department of Housing and Urban Development (HUD) and the Florida Department of Children and Families (DCF). The 2015 PIT Homeless Count for Pinellas Count revealed a total of 6,853 adults and children who reported to be homeless on the night of January 28, 2015. The total number of homeless individuals reported to HUD this year was 3,387. This number is almost identical to the 3,391 that were reported to HUD in 2014. There were an additional 388 individuals in the street survey, 408 in the jail data, and 2670 in the school data that did not meet HUD criteria. Taken together these added to 6,853 individuals.

Race & Ethnicity: Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4 or more times in the last 3 years.

Income & Poverty Level: In 2010 in Pinellas County, 31% of individuals were below 200% of the federal poverty level, up from 27% in 2000. Five-year estimates (2008-2012) from the American Communities Survey demonstrate that 29.2% of blacks and 10.9% of whites in Pinellas are below 100% of the federal poverty level. Nationally, in 2014, of all Health Care for the Homeless (HCH) health center grantees, 88.9% (629,809) of patients were reported to be at 100% and below of the FPL. Using client data from the County's HCH program, 99% of unduplicated patients were below 100% of the FPL in 2014.

A-2. NATURE OF THE PROBLEM, SERVICE GAPS, EXTENT OF THE NEED

Nature of the Problem: Individuals experiencing overlapping problems of persistent crisis, poverty, severe mental health and addictions disorders are at high risk of chronic homelessness, especially when their family support systems have been exhausted. According to the USICH (2010), reasons for chronic homelessness include very high rates of current or past mental illness and substance abuse; high rates of involvement with the criminal justice system; high rates of chronic illnesses; social isolation and extreme poverty.

Homeless individuals may be eligible for benefits and entitlements, but face complications when applying as their lack of a consistent address makes follow-up difficult. The Office of the Assistant Secretary for Planning and Evaluation report that only 15% of SSI applications submitted by homeless individuals are approved at first, half the rate of non-homeless individuals (HHS 2010).

Service Gaps: Despite experiencing high levels of disabling conditions, the population frequently lack access to integrated care. National data from the 2008 NSDUH revealed that of 2.5 adults with a serious mental illness and a substance use disorder, 3.7% had treatment for substance abuse, and 5.2% received mental health treatment. Only 11.4% of these individuals received integrated treatment and 39.5% received no treatment at all (SAMHSA 2012a). Individuals who have co-occurring disorders and are experiencing homelessness face even greater barriers.

Agency, local, state and national data indicate a need for expanded continuums of care to respond to the complex needs of the homeless individuals who are also struggling with substance abuse and mental health disorders. Pinellas County is focused on bringing our provider community together to improve and expand our continuum of care to homeless individuals. This funding opportunity could allow the County to meet a critical gap in our community and improve our capacity to provide supportive services to the chronically homeless individuals who are entering permanent housing or have recently been permanently housed.

Extent of the Need: Nationwide the age-adjusted opioid analgesic poisoning death rate nearly quadrupled from 1999 through 2011, but the rate of increase has slowed since 2006. [1] During 2010-2012, an annual average of 2,221 alcohol poisoning deaths (8.8. per one million) occurred in people over the age of 15 in the US, with 1681 between the ages of 35-64. Stated another way, six people, mostly adult men, die from alcohol poisoning every day. Often, alcohol attributable deaths including alcohol poisoning are underreported since it is difficult to restrict counts to deaths in which alcohol poisoning was the underlying cause.

Additionally, nearly 200,000 individuals with schizophrenia or manic-depressive disorder are homeless, according to the Department of Health and Human Services this number equates to one-third of the nearly 600,000 homeless on any given day in the US. In fact, of the chronically homeless already receiving mental health services at one of the named partner providers in Pinellas County two-thirds of them have a diagnosed severe and persistent mental illness.

Moreover, according to national estimates, approximately 20,000 children “age out” of the foster care system each year (U.S. Department of Health & Human Services, 2005). Approximately 14% of males and 10% of females report being homeless since their discharge from foster care services (Courtney, Piliavin, Grogan-Kaylor, &Nesmth, 2001). Multiple risk factors contribute to this alarming fact: lack of employment & job training, mental health issues such as depression, mental illness, and anxiety, as well as substance use and abuse. Indeed, Pinellas County child welfare professionals have consistently identified continued mental health care and safe housing options as the key areas that must be addressed to improve positive outcomes for youth aging out of foster care.

[1] NCHS Data Brief No. 166, September 2014

Pinellas County rates of substance abuse are high. It has been well documented that this service area has experienced significant morbidity and mortality and that there is an unmet need for substance abuse treatment. In Pinellas County from approximately 2007-2010, deaths from accidental overdoses of prescription drugs outpaced those from heroin in the 1970s and crack cocaine in the 1980s. Statistics have improved since a high of prescription related deaths in 2010, but Pinellas is still struggling to address this significant addiction issue. In 2014, the Pinellas County Medical Examiner found the following on cases testing positive for drugs: 393 alcohol, 88 hydrocodone, 126 oxycodone, 75 methamphetamine, and 98 cocaine.

Survey respondents participating in the 2012 Pinellas County Community Health Needs Assessment indicated that addiction was the leading health concern in the County. Among all ages, alcohol is the most frequently used substance in Pinellas County. The 2013 Florida Behavioral Risk Factor Surveillance System reports that 19.6 percent of adults in the County are heavy or binge drinkers compared to 17.6% in the State (Florida Charts). Usage rates of other drugs are also high among Pinellas County adults, nearly fourteen percent (13.9%) of whom indicated using an illicit drug within the past year (SAMHSA National Survey on Drug Use and Health – Tampa-St. Petersburg-Clearwater MSA). From 2010-2011, 68,010 Pinellas County adults reported having substance abuse or dependency, yet only 11.3% of that total received treatment (Live Free 2012).

In the 2015 PIT Count, 32.9% of individuals reported having a mental health disorder and 24.8% reported having an alcohol/drug abuse condition that prevents them from working or taking care of themselves. When asked "what caused you to lose your permanent housing?" 8.4% responded that it was drug or alcohol use, 5.7% responded mental health or emotional issues.

Data from the County's leading provider organizations reflect similar trends. Data from Operation PAR, the county's only licensed nonprofit provider of Medication Assisted Treatment (MAT) for substance abuse, shows the immediacy of the demand for substance abuse services. Seventeen percent of the clients seen for inpatient detoxification for the past year were homeless. Close to 60% of the total number served (1371) have opioids as their primary drug of choice and close to 40% with alcohol as a primary drug of choice. A high percentage (75% or more) are re-admitted within 30, 60, and 180 days of discharge, indicating that this patient population has demonstrated need for ongoing treatment and continuous engagement.

In 2015, data from Directions for Living, the county's behavioral health services provider for the homeless, and the exclusive behavioral health provider for the Pinellas County Department of Health, illustrates the necessity to increase supported services to the homeless. In 2015, DFL served 8,400 adult and 4,350 children with a mental illness or co-occurring mental illness and substance use disorder. At intake, 38% reported experiencing homelessness at least three times in their lifetime, with 21% reporting having been homeless in the past 12 months. Likewise, 28% of the individuals served by the homeless outreach teams reported a mental health disability as the number one reason for their chronic housing instability. In 2013, data from WestCare Gulf Coast (WC-GC)'s emergency shelter and inebriate receiving facility, 63% of clients reported having mental illness; 72% reported alcohol abuse; 27% reported drug abuse and 42% reported both alcohol and drug abuse.

In 2015, Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (HEP) served 1,178 adults, 117 children, 61 families with 45% of the population served being veterans. At intake, 23% had a mental health diagnosis and 13% had a substance abuse diagnosis.

Boley Centers, is a private, not-for-profit, 501(c) currently has 44 residential facilities including group homes, Safe Havens and permanent housing locations. Boley operates 141 units of permanent housing for chronically homeless individuals and veterans all of whom are disabled by mental illness, with the majority having co-occurring substance abuse issues. Boley operates 14 units for homeless families and 15 units for homeless veteran families of which 100% need and benefit from supportive housing services.

A-3. DIFFERENCES IN SERVICE ACCESS, USE, AND OUTCOMES

Geographical/transportation barriers: There are significant transportation barriers to health access for the homeless population in Pinellas County. A disproportionate utilization of EMS is one of the consequences. The Safe Harbor homeless shelter has shown one of the highest utilization rates of EMS services since it opened. In 2011, it was the single most frequent users of the system with 537 calls. In 2012, it was second with 603 calls; and in 2013, it was third with 545 EMS calls. The ease of access to public transportation can vary greatly in Pinellas County. Bus schedules, frequency, routes and stops vary by time of day and day of the week. **Uninsured:** According to 2013 CMS data for the Percent of Estimated Eligible Uninsured People for Outreach Targeting, there are approximately 3.4 million uninsured residents in Florida, with approximately 156,534 uninsured residents in Pinellas County, making up 4.5% of the State's total. In 2014, of all HCH health center grantees, 43% (368,125) were reported to be uninsured. For the same time period within the Pinellas County HCH program, 98% of the 1,790 unduplicated patients served through the County's HCH program were uninsured. This has been a consistent percentage for the County over the past three years of patient data, as reported in UDS reports. **Unemployment & educational attainment:** An estimate of the poverty rate for individuals in Pinellas County was 24.1% for those with less than a high school diploma, 14.5% for high school graduates, 10.7% for those with some college, and 5.5% with a Bachelor's degree. According to the 2010 Point in Time (PIT) count, approximately 24.2% reported having worked during the past month. However, this number is misleading when one examines the type of work reported, with 23.6% reporting permanent employment, 38.1% reporting temporary employment, 32.6% day labor, and 3.5% seasonal. It is not surprising that the majority of respondents in multiple PIT counts cite financial difficulties as the primary reason for homelessness. The nature of the work available to these individuals typically does not provide any health benefits and thus contributes to lack of access to care. **Health Disparities:** According to Healthy People 2020, many dimensions of disparity exist in the United States, particularly in health. There is a substantial body of literature showing homeless patients had increased lifetime burden of chronic conditions, mental health problems, and substance use problems, compared with the non-homeless respondents. *Health Status and Health Care Experiences Among Homeless Patients in Federally Supported Health Centers: Findings From the 2009 Patient Survey* reported CHC homeless patients had twice the odds as housed patients of having unmet medical care needs in the past year.The homeless population suffers a variety of ailments and health risks at rates consistently higher, and in some cases dramatically higher, than the housed. *Homelessness and Health: What is the Connection*, published by the National Health Care for the Homeless Council in June 2011, showed homeless individuals had increased liver conditions

(16% vs. 5%), fair or poor health (46% vs. 32%), food insufficiency (21% vs. 10%), chronic bronchitis (19% vs. 11%), tooth loss (72% vs. 54%), alcohol dependence (11% vs. 2%), and severe mental illness (25% vs. 12%) when compared to their housed counterparts. The report also showed higher rates (38% vs. 27%) for homeless suffering from multiple chronic conditions, which included two or more of the following: hypertension, diabetes, asthma, emphysema, chronic bronchitis, heart problems, stroke, liver condition, weak/failing kidneys, cancer and HIV/AIDS. The 2015 PIT study for Pinellas County showed 21.6% reported chronic health problems, including 1.6% with AIDS or HIV-related illness. 14.4% of the respondents reported abusing alcohol only, 4% abused drugs only and 4% abused both alcohol and drugs. 35.5% reported some physical disability and 20.2% report having a serious mental health issue. **Emergency Department Use:** Homeless persons have high rates of emergency department (ED) use when compared with the general population. Results of the 2009 survey of CHC showed homeless individuals had twice the odds of having an ED visit in the past year (OR = 2.00, 95 percent CI: 1.37–2.92). Another study by Kushel et. al in JAMA (January 10, 2001, Vol 285, No. 2), reported that the homeless population is three (3) times more likely to use an emergency department at least once in a year than the general population. Emergency department–based studies have also shown that homelessness is associated with repeated ED use. **Criminal Justice:** In a review of the literature on homeless individuals with severe mental illness (ps.psychiatryonline.org, June 2014 Vol. 65 No. 6), 62.9%−90.0% of homeless individuals with severe mental illness were arrested at least once, 28.1%−80.0% were convicted of a crime, and 48.0%−67.0% were incarcerated. The rates of arrest are much higher than for the general U.S. population, in which lifetime arrest rates are estimated to be about 15.0%. Estimates of the arrest rates for non-homeless adults with mental illness ranged between 25.0% and 33.0%. This review also reported that "homeless individuals with severe mental illness are at higher risk of victimization than other comparable subgroups." **Race & Ethnicity:** According to the *Intergenerational Disparities Experienced by Homeless Black Families* (ICPH 2010), in 2010 one out of every 141 black family members stayed in a homeless shelter, a rate seven times higher when compared with persons in white families (1:990). In 2011, one-third (34.8%) of adults exited programs serving homeless households in Florida without any income or social safety net benefits, and only one-quarter (24.6%) were employed (American Almanac of Family Homelessness). **Addressing Disparities:** The proposed project will address these disparities in access to care, use and outcomes by working with individuals who are permanently housed, and by using tele-health services and a mobile team of professionals comprised of mental health and substance abuse practitioners, a SOAR specialist, and case managers. Substance abuse and Psychiatric tele-health services will be provided from secure rooms within the permanent housing providers' facilities, and via the internet for those with access. For individuals requiring or preferring face-to-face treatment, the mobile team of professionals will travel to the housing facilities to provide care. For instances where travel to care is required, the program seeks to leverage Pinellas County's recently implemented UPASS program that provides unlimited bus transportation for qualifying individuals and will allocate funds for direct transport to appointments as needed. The SOAR specialist will assist participants with applications for SSI/SSDI benefits and other benefits. Case managers will assist participants with accessing social service and healthcare resources available in the community. Pinellas County is a Health Care for the Homeless grantee, so medical and behavioral health services available through the grant will continue to be available for participants for up to two years after being housed.

This model will improve continuity of care, and potentially increase compliance with treatment plans. The intersection of stable, permanent housing with improved access to behavioral health treatment are expected to 1) improve rates of stabilization; 2) improve service access; 3) improve service utilization; 4) reduce rate of return to homelessness; and 4) decrease racial/ethnic disparities in these outcomes.

A-4. Infrastructure Development

Pinellas County is seeking to expand the use of tele-health/e-services for clients in permanent support housing at three of our partnering housing providers. Technology Assisted Care utilizes computers, tablets, smart phones and other electronic devices to reach clients and provide substance abuse and psychiatric treatment in a time-saving and cost-effective manner.

Section B: Proposed Evidence-Based Service/Practice (25 points)

B-1. Project Purpose, Goals, Objectives

The **purpose** of the project is to increase capacity of services among individuals in permanent housing who have experienced chronic homelessness and who are also struggling with substance use disorders, mental health disorders, or co-occurring substance abuse/mental health disorders. By assisting clients' entry and continued residence in permanent housing, the County will provide a stable foundation to receive treatment for underlying substance abuse and mental health disorders. The goals of the program align with the intent of the RFA and the performance measures identified in Section E: Data Collection and Performance Measurement.

Goal 1: Reduce chronic homelessness
Objective A: House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.
Objective B: Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.
Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness
Objective A: Improve integration of behavioral healthcare system with homeless system
Objective B: Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.
Objective C: Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.
Goal 3: Reduce behavioral health disparities among racial and ethnic minorities
Objective A: Reduce differences in Access to Service.
Objective B: Reduce the differences in Service Use.
Objective C: Decrease the differences in Outcomes.

B-2. Evidence Based Practices

The County has engaged three provider organizations to provide services to meet the needs of the clients in the program including Operation PAR, WestCare Gulf Coast, and Directions for Living. The contracted providers have identified several evidence based practices for outreach, screening and assessment, behavioral health treatment, and recovery support services as follows:

Outreach, Screening & Assessment

Global Appraisal of Individual Needs (GAIN)

Description of the Evidence-Based Practice(s) (EBPs) that will be used: The GAIN is a comprehensive biopsychosocial assessment that identifies a co-occurring diagnosis in 72% of cases where open-ended questions do not, according to Operation PAR's 23 years of experience

using the GAIN. The GAIN contains eight core sections: *Background, Substance Use, Physical Health, Risk Behaviors and Disease Prevention, Mental and Emotional Health, Environment and Living Situation, Legal, and Vocational.* Each section contains questions on recency of problems, breadth of symptoms, and recent prevalence as well as lifetime service utilization, recency of utilization, and frequency of utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV-based diagnosis, ASAM-based level-of-care placement, CARF-based treatment planning, and DOMS-based outcome monitoring. **Document how the GAIN is appropriate for the outcomes to be achieved:** The assessment data obtained from the GAIN is used in treatment planning which in turn is incorporated into discharge and continuing care planning. The GAIN is a semi-structured assessment tool and as such can be administered by many assessors who have been trained in its use. This uniformity across programs and assessors is critical to expand eServices, since it is necessary for all components of the treatment experience be uniform and repeatable. Because the GAIN is a standardized assessment tool, it is preferred for use in an eServices setting. **Justification of the use of the GAIN for your population of focus:** The GAIN has been normed and standardized for many populations and because of the wide range of diversity in our population of focus, the GAIN allows standardized assessment for all groups and provides uniformity across all treatment modalities. **Explain how the GAIN meets:**

- **SAMHSA's goals** is met by the use of the GAIN in that it is able to assess for co-occurring disorders in substance abusing individuals (Initiative 1 above), quickly assesses and identifies the appropriate level of care for individuals (Initiative 4) and contributes to treatment planning and recovery (Initiative 5).
- **Program purpose** overall is to enhance and expand the infrastructure and mental health and substance use treatment services in the county. The GAIN ensures the standardization of assessment data across all agency facilities and sites which will utilize eServices in their treatment programs.
- **Program goals** will be met by utilizing a standard assessment tool throughout the agency's facilities and sites which is delivered by trained staff. Data collected enhances the functionality of the EHR and communication between patient and clinician which can lead to enhanced patient outcomes. The GAIN also ensures manualization of the eServices program through the agency's facilities and sites.
- **Program objectives** will be achieved by using a standardized assessment format, the GAIN facilitates meeting program objectives by identifying related treatment barriers which are critical to successful treatment and ongoing engagement.

Motivational Interviewing

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Motivational Interviewing (MI) is a method of interacting with participants to enhance motivation for change. This style is directive yet client-centered and involves expressing empathy through reflective listening, communicating respect for and acceptance of clients and their feelings, establishing a nonjudgmental relationship and helping the individual recognize discrepancies between their goals and their behaviors as a way to motivate participation in treatment and change behaviors (SAMHSA -NREBP). The components of MI are: (1) Establishing rapport with the client and listening reflectively, (2) Asking open-ended questions to explore the client's own motivations for change, (3) Affirming the client's change-related statements and efforts, (4) Eliciting

recognition of the gap between current behavior and desired life goals, (5) Asking permission before providing information or advice, (6) Responding to resistance without direct confrontation., (7) Encouraging the client's self-efficacy for change, and (8) Developing an action plan to which the client is willing to commit. **Document how MI is appropriate for the outcomes to be achieved:** MI was selected due to its person-centered, respectful clinical approach that has been demonstrated to reduce ambivalence and encourages the concept of self-empowerment. **Justification of the use of MI for your population of focus:** MI has demonstrated effectiveness with all subsets of our target population including those who are homeless and individuals with substance abuse and co-occurring disorders. MI has demonstrated positive outcomes in drugs and alcohol, trauma and recovery. WC-GC staff are trained to use Motivational Interviewing and have found it to be an effective tool for working with the population of focus.

Behavioral Health Treatment Services

All three behavioral health treatment service providers are using a form of Cognitive Behavioral Therapy. Operation PAR uses Motivational Enhancement Therapy/Cognitive Behavioral Therapy; WestCare uses Cognitive Behavioral Therapy; and Directions for Living uses Trauma Focused Cognitive Behavioral Therapy. Each practice is described in further detail below:

Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET CBT)

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

Document how MET CBT is appropriate for the outcomes to be achieved: MET CBT has been used extensively in the agency and is currently used in outpatient eServices in a limited scope. Operation PAR provides extensive training to counselors on MET CBT and Motivational Interviewing. Because of the vast experience gained at an agency level about MET CBT, this treatment curriculum is the most appropriate for the outcomes to be achieved because it can be easily transitioned from face-to-face sessions to electronic eServices. Counselors within the agency are already familiar with MET CBT so learning a new curriculum will not be an additional barrier in expanding eServices across the agency. Additionally, the foundational tenets of MET CBT uphold an individual-based approach and full respect for the patient's individual and cultural differences. The EBP can be supported though an eServices model which facilitates

the program's outcomes of expanded agency capacity, EHR functionality, and use of agency dashboard for continuity of care. **Justification of the use of MET CBT for your population of focus:** The population of focus has a history of substance abuse and needs to understand and develop coping skills and strategies, management of problematic emotional responses, proper interpretation of the behavior of others, and responses to drug-related stimuli. Through this evidence-based practice, motivational interviewing approach enhances recognition that substance abuse may be a problem, and amplifies the patient's motivation to do something about it.

Explain how MET CBT meets:

- **SAMHSA's goal** is met by ensuring standardization and upholding an individual-based approach with full respect for the patient's individual and cultural differences. This ensures access and engagement of the population of focus. These attributes address SAMHSA Initiative 2 (Promote health and wellness), 3 (Address the prevention of substance abuse and mental illness) and 4 (Increase access to effective treatment).
- **Program purpose** is met by creating expanded capacity to deliver evidence-based therapy via eServices to the population of focus which includes racial and ethnic minorities.
- **Program goals** are met by expanding the delivery of this evidence-based treatment services through an expanded eServices available in all agency facilities and sites. MET CBT will also provide a greater patient/clinician information exchange through the EHR.
- **Program objectives** are met using MET CBT in sessions which are delivered through eServices and assists patients to recognize that substance abuse may be a problem, and amplify the patient's motivation to do something about it.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Trauma-Focused Cognitive Behavioral Therapy is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. It includes several core treatment components designed to be provided in a flexible manner to address the specific needs of each youth and family. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adopted for use with youth who have experienced a wide array of traumatic experiences, including multiple traumas. **Document how TF-CBT is appropriate for the outcomes to be achieved:** TF-CBT results in improvement in depression, anxiety, behavior problems, sexualized behaviors, interpersonal trust and social competence. **Justification of the use of TF-CBT for your population of focus:** Youth aging out of foster care is one of the fastest growing populations experiencing homelessness in our country. By its very definition this population has experienced multiple traumas, with a significant number of these youth having been the victim of sexual abuse. TF-CBT is recognized as being one of the most effective interventions for youth who have significant psychological symptoms related to trauma exposures. **Explain how TF-CBT meets:** Use of TF-CBT meets SAMHSA's goals in that it designed to increase awareness and understanding of the impact of trauma on an individual's mental health Initiative 1 – to increase awareness and understanding of mental and substance use disorders.

eServices/TeleHealth/Technology Assisted Care

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Technology Assisted Care utilizes computers, tablets, smart phones and other electronic devices to reach

clients and provide substance abuse treatment in a time-saving and cost-effective manner. Technology Assisted Care has been in effect for a number of years and Operation PAR has extensive experience in delivering such care as is demonstrated by 1) its development of an eService training course for substance abuse practitioners and 2) its award of a SAMHSA/CSAT Technology Assisted Care grant utilizing eServices from August of 2013 to July of 2016 (TI 24730).**Document how eServices is appropriate for the outcomes to be achieved:** The main outcome of expanding and enhancing the infrastructure to deliver substance abuse/mental health treatment will be achieved by developing a workforce familiar with these techniques and installing eService nodes across the county. This implementation overcomes barriers of transportation and obtaining child care for individuals in need of treatment.**Justification of the use of eServices for your population of focus:** eServices are justified since many homeless individuals have transportation barriers to obtain treatment.

Explain how eServices meets:

- Use of eServices meets **SAMHSA's goals** in that it is able to increase access to effective treatment (Initiative 4).
- **Program purpose** overall is to enhance and expand the infrastructure and mental health and substance use treatment services in the county. eServices accomplishes this by allowing easier access to treatment..
- **Program goals** will be met through eServices by strengthening behavioral health care for individuals experiencing chronic homeless (Goal 2) by expanding access to services to those needing substance abuse treatment.
- **Program objectives** will be achieved by eServices due to the fact that eServices will improve and enhance integration into the homeless system (Objective 2A) expand accessibility of behavioral healthcare (Objective 2B) and enhance treatment services thus identifying a best practice to in treating homeless individuals who have SUDs, SMI, SED or CODs.

Seeking Safety

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Substance Abuse and Trauma: Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. Seeking Safety is a counseling model that directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories). Any clinician can conduct it even without training as it is an extremely safe model; however, there are also many options for training. Seeking Safety is often used as a general model to teach coping skills. Seeking Safety has been successfully implemented for many years across vulnerable populations including homeless, criminal justice, domestic violence, severely mentally ill, veterans and military, and others.

Document how Seeking Safety is appropriate for the outcomes to be achieved: Seeking Safety was selected as our trauma intervention because it has demonstrated effectiveness with diverse populations, including clients who do not meet the threshold for a PTSD diagnosis. S Seeking Safety is easy to start and to sustain based on feedback of programs and clinicians. Clients' recovery process is often challenging and their struggles are not easy. It is a very safe model, based on both clinical experience and research, even when conducted by a wide range of staff, with a broad range of client. **Justification of the use of Seeking Safety for your population of focus:** Seeking Safety can be generalized to most clients who need help in

addressing challenges with their coping skills and will therefore be an appropriate intervention for most participants. According to the National Registry of Evidence-based Programs and Practices (NREPP), Seeking Safety is appropriate for use in urban settings in Inpatient, Residential and Outpatient environments (SAMHSA 2) and in programs for substance abuse, mental health, domestic violence, women and veterans. WC-GC will not make any adaptations or modifications to the Seeking Safety EBP. Because Seeking Safety has outperformed controls on both PTSD and substance abuse at end of treatment in randomized and/or controlled trials, it was chosen.

Recovery Support Services

Wraparound

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Wraparound is an intensive care coordination and management process focused on building a team comprised of formal (professionals) and informal (natural) supports. Wraparound is built on key system of care values: family driven, youth guided, culturally and linguistically competent, team-based, collaborative, individualized and outcome-based. The intervention adheres to specified phases of engagement, individualized care planning, identifying strengths, and leveraging natural supports. Wraparound is often referred to as intensive care coordination (ICC). Wraparound is a complex process and high-fidelity wraparound implementation requires strict adherence to the principles and values of the model. **Explain how Wraparound meets:** Use of Wraparound meets SAMHSA's goals in that it is designed to increase awareness and understanding of mental and substance use disorders, promote emotional health and wellness, address the prevention of substance abuse and mental illness, increase access to effective treatment and support recovery. Wraparound requires the use of a trained facilitator, and a peer specialist who primary role is to be an advocate and support for the individual being served. Peer Specialists utilize their unique lived experience to ensure client directed care by assisting individuals in the recovery process.

B-3. OTHER PRACTICES

No other practices are anticipated for use in this program.

B-4. EBP AND DISPARITIES

Operation PAR: Operation PAR has chosen three evidenced-based practices, Technology Assisted Care (TAC), the GAIN assessment, and MET CBT treatment curriculum. These choices help address the following disparities. **Service Access:** TAC allows participants who face barriers to attend face-to-face services the option of receiving treatment at home through TAC. **Use:** The TAC will involve the use of videoconferencing software to interconnect with treatment. **Outcomes:** The major outcomes that the project expects to improve are access to care participation rates, and successful discharge rates. These are historically below average for the populations of focus. Operation PAR's selection of the identified evidence-based practices will help to address disparities in service access, use and outcomes of the population of focus by meeting the needs of individuals in health-disparity populations, capitalizing on scientific evidence and building agency and staff assets and resources. A key tenet of the approach is to integrate evidence-based practices into agency service delivery while increasing staff knowledge. Addressing health disparities requires adaptations to accommodate factors related to culture, language, literacy, preferred channels for receiving information, community context, individuals' vulnerabilities, and delivery methods. Through the evaluation process the agency will include gathering and analyzing data to gain an understanding of the program's outreach, engagement

and service delivery methods which will be used to provide a basis for designing program adjustments to meet the needs of the population related to these program components.

WestCare Gulf Coast: WestCare has demonstrated particular sensitivity to meeting the treatment needs of special populations, including people with HIV/AIDS, the homeless, racial and ethnic minorities, GLBT individuals, and women and their children. WestCare staff will be flexible in their approach and seek to understand the many dynamics of this populations and the community they live in. Services will be offered to homeless individuals regardless of their race, gender or sexual orientation. WestCare staff will adapt services delivery to ensure access and will provide in-home counseling to remove barriers which might prevent treatment.

Directions for Living: Directions for Living maintains an Auxiliary Aids Plan for Persons with Disabilities and Limited English Proficiency which ensures that all clients and/or applicants for services who are impaired with sensory, manual, or speaking skills have an equal opportunity to use and benefit from Directions for Living's programs and services. Directions for Living has over ten years-experience working with clients experiencing homelessness, and even more recently with providing integrated behavioral health services at various community settings.

B-5: EBP MODIFICATIONS

TF-CBT has been validated for individuals 3 – 18 years of age. Directions for Living will be modifying TF-CBT to include youth up to age 24. It is imperative that this age group receive the benefits of connecting their thoughts, feelings and behaviors related to their past traumas, and that they receive education about healthy interpersonal relationships, parenting skills, and personal safety skills training. This modification is being made due to the fact that first episodes or the first psychotic break occurs between the ages of 18-24.

B-6. DELIVERY OF EBP

Operation PAR: For Operation PAR, EBP fidelity will be monitored through review by the Project Program Director/Clinical Supervisor. The review includes video and/or audio recordings of the treatment staff performing a treatment session and/or patient assessment. Selected sessions will be observed by Program Director for review, analysis and recommendation regarding necessary correction in adherence to model fidelity or evidence-based practice guidelines. Fidelity reports will be provided to the Evaluator, the counselor's immediate clinical supervisor and the counselor for ongoing employee development.

WestCare Gulf Coast: Implementation Fidelity will track and evaluate implementation of the project and determine adherence to specified timeframes. WestCare will use a systematic Performance Improvement strategy to identify and define barriers, define strategies to reduce them, and collect and analyze data to determine effectiveness of barrier reduction. WestCare GulfCoast utilizes a systematic, organization-wide Performance Improvement cycle known as Plan-Do-Study-Act to assist the program in attaining its goals and objectives and improving its quality. Adherence/Fidelity Monitoring will provide assurance that service delivery occurred as planned and that the evidence-based practices were implemented as designed. WestCare staff will work with the evaluation staff and will discuss the findings to provide feedback regarding adherence to program activities as well as adherence to content of the activities. Client Perceptions are an important factor in assessing and understanding program effectiveness.

Directions for Living: Maintaining and sustaining fidelity to TF-CBT and avoiding "drift "is an organizational challenge due primarily to the skill level of clinicians at the time of their hire. Directions for Living uses regular supervision, consistent organizational expectations and the TF-CBT Brief Practice Checklist which focuses on questions related to the core components of the treatment. Directions for Living uses experienced therapist as mentors to the novice therapist in maintaining fidelity.

SECTION C: PROPOSED IMPLEMENTATION APPROACH

C-1. PROJECT ALIGNMENT WITH SAMHSA'S STRATEGIC INITIATIVES

Pinellas County has brought together the County's leading service provider organizations experienced in addressing the needs of the chronically homeless population. The program was designed to meet all of SAMHSA's goals including:

1. Increase awareness and understanding of mental and substance use disorders
2. Promote emotional health and wellness
3. Address the prevention of substance abuse and mental illness
4. Increase access to effective treatment
5. Support recovery

Together with our housing partners who provide permanent supportive housing and agencies that regularly work with the homeless population, the County is seeking to work together to raise awareness and increase access to effective, coordinated and integrated treatment services. Together, we hope to support the long-term recovery efforts of individuals to sustain their ability to live in permanent housing and not return to homelessness.

C-2. PARTNERING ORGANIZATIONS, ROLES AND RESPONSIBILITIES

Pinellas County will contract with three of the County's leading treatment service providers with a long-history of providing services to the homeless population. Operation PAR, in addition to treatment services will provide the Project Administrator and the Evaluation components of the cooperative agreement. WestCare Gulf Coast will provide treatment services, including detox as needed, as well as the Peer Recovery Support Specialist. Directions for Living with provide treatment services, and the SOAR Specialist to add capacity to Pinellas County's SOAR program. All three agencies will serve on the Local Government Steering Committee and have provided a letter of commitment in Attachment 1 of this application.

WestCare GulfCoast Florida (WC-GC) was founded in 2001 as a part of the national WestCare network, which offers programs and services across the continuum of health and human services in sixteen (16) States, the US Virgin Islands, Puerto Rica and Guam. WC-GC is a leader in the provision of culturally responsive, evidence based behavioral health and corrections/re-entry services. WC-GC specializes in serving populations with high vulnerability including individuals experiencing or at risk of homelessness; and individuals with substance abuse and co-occurring disorders; Veterans and adults involved in the criminal justice system. WC- GC is licensed by the State of Florida Department of Children and Families, Suncoast Region for prevention, outpatient, aftercare, and residential substance abuse treatment services, residential mental health services, crisis stabilization services, detoxification services, and substance abuse prevention services, and is accredited by CARF (formerly the Commission on Accreditation of Rehabilitation Facilities). **Operation PAR** is a comprehensive substance abuse and mental health services provider in West Central Florida with 45 years of experience and a national, statewide and local reputation for providing effective substance abuse treatment. The agency has deep organizational

experience serving the target populations through its 44 programs in 15 locations with program components including: substance abuse education, prevention and intervention, case management, outpatient and residential treatment services; medical detoxification and outpatient detoxification services; methadone and medication assisted program, continuing care services; and juvenile justice services. **Directions for Living** has operated as a Community Mental Health Center since its inception in 1982. There are currently 14 programs in three distinct locations throughout Pinellas County serving children and families with a staff that represents the diversity of the community we serve. Directions for Living is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). The agency is licensed to offer substance abuse treatment services and has offered a range of interventions to the homeless in Pinellas County since 1987. The Homeless Services department now provides outreach, treatment and case management to approximately **445** homeless individuals annually.

C-3. TIMELINE OF KEY ACTIVITIES

Date	Key Activities	Responsible staff
October 1, 2016	Project Start	
October 1, 2016 – November 22, 2016	Contract development, review and approval by the Board of County Commissioners	Tim Burns, Planning & Contracts, Pinellas County Human Services
November 1, 2016	Establish Local Government Steering Committee	Project Administrator
November 1, 2016	Housing providers identify potential project participants for year 1	Pinellas Hope, HEP, SvDP (Housing provider staff) via referrals
November 15, 2016 and quarterly thereafter	Local Government Steering Committee Meeting	Project Administrator
November 22, 2016	Project staff hired	Mark Vargo (PAR), Karen Yatchum (DFL), James Dates (WCGC)
December 1, 2016	Screening tool, GPRA training complete	Project Evaluator
December 15, 2016	Begin engagement, screening and face-to-face GPRA interviews	Mobile Treatment Team: MH and SA counselors, Case manager, SOAR specialist
January 2, 2017 – September 30, 2017	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Mobile Treatment Team
January 1, 2017 and Quarterly thereafter	Report aggregate diagnostic data to SAMHSA	Evaluator
March 1, 2017 and semi-annually thereafter	6-month GPRA interviews of all clients	Evaluator
March 1, 2017 and semi-annually thereafter	Report of progress and performance to SAMHSA via Local Performance Assessment	Evaluator
August 1, 2017	Housing providers identify potential project participants for year 2	Housing provider staff referrals
September 1, 2017	Begin engagement, screening and face-to-face GPRA interviews	Mobile Treatment Team
October 1, 2017-September 30 2018	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Mobile Treatment Team
August 1, 2018	Housing providers identify potential project participants for year 2	Housing provider staff referrals
September 1, 2018	Begin engagement, screening and face-to-face GPRA interviews	Mobile Treatment Team
October 1, 2018-September 30 2019	Service delivery: Direct mental health and SUD treatment, case management, enrollment in Medicaid, SSI/SSDI, TANF, SNAP, etc.	Mobile Treatment Team
As required by	Participate in Cross-Site Evaluation as needed	Evaluator, Project Coordinator

SAMHSA		

C-4. IMPLEMENTATION OF KEY ACTIVITIES

Pinellas County Human Services has found that the most expedient and efficient way to ensure that key activities on the timeline are implemented is through regular meetings of all staff identified in the grant. These meetings are scheduled for an hour and chaired by the Project Director. Attendance is mandatory and absences need to be approved prior to the meeting. The Project Director has a standing agenda that includes timeline milestones. Progress toward the milestones are discussed. Barriers are identified and solutions are presented to be implemented going forward. Report backs are reviewed at the next scheduled meeting. Additionally, the end of the meeting is open to any issues, problems and/or successes. Meeting minutes are written during the meeting and emailed to all staff at the conclusion of the meeting. This process has allowed past projects to meet implementation timelines and project goals.

C-5. LOCAL GOVERNMENT STEERING COMMITTEE

A Local Government Steering Committee will be established upon award and will include representation from the Pinellas County Human Services and our contracted substance abuse/mental health provider organizations including Operation PAR, WestCare Gulf Coast, and Directions for Living. Membership will also include the Florida Department of Health in Pinellas County, Pinellas County Housing Authority, Catholic Charities/Pinellas Hope, Homeless Empowerment Program, Boley Centers, Ready for Life, Homeless Leadership Board, members of the population, and the SAMHSA GPO. The steering committee will meet monthly initially and when appropriate, move to quarterly meetings. The steering committee will be responsible for monitoring the performance goals of the program.

C-6. STATEWIDE PLAN TO ENSURE SUSTAINED PARTNERSHIPS ACROSS PUBLIC HEALTH AND HOUSING

Not Applicable

C-7. STATEWIDE PLAN IMPLEMENTATION & MONITORING BY SUB-AWARDEES

Not Applicable

C-8. ENGAGING AND ENROLLING ELIGIBLE PERSONS IN MEDICAID AND OTHER BENEFIT PROGRAMS.

Pinellas County will contract with Directions for Living to hire an additional SOAR specialist and provide access to the System-wide SSI/SSDI Access, Outreach and Recovery (SOAR) program for residents who are identified by referral or community outreach as homeless who also have a mental health or substance abuse disorder or co-occurring medical impairment. Upon award, Directions for Living will hire one (1) full time SOAR Program Coordinator dedicated exclusively to the expansion of SOAR in Pinellas County, following the national SOAR model. The positions will provide leadership in the facilitation and establishment of a coordinated approach to SOAR within Pinellas County. The position will aid in efficient SOAR processes, engagement of community SOAR stakeholders, establishment of coordinated policies and procedures, client engagement and assistance, and will identify and address SOAR services gaps within the community.

C-9. SCREEN AND ASSESS CLIENTS FOR SUDS, SMIS, SEDS, AND CODS

Operation PAR: Data Collection instruments will consist of the following:

- GAIN Q3 Short Screen Website below so no need to attach. http://www.gaincc.org/index.cfm?pageID=51
- The CSAT GPRA Client Outcome Measures for Discretionary Programs. http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-best-practices

WestCare Gulf Coast: Screening and planning for co-occurring mental and substance use disorders begins at the time of program entry. At the time of admission, the client is assessed for mental health disorders using for Persons with Co-Occurring Disorders. The following assessments will be used:

- The Bio-psychosocial Assessment is a multidisciplinary approach to assessment that includes an exploration (using a structured interview format with 14 questions/areas) of relevant biological, psychological, social, cultural, and environmental variables for the purpose of evaluating how such variables may have contributed to the development and maintenance of a presenting problem.
- The Life Events Checklist (LEC) is used to screen for exposure to potentially traumatic events in a respondent's lifetime. This tool assesses exposure to 16 events that have been demonstrated to potentially result in PTSD or distress. The LEC also assessment for other extraordinarily stressful event not captured in the first 16 items.

Directions for Living: The screening process starts at the admission episode where clients are complete a registration form that includes their demographic information, financial eligibility information and their consent for treatment. Once this is completed, the clinical screening and assessment takes place.

- Adverse Childhood Experiences (ACE): Each client interviewed using the Adverse Childhood Experiences questionnaire. The higher the ACE score indicates the exposure to traumatic events prior to reaching the age of majority. The ACE research shows that clients with higher ACE scores have a greater chance at primary health conditions, homelessness, incarceration, being diagnosed with a severe and persistent illness etc.
- Patient Health Questionnaire PHQ-9: This tool is a ten question tool used to determine the severity of the client's depressive symptoms. Scores can range from 1-4 indicating minimal depression or between 20-27 indicating Severe Depression.
- Modified Simple Screening Instrument for Substance Abuse (MSSI-SA): This tool measures the following domains: substance consumption, pre-occupation and loss of control, adverse consequences, problem recognition and tolerance withdrawal. A score of 4 or higher indicates a moderate to high degree of risk for alcohol or other drug use.
- LOCUS: The LOCUS is a clinical tool used to evaluate and determine the level of care for psychiatric and addiction services. The tool assists the clinician in assessing the client's risk of harm, functional status, medical/addictive/psychiatric co-morbidity, recovery environment, treatment/recovery history and client engagement. C-10. Monitoring of Outreach, Screening & Assessment, Enrollment, Treatment and Support Services.

C-10. MONITORING OF SUBAWARDEES

It is the policy of Pinellas County Human Services (HS) to monitor the compliance, performance and quality of organizations holding contracts with Pinellas County. Contract monitoring is accomplished by a variety of planned, ongoing, periodic, formal or informal activity. It includes examination and documentation of a provider's performance, monitoring to assure that the

provider is operating in accordance with the terms of their County contract and, if grant funded, in accordance with Federal statutes, regulations and the grant terms and conditions. Monitoring activities include an Annual Risk Assessment, Quarterly Compliance Monitoring and On-Site monitoring visits. At the end of each fiscal year, the contractual compliance of agencies is evaluated for actual vs. planned activities. In addition, the project will conduct weekly meetings with staff to review performance measures, objectives and implementation time lines. Adjustments to the project will be monitoring and resulting data will be used to justify the newly implemented approach or initiate another change cycle. In the process, the identification of performance barriers, monitoring how performance barriers are overcome, and measuring the extent to which performance goals and objectives are met will be documented.

C-11. National Standards for Culturally and Linguistically Appropriate Services

The proposed project activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care which are defined as services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs at every point of contact. Incorporating CLAS standards is essential to reducing disparities and improving health care quality and equity and incorporating them into the project evaluation presents an opportunity within the project framework to address disparities experienced by minority populations. Strategies for implementing CLAS standards include upholding the following principles to address subpopulation disparities: 1) ensuring services are patient-centered so that they are active participants in planning and managing their treatment; 2) maintaining respect for diverse cultural and linguistic backgrounds; and 3) recognizing personal, social, and institutional barriers and how to overcome these barriers. To assess deviations from these principles, the program data on access, utilization, and outcomes will be tracked and assessed.

Adherence to CLAS Standards

The project will enhance adherence to the enhanced CLAS Standards in Health and Health Care. All staff will receive training and will have access to materials, resources, policies, and procedures supporting CLAS Standards in an effort to provide culturally and linguistically appropriate services to all persons served under the grant project.

Governance, Leadership and Workforce

- Standard 1: Provide effective, equitable, understandable, and respectful quality care and services: Staff will create a welcoming and respectful environment and work to ensure that all consumers receive culturally and linguistically appropriate services. Consumers are able to receive information about a program or treatment option in a language in which they feel most comfortable speaking and with a member of the gender with whom they feel most comfortable.
- Standard 2: Advance and sustain governance and leadership that promotes CLAS and health equity: The executive leadership of Pinellas County as well as at our partnering organizations including Operation PAR, WestCare, and Directions for Living prioritizes health equity by instilling the core value principles such as ethical treatment, respect, empathy and compassion and cultural diversity. The diversity of individuals in leadership roles across the agency is reflective of the culture of openness and respect.

- Standard 3: Recruit, promote, and support a diverse governance, leadership and workforce: To ensure the inclusion of diverse viewpoints in governance decisions, the Human Services Department includes a number of volunteers, representative of the community. The staff of Pinellas County and our partnering organizations regularly receive training on cultural and linguistic diversity.
- Standard 4: Educate and train governance, leadership and workforce in CLAS: Education and training is coordinated and managed by the County's Human Resources Department. Staff is trained and prepared to work with diverse populations in a manner that demonstrates the appropriate attitudes, knowledge, and skills necessary for culturally and linguistically appropriate interaction. The County has in place policies and procedures related to employee and consumer rights to respect and nondiscrimination.

Communication and Language Assistance

- Standard 5: Offer communication and language assistance: Translation services are offered within every program at Pinellas County. The agency is committed to providing equitable care to all individuals regardless of limited English proficiency and/or other communication needs.
- Standard 6: Inform individuals of availability of language assistance: For all patients seeking services, staff conduct a screening to determine if assistive technology or other communication needs are present. Consumers are informed that they may request language assistance, and are also informed upon intake of the availability of language assistance. It is the policy of the agency to "make every reasonable effort to establish various methods of communications which can be easily understood by service participants."
- Standard 7: Ensure the competence of individuals providing language assistance: In order to ensure the competence of the individuals providing language assistance, the County uses only qualified interpreters. The County's internal process for interpreter qualification is consistent with both the national CLAS standards as well as the Florida Corrective Action.
- Standard 8: Provide easy-to-understand materials and signage: Where appropriate, the County displays signage in languages appropriate to the community of service. Additionally, all signage is reviewed for appropriateness, readability, and cultural/linguistic appropriateness prior to display.

Engagement, Continuous Improvement and Accountability

- Standard 9: Infuse CLAS goals, policies and management accountability: As Policies and Procedures are revised and/or new policies developed, they are reviewed against the CLAS standards.
- Standard 10: Conduct organizational assessments: Pinellas County reviews benchmarking measures for the purpose of continuous quality improvement, data feedback loops, and actively working toward agency service and outcome goals. As part of this process, the CLAS standards will be integrated in order to assess performance and monitor progress in implementing CLAS standards agency-wide.
- Standard 11: Collect and maintain demographic data: Pinellas County, through its contracted agencies, gathers and maintains demographic data on all consumers served. As mentioned previously, the program benchmarking enables the agency to monitor service need, access, utilization, and outcomes by demographic population grouping.

- Standard 12: Conduct assessments of community health assets and needs: The County is committed to the community and is connected with many local and state agencies and coalitions who work together to assess assets within the community and the service needs of consumers. Evolving data systems related to benchmarking will further assist the community needs assessment process.
- Standard 13: Partner with the community: The County Human Services Department is involved with numerous strategic alliances throughout the state and county.
- Standard 14: Create conflict and grievance resolution processes: The County's policy is to provide all patients with the opportunity to file a grievance when they experience dissatisfaction with any aspect of program services with the promise to examine grievances in an expeditious and thorough manner. Additionally, at the time of program intake, consumers are informed of the grievance rights and the corresponding procedure.
- Standard 15: Communicate the organization's progress in implementing and sustaining CLAS: In communications with the Board of Directors, stakeholders, constituents, and the general public, the County will make every effort to report on procedures and outcomes in accordance to the national CLAS standards.

C-12. APPROACH TO IDENTIFY, RECRUIT, AND RETAIN THE POPULATION OF FOCUS

Pinellas County has extensive involvement with the homeless service providers in the County with a goal to make homelessness rare, brief, and non-reoccurring. The County is an active participant in the Homeless Leadership Board, the County's HUD CoC grantee, and contracts with several organizations to provide services for the County's most vulnerable citizens. The County is also a HHS Health Center grantee for the Health Care for the Homeless program. The County will build upon these relationships to identify, recruit, and retain the homeless population. Each service provider is specifically trained and works to consider the language, beliefs, norms, values, and socioeconomic factors for homeless individuals.

The County has established partnerships with the following housing providers who have committed to identify, recruit, and retain the population of focus:

Homeless Empowerment Program (HEP), founded in 1986, is a private not-for-profit organization that helps individuals and families who are experiencing homelessness by providing a comprehensive support program that includes 353 beds inclusive of emergency, transitional and permanent supportive housing, as well as services designed to empower individuals, families and veterans to gain independence and recover from homelessness. HEP's mission is to provide homeless and very low-income individuals and families, including veterans, with housing, food, clothing and support services necessary to obtain self-sufficiency and improved quality of life. In 2015 HEP served 1,178 Adults, 117 children, 61 families for a total of 1,295 individuals. Forty five percent (45%) are Veterans. At intake, 64% were diagnosed with a medical condition, 23% with a mental health condition, and 13% with a substance abuse condition.

Boley Centers, Inc. is a private, not-for-profit, 501(c) 3, psychosocial rehabilitation and affordable housing agency serving Pinellas County since 1970. Boley currently has 44 residential facilities including group homes, Safe Havens and permanent housing locations. Boley provides assertive community treatment, case management, psychiatric rehabilitation services, supported housing/supported living, work evaluation/adjustment training, community employment services, supported employment, follow-along services, psychiatric care, and

educational and vocationally programs for young adults. Boley Centers is accredited by the Commission on Accreditation of Rehabilitation Facilities.

Catholic Charities (Pinellas Hope): Over the past 57 years, Catholic Charities has provided strategic alliances, advocacy and a broad array of social services designed to: Support and preserve families and promote self- sufficiency and social justice. Catholic Charities is an accredited agency and leader in serving the poor and vulnerable. In 2007, Pinellas Hope, a program of Catholic Charities Diocese of St. Petersburg opened on 10 acres of land provided by Bishop Robert N. Lynch and the Diocese of St. Petersburg. It was developed as a pilot program and continues to provide a comprehensive array of services and shelter to homeless individuals.

The **Pinellas County Housing Authority** (PCHA) is an independent agency, operating under the authority of Florida Statutes Chapter 421. As the largest housing authority in Pinellas County, PCHA currently provides housing and rental assistance to approximately 8,500 individuals through agency-owned affordable housing, public housing, assisted living and the administration of the Housing Choice Voucher program.

Ready for Life, Inc. (RFL) serves youth in Pinellas & Pasco Counties 15 – 23 years old that are in foster care or have already transitioned out and are on their own. They engage foster care youth, private citizens and public resources to assist Pinellas County foster youth in a successful transition to adulthood.

C-13. Engagement of Individuals through Peer Recovery, SOAR, or Employment Specialists

Peer Recovery Specialist: The peer recovery specialist will assist peers with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including making new friends, finding new uses of spare time, and improving one's job skills. Working in conjunction with the Counselor, they may also provide assistance with issues that arise in connection with collateral problems such as coexisting physical or mental challenges. The relationship of the peer recovery specialist is highly supportive rather than directive. The Specialist connects the peer with services and resources available in the community that can help meet his or her individual needs on the road to recovery.

SOAR Engagement: Directions for Living has entered into a contract with Pinellas County Human Services to be the SOAR program coordinator for Pinellas County. Directions for Living will employ staff dedicated to designing a streamlined county-wide approach to the SOAR process. Directions for Living is adding an additional SOAR case manager/benefit specialist to this grant. The Soar case manager/benefit specialist will provide direct assistance to homeless individuals to acquire income, health insurance and other benefits to stabilize their lives, health and living situations, including providing assistance in applying for Social Security Administration disability programs.

C-14. Individuals Served

	Number to be served	
Characteristic	**Annually**	**Over entire project period**
Race		
Black/African-American	40	120
White	80	240
American Indian/Alaska Native	1	3

Asian	0	0
Native Hawaiian	0	0
Other Pacific Islander	0	0
More than one race	4	12
Hispanic or Latino Ethnicity	9	27
Language – Spanish	9	27
Sex		
Male	110	330
Female	15	45
Lesbian, Gay, Bisexual, and Transgender	37	111
Women Age 25-44	10	30
Persons Age 65and older	3	9
Income as a percent of poverty level		
Below 100%	121	363
100-199%	4	12
200% and Above	0	0
Homeless	125	375
Behavioral Health Status		
Substance abuse disorder	25	75
Serious Mental Illness	25	75
Serious Emotional Disturbance	37	111
Co-occuring Disorder	38	114

C-15. Per Unit Cost for the Program

As a local government applicant, the County is applying for $800,000 in federal funding to implement the program. The County's approach to calculating the per unit cost for the program included calculating the total cost of the project over the lifetime ($2,400,000.00) and subtracting the data and performance based assessment budget ($209,763) and then dividing this number by the total unduplicated number of persons to be served (375) over the lifetime of the grant period. The total per unit cost for the program is calculated to equal $5,840.63

C-16. Utilization of HUD's Coordinated Entry System

Housing remains a critical area of concern in Pinellas County with rising housing markets and escalating costs of apartment rentals. Locally, stakeholders continue to review and explore collaborative approaches to housing to meet the needs of local homeless populations while striving to ensure homeless is rare, brief, and non-reoccurring. Significant efforts have been undertaken locally to work with the Veteran Services Administration to access VA Supportive Housing (VASH) resources and the Pinellas Housing Authority to help access Housing Choice Vouchers to expand individual resources for housing. Local housing development continues to be pursued through the County's Community Development Office and the Pinellas Housing Authority to increase affordable housing availability. Along with ongoing efforts to develop new housing, our dedicated partners on this project maintain permanent supportive housing within the community serving chronic homeless individuals and families with mental health and substance abuse disorders. Identified housing includes:

WestCare GulfCoast operates permanent supportive housing providing access to housing for local veterans. HEP operates a comprehensive support program that includes 353 beds inclusive of emergency, transitional and permanent supportive housing, as well as services designed to empower individuals, families and veterans to gain independence and recover from

homelessness. In 2015, HEP served 1,178 adults, 117 children, 61 families with 45% of the population served being veterans. At intake, 23% had a mental health diagnosis and 13% had a substance abuse diagnosis. Boley currently has 44 residential facilities including group homes, Safe Havens and permanent housing locations. Boley operates 141 units of permanent housing for chronically homeless individuals and veterans all of whom are disabled by mental illness, with the majority having co-occurring substance abuse issues. Boley also operates 14 units for homeless families and 15 units for homeless veteran families of which 100% need and benefit from supportive housing services.

Directions for Living currently maintains a Memorandum of Agreement with the Pinellas County Housing Authority for 19 units of permanent housing targeting Extremely Low Income (ELI) Special Needs Households which is defined by the Florida Housing Finance Corporation as households consisting of a Family that is considered to be Homeless, a survivor of Domestic Violence, a Person with a Disability or Youth Aging Out of Foster Care.

Moving forward, the current partners are involved in the local Homeless Leadership Board and participate in homeless system/coordinated entry planning. Agencies have been adopting and performing SPADAT locally and moving towards a strong coordinated entry approach. In Years 2 and 3 of the program, direct referrals of clients will align with local coordinated entry to prioritize client supportive services and assist with stability during permanent housing placement. The program will track referral source as part of the program operation.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE (10 POINTS)

D-1. CAPABILITY AND EXPERIENCE OF APPLICANT

Pinellas County will serve as the lead agency for the Cooperative Agreement to Benefit Homeless Individuals opportunity. Pinellas County is governed by an elected seven member Board of County Commissioners (BCC). The BCC's strategic initiatives have always focused on improving the quality of life of Pinellas' residents. The County supports these initiatives by providing programs such as the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, and Veterans Services that encourage and promote improved health outcomes, maintain self-sufficiency of low-income Pinellas County residents. HS has provided access to these services through outreach, case management, eligibility determination and enrollment into programs for county residents for over 50 years.

Linkages to the population of focus - The County has experience in serving the uninsured, underserved, vulnerable, and special needs population. All County staff receive cultural and linguistic training that focuses on best practices for sensitivity, diversity and language barrier awareness. The County is a federal grantee for the Health Resources and Administration's Health Center program, and a federal grantee for the Centers for Medicaid and Medicare Services with a Cooperative Agreement to Support Navigators in Federally Facilitated Marketplaces. Locally, the County is actively involved in the Homeless Leadership Board, the County's HUD CoC provider as well as many other local work groups, task forces, and committees serving the homeless population.

D-2. CAPABILITY AND EXPERIENCE OF PARTNERING ORGANIZATIONS

WestCare GulfCoast Florida (WC-GC) was founded in 2001 as a part of the national WestCare network, which offers programs and services across the continuum of health and human services in sixteen (16) States, the US Virgin Islands, Puerto Rica and Guam.

Linkages to the population of focus - WC-GC is a leader in the provision of culturally responsive, evidence based behavioral health and corrections/re-entry services. WC-GC specializes in serving populations with high vulnerability including individuals experiencing or at risk of homelessness; and individuals with substance abuse and co-occurring disorders; Veterans and adults involved in the criminal justice system. WC- GC is licensed by the State of Florida Department of Children and Families, Suncoast Region for prevention, outpatient, aftercare, and residential substance abuse treatment services, residential mental health services, crisis stabilization services, detoxification services, and substance abuse prevention services, and is accredited by CARF (formerly the Commission on Accreditation of Rehabilitation Facilities). The goal of WC-GC is to uplift the human spirit by providing the skills and support for individuals to achieve their own goals and transform their lives. Through its "Continuum of Care", WC-GC serves more than 650 individuals daily.

Operation PAR is a comprehensive substance abuse and mental health services provider in West Central Florida with 45 years of experience and a national, statewide and local reputation for providing effective substance abuse treatment. The agency has deep organizational experience serving the target populations through its 44 programs in 15 locations with program components including: substance abuse education, prevention and intervention, case management, outpatient and residential treatment service for males, females, mothers and children, and adolescents; medical detoxification and outpatient detoxification services; methadone and medication assisted program, continuing care services; and juvenile justice services. Additionally, Operation PAR has experience working with Technology Assisted Care based on the following two projects:

- Partnered with Gateway Community Services in Jacksonville, Florida on the Connect Expansion Project (SAMHSA Grant # TI 023375) whose purpose was to a) Build capacity of substance abuse treatment providers in providing technology-based care; b) Improve access to substance abuse treatment services to underserved populations who have difficulty accessing traditional "face to face" services and c) Build sustainability of technology assisted substance abuse treatment and recovery support services. The grant ran from September 30, 2010 to September 29, 2013.
- Recipient of a Targeted Capacity Expansion-Technology Assisted Care grant (Grant # TI 24730) awarded from August 1, 2013 to July 31, 2016 whose purpose was to expand and enhance eServices outpatient substance abuse treatment.

Linkages to the population of focus – Operation PAR linkages to the populations of focus is based on the following:

- Operation PAR supervises the Homeless Street Outreach worker in St. Petersburg, FL,
- Operation PAR sits on the System Quality Improvement Committee for the Pinellas County Homeless Leadership Board,
- For the past several years Boley Centers Inc. (One of the major homeless housing providers in Pinellas County) and Operation PAR, Inc. have worked together to create a parent company – Boley-**PAR, Inc. dba SAS Solutions for Administrative Services –** (July 1, 2015) to share administrative services.

Directions for Living (DFL) has operated as a Community Mental Health Center since its inception in 1982. There are currently 14 programs in three distinct locations throughout Pinellas County serving children and families with a staff that represents the diversity of the community

we serve. DFL is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). The agency is licensed to offer substance abuse treatment services and has offered a range of interventions to the homeless in Pinellas County since 1987. The Homeless Services department now provides outreach, treatment and case management to approximately **445** homeless individuals annually. Currently, Directions has twelve professional staff members dedicated to working with persons who are homeless.

Linkages to the population of focus – DFL linkages to the populations of focus is based on the following:

- ✓ **Street Outreach Specialists –** DFL is the contracted provider of four of the five street outreach teams in Pinellas County. The Lealman, Pinellas Park, Clearwater, and Tarpon Springs teams are contracted to provide outreach services and to meet people where they are – geographically and emotionally**.** Each team is made up of a law enforcement officer and a specially trained case manager.
- ✓ **Mobile Medical Unit –** DFL is the sole behavioral health contracted provider to deliver psychiatric services inclusive of medication management to individuals who are homeless. The MMU travels to the emergency shelters in the county delivering primary care and prevention health services.
- ✓ **Challenge Grant Program -** DFL is the sole contracted provider to prevent families from becoming homeless, and to rapidly rehouse those individuals who have recently become homeless due to financial instability. Families who receive financial assistance receive case management services to identify and link families with additional needed or essential services to ensure family stability.
- ✓ **Emergency Solutions Grant –** DFL is the sole contracted provider to prevent families residing in Clearwater from becoming homeless and to rapidly rehouse those individuals who have recently become homeless due to financial instability. Families who receive financial assistance receive case management services to identify and link families with additional needed or essential services to ensure family stability.
- ✓ **Temporary Assistance to Needy Families (TANF) –** DFL is the sole contracted provider aimed at the prevention of homelessness. Families in need or prevention services contact the homeless case management services.
- ✓ **Projects for Assistance in Transition from Homelessness (PATH)** – DFL is the sole contracted provider to deliver community based outreach, mental health, substance abuse services, case management for individuals experiencing serious mental illness, including those with co-occurring substance use disorders.
- ✓ **Community Development Block Grant (CDBG) –** DFL is a contracted provider for the Pinellas County Homeless services under the community development block grant. Directions for Living has two full time case managers that serve the county in delivering homeless case management services to clients experiencing homelessness or those who are considered to be chronic homeless.
- ✓ **Social Action Funding –** DFL is a contracted agency with the City of St. Petersburg Social Action Funding. This funding is aimed at preventing homelessness or rapid re-housing to youth who have aged out of the foster care system. This grant provides funding for late utility payments, rental arears or re-housing for these young adults. All referrals for this funding come from Ready for Life Inc.

- ✓ **Homeless Leadership Board & Community Involvement**. DFL's leadership and homeless services staff have been actively involved in the Pinellas County Homeless Leadership Board (formerly the Pinellas Coalition for the Homeless) for the past 15 years and remain so to this day. The President/CEO of DFL serves as the Chair of the HLB Providers Council and is a voting member of the Homeless Leadership Board.

D-3. STAFF POSITIONS

Project Administrator (1.0 FTE, Rate $45,000/yr). The Project Administrator will be responsible for day-to-day oversight of the program including the community partnerships, and overall monitoring of the program's goals and objectives.

Evaluator, VP of Research and Evaluation, Mark Vargo, Ph.D., (0.10 FTE, Rate = $34.91/hr) Dr. Vargo is responsible for oversight of the project evaluation. The Evaluator will ensure all required GPRA compliance and participate in all required SAMHSA meetings. Dr. Vargo has more than 14 years of experience as Evaluator for other SAMHSA projects.

Counselors, (4.75 FTEs, $38,000 - $43,000/yr). Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. Master's Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of experience in chemical addiction or mental health counseling.

Peer Recovery Specialist (1.0 FTE, Rate $24,960). This position will work in collaborative with the counselor to provide both individual and group recover services to participants who have been diagnosed with a substance abuse disorder, mental illness or both. As a peer, the position can effectively extend the reach of treatment into the everyday environment of those seeking to achieve or sustain recovery. This position requires a minimum of a high school diploma/GED. The person should be in recovery for an extended period of time and serves to encourage, motivate, and support a peer who is seeking to establish or strengthen his or her recovery.

SOAR Case Manager/ Benefits Specialist (35,000k per year) The SOAR Specialists will be responsible for providing active case management, navigation and support to the applicants, and will meet with the potential clients as early as possible in the application process. The Benefit Specialist will be responsible for continued communication with the applicant to ensure that the specialists will be able to gather the longitudinal medical histories, submit the evidence to SSA effectively, develop independent medical evaluations, documenting an individual's functioning for the disability examiner, and creating summary reports to accompany the applications.

D-4. STAFF EXPERIENCE AND QUALIFICATIONS

Project Administrator, To Be Determined. Required experience includes Bachelors Degree and five years experience with community development and project planning. Developed extensive contacts among community partners and funders.

Evaluator, Mark Vargo, Ph.D. has demonstrated experience with the population of focus bby serving on the System Quality Improvement Committee for the Pinellas County Homeless Leadership Board; he has evaluated local Homeless Street Outreach activities for Operation PAR since 2005; and served as an Evaluator on two SAMHSA grants addressing

homelessness 1) U-Turn for Homeless Youth (TI20566) and Community Care Chronic Minor Offender Program (TI23163).

Counselor, Ms. Brenda Lydic has been in the counseling and substance abuse field sixteen years. She has extensive experience working with outpatient programming and has supervised clinical staff for most of her career. She is currently seeking her PhD. in Counselor Education and Trauma and Crisis.

Counselor, WestCare Gulf Coast, To Be Determined, Required experience includes a Bachelor of Science or Bachelor of Arts in social work, psychology and/or similar behavioral health course of study, plus at least two years of behavioral health experience. Certified Addition Professional preferred.

Counselor, Directions for Living, To Be Determined. Required experience includes a Master's Degree in counseling, psychology, social work or related field.

e-Services Counselor, Operation PAR, To Be Determined, Required experience includes a Master's degree in counseling, and Bachelor's degree in a directly related field plus two years of direct client service experience in mental health or substance abuse.

Psychiatric ARNP, To Be Determined. Required experience includes Licensed Advanced Registered Nurse Practitioner, Florida Nursing License, and M.S. in Nursing.

Peer Recovery Specialist, To Be Determined. Required experience includes a high school diploma/GED and is an individual who has similar "lived experiences" and has exhibited success in sustaining a crime and drug-free life for two (2) consecutive years or longer.

SOAR Specialist, To Be Determined. Required experience includes a Bachelor's in Psychology, Social Work or related field with 1 year experience preferred.

D-5. Consumer Input

Pinellas County conducts needs assessments and surveys with the homeless population, both as part of the health center program requirements for HRSA health center grantees, but to also guide the County's decision making process and inform the public about public expenditures for the County's homeless residents. The County will work with our homeless shelter providers to solicit feedback, provide opportunities for participation in advisory committees and specifically to recruit members of the homeless population to serve on the Local Government Steering Committee. Consumer representation on the Local Government Steering Committee will provide additional feedback and perspective to the planning and implementation of the program.

Section E: Data Collection and Performance Measurement (20 points)

E-1. Data Collection and Reporting

Operation PAR's Vice President of Research and Evaluation, Mark Vargo, Ph.D., has the ability to collect and report data to SAMHSA, meet its contractual obligations, assure 100% GPRA compliance at intake and 80% compliance at discharge and follow-up as demonstrated by his and Operation PAR's long history of successfully collecting, analyzing and reporting data in previous SAMHSA grants. This experience has been gained from participation in more than 15 SAMHSA grants over the last 13 years that include the following:

- African American Center of Excellence, Treatment Drug Court (SAMHSA, TDC, Grant # TI-14126),
- The Family Achievement In Recovery at PAR Village for Pregnant and Post-partum Women, Women's and Children Treatment (SAMHSA, PPW/WCT Grant # TI-16878),
- Bay Area Young Offender Reentry Program (SAMHSA, YORP, Grant # TI-16928),

- PAR Adolescent Recovery and Intervention Services for the Assertive Adolescent Family Treatment (SAMHSA, AAFT, Grant # TI-17761),
- WeCan Treatment Drug Court (Pinellas County Drug Court Collaborative, SAMHSA, TDC, Grant # TI-20117),
- U-Turn (SAMHSA Homeless Treatment, Grant # TI-20566),
- Bay Area Young Offender Reentry Program (SAMHSA, YORP, Grant # TI-21580),
- PAR Adolescent Recovery and Intervention Services (SAMHSA, Grant # TI-23247),
- Technology Assisted Care in Pasco County (SAMHSA, TCE-TAC, Grant # TI0-24730), and
- Family Achievement in Recovery (SAMHSA, PPW, Grant # TI-25511).

E-2. DATA COLLECTION, MANAGEMENT, ANALYSIS AND REPORTING PLAN

Data Collection – Evaluator, Mark Vargo, Ph.D., will be responsible for tracking the measurable objectives that were identified in the response to question B1. Data collection will be supervised by the Evaluator while data collection will be conducted by the Research Assistant, Case Manager and program staff as directed. Trainings on data collection, data integrity, and follow-up documentation will be conducted by Dr. Vargo. Data will be collected from three major sources; (1) the GPRA surveys (2) Data obtained to address the outcome questions identified in the table in Question E-3, and (3) Data obtained to address the process questions identified in the table in Question E-3. The SAMHSA provided GPRA tool (CSAT GPRA Client Outcome Measures for Discretionary Programs) will have its data collected by program staff with supervision from the Evaluator. Participants will be interviewed at baseline to measure whether GPRA indicators change in a positive direction or become stable over time when compared with the GPRA data collected at patient discharge and six-month follow-up. The GPRA tool will provide the following data elements (abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness) that will be used in the performance assessment.

Data Management – The Evaluator and the Project Director will monitor the integrity of data collection, entry, synthesis, and analysis for consistent and accurate reporting. The security, back-up and privacy policies/procedures will overlay this process and will be monitored for compliance and adherence. After **GPRA data** are collected, it will be entered into CSAT's GPRA Data Entry and Reporting System within seven calendar days of completion. The Evaluator is responsible for ensuring the GPRA data is reviewed for its accuracy.

Data Analysis – All data will be analyzed to identify subpopulations (i.e., racial, ethnic, sexual/gender groups) vulnerable to disparities so that the program evaluation is utilization-focused in identifying disparities should they exist. A detailed, formative analysis will determine the efficacy of project activities in attaining desired outcomes. Quantitative data will contain the following descriptive statistics (frequency, percentage, mean/median/mode, variance, standard deviation, standard error, and range). Trends and project affects will be statistically tested for significance. Project results will be compared to the national objectives of the Healthy People 2020 groups who have experienced greater obstacles to health (i.e., race, ethnicity, gender, sexual orientation, and other characteristics) as according to National Outcome Measures for participants at baseline, discharge, and six months post-baseline.

Data Reporting - The project will collect and report data to SAMHSA as required by the Government Performance and Results Act (GPRA) and will report performance in several areas relating to the patient's abstinence from substance use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social

connectedness. Custom reports will comply with SAMHSA's reporting requirements, including the following: Performance Measurement Biannual Report, Benchmarking agency outcomes reports, and Final Performance Report that will systematically capture levels of service, patient needs, and program performance characteristics. Regular meetings with program staff will occur for consistent data reporting of all evaluation data and findings to monitor program fidelity and create Structural Change Objectives, Action Items, and Plan-Do-Study-Act cycles that are necessary to realign and continuously improve program activities. Program outcomes will be reported to community partners and compiled for SAMHSA conferences, workshops and publications. Data will be aggregated and de-identified to ensure reporting will not attribute specific data responses to patients in accordance to 42 CFR Part 2 and HIPAA privacy rules.

E-3. LOCAL PERFORMANCE ASSESSMENT

The local performance assessment is designed to determine whether the project is achieving its goals, objectives and outcomes the program intended to achieve and identify whether adjustments need to be made to the project. The project has identified four areas for performance assessment; 1) Standard agency performance measures, 2) Progress towards goals and objectives, 3) Outcomes and Process Questions and 4) Tracking disparities in sub-populations. The project's local performance assessment plan will be reviewed at weekly staff meetings. Each area is discussed below.

(1) Standard Agency Performance Measures: Operation PAR prepares an annual performance measure report. Measures that will be monitored to include: access/enrollment times, treatment length of stay, frequency of outpatient sessions and discharge status to name a few.

(2) Progress Towards Goals and Objectives: The following table outlines the project's goals, expected outcome and Performance Measure to assess local performance. These will be reviewed at the weekly staff meetings and acted upon accordingly.

Goal 1: Reduce chronic homelessness	
Objective A: House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.	**Performance Measure:** Enroll 125 project-eligible chronically homeless individuals per year.
Objective B: Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.	**Performance Measure:** Decrease the percentage of clients at 6 months post intake who leave permanent housing using year one of the project as the base rate
Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness	
Objective A: Improve integration of behavioral healthcare system with homeless system	**Performance Measure:** Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3.
Objective B: Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.	**Performance Measure:** Increase the percentage of homeless receiving tele-health/mobile MH services by 10% from year 1 to 2 and 20% from year 2 to 3.
Objective C: Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.	**Performance Measure:** Increase the percentage of participants who have stabilized their SUD, SMI, SED or COD by 10% from year 1 to 2 and 20% from year 2 to 3 as measured at 6 months post intake.
Goal 3: Reduce behavioral health disparities among racial and ethnic minorities	
Objective A: Reduce differences in Access to Service.	**Performance Measure:** Compare the percentage of all individuals referred to the program who are admitted among racial and ethnic groups.

Objective B: Reduce the differences in Service Use.	**Performance Measure:** Compare the percentage of all individuals admitted who remain in treatment for at least 30 days among racial and ethnic groups.
Objective C: Decrease the differences in Outcomes.	**Performance Measure:** Compare the percentage of successful outcomes among racial and ethnic groups.

(3) Outcomes and Process Questions: The project will review the following outcome and process questions in the table below. The program will be analyzed using gender, race, ethnicity and other variables identified at the time of analysis as variables to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Outcome Questions	
Question	**Data Source**
How many individuals were reached through the program and how many were enrolled in Medicaid and other benefit programs as a result of participation in this program?	Data from GPRA and Case Manager/Outreach Specialist
What effect did linkage to HUD's Coordinated Entry system have on housing goals?	Data from Housing Providers on how they accessed HUD's Coordinated Entry System.
What program/contextual factors were associated with increased access to and enrollment in Medicaid and other benefit programs?	Case Manager/Outreach Specialist to identify factors addressing enrollment in Medicaid and other benefit programs.
What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?	Review of identified variables and correlation with patient results and project outcomes and goals.
Was the permanent housing and recovery support effective in maintaining the project outcomes at client follow-up interviews?	Review of identified variables and correlation with patient results and project outcomes and goals.
What program and contextual factors were associated with positive clinical and housing outcomes?	Focus group/questionnaires of participants are correlation with project outcomes.
Process Questions	
What activities and actions taken by the State Interagency Council or the Steering Committee helped improve the clinical and housing outcomes for individuals served?	Identification of activities, their timeline and implementation and correlated outcomes
How did the strategies and interventions used by the State Interagency Council or Steering Committee assist in the overall quality improvement of the system of care for individuals served?	Provider input over time of the project to assess referral, access, retention and outcomes for participants and assess if the project improved the system of care.
Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?	Data from the Case Manager/Outreach Specialist provided to the evaluator as well as project expenses to identify what services were provided and their effectiveness.
Are the targets and indicators linked and used to inform quality improvement activities?	Review of minutes from weekly staff meetings to address targets and indicators.
What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and other benefit programs and how are these efforts informing the implementation and/or enhancing the long term sustainability of integrated community systems that provide permanent housing and supportive services?	Review of minutes from weekly staff meetings to address barriers.

(4) Tracking disparities in sub-populations: Performance assessments will be used to determine whether the project is having/will have the intended impact on behavioral health disparities as demonstrated by increased admission rates for the populations of focus. This performance measure will be reviewed at the weekly meetings. During the weekly review, minutes will contain information regarding progress achieved, barriers encountered, and remedies to overcome the barriers. This information will be compiled and reported to program staff and the Federal Project Officer in the performance assessment report to be submitted at least semi-annually.

Many of the methods to track and assess changes in sub-population disparities are based on the fact that EHR data is readily available that allows the program to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities quickly and implement strategies to address the differences in access, services use, and outcomes by implementing the enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS). These standards comprise mandates, guidelines, and recommendations that are intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. Strategies for implementing CLAS standards include upholding the following principles to address subpopulation disparities: 1) ensuring services are patient-centered so that they are active participants in planning and managing their treatment; 2) maintaining respect for diverse cultural and linguistic backgrounds; and 3) recognizing personal, social, and institutional barriers and how to overcome these barriers. To track and assess deviations from these principles, the program data on access, utilization, and outcomes will be tracked and assessed.

Document your ability to conduct the assessment.
Operation PAR currently conducts internal reviews and performance measures to monitor program fidelity, agency outcomes, disparities in health access and other benchmarks identified by the Research, Evaluation and Outcomes Department as well as the senior management in the agency. Operation PAR has also been a member of the Florida Benchmarking Initiative for the past five years and is experienced in identifying, measuring and monitoring performance outcomes for the agency. Operation PAR has a dedicated staff person, (VP of Research, Evaluation and Outcomes, Mark Vargo, Ph.D., the proposed Evaluator for this project) who monitors agency outcomes daily.

E-4. Quality Improvement Process
The project will conduct weekly meetings with staff to review performance measures, objectives and implementation time lines. If the project finds that performance measure, objectives or timelines are not being met, the team will schedule additional time to conduct a continuous quality improvement session to create Structural Change Objectives, Action Items, and Plan-Do-Study-Act cycles designed to address those underperforming performance measures or objectives. Adjustments to the project will be monitoring and resulting data will be used to justify the newly implemented approach or initiate another change cycle. The cycle will continue until the performance measure or outcome is met. In the process, the identification of performance barriers, monitoring how performance barriers are overcome, and measuring the extent to which performance goals and objectives are met will be documented and reported.

Pinellas County Board of County Commissioners
SAMHSA | Cooperative Agreement to Benefit Homeless Individuals (CSAT/CMHS) FOA SM-16-007

BUDGET JUSTIFACATION NARRATIVE

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	CSAT Costs	CMHS Costs	Grand Total
					TOTAL SALARIES	

JUSTIFICATION: Describe the role and responsibilities of each position.
Pinellas County will contract all services and no federal funds will be used for County staff salary or fringe.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A)**.....$0**

B. Fringe Benefits:

List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	CSAT Costs	CMHS Costs	Grand Total
FICA					
Retirement					
Insurance					
				TOTAL FRINGE BENEFITS	

JUSTIFICATION: Fringe reflects current rate for agency.
Pinellas County will contract all services and no federal funds will be used for County staff salary or fringe.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)**.....$0**

C. Travel:

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

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	CSAT Costs	CMHS Costs	Grand Total
			TOTAL			**$0**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Travel to Grantee meetings and local travel is a contractual expense for each provider organization. See contractual.

FEDERAL REQUEST(enter in Section B column 1 line 6c of form SF424A).....**$0**

D. Equipment:

An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition).

JUSTIFICATION:
No equipment purchases over $5,000 have been identified by Pinellas County.

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

E. Supplies:

Materials costing less than $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	CSAT Costs	CMHS Costs	Grand Total
	TOTAL			**$0**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.
Minimal supplies have been identified by the applicant's contractual partners – see Contractual breakdown.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A).....**$ 0**

F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(1) **WestCare Gulfcoast Florida**						
	Personnel OutPatient Director (.1 FTE) Counselor (1 FTE) Counselor (1 FTE) Peer Recovery Support Specialist (1 FTE)	 $ 55,000 $ 38,000 $ 38,000 $ 24,960	 $55,000 x 10% $38,000 $38,000 $24,960	 $ 5,500 $38,000 $38,000 $24,960		 $ 5,500 $38,000 $38,000 $24,960
			Total Salaries:	$106,460	$0	**$ 106,460**
	Fringe Benefits (23.7%)			$25,231	$0	**$ 25,231**

Pinellas County Board of County Commissioners
SAMHSA | Cooperative Agreement to Benefit Homeless Individuals (CSAT/CMHS) FOA SM-16-007

BUDGET JUSTIFACATION NARRATIVE

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
	Travel					
	Annual Grantee Meeting		Grant meeting is in year 2 only			
	Airfare	$ 0	$500 *1 staff * 1 trip	$0		
	Lodging	$ 0	$200/day*1 staff*3 days*1 trip	$0		
	Per Diem	$ 0	$55/day*1 staff*3 days*1 trip	$0		
	Transportation	$ 0	Shuttle to & from airport $50 each way	$0		
	Local Travel	$ 7,344	1200 miles/mo*12 mo*$.51/mile	$7,344		
			Total Travel:	$7,344	$0	**$ 7,344**
	Contractual – Detox Services					
	Turning Point Inebriate Shelter	$ 4,200	$30/day – 14 days/client – 10 clients/year estimated	$4,200		$4,200
			Total Contractual Detox Services:	$4,200		**$ 4,200**
	Supplies					
	Computers (computers in year 1 only)	$1,200	3 computers @ $1,200 ea	$3,600		$5,400
	Office Supplies		$1,800 for initial office set up and monthly office supplies	$1,800		
	Drug Testing Supplies		Avg. 1 test/client/mo @ $4/test (30 clients)	$1,440		$1,440
			Total Supplies:	$6,840	$0	**$ 6,840**
	Operations					
	Rent including utilities	$ 6,000	$500/mo x 12 mos	$6,000		$6,000
	Communications	$ 1,800	$150/mo x 12 mos	$1,800		$1,800
	Copier Lease & Maint.	$ 360	$30/mo x 12 mos	$360		$360
	Staff Recruitment (recruitment costs in year 1 only)	$ 285	$95/new hire x 3 new hires	$285		$285
	Staff Training	$ 200	$200/annually	$200		$200
	Client Incentives	$ 1,000	$30/incentive, 34 clients/yr 1	$1,000		$1,200
	Transportation Services	$3,360	Bus passes @ $80/client	$3,360		$3,360
	Property & Liability Ins.	$ 1,200	$100/mo x 12 mos	$1,200		$1,200

Pinellas County Board of County Commissioners
SAMHSA | Cooperative Agreement to Benefit Homeless Individuals (CSAT/CMHS) FOA SM-16-007

BUDGET JUSTIFACATION NARRATIVE

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
			Total Operations:	$14,205	$0	**$ 14,205**
	Indirect Approved Rate 26.7%	$ 43,019	$164,280 x .267	$43,863		**$ 43,863**
	Subtotal	**$ 208,143**		**$208,143**	**$0**	**$ 208,143**
(2) **Operation PAR**						
	Personnel					
	Project Administrator (1 FTE)	$ 45,000	$45,000	$ 45,000		$ 45,000
	Evaluator (.1 FTE)	$ 74,070	$74,070 x 10 %	7,407		7,407
	Counselor (1 FTE)	$ 38,000	$38,000	$38,000		$38,000
	Research Assistant (1 FTE)	$ 35,000	$35,000	$35,000		$35,000
	Case Managers (2 FTE)	$31,949	$31,949 x 200%	$63,898		$63,898
			Total Salaries:	$189,305	$0	**$ 189,305**
	Fringe Benefits (30%)			$56,792	$0	**$ 25,231**
	Travel					
	Annual Grantee Meeting		Grant meeting is in year 2 only			
	Airfare	$ 0	$500 *1 staff * 1 trip	$0		$0
	Lodging	$ 0	$200/day*1 staff*3 days*1 trip	$0		$0
	Per Diem	$ 0	$55/day*1 staff*3	$0		$0
	Transportation	$ 0	days*1 trip Shuttle to & from airport $50 each way	$0		$0
	Local Travel	$ 7,344	1200 miles/mo*12 mo*$.51/mile	$7,344		$7,344
			Total Travel:	$7,344	$0	**$ 7,344**
	Supplies					
	Computers	$3,000	5 computers @ $600ea	$2,400	$600	$3,000
	Office Supplies (computers in year 1 only)	$1,800	$1,800 for initial office set up and monthly office supplies	$1,800	$0	$1,800
	Telehealth Nodes	$ 10,000	5 locations @ $2,000 per location	$0	$10,000	$10,000
			Total Supplies:	$4,200	$10,600	**$ 14,800**

Pinellas County Board of County Commissioners
SAMHSA | Cooperative Agreement to Benefit Homeless Individuals (CSAT/CMHS) FOA SM-16-007

BUDGET JUSTIFACATION NARRATIVE

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
	Operations					
	Rent including utilities	$ 1,000	$1000/mo x 12 mo	$12,000	$0	$12,000
	Computer Maint.	$ 150	$150/mo x 12 mo	$1,800	$0	$1,800
	Client Incentives	$ 1,000	$30/incentive, 34 clients/yr 1	$1,000	$0	$1,000
	Professional Liability Ins.	$	$1.2% of salaries	$996	$1,275	$2,271
	Transportation Services		$80/client for bus passes/year	$3,250	$0	$3,250
	Cell Phones		$85/mo x 5 FTE	$5,100	$0	$5,100
			Total Operations:	**$24,146**	**$1,275**	**$ 25,421**
	Indirect					
	Approved Rate16.5%		$293,662 x .165	$25,342	$23,114	**$ 48,456**
	Subtotal			**$178,932**	**$163,184**	**$342,118**
3) **Directions for Living**						
	Personnel					
	Psychiatric ARNP (1 FTE)	$ 110,000	$110,000 x 75%		$82,500	$82,500
	Counselor (1 FTE)	$43,000	$43,000		$43,000	$43,000
	SOAR Specialist (1 FTE)	$ 35,000	$35,000		$35,000	$35,000
			Total Salaries:	$0	**$160,500**	**$160,500**
	Fringe Benefits (.21%)			$0	$33,705	$33,705
	Travel					
	Annual Grantee Meeting		Grant meeting is in year 2 only			
	Airfare	$ 0	$500 *1 staff * 1 trip		$0	$0
	Lodging	$ 0	$200/day*1 staff*3 days*1 trip		$0	$0
	Per Diem	$ 0	$55/day*1 staff*3		$0	$0
	Transportation	$ 0	days*1 trip		$0	$0
			Shuttle to & from airport $50 each way			
	Local Travel	$ 6,480	600 miles/mo*12 mo*$.45/mile		$$6,480	$$6,480
			Total Travel:	$0	$6,480	**$ 6,480**

Pinellas County Board of County Commissioners
SAMHSA | Cooperative Agreement to Benefit Homeless Individuals (CSAT/CMHS) FOA SM-16-007

BUDGET JUSTIFACATION NARRATIVE

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
	Supplies					
	Computers (computers in year 1 only)	$ 2,600	2 computers @ $1,300 ea		$2,600	$2,600
	Office Supplies	$ 1,800	$1,800 for initial office set up and monthly office supplies		$1,800	$1,800
	Telehealth Nodes Set-Up		$2,000 per location @ 5 locations		$10,000	$10,000
			Total Supplies:	$0	$14,400	**$ 14,400**
	Operations					
	Computer Maint.	$ 1,800	$150/mo x 12 mos		$1,800	$1,800
	Client Incentives	$ 1,000	$30/incentive, 34 clients/yr 1		$1,000	$1,000
	Professional Liability Ins.		$92/mo x 2FTE		$2,210	$2,210
	Transportation Services		$80/client for bus passes		$3,300	$3,300
	Cell Phones		$101/mo x 2 FTE		$3,635	$3,635
			Total Operations:	$0	$11,945	**$ 11,945**
	Indirect					
	Approved Rate 10%		$227,089 x .10	$0	$22,709	**$ 22,709**
	Subtotal			**$0**	**$249,798**	**$ 249,798**

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

(1) WestCare Gulfcoast Florida

OutPatient Program Director: The OutPatient Program Director will supervise the Counselors and Peer Recovery Support Specialist. They will help assist with the startup of the program and be available to support staff with project.

10% of annual salary $55,000 x 10% = $5,500.

Counselor (2): The Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. They conduct interviews and make assessments of clients to determine needs for program services. They take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues. Master's Degree

from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling.

100% of annual salary $38,000 x 2 = $76,000.

Peer Recovery Support Specialist (1 FTE): The Peer Recovery Support Specialist is responsible for creating a therapeutic alliance and uncovering motivational opportunities for the client. The Peer Recovery Support Specialist is responsible for assisting the client with building a social support network.

100% of annual salary = $24,960.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 23.7% of gross salaries.

Travel: National Travel: Grantee meeting in Year 2 only.

Local travel is estimated that 1,200 miles per month will be required for the Counselors and Peer Recovery Support Specialist do connect with clients wherever they are, their home, coffee shop, park, etc.

Contractual – Turning Point Inebriate Shelter: Turning Point, an Inebriate Shelter, will be available to assist with clients that have relapsed and need a few days to detox and get back on track. Turning Point is a safe place for these clients and has 3 stages of services, 3 days to allow the clients to naturally detox, or 14 days to allow clients to naturally detox and then receive intervention services, or 30 days to allow clients to naturally detox, receive intervention services, and help to get back on the right track so they can return to their home and continue on substance free.

Supplies:

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies to set up the Trauma Center. Laptop computers for all staff. Any curriculum needed for clients' success.

Medical Supplies/Testing & Lab Fees provide for urinalysis/drug testing of clients.

Decrease in years 2 - 3 due to year 1 including computer purchase.

Operations:

Rent of facility to conduct clinical services. Rent includes utility expenses such as electric, water and sewer.

Transportation Services is to provide bus passes or taxi vouchers to clients needing to seek services in a location other than their permanent housing location.

Communications includes office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Staff Recruitment includes advertising vacant positions, recruit skillful staff, and obtain background checks to ensure the most qualified and efficient staff is hired.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served. Training may be provided by WestCare Chief Clinical Officer (Bob Neri), or other experts on specific topics such as treatment of PTSD and trauma, integrating substance abuse treatment for co-occurring disorders in a modified therapeutic community, and other relevant issues for the program.

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers ($20) at discharge and at 6-months after intake, 30 clients annually.

Property & Liability Insurance represents property and general liability insurance.

Decrease in years 2 - 3 due to year 1 including staff recruitment costs.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Federally approved rate is 26.7%.

(2) Operation PAR

Program Administrator: The Program Administrator will oversee the day-to-day operations of the program, work with the Local Government Steering Committee.

100% of annual salary $45,000 x 100% = $45,000.

Evaluator: Responsible for program evaluation.

10% of annual salary of $74,070 = $7,407

Counselor (1): The Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical

record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. They conduct interviews and make assessments of clients to determine needs for program services. They take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues. Master's Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling.

100% of annual salary $38,000 x 2 = $76,000.

Research Assistant (1 FTE): The Research Assistant will be responsible for collecting and inputting GPRA data for data collection and performance management.

100% of annual salary = $35,000.

Case Managers (2 FTE): The Case managers will be responsible for initial intake and screening of clients, administering GAIN tool, collecting GPRA data at the initial intake and 6 month evaluation point.

100% of annual salary of $31,989 x 2 = $63,978

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 30% of gross salaries.

Travel: National Travel: Grantee meeting in Year 2 only.

Local travel is estimated that 1,200 miles per month will be required for the Case managers to connect with clients.

Supplies:

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies. Laptop computers for all staff. Any curriculum needed for clients' success.

Medical Supplies/Testing & Lab Fees provide for urinalysis/drug testing of clients.

Decrease in years 2 - 3 due to year 1 including computer purchase.

Operations:

Rent of facility to conduct clinical services. Rent includes utility expenses such as electric, water and sewer.

Transportation Services is to provide bus passes or taxi vouchers to clients needing to seek services in a location other than their permanent housing location.

Communications includes office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers ($30) per client, 34 clients in Year 1.

Professional Liability Insurance for clinical/professional staff.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Federally approved rate is 16.5%.

(3) Directions for Living

Psychiatric ARNP (1 FTE) The Psychiatric ARNP is a responsible position requiring clinical, psychiatric, medical, and administrative duties.

100% of annual salary $110,000 x 75% = $82,500.

Counselor (): The Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. They conduct interviews and make assessments of clients to determine needs for program services. They take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues. Master's Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling.

100% of annual salary $43,000 = $43,000.

SOAR Specialist (1 FTE): The SOAR Specialist is responsible for providing case management, supportive interventions, and assistance with benefit enrollment to individuals and families

100% of annual salary = $35,000.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 21% of gross salaries.

Travel: National Travel: Grantee meeting in Year 2 only.

Local travel is estimated that 1,200 miles per month will be required for the Counselors and SOAR Specialist do connect with clients wherever they are,.

Supplies:

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

Laptop computers for all staff. Any curriculum needed for clients' success.

Decrease in years 2 - 3 due to year 1 including computer purchase.

Operations:

Rent of facility to conduct clinical services. Rent includes utility expenses such as electric, water and sewer.

Transportation Services is to provide bus passes or taxi vouchers to clients needing to seek services in a location other than their permanent housing location.

Communications includes office phone and office fax line for staff, cell phone for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers ($30), 30 clients annually.

Professional Liability Insurance represents property and general liability insurance.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Federally approved rate is 10%.

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

(Combine the total of consultant and contact) **$204,139**

G. Construction:

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

H. Other:

Expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
	TOTAL	**$0**

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A).....**$ 0**

Indirect Cost Rate:

Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A).....**$ 0**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	$ 0
Fringe	$ 0
Travel	$ 0
Equipment	$ 0
Supplies	$ 0
Contractual	$ 800,000
Other	$ 0
Total Direct Costs*	$ 800,000
Indirect Costs	$ 0
Total Project Costs	$ 800,000

* TOTAL DIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **$800,000**

* TOTAL INDIRECT COSTS:

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

TOTAL PROJECT COSTS:

Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A)$800,000

INFRASTRUCTURE SUMMARY:

Category	Year 1	Year 2	Year 3
Personnel	$ 0		
Fringe	$ 0		
Travel	$ 0		
Equipment	$ 0		
Supplies - Telehealth Nodes for Psychiatric and Substance Abuse Service Installations at 5 locations per provider.	$ 20,000		
Contractual	$ 0		
Other	$ 0		
Total Direct Costs*	$ 20,000		
Indirect Costs	$ 0		
Total Project Costs	$ 20,000		

DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:

Category	Year 1	Year 2	Year 3	Total
Personnel	$ 0	$ 0	$ 0	**$ 0**
Fringe	$ 0	$ 0	$ 0	**$ 0**
Travel	$ 0	$ 0	$ 0	**$ 0**
Equipment	$ 0	$ 0	$ 0	**$ 0**
Supplies	$ 0	$ 0	$ 0	**$ 0**
Contractual				
- Evaluator	$7,407	$7,407	$7,407	**$22,221**
- Research Asst	$35,000	$35,000	$35,000	**$105,000**
-Fringe	$12,722	$12,722	$12,722	**$38,166**
-Computer	$600	$600	$600	**$1,800**
-Occupancy	$2,400	$2,400	$2,400	**$7,200**
-Computer Maint	$360	$360	$360	**$1,080**
-Prof Liability Ins	$509	$509	$509	**$1,527**
-Cell Phone	$1,020	$1,020	$1,020	**$3,060**
-Indirect Cost	$9,903	$9,903	$9,903	**$29,709**
Other	$ 0	$ 0	$ 0	**$ 0**
Total Direct Costs*	$ 0	$ 0	$ 0	**$ 0**
Indirect Costs	$ 0	$ 0	$ 0	**$ 0**
Total Data Collection & Performance Measurement Costs	**$69,921**	**$69,921**	**$69,921**	**$209,763**

JOB DESCRIPTION

TITLE OF POSITION: Program Administrator

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:
This position will oversee all on-site project acitivities and ensure the project is conducted in timely manner and with fidelity to the model. This position will work with the management team to address and solve issues or barriers in the project. This position will monitor and conduct clinical supervision of all clinical staff. This position will assist the Project Director and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. This position will serve as the liaison between administrative, clinical and research and evaluation project coordination and will assist in project sustainability.

QUALIFICATIONS FOR POSITION:

- Minimum of a bachelor's, certified addiction professional, certified eTherapist or Licensure. Extensive experience with community development and project planning. Developed extensive contacts among community partners and funders.

SUPERVISORY RELATIONSHIPS:

- Reports to Project Director.
- Supervisors all project staff except the Evaluator.

SKILLS AND KNOWLEDGE REQUIRED:

- Knowledge of substance abuse, trauma, co-occurring treatment, motivational interviewing and community resources.
- Knowledge of available funding, access to funding for services in the area for clients and needed services.
- Knowledge base of eServices standards, technology ability and access to technology for ease of client use.

PERSONAL QUALITIES:

- Empathetic to homeless individuals, and client's families needs who are experiencing substance abuse and trauma.
- Energetic and devoted to developing community partnerships.

AMOUNT OF TRAVEL AND ANY OTHER SPECIAL CONDITIONS OR REQUIREMENTS:
Travel to Grantee Meeting and some local travel.

SALARY RANGE: $45,000/YEAR

HOURS PER DAY OR WEEK:
8 hrs./day, 5 days/wk., 40 hrs./week, 1.00 FTE

Operation PAR, Inc.
JOB DESCRIPTION | EVALUATOR

NAME: **Mark Vargo, Ph.D., Vice President of Research and Evaluation**

GENERAL DESCRIPTION: This position is responsible for overall project evaluation.

RESPONSIBLE TO: President/CEO
RESPONSIBLE FOR: Evaluation Personnel (i.e. Systems Analyst)

KNOWLEDGE, SKILLS, ABILITIES AND COMPETENCIES:

- Knowledge of substance abuse, trauma, HIV/AIDS services, and co-occurring treatment and community resources.
- Is aware of a variety of philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance abuse related problems and develops treatment plans incorporating this knowledge.
- Understands the importance of research and outcome data and their application in clinical practice
- Understands the multidisciplinary approach to treatment planning and delivery of treatment services.

QUALIFICATIONS:

- Ph.D. in scientific field and experience with experimental design and data analysis.

OTHER REQUIREMENTS:

- Travel to Washington DC for Grantee Meetings
- Must pass background and fingerprinting checks
- Must follow current required training requirements of Operation PAR, Inc.

SALARY RANGE/HOURS:
$34.91/hr
0.10 FTE (4 hrs/wk)

PERSONAL QUALITIES: Monitors GPRA numbers and results on a timely schedule.

Operation PAR, Inc.
JOB DESCRIPTION | E-SERVICES COUNSELOR

GENERAL DESCRIPTION: Performs substance abuse and mental health counseling work with adult clients utilizing e-Services. Counselor's duties include but are not limited to screening, assessment, individual/group counseling, and treatment planning. Responsible for servicing primary caseload along with other clients as assigned. The counselor is also responsible for documenting in accordance with company standards.

RESPONSIBLE TO: Clinical Supervisor or Administrator as assigned
RESPONSIBLE FOR: No Supervisory Responsibilities
SALARY RANGE/HOURS

KNOWLEDGE, SKILLS, ABILITIES AND COMPETENCIES:

- Understands the MET/CBT model along with a variety of models and theories of addiction and other problems related to substance abuse and uses this knowledge to plan intervention strategies with clients.
- Recognizes the social, political, economic and cultural context within which addiction and substance abuse exist.
- Identifies the behavioral, psychological, physical health and social effects of psychoactive substances on the client, the client's significant others and/or family system.
- Recognizes the potential for substance abuse disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.
- Is aware of a variety of philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance abuse related problems and develops treatment plans incorporating this knowledge.
- Recognizes the importance of family, social networks and community systems in the treatment and recovery process.
- Is knowledgeable of evidence based practices such as MET/CBT and Seeking safety
- Understands research and outcome data and their application in clinical practice
- Understands the multidisciplinary approach to treatment planning and delivery of treatment services.

QUALIFICATIONS/EDUCATION AND EXPERIENCE:

- Master's degree in counseling or a directly related field or
- Bachelor's Degree in a directly related field plus two years of direct client service experience in mental health or substance abuse.

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- Valid Florida driver's license (class AD@)
- Current CPR and First Aid Certification if client contact is part of job
- Must pass background and fingerprinting checks
- Must follow current required training requirements of Operation PAR, Inc.

DIRECTIONS FOR LIVING

POSITION TITLE: COUNSELOR

SALARY/HOURS: $43,000 | 40 hours per week

REPORTS TO: **Clearwater Center Director**

POSITION SUMMARY:
This is a professional clinical position providing therapy to adults, families experiencing homelessness, or whom have been placed in permanent housing. Work involves the application of psychotherapeutic theories and practices. Staff must work in various community settings.

PRIMARY RESPONSIBILITIES:
- Develops and updates realistic and effective treatment plans with clients and their families as required and ensures that all documentation exhibits sound clinical judgment and identifies client success/improvements or issues and identifies client participation in the service process.
- Conducts thorough client interviews/evaluations exhibiting accuracy and thoroughness of assessment and referral skills.
- Maintain continuity of contact with clients as appropriate to their treatment plans.
- Involve significant others of clients in their treatment as appropriate.
- Provides clinical interventions, utilizing flexibility in approach, maintenance of appropriate boundaries, and sound psychotherapeutic principles.
- Manage caseload appropriately and demonstrate complete and timely follow-up.
- Plan and implement psychotherapeutic and psycho-educational groups.

QUALIFICATIONS/EDUCATION:
- Master's degree in Counseling, Psychology, Social Work or related field required.

SKILLS/KNOWLEDGE:
- Knowledge of DSM-IV, ICD-10 diagnostic codes, and psychotropic medications
- Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Transport clients as needed and required in personal vehicle as part of service provision.
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served. Must have a willingness to learn approaches with which staff are less familiar as required.
- Supports and adheres to the five client promises

DIRECTIONS FOR LIVING

POSITION TITLE: Psychiatric ARNP

SALARY/HOURS: $110,000 | 20 hours per week

REPORTS TO: **Medical Director**

POSITION SUMMARY:
This is a responsible position requiring clinical, psychiatric, medical, and administrative duties.

PRIMARY RESPONSIBILITIES:

- Under the supervision of the Medical Director provide psychiatric services, including but not limited to, psychiatric evaluations, case staffings, and ongoing medication treatment as appropriate to the treatment plan.
- Assure the implementation and delivery of high quality mental health services to Directions' client.
- Perform psychiatric evaluations for assigned clients, or as directed.
- Adhere to regulatory bodies and licensing rules, guidelines, and schedules.

QUALIFICATIONS/EDUCATION:

- Licensed Advanced Registered Nurse Practitioner, Florida Nursing License, M.S. in Nursing

SKILLS/KNOWLEDGE:

- Completion of the appropriate course of psychiatric nursing education to secure and maintain Florida licensure as an advanced registered nurse practitioner.
- Knowledge of DSM-IV and ICD-10 diagnostic codes.
- Knowledge of psychotropic medications
- Familiarity with Marchman and Baker Act laws.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS

- Familiarity with tele-health preferred

PERSONAL QUALITIES

- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served.
- A high level of accuracy with data processing
- A professional attitude at all times
- Supports and adheres to the five client promises

DIRECTIONS FOR LIVING

POSITION TITLE: SOAR CASE MANAGER/BENEFITS SPECIALIST
SALARY/HOURS: $35,000 | 40 hours per week
REPORTS TO: Supervisor of Homeless Services

POSITION SUMMARY: This is a composite position providing case management, supportive interventions, and assistance with benefit enrollment to individuals and families who are homeless. Work involves outreach, access, and recovery services to individuals experiencing homelessness and assisting them with the SSI/SSDI application for benefits.

PRIMARY RESPONSIBILITIES:

- Establish and maintain effective rapport with consumers.
- Work with the consumer to obtain documentation required for the SSI/SSDI application.
- Work effectively and in collaboration with other service agencies, funders and consumer groups.
- Develop realistic and effective screening tools to assist with SSI/SSDI eligibility.
- Develop and maintain a positive, professional relationship with the community partners.
- Conduct Outreach to engage individuals in need of services and identify potential SOAR candidates.
- Gather medical records and other information to complete SSI/SSDI applications.
- Work in partnership with the SSI/SSDI office regarding eligibility for consumers.
- Maintain continuity of contact with consumers as appropriate regarding their applications.
- Plan and implement educational groups regarding SOAR.

QUALIFICATIONS/EDUCATION/EXPERIENCE:

Bachelor's in Psychology, Social Work or related field required, with 1 year experience preferred.

SKILLS/KNOWLEDGE REQUIRED:

- Must have minimum one year of case management experience preferably working with homeless population.
- Must acquire knowledge of community resources, including housing, homeownership opportunities and support programs.
- Requires excellent communication skills and the ability to relate well to all types of people.
- Knowledge of HUD Guidelines and definitions of homelessness

AMOUNT OF TRAVEL AND OTHER SPECIAL CONDITIONS/REQUIREMENTS

- Services are provided in the community.
- Transport clients as needed and required in personal vehicle as part of service provisions.
- Visit or work at sites outside the office as needed or required for services provision and provide own safe transportation to such locations.

PERSONAL QUALITIES

- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served.
- A high level of accuracy with data processing
- A professional attitude at all times
- Supports and adheres to the five client promises

Position Description

Title: Counselor
Hours: Full-Time
FLSA Status: Exempt
Reports To: Program Director
Supervises: No supervision
OSHA Exposure Category: II

Position Summary:

Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities.

Essential Job Functions:

- Complete Psychosocial Assessment; Assess need and make decisions regarding the delivery of the appropriate individual, group, and/or family counseling, treatment, transition and discharge planning.
- Complete all documentation required for clinical records and other reports as assigned in a timely manner, as defined by WestCare and/or regulatory bodies.
- Initiate transition/discharge planning with clients at the earliest possible point.
- Utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues.
- Develop Person-Centered Individual Treatment/Service Plans and ongoing reviews.
- Facilitate and participate in Peer Reviews of client files.
- Monitor and assess client behavior and provide direct counseling services.
- Follow all WestCare policies and procedures and perform all other duties as assigned.

Essential Qualifications:

- Maintain the highest ethical and professional standard as to clients and employees.
- Ability to avoid all dual relationships with clients (any personal, financial, business, social or sexual relationship or other activity outside the context of the traditional therapist-patient relationship).
- Meet all state and federal laws, regulations, and guidelines in provision of client services.
- Excellent verbal and written communication skills.
- Ability to work independently and ability to lead and also be part of the team.

Education:

- Bachelor of Science or Bachelor of Arts Degree from an accredited college or university in social work, psychology, and/or similar behavioral health course of study, plus at least two years of behavioral health experience. CAP preferred.
- Master's Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling, or
- Master's Degree in any subject from an accredited college or university plus one (1) year of professional experience in chemical addiction or mental health counseling, or
- Bachelor's Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus one (1) year of professional experience in chemical addiction or mental health counseling, or
- Bachelor's Degree from an accredited college or university in any subject plus two (2) years of professional experience in chemical addiction or mental health counseling.
- Current certification as a Certified Addictions Professional (CAP), Certified Criminal Justice Addictions Professional (DDJAP), Certified Associate Addictions Professional 1 or 2 (CAAP), or Certified Criminal Justice Associate Addictions Professional 1 or 2 (CCJAAP).

I acknowledge receipt of this position description, and understand I am responsible for understanding its contents, and to ask for clarification if I have any questions. I further understand this description is intended to describe the essential job functions and qualifications for this position. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time. I also understand that no employee shall interact with clients (adults or children) on a personal, financial, business, social or sexual basis, or other activity outside the context of the traditional therapist-patient relationship. Such activity may result in disciplinary action up to and including immediate termination of employment.

_____ _____

Employee Signature Date

Position Description

Title: Peer Recovery Specialist
Hours: 40 per week
FLSA Status: Non - Exempt

Reports To: Immediate Supervisor
Supervises: None
OSHA Exposure Category: II

Position Summary:
This position is held by an individual who has similar "lived experiences" as the and has exhibited success in sustaining a crime and drug-free life for two (2) consecutive years or longer. The position provides peer leadership, outreach, advocacy, coaching and recovery support services to those seeking or sustain recovery within the community.

Essential Job Functions:

- Educate and refer clients to community agencies and businesses that appropriately address their need for food, shelter, clothing, employment, transportation, social service benefits, etc.
- Provide services that promote wellness, recovery and resiliency.
- Assist clients with establishing or re-establishing support systems within their community.
- Act as advocate on behalf of the patient to improve access to needed services, information, or treatment.
- Participate in clinical staffing decisions regarding the patients' current strengths and resources and their need for additional resources.
- Provide support and supervision to program clients.
- Assist other WestCare staff as needed in a collaborative manner to promote cooperation and portray a professional image to the community.
- Embrace and embody the mission, vision, guiding principles, clinical vision and goals of WestCare Foundation.
- To facilitate involvement in recovery-related activities & assist in planning, organizing & facilitating group recreational & social activities.
- Other duties as assigned.

Essential Qualifications:

- Ability to work collaboratively with others in a manner that is pleasant and professional.
- Ability to work well in a team environment and to exercise good judgment and discretion.
- Ability to operate a computer and complete documents in Microsoft Office program formats
- Ability to respond as needed to crisis situations in an efficient manner.
- Ability to complete work tasks within scheduled work hours.
- Ability to inspire hope in clients.
- Excellent verbal and written communication skills.
- Willing to seek out new work projects and contribute ideas and efforts to the constant improvement of WestCare services.

Education:

- Person in this position will have a minimum of a high school diploma/GED.

I acknowledge receipt of this position description, and understand I am responsible for understanding its contents, and to ask for clarification if I have any questions. I further understand this description is intended to describe the essential job functions and qualifications for this position. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time. I also understand that no employee shall interact with clients (adults or children) on a personal, financial, business, social or sexual basis. Such activity may result in disciplinary action up to and including immediate termination of employment.

_____ _____
Employee Signature Date

Position Description

Title: Program Director
Supervisor: Regional Admin
Hours: All Shifts
Supervises: All Staff
FLSA Status: Exempt
OSHA Exposure Category: II
Salary: This position is compensated on a salary basis at a rate not less than $455 per week.
Travel: Less than 25%

Position Summary:

Person in this position will be responsible for the delivery of program services, quality client care, regulatory and contract compliance and interagency and community relationships.

Essential Job Functions:

- Direct supervision of site-specific program coordinators;
- Responsible for all aspects of treatment for all clients
- Responsible for training, supervision, and scheduling of all staff, trainees, and volunteers;
- Provide case management and quality assurance reviews on a monthly basis;
- Provide staff observation and supervision on a regular basis;
- Meet with staff and treatment team on a once weekly basis;
- Report to Regional Administrator on a weekly basis;
- Assist the Regional Administrator with program design, development, and implementation;
- Review each employee's job performance on a yearly basis (or more often if necessary). Hire or terminate employees with advice and consent from the Regional Administrator;
- Write and submit required reports and/or provide appropriate data for administrative and marketing needs;
- Responsible for facility compliance with health, fire and other regulatory standards;
- Acts as WestCare representative/liaison with other agencies (Law Enforcement agencies; Juvenile Court Facilities; Welfare agencies; Community Hospitals, etc.) regarding all Client/Service issues;
- Attend regular professional education classes/workshops to continuously upgrade job skills or promote the image of the agency;
- Be on 24-hour call for emergencies;
- Respond to all emergency situations that would necessitate Program Director's intervention;

Essential Qualifications:

- Valid drivers' license and proof of insurance;
- 5 years recent management or supervisory experience;

Education:

- Bachelor of Science or Bachelor of Arts Degree from an accredited college or university in social work, or comparable years of qualifying experience.
- Holds, or can obtain a current certification as a counselor for alcohol, drug, family or related services from the National Association of Alcohol & Drug Abuse Counselors, the National Board of Certified Counselors or similar organization.

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

EDUCATIONAL TRAINING

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

RESEARCH AND PROFESSIONAL EXPERIENCE:

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

- PPW, Family Achievement in Recovery, CSAT Grant TI-25511.
- TCE TAC, Technology Assisted Care in Pasco County, CSAT Grant TI-24730
- PEMHS Lifeline, SAMHSA, 2010-2012.
- Community Care Chronic Minor Offender Program awarded by SAMHSA, 2010-2011.
- Dads at Demilly is a collaboration with the Florida Department of Corrections with funds awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, US Department of Justice. 2010-2012.
- PAR Adolescent Recovery and Integrated Services (PARIS) Program CSAT Grant TI-023247: Adolescent Program using ACRA-ACC. 2010-2013
- Bay Area Young Offender Reentry Program (YORP) CSAT Grant TI-021580: Operation PAR, Inc. will serve youth in the Bay Area Young Offender Reentry Program (Bay Area YORP) using Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC)—evidence-based approaches designed specifically for youth ages 14-18 with substance abuse issues reentering the community from a residential commitment program. 2009-2012
- Family Connect, Abandoned Infants Assistance, (90-CB-0163), 2008-2012.
- U-Turn, New Directions in Recovery and Independent Living (Homeless Treatment, TI 20566), SAMHSA, CSAT, 2008-2013.
- Project Recovery Enhancement Program (PREP, Criminal Justice Grant, TI 20373), SAMHSA, CSAT, 2008- 2011.
- Pinellas County Drug Court Collaborative (Treatment Drug Court TI 20117), Co-evaluator, SAMHSA, CSAT, 2008-2011.
- Women's Empowerment Initiative (TCE/HIV Grant TI 19787), SAMHSA, CSAT, 2008-2013.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW Grant TI 19605), SAMHSA, CSAT, 2008-2011.
- PAR Adolescent Recovery and Intervention Services for the Assertive Adolescent Family Treatment (AAFT, PARIS, Grant TI17761), SAMHSA, CSAT, 2006-2009.
- Bay Area Young Offender Reentry Program (YORP, Grant TI 16928), SAMHSA, CSAT, 2005-2009.
- The Family Achievement In Recovery at PAR Village (FAIR, PPW/WCT Grant TI 16878), SAMHSA, CSAT, 2004-2008

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

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

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

Honors and Awards

2006 to 2013	Member of the Florida Behavioral Health Epidemiology Outcomes Workgroup.

Publications

Lisa M. Najavits Ph.D., Nancy Hamilton M.P.A., C.A.P., C.C.J.A.P., Niki Miller M.S., C.P.S., Jackie Griffin M.S., Thomas Welsh M.A. & Mark Vargo Ph.D. (2014) Peer-Led Seeking Safety: Results of a Pilot Outcome Study with Relevance to Public Health, Journal of Psychoactive Drugs, 46:4, 295-302, DOI: 10.1080/02791072.2014.922227

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

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

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

Brenda Lydic

Education

Walden University, Minnesota: CACREP accredited PhD in Counselor Education and Supervision, Specializing in Trauma and Crisis

Argosy University Sarasota: CACREP accredited Masters in Licensed Mental Health Counseling

State University of New York, Empire State College, Jamestown, New York:

• BS in Community Mental Health | Minors: social work and psychology

State University of New York, Fredonia State College, Fredonia, New York

• BSW program

Jamestown Community College, Jamestown, New York:

• Associates Degree Human Services

Employment History:

West Care-GulfCoast-Florida

Director Out Patient Services February 23, 2015 - present

- Direct supervision of site-specific program managers/coordinators
- Responsible for the delivery of all aspects of site specific treatment for all clients;
- Assist the Vice-President with program design, development, and implementation;

Directions for Living 1437 S. Belcher Rd, Clearwater FL

Supervisor of Behavioral Health Case Management

June 16, 2014 -February 18, 2015

- Duties are as described in the Supervision of Children and Adult Mental Health Case Management Section dated July, 2007-March, 2013 below.

Director of West Pasco Service Center

March 1, 2013 - June 13, 2014

- Responsible for the operation and development of the West Pasco Service Center
- Develop and implement annual training plan for all service center staff on state mandates, Florida Statutes, contractual obligations of Value Options/Medicaid and other insurance funders, compliance requirements, CARF Accreditation requirements and agency operation and policy as related to their job position and agency standards
- Provide individual clinical supervision to therapists, and all staff
- Provided therapy to behavioral/mental health clients

Supervisor of Adult & Children's Mental Health Case Management Program

July 24, 2007 - March 1, 2013

- Responsible for Adult and Children's Mental Health Case Management Departments
- Supervise staff of 24 Targeted and Intensive Adult Case Managers and Children's Case Managers, 3 Certified Peer Specialists and a Transporter who work with SPMI adults and SED children/families, and children in the child welfare program
- Interdisciplinary team facilitator.

- Provided therapy to mental health clients, conducted and trained staff on assessments, intake process, bio-psychosocial and related documentation.

Hillsborough Kids Inc. 501 E. Kennedy Boulevard Tampa, FL
June 27, 2005 - March 9, 2007
Revenue Maximization Specialist
Responsible for timely, accurate processing of new IV-E and IV-A applications

Confidentiality and Participant Protection:

1. Protect Clients and Staff from Potential Risks

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

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

  Clients are also informed that there is a potential risk that personal information about them may be inadvertently released. Though this release of information is not intentional or done on purpose, the fact is that personal information about them is being kept on file and in rare instances these events occur.

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

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

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

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

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

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

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

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

2. Fair Selection of Participants

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

The population of focus of this proposed cooperative agreement is primarily male/female adults who are or have experienced chronic homelessness in Pinellas County, Florida, who have a substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), and/or a co-occurring disorder (COD). This population may include veterans, and youth, especially those aging out of foster care.

The 2015 PIT Homeless Count for Pinellas Count revealed a total of 6,853 adults and children who reported to be homeless on the night of January 28, 2015. The total number of homeless individuals reported to HUD this year was 3,387. This number is almost identical to the 3,391 that were reported to HUD in 2014. There were an additional 388 individuals in the street survey, 408 in the jail data, and 2670 in the school data that did not meet HUD criteria. Taken together these added to 6,853 individuals.

Race & Ethnicity
Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4 or more times in the last 3 years.

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

  Pregnant women, children, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS are not the population of focus in this project.

- ***Explain the reasons for <u>including or excluding</u> participants.***

  The population of focus of this proposed cooperative agreement is primarily male/female adults who are or have experienced chronic homelessness in Pinellas County, Florida, who have a substance use disorder (SUD), serious mental illness (SMI), serious emotional disturbance (SED), and/or a co-occurring disorder (COD).

  The reasons for including these populations are indicated below:
  - There are significant transportation barriers to health access for the homeless population in Pinellas County. A disproportionate utilization of EMS is one of the consequences.
  - In 2014, of all HCH health center grantees, 43% (368,125) were reported to be

uninsured. For the same time period within the Pinellas County HCH program, 98% of the 1,790 unduplicated patients served through the County's HCH program were uninsured.

- The homeless population suffers a variety of ailments and health risks at rates consistently higher, and in some cases dramatically higher, than the housed.

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

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

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

Pinellas County has extensive involvement with the homeless service providers in the County with a goal to make homelessness rare, brief, and non-reoccurring. The County is an active participant in the Homeless Leadership Board, the County's HUD CoC administrator, and contracts with several organizations to provide services for the County's most vulnerable citizens. The County is also a HHS Health Center grantee for

the Health Care for the Homeless program. The County will build upon these relationships to identify, recruit, and retain the homeless population. Each service provider is specifically trained and works to consider the language, beliefs, norms, values, and socioeconomic factors for homeless individuals.

The County has established partnerships with the following housing providers who have committed to identify, recruit, and retain the population of focus:

> Homeless Empowerment Program, Catholic Charities/Pinellas Hope, Boley Centers, Pinellas County Housing Authority or any of the, self-referred individuals contacting Operation PAR, WestCare, or Directions for Living. Additionally, the Case Managers will conduct outreach from these referrals to convince identified clients to enter treatment. Following recruitment, potential participants will receive a physical health screening and psychosocial assessment.

3. Absence of Coercion

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

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

- ***If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.***

  At present, plans are to provide participants with incentives when they complete the intake and 6-month follow-up assessment. The amounts for these incentives are $15 for intake and $15 for the 6-month follow-up. The incentives will be awarded in the form of gift certificates to local merchants and department stores.

The incentives offered in the program are $30 or less and as a result, not considered coercive. Additionally, incentives are provided in the form of gift cards to local stores and as such considered appropriate and conservative.

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

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

4. Data Collection

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

  Data will be collected from the participants and will include self-reports by the participants, drug screens (unobserved)**,** therapist ratings, electronic health record data, participant surveys and results from assessments. Assessments, GPRA surveys and client interview data will be conducted in a confidential and private setting at a contracted facility or at the home of the client. Electronic surveys will be collected via HIPAA compliant survey software.

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

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

administration. The specimens are tested at an accredited laboratory and all specimens are destroyed after being used in the drug screen.

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

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

5. Privacy and Confidentiality:

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

  All assessment instruments will be administered in a private and confidential session. The County has strict policy and procedures concerning Confidentiality procedures and all staff are required to sign confidentiality agreements. Additionally, Privacy and confidentiality procedures have been established and include: a) requiring staff to sign confidentiality agreements, b) transmitting files directly or via secured links, c) password protected access to all electronic files, d) removal of all personal identifiers (except study ID) from any analytic files, and e) obtaining specific releases from the participant before talking about the individual with others, even for the purpose of follow-up.

  Data will be collected by the project staff as well as the evaluation staff. It will be collected in the form of self-reports by the participants, drug screens (unobserved), therapist ratings, electronic health record data, participant surveys and results from assessments

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

  - ***Where data will be stored.***
    All research or evaluation records will be kept separate from regular treatment records. After collection, the data is coded into a secure database and the data

collection instruments are stored in the participant's numbered (Project ID number) research file which is kept in a secure double-locked room in the Research and Evaluation Department at the County's contracted provider, Operation PAR.

- ***Who will or will not have access to information.***
  Only specified Pinellas County and Operation PAR research staff (need to know basis) will have access to the information.

- ***How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.***
  A master list of names of participants with their corresponding project ID number will be kept in a separate location and only specified Research staff (need to know basis) will have access to the master list of participant names and their Project ID number.

  All contracted providers agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures:

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

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

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

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

- ***Their right to leave the project at any time without problems.***
  The participant's right to leave the project at any time without problems is presented to the participants during the time the County obtains the consent form.

- ***Possible risks from participation in the project.***
  Possible risks from participation in the project are presented to the participants during the time the County obtains the consent form.

- ***Plans to protect clients from these risks.***
  Plans to protect clients from these risks are presented to the participants during the time the County obtains the consent form.

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

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

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

  Informed consent will be obtained from the participants 18 years old or and assent from minors as well as informed consent of their parents or legal guardians will be obtained from the participants under the age of 18. All participants receive a Consent form to read and the the County or contracted provider's staff member administering the Informed Consent/Assent process will read the consent form to the participant. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure

complete understanding of the information and program process. Each participant will be provided a copy of the signed Consent and/or Assent form. A sample Informed Consent and Informed Assent is included in Attachment 3.

- ***Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, "Sample Consent Forms", of your application. If needed, give English translations.***

  The Sample Consent Forms are included in Attachment 3.

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

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

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

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

7. Risk/Benefit Discussion:

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

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

Protection of Human Subjects Regulations

The County complies with the Protection of Human Subjects Regulations (45 CFR 46) and with the Protection of Human Subject Regulations. The specific evaluation design proposed is in compliance with the Protection of Human Subjects Regulations. The County will provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).

Pinellas County dba Board of County Commissioners

ATTACHMENT 1 -2

LIST OF DIRECT SERVICE PROVIDERS

Agency / Providers	Category	Corporate Entity's President, CEO, etc.	Corporate Entity's Mailing Address	Corporate Entity's City	Corporate Entity's State	Corporate Entity's Zip Code
Directions for Mental Health, Inc. dba Directions for Living	BEHAVIORAL HEALTH	April Lott	1437 S Belcher Rd	Clearwater	Fl	33764
Operation PAR, Inc.	BEHAVIORAL HEALTH	Dianne Clarke	6655 66th St N	St. Petersburg	Fl	33781
Westcare Gulf Coast Florida, Inc.	BEHAVIORAL HEALTH	James Dates	100 2nd Ave. S. #901S	St. Petersburg	Fl	33701

ATTACHMENT 1-3

Directions for Living
LIFE GETS BETTER HERE.™

March 10, 2016

Tim Burns
Division Director, Planning & Contracts Services
Department of Human Services
Pinellas County
440 Court Street
Clearwater, FL 33756

Dear Mr. Burns,

On behalf of Directions for Living, I am offering this letter of commitment to the Pinellas County Department of Human Services to provide mental and behavioral health treatment services to individuals enrolled in the project you are submitting to the Department of Health and Human Services, Substance Abuse and Mental Health Administration, Cooperative Agreements to Benefit Homeless Individuals, Funding Opportunity Announcement Number SM-16-007.

The mission of Directions for Living is to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety, and hope for the future. Our partnership will help us to live that mission. Headquartered in Clearwater, FL, Directions for Living has provided community-based mental and behavioral health services for 33 years and is able to provide partner agencies with a variety of behavioral health services for adults, children and families, including case management, psychiatry and medication management, therapy, homeless outreach, psychological testing and assessment, and pharmacy services.

As a strong community partner in Pinellas County, we look forward to the opportunity to further work with Department of Health and Human Services by taking the lead to provide Behavioral Health Services through Counselors and SOAR representatives thus increasing and enhancing the services available to all homeless individuals in Pinellas County. We strongly support this funding opportunity Cooperative Agreements to Benefit Homeless Individuals.

Sincerely,

April Lott, LCSW
President and CEO

PHONE 727-524-4464 • FAX 727-524-4474 • WEB www.DirectionsForLiving.org
CLEARWATER 1437 S BELCHER RD, CLEARWATER, FL 33764 • LARGO 8823 115TH AVE N, LARGO, FL, 33773
CHILD SAFETY & FAMILY PRESERVATION 8550 ULMERTON RD, LARGO, FL 33771

ATTACHMENT 1-3

Operation PAR Inc.
Behavioral Health & Wellness
"Create the Life You Want"

Administrative Offices
6655 66th Street North
Pinellas Park, FL 33781
Ph: 727-545-7564
Fax: 727-545-7584
www.operationpar.org

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March 9, 2016

Tim Burns
Division Director, Planning & Contracts Services
Department of Human Services
Pinellas County
440 Court Street
Clearwater, FL 33756

Dear Mr. Burns,

On behalf of Operation PAR, I am offering this letter of commitment to the Pinellas County Department of Human Services to provide substance abuse treatment services to individuals enrolled in the project you are submitting to the Department of Health and Human Services, Substance Abuse and Mental Health Administration, Cooperative Agreements to Benefit Homeless Individuals, Funding Opportunity Announcement Number SM-16-007.

This project will enhance and expand the infrastructure and mental health and substance use treatment services in Pinellas County that will sustain these treatment services long after the grant has ended.

Additionally, Operation PAR is committed to act in an administrative role in for the project by overseeing grant activities that include intake, referral, data collection and evaluation.

Good luck in this endeavor and I look forward to working in this important initiative.

Sincerely,

Dianne L. Clarke

Dianne Clarke, Ph.D.
Executive Director and Chief Operating Officer
Operation PAR, Inc.

ATTACHMENT 1-3

March 14, 2016

Administrator Pamela S. Hyde, J.D.
Substance Abuse and Mental Health Administration
1 Choke Cherry Road
Rockville, MD 20857

RE: SM-16-007
Application from the Pinellas County, Florida

Dear Administrator Hyde:

Pinellas County Department of Human Services is applying for funding through the Cooperative Agreements to Benefit Homeless Individuals program. WestCare GulfCoast-Florida, Inc.is committed to providing substance use treatment services and recovery support services for this project. WestCare GulfCoast is licensed by the State of Florida to provide Residential Treatment at our Veteran Center/Permanent Housing, Outpatient Treatment and Aftercare, and General Intervention and Outpatient Substance Abuse Services. WestCare GulfCoast exceeds the minimum requirements of two years of service in this geographic region.

This project will enhance and expand the infrastructure and mental health and substance use treatment services in Pinellas County that will sustain these treatment services long after the grant has ended.

Please feel free to contact me via E-mail at Robert.Neri@WestCare.com or via telephone at 727-490-6767 with any additional questions. Thank you.

Regards,

Robert Neri, CAP, LMHC
Senior Vice President
Chief Program/Service Officer
WestCare Foundation, Inc.

P.O. BOX 12019 • ST. PETERSBURG, FL 33733-2019 • PHONE: 727-490-6767 • FAX: 727-825-0573 • WWW.WESTCARE.COM

Attachment 2

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

The Data Collection Instruments used in the project are standardized and are listed below with the web link to the appropriate instrument:

- The GAIN-I Core Assessment Tool, (http://www.gaincc.org/index.cfm?pageID=49) and
- The CSAT GPRA Client Outcome Measures for Discretionary Programs. (http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.)

The Interview Protocols (substance abuse screening and assessment) are standardized interview protocols and are listed below with the web link:

- The GAIN Q3 (Screening) (http://www.gaincc.org/index.cfm?pageID=49)
- The GAIN-I Core (Assessment) (http://www.gaincc.org/index.cfm?pageID=49)

WestCare Gulf Coast – BioPsychosocial Assessment attached

Client Name		CID#	

WestCare Gulf Coast Florida

☐ BIOPSYCHOSOCIAL EVALUATION
☐ CASE MANAGEMENT ASSESSMENT

Date _____ Start Time _____ Race _____

Age _____ End Time _____ Gender _____

CHECK ALL THAT APPLY:

☐ New Client (or inactive for 10 months)
☐ Prior In-Patient Hospitalization
☐ Established Client
☐ Prior State Hospitalization

Counselor / Case Manager _____

Other GCC programs _____

Referral Source _____

Present for interview _____

I. PRESENTING CONCERN / WELCOMING EXPECTATION

(Precipitating events: include symptoms, behaviors, duration, frequency, and severity)

IMMEDIATE / URGENT NEEDS check all that apply:

☐ Suicide / self harm
☐ Violence to others
☐ Inability to care for self
☐ Domestic violence / abuse or neglect
☐ Inability to care for self or others
☐ Other:
☐ Medical risks
☐ Housing / homelessness
☐ Immediate risk of criminal activity / incarceration
☐ Severe acute mental health symptoms
☐ Severe intoxication or withdrawal risk

How will you know when you're better? What would you like to see changed in your life/situation as a result of treatment?

Do you have advanced medical directives or WRAP? *Check those that apply*

☐ WRAP ☐ Living Will ☐ Health Care Surrogate Was a copy provided? ☐ yes ☐ no

Client Name		CID#	

Was client provided resource information for obtaining an advance directive? ☐ yes ☐ no

II. PREVIOUS BEHAVIORAL HEALTHCARE SERVICES

☐ No prior treatment or referrals for Behavioral Healthcare Services.

List below all past treatment experiences, including drug and alcohol, counseling, and mental health programs.

Dates (Start to End)	Provider/Facility & Location	Records Requested Y/N	Type of Service (inpatient, Outpatient, detoxification, Physician, etc.)	Reason for treatment (including diagnosis, if known)	Did you complete treatment?	How long did you stay clean after treatment?

Were any of these programs helpful? In what way:

Physical Health Screening reviewed with client and signed? ☐ yes ☐ no

Current Medications: *list all medications including over-the-counter and non-psychiatric medications*

Name of medication	Dosage	Route	Purpose	Efficacy

Previous Medications: *list those of significance only. For example, those that worked well or those that caused problems*

Name of medication	Dosage	Route	Purpose	Efficacy

Client Name		CID#	

III. IMMEDIATE FAMILY HISTORY

Marital status:

☐ married ☐ single ☐ Divorced ☐ Other *Comments:*

Explanation of marital status / relationship history and effects on your life

Who lives at home with you?

NAME	AGE	RELATIONSHIP

Do you have any children not living in the home? ☐ yes ☐ no

If yes:

Name	Age	Level of contact	Who they live with	Reason for separation

Explain more about the family (Describe how your current family gets along with each other and how they interact with one another)

IV. FAMILY OF ORIGIN HISTORY

(Born, raised, family unit, how did you get along then and now, major events, trauma, how did it effect your life)

Client Name		CID#	

Family Medical/ Psychiatric/ Substance Abuse /Domestic Violence History (current and past)

V. HISTORY OF SEXUAL, PHYSICAL, AND/OR EMOTIONAL ABUSE

Have you been physically, sexually, emotionally abused, and/or neglected? ☐ yes ☐ no

If yes, describe circumstances and effects on you:

Has DCF or Wesley House (similar agency) ever been involved with your family? ☐ yes ☐ no

How many times? Why?

How many times have the police been called to your house? What were the circumstances?

Have you ever physically, sexually, or emotionally abused anyone? Include domestic violence and fights. ☐ yes ☐ no

Describe:

Client Name		CID#	

Do you live in a neighborhood where there is a lot of violence? ☐ yes ☐ no

Examples:

VI. SEXUAL HISTORY/DEVELOPMENT

At what age did you become sexually active? _____ What is your sexual orientation? _____

Are you currently sexually active? ☐ yes ☐ no

Describe your current relationship:

Do you feel that you have any problems in relation to your sexual life, relationships, or identity?

Explain:

VII. EDUCATIONAL/VOCATIONAL FUNCTIONING-

Can you read? ☐ yes ☐ no Can you write? ☐ yes ☐ no

Assess impact of client's ability to read and/or write on treatment benefit:

Are you in school ☐ yes ☐ no What are you studying? _____

What are your educational and/or vocational goals? _____

Last grade completed:

If enrolled in school, how does it affect your life?

How was school for you when you were younger? (problems, likes, dislikes)

Were you involved in Special Education programs? (SLD, EH, ESE, Gifted) ☐ yes ☐ no

Client Name		CID#	

Were ever told that you had a learning disability or developmental delay? ☐ yes ☐ no

Were you ever suspended or expelled from school? ☐ yes ☐ no

Why? Were drugs or alcohol involved?

What language was patient schooled in? ☐ English ☐ Spanish ☐ French ☐ Italian ☐ Other:

Which method of learning does client find is best for them?

☐ listening or hearing ☐ Writing ☐ reading ☐ saying things out loud ☐ working with his/her hands

Does the client require any assistive devices to facilitate treatment? Explain:

EMPLOYMENT:

Are you employed ☐ YES ☐ NO Occupation: _____ Employer: _____

What are your likes and dislikes about your current job? And how does it affect your life?

List your employment history for the past five (5) years.

Type of work	Approximate length of employment	Why did you leave?

Did you ever miss part or all of a day to use or recover from drugs or alcohol? ☐ yes ☐ no

FINANCIAL:

Check the source and amount of income you receive:

☐ SSDI / SSI $ _____ /month ☐ VA benefit $ _____ /month ☐ Pension $ _____ /month
☐ Child supp $ _____ /month ☐ Alimony $ _____ /month ☐ AFDC $ _____ /month
☐ employment $ _____ /month ☐ Food stamp $ _____ /month *other*: _____

Client Name		CID#	

MILITARY:

Were you in the military? ☐ yes ☐ no Branch: _____ How long?: _____ Discharge status _____

What are the effects on you and your family?:

VIII. SOCIAL/CULTURAL/SPIRITUAL INFLUENCES

Tell me about your social support system (who's in it, and how they effect your life

Who is your best friend? _____ Why? _____

How does your partner feel about your friends?

How do your friends, family feel about your partner?

Who can you go to if you are upset and need to talk? _____

What happens when you get mad? _____

List any clubs, groups, teams, or organizations you belong to and tell how they influence you:

Name	How it influences me

Do you have any hobbies, interests, or talents. Do you use them in your free time? Explain:

Tell me about your cultural beliefs/influences and how if affects your daily life:

Client Name		CID#	

Tell me about your religion or spiritual beliefs and how it affects your daily life:

Are there any preferences/special concerns relating to these areas that we need to consider in planning your treatment?

IX. USE OF ALCOHOL AND OTHER DRUGS

If no problems identified, skip to Legal History

							Drug of Choice		
Substance	Age first used	Date last used	Typical amount used each time	Route of administration	Frequency of use	Duration	1st	2nd	3rd
Alcohol									
Cannabis									
Crack/Cocaine									
Hallucinogens (LSD, mushrooms)									
Club Drugs (Ecstasy MDMA, Ketamine, Rohypnol, GHB)									
Heroin									
Meth/Amphetamines									
Inhalants									
PCP ("Angel Dust")									
Rx Medication									
Benzodiazepines									
Tobacco (Type:)									
Oxycontin									
Methadone/Other Opiates									
Other									

How much money do you spend on alcohol/drugs per week? $ _____

I use alcohol or drugs to (check all that apply)

☐ Relieve anxiety	☐ deal with anger	☐ feel happy	☐ feel more alert	☐ socially
☐ feel more accepted	☐ relieve depression	☐ avoid things	☐ feel more tolerant of others	☐ feel more confident / in control
☐ defy my parents	☐ peer pressure	☐ relax/unwind	☐ be less critical of myself	☐ help me sleep

Client Name		CID#	

How do you support your drug/alcohol use? (Check all that apply)

☐ Use money needed for food, clothes, school, etc. ☐ Working ☐ Stealing ☐ Dealing ☐ Growing
☐ Family ☐ Friends ☐ Prostitution ☐ Manufacturing ☐ Other (explain

REPORTED SYMPTOMS:

☐ Blackouts ☐ Increased tolerance ☐ Continued use ☐ Social/Occupational consequence ☐ Withdrawal
☐ Controlled use ☐ Use more than intended

Do you think that you have a problem with alcohol or drugs? ☐ yes ☐ no

Has anyone ever told you that you have a problem with drugs or alcohol? ☐ yes ☐ no

How does your family feel about your use?

Have you ever tried to stop on your own? ☐ yes ☐ no

What is your longest period of sobriety? _____ What helped you stay sober? _____

What led to your relapse? _____

How many of your friends drink or use drugs _____ How do they influence you? _____

How many of your friends are clean? _____ How do they influence you? _____

Is your neighborhood more likely to: ☐ Help you stay clean or ☐ Put you at risk of using

X. LEGAL HISTORY

Current legal status:

☐ None ☐ Probation ☐ DCF involved ☐ Bankruptcy
☐ Child custody ☐ Divorce ☐ Parole
☐ Marchman act ☐ DUI ☐ Other:

Probation officer: _____ Agency: _____ Phone#: _____
Parole officer: _____ Agency: _____ Phone#: _____
Case Worker: _____ Agency: _____ Phone#: _____

Client Name		CID#	

List history of arrests in last 5 years (Include VOPs/VOCCs and other significant arrests more than 5 years ago)

Date Arrested	Charge	Disposition / Incarcerations	Substance Abuse Related			
				Yes		No
				Yes		No
				Yes		No
				Yes		No
				Yes		No

What organizations or groups do you participate in that encourage criminal behavior (i.e. gangs)?

What is your risk for reoffending?

Is there a risk to self, other persons served and /or community?

What are the triggers for recidivism? Is the person aware of them?

How does the client's behavioral health issues and stage of change effect their criminal activity?

XI. RISK TAKING BEHAVIORS

Check off those high-risk behaviors that apply:

	Uses tobacco (cigars, cigarettes, smokeless)		Abuse alcohol		Uses drugs
	doesn't use contraceptives		Involved in illegal activity		Uses IV drugs
	Prior suicide attempts		Drives intoxicated		doesn't wear a seatbelt
	Rides w/someone who is intoxicated		Aggressive or violent behavior		Carries a weapon
	Friends/social contacts abuse substances		Multiple sex partners		Self injurious behavior
	Exchanges sex for money or drugs		Abuses laxatives, diet pills, or vomits		other

Client Name		CID#	

XII. CURRENT LIFE STRESSORS (Describe how serious) needs to reflect Axis IV domains

	STRESSOR	DESCRIPTION
	Medical Issues	
	Mental Health Symptoms	
	Substance Abuse / Addiction	
	Housing / Homelessness	
	Criminal Justice	
	Financial	
	Vocational / Occupational	
	Disability	
	Criminal Justice	
	Family Violence / Abuse / Child Protection	
	Self Care / ADLs	
	Learning / Dev Disability	
	Family Involvement	
	Social / Cultural	
	Sexual	
	Appetite	
	Sleep	
	Other Psychosocial / Environmental	

XIII. STRENGTHS, NEEDS, ABILITIES, PREFERENCES, GOALS, DESIRED OUTCOMES

Summary of SNAP checklist:

BARRIERS TO TREATMENT:

	Educational Limitations		Developmental Delays		Lacking Economic Resources
	Low Motivation		Unemployment		Transportation
	Physical Problems)		Homelessness		Limited Family/Social Support
	Limited Insight		Abuse alcohol		Uses drugs
	Other:				

READINESS LEVEL FOR TREATMENT (check stage of change):

	Pre-contemplation		Preparation		Maintenance
	Contemplation		Action		Relapse

XIV. COLLATERAL INFORMATION (other treatment provider, spouse, significant other, family, friends, doctor, caseworker, Probation Officer, etc.)

Are there any additional items that I need to know about you, your situation, concerns or needs

Client Name		CID#	

XVI. JUSTIFICATION/CRITERIA FOR EACH DSM-IV DIAGNOSIS LISTED (Integration of assessment findings):

Dimension	Code	Diagnostic impression	Justification / criteria
Axis I ICD9:			
Axis I ICD9:			
Axis I ICD9:			
Axis I I ICD9:			
Axis III ICD9:			
Axis IV ICD9:			
Axis V ICD9:			

Highest GAF in the past year: _____

How has the person adjusted to their disorder, co-occurring disorders and/or disabilities?

REFERRAL RECOMMENDATIONS:

Guidance / Care Center services:

	Staff with Psychiatrist		TBOS		Drop-In Center
	Medication Management		Case Management		Detox
	Outpatient MH Services		Psychosocial Rehabilitation		CSU
	Substance Abuse Services		Peer Support		

Approximate duration of services: _____

CASE MANAGEMENT ELIGIBILITY

Section A (must meet all of the following):

	Is enrolled in a Department of Children and Families adult mental target population
	Has a mental health disability which requires advocacy for and coordination of services to maintain or improve level of functioning
	Requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice
	Lacks a natural support system with the ability to access needed medical, social, educational and other services
	Requires ongoing assistance to access or maintain needed care consistently within the service delivery system
	Has a mental health disability (i.e., severe and persistent mental illness) duration that, based upon professional judgment, will last for a minimum of one year
	Is not receiving duplicate case management services from another provider

Section B (must meet one of the following):

	Is awaiting admission to or has been discharged from a state mental health treatment facility
	Has been discharged from a mental health residential treatment facility
	Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities in the past 12 months
	Is at risk of institutionalization for mental health reasons
	Is experiencing long-term or acute episodes of mental impairment that may put him or her at risk of requiring more intensive services (provide explanation)
	Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services

CM intake scheduled with : _____ Date: _____ Time: _____

Client Name		CID#	

Other Community Referrals:

	DCF Economic Services		FKOC		KAIR
	Wesley House		AA/NA		Samuels House
	KOTS		Salvation Army		
	MC Social Services				

XVIII. DISCHARGE PLANNING (Check any services/resources the client may need at discharge):

This information is essential at assessment in order to assist staff with discharge planning at earliest point in provision of services.

	Psychiatric		Employment/Vocational		Financial
	Outpatient MH Services		Educational		Recreational/Social
	Legal		Substance Abuse Services		Medical Care
	Community Support		Substance Abuse Services		Medical Care

Other (describe)

_____ _____

ASSESSOR'S NAME AND CREDENTIALS Date

_____ I have reviewed this evaluation and agree with the findings and recommendations.

_____ I have reviewed this evaluation and would like to make the following changes:

THIS ASSESSMENT MUST BE REVIEWED (WHEN APPLICABLE) WITHIN 10 DAYS OF COMPLETION

_____ _____

Qualified Supervisor's Name and Credentials Date

Attachment 3

Sample Consent Forms

The sample consent form and assent form is found on the following pages.

Operation PAR - Informed Consent

Directions for Living, Adult Registration Form with Informed Consent

OPERATION PAR, INC.
Technology Assisted Care
PARTICIPANT INFORMED CONSENT FORM

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

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

This study is federally funded by the Center for Substance Abuse Treatment (CSAT). The project is called Technology Assisted Care. The purpose of the project is to expand substance abuse treatment services through the use of technology and provide referrals to health care agencies for the residents of Pinellas County, Florida and surrounding areas. This means that we are using internet and telephone-based counseling in place of face-to-face counseling. All services will be offered through the use of the internet, web-based video counseling, and hand-held devices such as tablets and smartphones. The project targets substance/alcohol abusing (1) racial and ethnic minorities currently experiencing behavioral health disparities caused by differences in access, service use and outcomes in Pinellas and surrounding counties, (2) Pregnant women and their children residing in Pinellas and surrounding counties, and (3)Individuals who lack access to behavioral health treatment due to physical health challenges, i.e., excessive high blood pressure, obesity, back or chronic pain, and seizures to name a few, for individuals residing in Pinellas and surrounding counties. You will receive screening and assessment to help us know the best type of treatment or services for your needs. This can include referrals for primary health care, recovery support, outpatient counseling and family therapy. To evaluate the project, we will interview you four times: an initial assessment when you start the program, when you are discharged, then again three and six-months after the first assessment. You will be involved in the project for up to six months. The six months covers the time from your first intake assessment through the last follow-up interview six months later. Please know that even if you have completed or otherwise stopped receiving the treatment or services, we will still contact you for the follow-up interviews.

Initials: _____

Your Participation is Voluntary

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

Initials: _____

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Alternative Non-Research Services

If you do not want to participate in the research study, there are alternative programs available in which you can receive treatment.

Initials: _____

Admission and Exclusion Criteria

The program specifically targets adults and children who are (1) racial and ethnic minorities currently experiencing behavioral health disparities caused by differences in access, service use and outcomes in Pinellas and surrounding counties, (2) Pregnant women and their children residing in Pinellas and surrounding counties, and (3)Individuals who lack access to behavioral health treatment due to physical health challenges, i.e., excessive high blood pressure, obesity, back or chronic pain, and seizures to name a few, for individuals residing in Pinellas and surrounding counties. who are assessed as substance/alcohol abusing, reside in Pinellas County, Florida and surrounding counties, and who could benefit from substance abuse treatment services delivered through the internet or telephone-based counseling due to lack of access to or availability of services in the geographic area.

- For the safety of the participants, the following exclusionary criteria will apply: Have an acute or chronic physical, mental/psychological, or behavioral condition that requires immediate or more focused treatment than the outpatient services offered in this program.
- Would present an endangerment to self or others, including acute suicidal or homicidal ideation.
- Have a history of extreme violence or aggression towards others.
- Are unwilling to participate in treatment.
- Have previously participated in this study.
- Cannot understand the informed consent.

Initials: _____

Treatment

If you agree to participate, you will be assessed to determine the amount and type of treatment and/or other services to best meet your individual needs. All of our services are offered via internet, web-based video counseling, telephone, hand-held device, and/or web-based recovery programs. We call these types of services "eServices." The services available through the project include the following and will be assigned as appropriate based on your individual needs:

- Screening and assessment for substance abuse, mental health, and physical health issues,
- 12 sessions of Motivational Enhancement Therapy- Cognitive Behavioral Therapy (MET CBT-12) including 2 individual sessions and 10 group sessions all offered via eServices,
- Parent education sessions offered via eServices,
- Referral to primary care or specialist physical health care providers,
- Other clinical services as appropriate based on identified need, and/or
- Access to an online recovery support community.

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If necessary, you will be provided with a smartphone or tablet for use in eServices. These devices are provided to facilitate access to services and must be returned upon discharge from treatment. Data plans are provided at no cost to you for use of these devices as part of the project. There is no cost to you to use the devices or the data plans while in the program. Use of these devices is for the sole purpose of substance abuse treatment and recovery and are not meant for personal use. Both device location and usage are tracked throughout the treatment and follow-up process. Project staff has the ability to shut down and disable the devices if they are used in ways not related to project participant and/or if they are not returned at the end of treatment.

Initials: _____

Your Responsibility

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

- you do your best to stop using alcohol and other drugs,
- you be honest about your problems and how well you are doing in treatment, and that
- you be able to do the two follow-up interviews.

Initials: _____

Assessments and Follow-up Interviews

You will be interviewed and asked questions about yourself, your background, how you are feeling, and your progress in treatment. We will need to collect information about your family, your friends, and your alcohol and drug use. **We will need to collect information from you at four different points during the next six months**. The first assessment will occur before treatment begins and will take about 2 hours. This assessment will be used to determine final eligibility and to make a referral if necessary. Also, because some people who use drugs are also doing illegal things, you will be asked about any time you deal with police and the courts, as well as illegal activities. The information gathered at intake, three and six months will only be used in the evaluation and not shared with others (for example, we will not share your information with the police/courts, family members, friends, or your employer). We will interview you again when you are discharged from the program and again three and six months from your first assessment date. The discharge interview will take approximately 10 minutes. The three and six month follow-up interviews will take approximately 30-45 minutes. We will not disclose your participation in this program or the research study to any outside parties in our efforts to contact you.

Initials: _____

Incentive for Participation/Cost for Participation

We recognize that your time is valuable. At the six-month assessment we will give you $20 as an incentive for completing **both** the three and six-month follow-up interviews. **The total possible compensation for your participation in the study is $20**. This incentive will be paid to you in the form of a gift card. Please know that in order for project staff to evaluate the impact of this program, it is vital that we collect information from you at both the three and six-month follow-up interviews. For your

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convenience, these interviews can be done over the phone or web-based video conference.

Initials: _____

Use of the Information Collected

We will collect the following types of information from you as part of your participation in this project:

- Your answers to questions on an initial intake assessment,
- Treatment session attendance, if applicable,
- Surveys rating your satisfaction with the treatment, your counselor, and the technology used in the project, and
- Your answers to questions on the follow-up interviews at 3 and 6-months after your initial assessment.

If you choose to participate, the information you give will be used to provide you with the right type of treatment or referral for other services. As part of the research, the information you give us will be used to evaluate the effectiveness of the services you receive and how well participants are doing at the time of the follow-up interviews. **Please know that you will <u>never</u> be personally identified in the information used for evaluation or research purposes.** Any written reports will focus on how well people respond to the treatment "on average" and will **<u>not</u>** report on specific individuals.

Initials: _____

Consent to be Audio Recorded

To monitor and evaluate the counselor providing treatment, we ask that they audio and/or video record their counseling sessions with you. This helps us to learn more about how to best provide each type of treatment. **If you agree to participate, you must also agree to be audio and/or video recorded**. However, if you have something very personal to say to your counselor you *may at anytime request that the recording be temporarily stopped.* Audio and/or video recordings will be maintained for up to 12 months following completion of the project. After this, they will be permanently deleted.

Initials: _____

Consent to be Re-contacted

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

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Confidentiality

Your individual responses to the interviews will be kept in a secure online record and are protected. Study staff are prohibited from disclosing your participation in this research project. While the records of this research study will be kept private, there are a few exceptions. While we will not disclose your participation in the research, this does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not withhold information. Because this study is funded by the Center for Substance Abuse Treatment, we cannot resist a demand for information from personnel of the United States Government that is used for auditing.

In cases of medical necessity or circumstances in which you may be a risk to yourself or others, we may have to disclose your participation in the project in order to seek appropriate medical care. Also, under Florida law we are required to report the abuse, neglect, and/or exploitation of a child or vulnerable adult.

All information used for evaluation will be coded for confidentiality. There will be no record of participation in a research project in your assessment, treatment records, follow-up assessments, or other information collected. The only document linking you to the research project is this Informed Consent. The signed Informed Consent will be kept in a locked cabinet in a locked office in the Operation PAR Department of Research & Evaluation. Only specified staff working directly on this project will have access to this document. The Operation PAR IRB members and auditors from the U.S. Department of Health and Human Services (DHHS) have the right to inspect the Informed Consent records to ensure proper procedure was followed during the consent process as well as to ensure your privacy is protected at all times.

Initials: _____

Benefits and Risks of Your Participation

All participants in the study may benefit directly from the counseling they receive. Participants may also benefit from increased self-esteem knowing that they are taking part in a study to improve counseling and recovery for substance abusing individuals.

The risk to you in participating in this study is that you will be providing the evaluation and treatment staff with personal information about your life, including any substance use that may have occurred. There is a small risk that we may give out the information you give to our staff. Federal laws protect the confidentiality of information you give in this study, however we will report the abuse, neglect, or exploitation of child, elder or other vulnerable person. We will report medical information in cases of medical necessity, or events in which a person may be a risk to themselves or others. Finally, staff from DHHS agencies may review records that identify you.

During your participation in this project, you may have access to the use of smartphones and/or tablets to aid in the delivery of treatment services. You will be able to select from a menu of substance abuse treatment and recovery related apps on these devices to facilitate your treatment. An app is application software available for use on a mobile device such as a smartphone or tablet. Apps are developed by companies who may use information you provide when creating an account and using a particular

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application. It is important to know that project staff cannot guarantee privacy of or use of information you provide to developers through use of the apps. You have the right to opt-in or opt-out of use of any apps which may collect information about you. Project staff will provide you with as much information as possible about each app related to the information that may be collected; however, we are not able to know all the ways in which information may be used by the app developer. These apps are made available to facilitate substance abuse treatment, recovery maintenance, and as well as health and wellness. The final decision to use apps is yours alone. If you choose to participate in this project, you will have access to study staff who can help you understand how apps work, which might be helpful to you based on your individual needs, and also to help you understand the risks before you make your decision.

Initials: _____

Questions or Concerns

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

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

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Project Assurance of Consent

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

I agree that no promise has been given to me by anyone as to the results to be gained. Evaluation records of the study which contain only coded non-personally identifiable information may be reviewed by federal agencies who audit our research records for the purpose of checking our research procedures. My consent will last for 12 months and Operation PAR's evaluation staff will have to repeat my consent if I am contacted past that time.

Right now, we only have funds to contact participants for up to 6 months. If additional funds are provided, we may want to contact you again in the coming years to see how you are doing. If we do so, each time we will identify ourselves, explain what we are doing and ask for your permission to be contacted for research purposes. If you agree to participate, you also agree to future contact. However, when re-contacted, you have the right to decline future participation. In making the contact, we will always protect your confidentiality as a previous participant.

Participant: By signing below, I hereby to participate in the Technology Assisted Care research project.

_____ _____

Participant Signature Date

Staff Witness: I attest that I witnessed the above signature.

_____ _____

Staff Witness Signature Date

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