

DEPARTMENT OF VETERANS AFFAIRS

Justification and Approval For Other Than Full and Open Competition

1. **Contracting Activity:** Department of Veterans Affairs, Network Contracting office (NCO) #8, VISN 08, James A. Haley VA Medical Center (673) Justification for Other Than Full and Open Competition - purchase request number: 673-14-3-5382-0015.
2. **Nature and/or Description of the Action Being Processed:** This is a request for other than full and open competition for the procurement of contracted services for model development assistance for the National Center on Homelessness Among Veterans (the Center) with an Educational University Affiliate, University of South Florida (USF), Florida Mental Health Institute - Capabilities for the Homeless Education, Technology, Resources, and Research Center (HETRRC) with the Department of Veteran Affairs, James A. Haley VA Medical Center which shall provide the following requirements to meet set deliverables in a follow-up, Firm-Fixed-Price (FFP) contract:
 - Substantive experience, background and expertise in developing programs
 - Substantive expertise in services provided to chronically homeless Veterans who are dually diagnosed with a substance use and mental health issue, specifically how services relate to their housing needs and health and mental health status;
 - Substantive expertise and capabilities in
 - Program start-up
 - Program operations
 - Program evaluation
 - Staff Training
 - Qualitative and quantitative research and data
 - Meta-analysis and review of current research
 - Analysis of large databases such as Medicaid and Medicare.

Existing data use agreements that allow access to restricted data.

The University of South (USF) Florida Board of Trustees, a public body, has all of the requirements listed above, including the faculty who has the required expertise to follow-up on contract number VA-248-13-P-3711.

3. **Description of Supplies/Services Required to Meet the Agency's Needs :** The total estimated value of the entire acquisition is \$120,000, including base and options. The period of performance is for a 12 month base period beginning on the award date of the contract during Fiscal Years 2014 – 2015, with a required delivery date for all deliverables by quarter throughout the contract year. All deliverables must be met by the due dates established at the end of each Quarter/three- month period beginning on contract award date. The quarterly cost for this contract will be \$15,000 for a total annual estimated cost to the Government of \$60,000. An additional 12 month option year is anticipated for this contract with total estimated cost to government of \$60,000.

The requirement is for the National Center on Homelessness Among Veterans (the

Center) to:

- (1) Engage Subject Matter Experts to advise, provide recommendations, and to perform specific tasks as they relate to developing and implementing new program models to enhance services for homeless Veterans;
- (2) Engage subject matter experts to review programs and services for chronically homeless Veterans with substance use and mental health issues, specifically how they relate to their housing needs and health and mental health status; and
- (3) Engage subject matter experts to assist the Center in developing methods of and guidance for existing Low Demand Safe Havens in meeting the mission and objectives contained within the Secretary of the VA's Five Year Plan to End Homelessness among Veterans.

This shall be accomplished through Model Development/Implementation, Review, Assessment, and Evaluation of Veterans Programs (specifically those programs that target Veterans who are chronically homeless with dually diagnosed substance use/mental health issues), Services, and Services Utilization, Guidance for and Dissemination of the Five Year Plan. The objectives of this contract will be accomplished by the USF Faculty and Staff, who have the required expertise for continuity of this research already started with contract VA248-13-P3711. The estimated cost of this contract includes their travel needed to accomplish the task as mentioned previously.

Additionally, services shall include a review of VA Homeless Programs Policy to assist in research and implementation of the five-year plan which started during July of 2010. This will include the review of and training for VA's Low Demand Safe Haven Veterans Programs, subject matter expertise on the policy, program, and research implications for the current/ending Five-Year Plan.

The mission of the National Center on Homelessness among Veterans is to promote recovery-oriented care for homeless Veterans or Veterans at-risk for homelessness. The Center, funded through VACO, VHA Homeless Programs Office, hosted by VISN 8 / James A. Haley VA Medical Center, and established by formal announcement on May 20, 2009, by the Secretary of Veterans Affairs, to be the oversight entity of this project. (*VHA ISSUE BRIEF: National Center on Homelessness Among Veterans, July 30, 2009, Office of Mental Health Services in Patient Care Services*)
<http://www1.va.gov/HOMELESS/NationalCenter.asp>

The Model Development & Implementation Core supports implementation of relevant research findings into clinical practice and develops and evaluates practical, empirically- suggested care options through its goals to:

- Promote model Implementation;
- Provide technical assistance; and
- Collaborate with leading experts.

VA is continuing the implementation of these new-to-VA models such as Low Demand Safe Havens, and the implementation of a low demand approach in selected Grant and Per Diem programs.

The contractor shall provide expert assistance in the form of establishing and evaluating the implementation steps of these new programs; recommending sites for creating programs; reviewing submissions for funding; setting up procedures for development; and formulating monitoring efforts to ensure services adhere to program designs. More specifically, Model Development/Implementation Core tasks for the purpose of this contract shall be related to the following areas:

Task 1.0: Oversee all existing Low Demand Safe Havens.

Task 2.0: Work collaboratively with GPD and Center staff in selecting GPD sites for initial implementation.

Task 3.0: Develop GPD-LD implementation/dissemination/adoption processes in the Center's Model Implementation Framework (CMIF) protocol and methods - to include interim and eventually final document that can be distributed to the field, upper management, and utilized for Center distribution.

Task 3.0: Develop national education and training and consultative guidance for all Safe Haven sites and on best practice model designs related to low demand including training agenda, activities, and the scheduling as well as securing materials, mediums, and presenters.

Task 4.0: Develop national data collection and review protocols on process and outcome data.

Task 5.0: Develop multi-site fidelity review processes to be utilized on-site or through alternative methods if travel is limited.

Task 6.0: Develop methods to compare and review fidelity process for model adoption and data outcomes comparisons.

Task 7.0: Provide ongoing operational support via conference calls, site visits, and telephone or on-site consultation;

Task 8.0: Work collaboratively with GPD and Center staff in selecting second round of GPD sites for implementation based on site characteristics as well as lessons learned from initial development related to process and program design.

Task 9.0: Conduct fidelity reviews of all operational sites utilizing the developed fidelity instrument and defined methods.

Task 10.0: Develop interim and final reports on processes of implementation and methods of process refinement based on CMIF to include recommendations for dissemination and adoption. Report shall be in format or revisable to format for publication in peer review journal. Recommendations based on implementation review regarding future site changes or adoptions in the GPD program.

Additional Information:

Contractor shall assist in site selection with following consideration:

- Size of the program
- 24 hour/7 day per week staffing (maximum per diem rate may be paid to support that rate)
- Willing to retain Veterans who commit minor infractions of rules and who cannot and/or will not stop drinking and/or using
- Committed to keeping the Veterans housed and staying continuously engaged with each Veteran
- Committed to learning and using harm reduction strategies
- Approach targets chronically homeless Veterans who have not fared well in traditional programs
- Approach targets those who cannot or will not stop drinking and using, and those who cannot be fully compliant with treatment
- Approach is not meant to replace traditional homeless programs
- Safe Rooms and Sober Lounges
- Proposed beds
- Gender specific or mixed gender
- Medication Management
- Facility structure
- Data Collection
- Costs vs. Per Diem rate

4. Statutory Authority Permitting Other than Full and Open Competition:

- () (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1;
- () (2) Unusual and Compelling Urgency per FAR 6.302-2;
- (X) (3) Industrial Mobilization, Engineering, Developmental or Research Capability or Expert Services per FAR 6.302-3;
- () (4) International Agreement per FAR 6.302-4
- () (5) Authorized or Required by Statute FAR 6.302-5;
- () (6) National Security per FAR 6.302-6;
- () (7) Public Interest per FAR 6.302-7;

FAR 6.302-3 (a) (1) (2) (ii). full and open competition need not to be provided for when it is necessary to award the contract to a particular source or sources in order to establish or maintain an essential engineering, research, or development capability to be provided by an educational or other nonprofit institution or federally funded research and development center [41 USC 253 (c) (1)].

5. Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):

The University of South Florida, Louis De La Parte Florida Mental Health Institute, an affiliate of the James A. Haley VA Medical Center, is capable of accomplishing the highly specialized services required for the implementation of this program due to the nature of their highly specialized experience. USF is the only vendor capable of providing the services described in Section 3 above without the Veteran's Health Administration experiencing unacceptable delays in fulfilling its requirements to complete this research.

This is a follow-on contract from contract number VA248-13-P-3711 with the University of South Florida, which provided highly specialized research services. The initial research started during July of 2010 and has a current period of performance until August 5, 2014. The National Center on Homelessness Among Veterans (the Center) has determined the need for continued development of USF's work completed in the prior contract. These highly specialized services will guide VA Homeless Programs in developing policy and programmatic strategic plans for the continuation initiatives that will assist homeless Veterans or those Veterans who are at-risk for homelessness and help meet the mission of the Center and goal of the Secretary of the VA to end homelessness among Veterans.

Only those entities that have the requirements listed above are feasible sources for contracting services to ensure the deliverables listed in Section 3 are met. A combination of unique characteristics requires a mix of faculty that is extremely rare. The University of South Florida (USF) Department of Mental Health Law and Policy already demonstrated to have the faculty with the extremely rare combination of the unique experience, background, and expertise listed above.

In addition, the Department is part of the USF, Louis de la Parte Florida Mental Health Institute (FMHI), which is one of the few departments nationally that is an established site for receipt and analysis of National data sets. USF is uniquely qualified to provide these highly specialized services to the Center based upon their unique knowledge, experience, security clearances of personnel as WOCs, and special capabilities as listed in the attached document, including data capabilities and access, such as:

- Their history of involvement with the Center and the development of the projects to be continued and expanded on under this contract.
- Their history of expertise in the area of homelessness and homeless Veterans, housing policies, and evidence based interventions.
- USF has sufficient capacity to begin work immediately on this project.
- USF has uniquely qualified staff already in place to meet the needs of the project as well as pre-existing working relationships with stakeholders and partners in the communities.

The mission of the University of South Florida, Louis de la Parte Florida Mental Health Institute is to improve the lives of people with mental, addictive, and developmental disorders through research, training, and education. Established by the Florida legislature in 1967, the Institute is recognized as Florida's premier research and training center for behavioral health services and is a recognized national leader. It is located within the College of Behavioral and Community Sciences, which is comprised of the de la Parte Institute, the Schools of Aging Studies, Mental Health Studies, and Social Work, and the Departments of Communication Sciences & Disorders, Criminology, and Rehabilitation and Mental Health Counseling.

Their topics of expertise include: Homelessness, Veteran Homelessness, Serious mental illnesses, Substance use disorders, Co-occurring disorders, Gender differences, Pharmacy practices, PTSD/ Trauma, Screening and assessment, Supported employment, Funding systems and practices, Consumer/recovery-oriented services, Implementation of evidence-based practices, Housing, especially housing for persons with disabilities,

Criminal justice system and community diversion programs, Treatment interventions for persons with mental disorders and co-occurring disorders.

Additionally, USF's Florida Mental Health Institute has capabilities in the following highly specialized services:

Research

Program evaluation

Qualitative and quantitative research

Meta-analysis and review of current research

Analysis of and access to large databases such as Medicaid and Medicare

Community collaboration

Systems descriptions and evaluations

Policy Analysis/ Development

Translation of research into policy language and policy briefs

Comprehensive library increasing ability to stay informed on latest policy issues

Experience working with local, state and federal entities developing policies including legislation

Training/ Technical Assistance

In-depth experience in translating research and evidence-based practices into training for service providers; Web-based learning capabilities for both academic credit, continuing education credit for professionals, and designed to meet in-house program and agency needs; Experience with assessing training needs; Work-force development expertise and Problem-solving consultations.

Much of this expertise resides in the Department of Mental Health Law and Policy whose faculty has the expertise in homelessness as demonstrated by their numerous activities and publications related to homelessness issues. For more details regarding the University of South Florida, Florida Mental Health Institute (FMHI), and their faculty who would be involved in this contract with expertise in homelessness and examples of work related to homelessness issues, please see Attachment A: "University of South Florida, Florida Mental Health Institute-Capabilities for the Homeless Education, Technology, Resources, and Research Center (HETRRC)."

6. **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:** No other sources will have the needed information. The intent of this contract is to use information that was collected from previous research contract VA248-13-P-03711 Homeless Veterans Programs Housing Study. The purpose of this new acquisition is to use this proprietary information to assist the National Center on Homelessness among Veterans (the Center) with the operations of Low Demand Safe Havens and expanding this model to selected Grant and Per Diem Programs to end homelessness among hard-to-reach and hard-to-engage veterans.

The Government will post a notice on Federal Business Opportunities that permits prospective vendors to submit their respective technical capabilities solely for consideration in future acquisitions for similar service. The requirement will also be

synopsized on the FBO website.

7. **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:** The Contracting Officer determines that the anticipated price(s) will be fair and reasonable based on prior acquisition history and their determination for costs.

The estimated cost of this contract was determined considering the following data:

- Prior contract with USF ending on August 5, 2014 and adjusted for changes in personnel required to complete new tasks and deliverables.
- Basis for contract personnel costs are determined by the employee salary rates included in the Louis de la Parte research program. Percentage of time each staff member involved would require to complete project tasks and deliverables.
- The percentage of time each employee would work on this project times the total costs of each employees personnel costs. These personnel costs include employee salary, employer costs for fringe, insurance, and benefit costs (such as tuition for Graduate Assistants, retirement, etc.).
- Costs of travel required to provide services and tasks described in the scope of work is based on State of Florida travel reimbursement rates which are lower than federal travel reimbursement rates.
- Materials and supplies costs were determined by including the costs of only specialized materials for the project (such as research instruments). Daily office cost such as office supplies, photocopying, phone costs, etc. were not included in the cost of this contract.
- The USF federally approved facilities & administrative rate (F&A) costs were applied to the Modified Direct Costs of the contract at the rate of 34%. This is a lower rate than the research F&A rate of 47%.

The cost of this study is being compared to similar studies made in the past. The complexity, personnel involved and timing are being taken in consideration. Based on this information, I have determined that the price is fair and reasonable.

8. **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:** Market research was conducted to ensure fair government procurement practices. Market research was first completed through the internet by searching through GSA E-Library, System for Awards Management, and VetBiz.Gov. All searches focused on finding vendors that were classified as a Small Business (SBA), Veteran Owned Small Business (VOSB), Woman Owned Business, and Service Disabled Veteran Owned Small Business. Searches were conducted using key words. The search reaffirmed that the University of South Florida is the only source with the unique combination of expertise and experience to assist the National Center on Homelessness among Veterans in the tasks mentioned above to help

accomplish the Secretary's goal in the Five Year Plan to End Homelessness among veterans.

Additionally, the University of South Florida is the only local public educational institution with an affiliation with the James A. Haley VA Medical Center. The source for this contract must be local to accommodate the significant collaboration needed with Center and GPD staff. Additionally, it is necessary to use the same source for continuity. The University of South Florida conducted the prior contract, which shall end on August 5, 2014, in which these services shall build upon.

Furthermore, this approval authority of this procurement will be made In Accordance With 38 U.S.Code§8153(a) (3) (A)-Sharing of health-care resources.

We have a high level of confidence that no other qualified sources exist.

- 9. Any Other Facts Supporting the Use of Other than Full and Open Competition:** The sole source is necessary because of the nature and the complexity of the services required. The specific technical requirements for this service ~~make it imperative that~~ services are procured from this one source.


For 65 years, VA has partnered with academic institutions to enrich its capabilities in health research, education and training, and patient care. VA's partnerships with USF as an academic affiliates and university has already been established and linked to VA research, education, and patient care.

- 10. Listing of Sources that Expressed, in Writing, an Interest in the Acquisition:** Based on customer's market research, one vendor expressed an interest in the acquisition, Ensync Diversified Management Services, Inc. (DUNS: 003641532). Based on Ensync's response to the customers questions, the vendor does not appear to have the expertise or skill-set in evaluating and implementing low demand approaches in homeless programs that serve chronically homeless Veterans with severe mental health and substance use disorders.

- 11. A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:** "There aren't any actions that can be taken at this time to overcome competition barriers. The major barrier to competition is the fact that the information/data contained in the studies is proprietary, this data was obtained from years of research done by The University of South Florida (USF), Louis de la Parte Florida Mental Health Institute, and an affiliate of the James A. Haley VA Medical Center."

The Government will post a notice on Federal Business Opportunities (FBO) that permits prospective vendors to submit their respective technical capabilities solely for consideration in future acquisitions for the same or identical services.

12. **Requirements Certification:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.



Date 6/10/2014

Roula Antoun
Correspondence Analyst
Contracting Officer's Representative
The National Center on Homelessness Among Veterans

13. **Approvals in accordance with FAR 6.304**

- a. **Contracting Officer's Certification (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

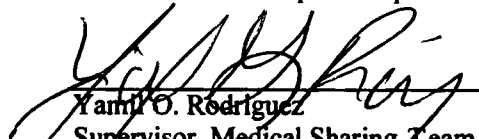


Date

6/11/2014

Gyrouse Himid Houshyani
Contracting Officer
Medical Sharing Team
VISN 08

- b. **Product Line Supervisor :** I certify the justification meets requirements for other than full and open competition.


Yamil O. Rodriguez
Supervisor, Medical Sharing Team
VISN 08

Date

6/30/14

- c. **DOC, DDOC (SAT to \$500,000):** I certify the justification meets requirements for other than full and open competition.

Mitchell Thomas
Director of Contracting
VISN 08

Date

- d. **VHA HCA Review and Approval:** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and recommend approval (if over \$12.5 million) or approve (\$650K to 12.5 million) for other than full and open competition.

Name
Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

Date

- e. **VA Deputy Senior Procurement Executive Approval (over \$12.5 million but not exceeding \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for other than full and open competition.

C. FORD HEARD
Deputy Senior Procurement Executive (DSPE)
Office of Acquisition and Logistics
Department of Veterans Affairs

Date

- f. **VHA Senior Procurement Executive Approval (over \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for other than full and open competition.

Jan R. Frye
Deputy Assistant Secretary for Acquisition and
Logistics Senior Procurement Executive (SPE)
Department of Veterans Affairs

Date

Attachment A



University of South Florida, Florida Mental Health Institute
Capabilities for the Homeless Education, Technology, Resources, and Research Center (HETRRC)

The mission of the Louis de la Parte Florida Mental Health Institute is to improve the lives of people with mental, addictive, and developmental disorders through research, training, and education. Established by the Florida legislature in 1967, the Institute is recognized as Florida's premier research and training center for behavioral health services and is a recognized national leader. It is located within the College of Behavioral and Community Sciences, which is comprised of the de la Parte Institute, the Schools of Aging Studies, Mental Health Studies, and Social Work, and the Departments of Communication Sciences & Disorders, Criminology, and Rehabilitation and Mental Health Counseling.

I. Topics of Expertise

- | | |
|--|-------------------------------|
| • Homelessness | PTSD/ Trauma |
| • Serious mental illnesses | Screening and assessment |
| • Substance use disorders | Gender differences |
| • Co-occurring disorders | Pharmacy practices |
| • Supported employment | Funding systems and practices |
| • Consumer/recovery-oriented services | |
| • Implementation of evidence-based practices | |
| • Housing, especially housing for persons with disabilities | |
| • Criminal justice system and community diversion programs | |
| • Treatment interventions for persons with mental disorders and co-occurring disorders | |

While much of this expertise resides in the Department of Mental Health Law and Policy, we also work closely with other departments within FMHI, as well as other departments within the College of Behavioral and Community Sciences.

II. Capabilities in:

- **Research**
 - Program evaluation
 - Qualitative and quantitative research
 - Meta-analysis and review of current research
 - Analysis of and access to large databases such as Medicaid and Medicare
 - Community collaboration
 - Systems descriptions and evaluations
- **Policy Analysis/ Development**
 - Translation of research into policy language and policy briefs
 - Comprehensive library increasing ability to stay informed on latest policy issues
 - Experience working with local, state and federal entities developing policies including legislation
- **Training/ Technical Assistance**
 - In-depth experience in translating research and evidence-based practices into training for service providers
 - Web-based learning capabilities for both academic credit, continuing education credit for professionals, and designed to meet in-house program and agency needs

Attachment A

- Experience with assessing training
- needs Work-force development
- expertise Problem-solving consultations

Florida Mental Health Institute faculty with expertise in homelessness and examples of work related to homelessness issues.

Colleen Clark,

Ph.D. Relevant

- Activities

- Principal Investigator Agency for Community Treatment Services (ACTS)/ "Refuge Transition Team"/Goal: To evaluate housing, substance use, mental health, and employment outcomes using Critical Time Intervention of a SAMHSA funded program for public inebriates who have been chronically homeless with a priority to Veterans.

- Principal Investigator - Department of Veterans Affairs/ "National Center on Homelessness among Veterans"/ Work with Veteran's Affairs and University of Pennsylvania to develop and implement the Center for Homeless Veterans including developing research, training, policy and evidence based models. Role: Assistant Director of Research for the Center, PI for USF on study "Evaluating Housing Programs For Homeless Veterans".

- Principal Investigator – State of Florida Department of Children and Families. Evaluating the Jail Diversion and Trauma Recovery Program for Veterans for the funded by SAMHSA. 1 H79SMO59275-to provide training and pilot implementations of jail diversion strategies for Veterans with trauma disorders.

- Principal Investigator .Department of Veterans Affairs/ "National Center on Homelessness among Veterans"/ Work with Veteran's Affairs and University of Pennsylvania to develop a measure and evaluate housing and housing services for homeless Veterans. Role: Assistant Director of Research for the Center, PI for USF on study "Evaluating Housing Programs For Homeless Veterans".

- Principal Investigator from USF for SAMHSA "Hillsborough Assertive Community Treatment for Homeless People" Community partner with Mental Health Care, Inc. of Tampa (2005 – 2010). Total award to USF/FMHI -\$200,000. Design and conduct of outcomes evaluation of a Housing First model with ACT team services. Includes baseline, 6 month, 12 month, and discharge follow-up data collection with over 80% follow-up points. Also includes annual process and fidelity evaluation.

- Principal investigator from USF for "Homeless Veterans – A Follow-up Evaluation of Three VA-Funded Transitional Residential Treatment Programs". Providing the research team to interview Veterans at three sites in Florida as part of a national evaluation of programs for homeless Veterans (2002 – 2005).

- Principal investigator from USF and Project Director for SAMSHA CMHS/CSAT Cooperative Agreement: Homeless Families Project. Working with other sites nationally to describe and evaluate programs serving homeless mothers with mental illness and/or substance abuse disorders. Formative description of program, process evaluation of intricate system of care model, designed evaluation plan. From 1999 – 2001.

- Principal investigator from USF and Project Director for SAMSHA CMHS/CSAT Cooperative Agreement: Homelessness Prevention Project. Working with other sites nationally to describe and evaluate programs designed to prevent homelessness among those with mental illness and/or substance abuse disorders. This project was funded in two phases, Phase I was 96/97 with a competitive renewal for two years Phase II (97- 99). Local evaluation included comparing supported housing and intensive case management.

Attachment A

Relevant Publications and Technical Reports

- Clark, C, Ryneerson-Moody, S., Ort, R., Moore, K., Winarski, J., Young, M.S., Teague, G. (2011) Preliminary Findings for the Housing and Housing Services Measure Study. Prepared for the National Center on Homelessness among Veterans. Tampa, FL: Louis de la Parte Florida Mental Health Institute.
- Clark, C & Barrett, B. (2010) Homelessness and alcoholism: A complex relationship. Prepared for the National Center on Homelessness among Veterans. Tampa, FL: Louis de la Parte Florida Mental Health Institute.
- Ryneerson, S., Barrett, B., Clark, C. (2010). Housing First: A review of the literature. Prepared for the National Center on Homelessness among Veterans. Tampa, FL: Louis de la Parte Florida Mental Health Institute. Barrett, B., Clark, C., Peters, R., Caudy, M. (2010) A review of homelessness among Veterans: Policy and practice implications for prevention and intervention efforts. Prepared for the National Center on Homelessness among Veterans. Tampa, FL: Louis de la Parte Florida Mental Health Institute.
- Clark, C., Barrett, B. and Young, M.S. A transactional model of homelessness and alcoholism: Developing solutions for complex problems. Under review
- Young, M.S., Clark, C., Moore, K.A., and Barrett, B. (2009). Comparing two service delivery models for homeless individuals with complex behavioral health needs: Preliminary data from two SAMHSA Treatment for Homeless studies. *Journal of Dual Diagnosis*.5(3) 287 – 304.
- Clark, C., Moore, K & Young, M. Scott. (June, 2006) Results of first fidelity evaluation of the Hillsborough Assertive Community Treatment (HACT) for Homeless Individuals. Tampa, FL: Louis de la Parte Florida Mental Health Institute
- Clark, C. & Rich, A. (2005). The relationship between alcohol misuse and homelessness. In V. R. Preedy & R. R. Watson (Eds.), *Comprehensive handbook of alcohol related pathology: Volume 1* (pp. 221-239). London: Elsevier Ltd.
- Rich, A. R., & Clark, C. (2005). Gender differences in response to homelessness services. *Evaluation and Program Planning*, 28 (1), 69-81.
- Clark, C. & Rich, A. (2003). Outcomes of homeless adults with mental illness in comprehensive housing program and in case management only. *Psychiatric Services*, 54, 78 - 83.
- Clark, C. (2002). Ending Homelessness Among Persons with Serious Mental Illness: What Works Best for Whom? Policy Brief #14: Louis de la Parte Florida Mental Health Institute Series. Available online <http://www.fmhi.usf.edu/institute/pubs/pdf/abstracts/policybrief.html>.
- Fearday, F., Clark, C., Rich, A., Martin, L. & Brown, L. (2001) Technical Report: Manasota Homeless Project. Homeless Families Study. Final project deliverable to the SAMHSA Homeless Families Study.
- Clark, C. & Rich A. (2000) "Boley Homelessness Prevention Project: Final Report" Final project deliverable to the CMHS/CSAT Collaborative Program to Prevent Homelessness.
- Clark, C., Teague, G., & Henry, R. (1999) "Prevention of homelessness in Florida." *Alcoholism Treatment Quarterly*, 17 (1/2), 73-91.
- Clark, C., Teague, G., & Henry, R. (1999) "Prevention of homelessness in Florida." In K. Conrad et al. (Eds.) *Homelessness Prevention in Treatment of Substance Abuse and Mental Illness: Logic Models and Implementation of Eight American Projects* (pp. 73 – 91). New York, NY: The Haworth Press, Inc.
- Clark, C. & Rich, A. (1999) "Boley Centers for Behavioral Health Care, Inc.: Housing related support services" in *Refocusing Upstream: Interim Status Report of the Center for Mental Health Services and Center for Substance Abuse Treatment Collaborative Program to Prevent Homelessness*. Substance Abuse and Mental Health Services Administration, pp. 61 – 78.
- Clark, C. & Henry, M. (1998). Boley Centers for Behavioral Health Care, Inc.: The Homelessness Prevention Project 1996-1997: A Descriptive Manual. Louis de la Parte Florida Mental Health Institute, Tampa, Florida.

Attachment A

James Winarski,

M.S.W. Relevant

- Activities

Consulted to the Department of Veterans Affairs on the development of Community Resource and Referral Centers (CRRC's) at 16 nationwide sites as part of the National Center on Homelessness Among Veterans,

- (2010-Present)

Consulted to Florida's Projects for Assistance in Transition from Homelessness (PATH) program under contract to the Department of Children and Families in the areas of system/program/service implementation for individuals

- with mental illness and co-occurring substance use disorders (2004-Present).

Directed the program that provides training and technical assistance to the federally funded Projects for Assistance in Transition from Homelessness (PATH). Developed innovative strategies to assist programs

- serving homeless individuals with mental illnesses throughout the United States (1995-2004).

Provided technical assistance to grantees of the Center for Mental Health Services/Center for Substance Abuse Treatment Collaborative Demonstration Program for Homeless Individuals. Helped sixteen national program sites develop manuals of state-of-the-art interventions for homeless people with co-occurring psychiatric and substance abuse disorders and published a federal monograph of describing this project

- (1994-1995).

Provided program development for McKinney Grant demonstration project for homeless people with psychiatric disabilities in New York City. Developed specialized treatment strategies for street dwellers, and provided clinical training and supervision to the staff (1990-1993).

Relevant Publications

Winarski, J.T., Outreach. In Levinson, D., (Ed.) (2004) *Encyclopedia of Homelessness*. Sage Publication, Inc., Thousand Oaks, CA, pg. 431-433.

Winarski, J.T.,(1998). *Implementing Interventions for Homeless Individuals with Co -Occurring Mental Health and Substance Use Disorders: A PATH Technical Assistance Package*, Sudbury, MA: Advocates for Human Potential under contract with the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (Monograph SMA 98-3204: 92 pages).

Winarski, J.T. and Dubus, P. (1996). *An Analysis of 16 Federally-Funded Programs for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders*, Newton, MA: The Better Homes Fund under contract with the Substance Abuse and Mental Health Services Administration. (Monograph 137 pages).

Winarski, J.T. Providing outreach outside the shelter. In Bassuk, E., Birk, A., and Liftik, J., (Eds.) (1994). *Community Care for Homeless Clients with Mental Illness, Substance Abuse, and Dual Diagnosis*, Newton, MA: The Better Homes Fund, 1994, 10-1, 10-18.

Shern, D.L., Tsemberis, S., Winarski, J., et al. (1997). The effectiveness of psychiatric rehabilitation of persons who are street dwelling with serious disability related to mental illness. In Breakey, W.R. and Thompson, J.W., (Eds.) *Mentally Ill and Homeless: Special Programs for Special Needs*, Harwood Academic Publishers, The Netherlands, pg. 119-147.

Attachment A

Kathleen Moore, Ph.D.

Dr. Moore is working on several community-based research projects with local substance abuse and mental health providers. Her emphasis has been on project evaluation, bridging the gap between research and practice, and social policy issues such as co-occurring disorders (CODs), homelessness, and jail diversion.

Relevant Activities:

- Dr. Moore is currently working with the FMHI team to develop a measure of housing programs for Veterans, and to determine the fidelity of recently implemented Safe Haven models for the Center.
- She is Co-PI on a National Institute of Drug Abuse (NIDA) grant entitled *Center on Co-occurring Disorders, Justice, and Multidisciplinary Research (CJM)* to enhance effectiveness of interventions for offenders with CODs within the justice system.
- She is Principal Investigator on two grants: (1) *Adult Drug Court Women Empowered and Coping with Addiction to Narcotics (WeCan!)*, (2) *Medication-Assisted Treatment Drug Treatment Program (MATDTP)*, and
- serves as the Co-PI and Evaluator on two other SAMHSA-funded grants: (1) *Treatment for Homeless "Refuge" Program*, a five-year project assessing a Critical Time Intervention (CTI) approach for homeless individuals diagnosed with severe mental illness; and (2) *Charlotte County Home 2 Recovery*, a five-year initiative providing integrated services for homeless adults with severe mental illness using an Assertive Community Treatment (ACT) model.

Relevant Publications

- Young, M.S., **Moore, K.A.**, & Barrett, B. (under review). Intoxicated psychiatric emergencies: Characteristics distinguishing emergency psychiatry visits by patients with substance-related presenting problems. Drug and Alcohol Dependence.
- Barrett, B., Teague, G.B., Young, M.S., Winarski, J., **Moore, K.A.**, & Ochshorn, E. (2010). Recovery orientation of treatment, consumer empowerment, and satisfaction with services: A mediational model. Psychiatric Rehabilitation Journal, 34(2), 153-156.
- Fogel, S. & **Moore, K.A.** (2010). Collaborations among diverse organizations: Building evidence to support faith-based partnerships. In M. DeGennaro & S. Fogel (Eds.), Using Evidence to Inform Practice for Community and Organizational Change. (pps. 99-109). Chicago, IL: Lyceum Books, Inc.
- Barrett, B., **Moore, K.A.**, Young, M.S., Borum, R., & Ochshorn, E. (2009). Factors predicting arrest for homeless persons receiving integrated residential treatment for co-occurring disorders. Criminal Behaviour and Mental Health.
- Moore, K.A.**, Young, M.S., Barrett, B., & Ochshorn, E. (2009). Twelve-month follow-up of integrated treatment for homeless individuals with co-occurring disorders.. Journal of Social Service Research, 4(35), 1-14.
- Young, M.S., Clark, C., **Moore, K.A.**, & Barrett, B. (2009). Comparing two service delivery models for homeless individuals with complex behavioral health needs: Preliminary data from two SAMHSA Treatment for Homeless studies. Journal of Dual Diagnosis.
- Parker, T., Foley, G., **Moore, K.A.**, & Broner, N. (2009). Finding common ground in implementing and sustaining jail diversion programs. American Jails, (Sept./Oct.), 25-38.

Attachment A

Mark A. Engelhardt, MS,

ACSW Relevant Projects

- Currently working with the National Center on Homelessness among Veterans staff to review the HUD-VASH programs and make recommendations to improve them to better serve Veterans, and to introduce the Housing First Model to Service Networks with recommendations for implementation.
- SAMHSA – CSAT Homeless Treatment Grant – (PI) – Evaluator – Implementation of a 5 year “Housing First” approach with a Modified Assertive Community Treatment (ACT) Team model in partnership with Coastal Behavioral Healthcare, the Charlotte County Homeless Coalition and Pathways to Housing (NY,NY) targeting persons who are chronically homeless and have co-occurring disorders in Charlotte County. (2006-2010)
- (PATH) Projects to Assist Persons in the Transition for Homelessness: (PI) Training & Consultation on Supportive Housing for Persons with Mental Illnesses – Statewide Contract with the Florida DCF Mental Health Program Office to provide technical assistance on the planning, development and implementation of supportive housing. (Edited/Facilitated-Co-authored two state Supportive Housing documents) 2001-2008.
- Olmstead Grant Coordinator (PI) – State of Florida’s *Olmstead* Grant Coordinator to promote– State-wide Coalitions to Promote Community Based Care – Designee by the Dept. of Children & Families (DCF) Mental Health Program Office – Board Member of the Florida Supportive Housing Coalition, Inc. and providing consultation to communities on the development of supportive housing and recovery-oriented services. 2003- 2010.
- SAMHSA-CSAT Homeless Treatment Grant on Co-occurring Disorders – Principle Investigator (PI) for the Evaluation component with Agency for Community Treatment Services (ACTS – Keystone Project), the grantee. Provide consultation to this federal project in the area of supportive housing and implementation of the Comprehensive, Continuous, Integrated System of Care (CCISC) model of co-occurring disorders. 2003-06.
- Governor’s ADA Workgroup – Real Choice Housing Initiative 2004-2006 – (PI) – Providing consultation, training and technical assistance on Supportive Housing to the three Centers for Medicare & Medicaid (CMS) Real Choice Demonstration Projects in Florida in Hillsborough/Pinellas County; Pasco County and Palm Beach County. Technical reports: 2004-2006. Related work product one
- Author of the "Tampa-Hillsborough Citizens Task Force on Homelessness" which was a joint project between the Mayor's Office of Tampa and the Hillsborough County Homeless Coalition. The report includes national research on homeless best practices, financing options and an implementation plan. In the course of working with this Public/Private Task Force, Mr. Engelhardt organized an educational trip and a meeting of top business leaders in Hillsborough County with members of the Board of Directors and staff of the Miami-Dade Homeless Trust during a site-visit in Miami. The report is used on a continuing basis by the Hillsborough "Champions" Committee.

Paul E.

Smits, MSW

Relevant Activities:

- Directed the Veterans Health Administration’s (VHA) Homeless Programs (2005-2010). VHA Homeless Programs had an annual budget of \$3.2 billion with an operational budget for specialized homeless programs of \$500 million in 2009. The program provided services to over 70,000 homeless Veterans annually. The position involved directing the day to day activities of homeless outreach, transitional housing and supportive services, residential treatment, contracted residential treatment, supportive permanent housing, vocational rehabilitation, and developing new homelessness prevention initiatives.

Attachment A

- Co-authored and was the lead developer of VA's Five Year Plan to End Homelessness among Veterans (2009). The Five Year Plan to End Homelessness among Veterans is a ground breaking strategic plan to end homelessness among our nation's Veterans. Significant new funding was secured to expand existing VA homeless programs and to develop new programs such as prevention programs, justice outreach initiatives, a homeless assistance call center, and a homeless Veteran registry.
- Secured approval and funding for the VA National Center on Homelessness among Veterans. The National Center was approved and funded in 2009 to advance research, education, model development, and policy development in the field of homelessness. Along with its academic affiliates, the Center provides strong leadership on solving the nation's problem of homelessness.
- Senior Policy Analyst Support for homelessness model development activities. Currently supporting the activation and implementation of three model development initiative (Safe Havens, Community Resource and Referral Centers and Housing First)
- Published: Smits, Paul. "Veteran's Recovery for the Homeless", *Virtual Mentor, American Medical Association Journal of Ethics*, Vol. 11, number 1, January 2009, pages 96-98.

Annette Christy, Ph.D.

Dr. Christy has led USF/ FMHI's efforts on homelessness and criminal justice involvement for the National Center on Homelessness among Veterans. She has worked with Center staff to develop evaluations of the Veteran's Justice Outreach Specialist, is working evaluating peer involvement in Veteran's Courts, developing mechanisms for identifying Veterans in the criminal justice system, and is working with the multisite team to evaluate service use of Veterans returning to the community from prison. Other relevant activities include:

- Co-Evaluator for Florida's SAMHSA funded Jail Diversion Trauma Recovery program. Focus is on diversion of Veterans from intercept 2 of the criminal justice system to trauma informed care. \$390,000 over 5 years; 10/1/09 through 9/30/14.
- Principal Investigator for Baker Act Training and Technical Support contract with the Florida Department of Children and Families. \$350,000 over three years. Current contract 7/08 through 6/11, negotiating 3 year contract extension to start 7/11

Relevant Publications and Technical Reports

- Christy, A., & Molinari, V. (in press). Emergency commitment of people residing in assisted living facilities. *Community Mental Health Journal*. Online first January 2011 DOI 10.1007/s10597-011-9378-9
- Christy, A., & Molinari, V. (in press). Emergency commitment of people residing in nursing homes. *Journal of the American Medical Directors Association*.
- Christy, A., Otto, R., Finch, J., Ringhoff, D., & Kimonis, E. (2010). Factors affecting jail detention of defendants adjudicated incompetent to proceed. *Behavioral Sciences and Law*, 28(5), 707-716. doi: 10.1002/bsl.961. <http://dx.doi.org/10.1002/bsl.961>.
- Christy, A. (2010). Taking issue: Context matters. *Psychiatric Services*, 61(9), 955. doi: [10.1176/appi.ps.61.10.955](http://dx.doi.org/10.1176/appi.ps.61.10.955). <http://dx.doi.org/10.1176/appi.ps.61.10.955>
- Christy, A., Handelsman, J., Hanson, A., & Ochshorn, E. (2010). Who initiates emergency commitment. *Community Mental Health Journal*, 46(2), 188-191. doi: 10.1007/s10597-009-9216-5. <http://www.springerlink.com/content/n55uu733678622q5/>
- Christy, A., Pettila, J., McCranie, M., & Lotts, V. (2009). Involuntary outpatient commitment in Florida: Case Information and Provider Experience and Opinions. *International Journal of Forensic Mental Health Services*, 8 (2), 122-130. doi: <http://www.informaworld.com/smpp/content~db=all?content=10.1080/14999010903199340>
- Roggenbaum, S., Christy, A., LeBlanc, A., & Hart, A. (2011, January). Deaths by suicide, emergency commitments, and other state funded behavioral health services for persons who served in the US Armed Forces. de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences, University of South Florida. Tampa, FL.

M. Scott Young, Ph.D.

Dr. Young has Master's degrees in Clinical Psychology and Management Information Systems (MIS) and earned his Ph.D. in Clinical Psychology. Combining his interests in both MIS and psychology, Dr. Young has received and worked on grants and contracts using behavioral healthcare administrative data sets to examine homelessness, mental health, and substance use policy issues, and he has also collaborated on corrections- and community-based evaluations at the system-, agency-, and program-levels. Dr. Young has worked on projects funded by various foundations and federal, state, and county entities to implement evidence-based practices for serving individuals with chronic histories of homelessness and/or substance use disorders. His research and evaluation activities have been supported by the Robert Wood Johnson Foundation; Substance Abuse and Mental Health Services Administration (SAMHSA) Centers for Mental Health Services (CMHS), Substance Abuse Treatment (CSAT), and Prevention (CSAP); U.S. Department of Veteran Affairs; National Institute of Health's National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute on Drug Abuse (NIDA); Office of Family Assistance (OFA), Administration for Children and Families (ACF); Florida Department of Children and Families; Florida Department of Law Enforcement; Hillsborough County Children's Board; Eckard Foundation; and Eli Lilly and Company. Aside from conducting research, Dr. Young also teaches research methods classes and mentors students interested in substance abuse and homelessness research.

Recent Relevant Activities:

Worked on evaluations of the following SAMHSA Treatment for Homeless Grants:

- Implementing a Modified Therapeutic Community Serving Homeless Chronic Inebriates in Pinellas County, Florida. 2010-2015.
 - Implementing Critical Time Intervention (CTI) for Chronically Homeless Persons with Co-Occurring Mental Health and Substance Use Disorders in Hillsborough County, Florida. 2010-2015.
 - Implementing an Assertive Community Treatment team to serve chronically homeless individuals with severe and persistent mental illness in Hillsborough County, Florida. 2005-2010.
 - Implementing a 5-year "Housing First" approach with a Modified Assertive Community Treatment (ACT) Team model in partnership with Coastal Behavioral Healthcare, the Charlotte County Homeless Coalition and Pathways to Housing (NY,NY) targeting persons who are chronically homeless and have co-occurring disorders in Charlotte County, Florida. 2006-2010.
 - Implementing a Comprehensive, Continuous, Integrated System of Care (CCISC) for Homeless Persons with Co-Occurring Mental Health and Substance Use Disorders in Hillsborough County, Florida. 2003-06.

Assisting with VA National Center on Homelessness among Veterans model development activities surrounding Safe Havens, including lead role in examining sites' fidelity/adherence to a low demand Safe Haven model.

Recent Relevant Publications

- Barrett, B., Fogel, S.J., Garrett, J., & Young, M.S. (2011). Assessing health care needs among street homeless and transitionally-housed adults. *Journal of Social Services Research*, 37(3), 338-350.
- Peters, R.A., & Young, M.S. (2011). Coerced Drug Treatment. In M. Kleiman, J. Hawdon, & G. Golson (Eds.) *Encyclopedia of Drug Policy*, Volume 1 (pps 142-145). Thousand Oaks, CA: SAGE Publishers.
- Young, M.S., Peters, R.A., & Petrila, J. (2011). Florida Laws and Programs. In M. Kleiman, J. Hawdon, & G. Golson (Eds.) *Encyclopedia of Drug Policy* Volume 1 (pps 296-300). Thousand Oaks, CA: SAGE Publishers.
- Carton, A., Young, M.S., & Kelly, K.M. (2010). Changes in sources and perceived quality of social supports among formerly homeless persons receiving Assertive Community Treatment (ACT) services. *Community Mental Health Journal*, 46, 156-163.

Attachment A

- Young, M.S., Clark, C., Moore, K.A., & Barrett, B. (2009). Comparing two service delivery models for homeless individuals with complex behavioral health needs: Preliminary data from two SAMHSA Treatment for Homeless studies. *Journal of Dual Diagnosis*, 5(3-4), 287-304.
- Dates, B., Young, M.S., Bennett-Clark, F., Broner, N., Neumiller, S., DeJong, F., Kendall, D., Leddy, J., & Richards, S. (2009). Assertive community treatment fidelity in programs serving persons who are homeless with co-occurring mental and addictive disorders. *Journal of Dual Diagnosis*, 5(3-4), 264-286.
- Neumiller, S., Bennett-Clark, F., Young, M.S., Dates, B., Broner, N., Leddy, J., Kendall, D., Richards, S., & De Jong, F. (2009). Implementing assertive community treatment in diverse settings for people who are homeless with co-occurring mental and addictive disorders: A series of case studies. *Journal of Dual Diagnosis*, 5(3-4), 239-263.
- Broner, N., Dates, B., & Young, M.S. (2009). Guest editorial: Interventions for homeless individuals with co-occurring mental health and addictive disorders. *Journal of Dual Diagnosis*, 5(3-4), 234-238.
- Barrett, B., Young, M.S., Moore, K.A., & Ochshorn, E. (2009). Factors predicting criminal justice behavior for homeless persons receiving integrated residential treatment for co-occurring disorders. *Criminal Behaviour and Mental Health*, 19(5), 742-748.
- Moore, K.A., Young, M.S., Barrett, B., & Ochshorn, E. (2009). A twelve month follow-up evaluation of integrated treatment for homeless individuals with co-occurring disorders. *Journal of Social Service Research*, 35(4), 322-335.
- Harrison, M. Moore, K.A., Young, M.S., Flink, D., & Ochshorn, E. (2008). Implementing the CCISC model of care for individuals with co-occurring disorders: Findings from a residential facility serving homeless individuals. *Journal of Dual Diagnosis*, 4(3), 238 – 259.
- Peters, R.H., Hunt, W.M., Moore, K.A., Hills, H.A., & Young, M.S. (2007). Strategies for implementing evidence-based practice in community substance abuse treatment settings. *Journal of Drug Addiction, Education, and Eradication*, 3(1/2), 1-20.

Recent Relevant Technical Reports

- Clark, C. Rynearson-Moody, S., Ort, R., Moore, K.A., Winarski, J., Young, M.S., & Teague, G. (2011). *Preliminary Findings for the Housing and Housing Services Measure Study*. Report prepared for the National Center on Homelessness among Veterans, Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Clark, C. Rynearson, S., Ort, R., Young, M.S., Teague, G., Winarski, J., & Moore, K.A. (2010). *Development of a Housing and Housing Services Measure for Veterans*. Report prepared for the National Center on Homelessness among Veterans, Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Barrett, B., & Young, M.S. (2009). *Results from Hillsborough County, Florida's Point-in-Time Survey of Homeless Individuals*. Report prepared for the Homeless Coalition of Hillsborough County, Florida, Tampa, FL: Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Young, M.S., Clark, C., & Moore, K.A. (2009). *Fidelity of the Hillsborough Assertive Community Treatment Team: Results of the 2006 – 2009 Annual Administrations of the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS)*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Young, M.S., Engelhardt, M., & Moore, K.A. (2009). *Fidelity of the Home 2 Recovery ACT Team: Results of the 2007 and 2009 Administrations of the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS)*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Engelhardt, M., Young, M.S., & Moore, K.A. (2009). *Process Evaluation of the Coastal Behavioral Healthcare Home 2 Recovery Assertive Community Treatment Team*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Young, M.S., Clark, C., & Moore, K.A. (2008). *Fidelity of the Hillsborough Assertive Community Treatment Team: Results of the 2006, 2007, and 2008 Annual Administrations of the Dartmouth Assertive Community Treatment*

Attachment A

- Fidelity Scale (DACTS)*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Young, M.S., Clark, C., & Moore, K.A. (2007). *Hillsborough County Assertive Community Treatment (HACT) Team: A Longitudinal Investigation of Fidelity to ACT Principles during the Program's First Two Years*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration and Mental Health Care, Inc., Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Moore, K.A., Young, M.S., Engelhardt, M., & Harrison, M. (2006). *Evaluation of a Treatment Program for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration and the Agency for Community Treatment Services, Inc. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Clark, C., Moore, K & Young, M. S. (2006) *Results of First Fidelity Evaluation of the Hillsborough Assertive Community Treatment (HACT) for Homeless Individuals*. Report prepared for the Center for Substance Abuse Treatment / Substance Abuse and Mental Health Services Administration and Mental Health Care, Inc. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
- Engelhardt, M., & Young, M.S. (2006). *Progress towards Achieving a District-Wide Integrated Mental Health and Substance Abuse Service Delivery System: Results from the COFIT-100*. Report prepared for the Florida's District 14 Behavioral Health Interface Committee, Bartow, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.