From:	Lees, Doug (SAMHSA/OFR)
To:	Grant.Closeout (SAMHSA/OFR)
Cc:	DGMProgressReports (SAMHSA/OFR)
Subject:	FW: Grant TI 24737 - Fountain House CSAT TCE TAC EACCESS Year 2 Final Report
Date:	Friday, September 11, 2015 12:50:06 PM
Attachments:	Fountain House CSAT TCE-TAC EACCESS Year 2 Final Report (signed).pdf
	EACCESS Year 1 App Usage Report.pdf
	Fountain House CSAT TCE Year 2 Evaluation Report.docx
	Fountain House CSAT TCE TAC EACCESS Year 1 Survey.docx
	Fountain House CSAT TCE TAC EACCESS Year 1 Survey Results.docx
	EACCESS Project Overview Policies Procedures and Protocol
	NYC Web Design EACCESS App Update Statement of Work Invoice.pdf
	EACCESS Y2 Budget and Justification.docx

FYI

Doug Lees

Grants Management Specialist

HHS Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road, Suite 7-1091

Rockville, MD 20850

240-276-1653

From: Joseph Shaffer [mailto:JShaffer@fountainhouse.org]
Sent: Friday, September 11, 2015 12:33 PM
To: Tarino, Danielle (SAMHSA); Lees, Doug (SAMHSA/OFR)
Subject: Grant TI 24737 - Fountain House CSAT TCE TAC EACCESS Year 2 Final Report

Thank you again for approving the extension of submitting this report, which allowed us the time to compile and review all of our own data in addition to GPRA data input and analyzed by our evaluators.

The report is attached to this document along with several other supporting documents.

Please let me know if you have any further questions or require any additional documentation.

Thanks,
Joe

Fountain House	**Joe Shaffer, MSW** / Wellness *Unit Leader*, *EACCESS Project Director*
	jshaffer@fountainhouse.org
	Fountain House
	T: 212.582.0341 ext 242
	425 West 47th StreetNew York, NY 10036
	www.fountainhouse.org

Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-13-008

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

2/1/2015 – 7/31/2015

Instructions for Completing this Report

1. Save the report to your computer.

2. Click on the darkened box next to each item to fill in your response.

3. Save your completed survey BEFORE returning it.

4. Return the completed report by email to: granteereports@jbsinternational.com
    Copy SAMHSA Grants Management Specialist, Doug Lees (doug.lees@samhsa.hhs.gov),
    and your Government Project Officer to the email

5. Save the confirmation receipt of your submission.

1. Reporting Period: 2/1/2015 – 7/31/2015

2. RFA #: TI—13-008

3. Grantee: Fountain House, Inc.

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Fountain House Inc.	425 W. 47th St. New York, NY 10036	Joe Shaffer	(212) 582-0340 ext. 242 jshaffer@fountainhouse.org

5. Project Director: Joe Shaffer, MSW

6. Project Director Phone/Email: (212) 582-0340 ext. 242, jshaffer@fountainhouse.org

7. Evaluator: Frank Guida, PhD; Carrie Muchow, MA

8. Evaluator Phone/Email: (212) 684-4480, frankguida@rcn.com; (303) 915-5764, cam2190@columbia.edu

9. Signature _____   ___9/10/2015___

   Project Director Signature   Date

10. List any changes in key staff contact information here:

Staff Member	Add/Loss	Effective Date	Email	Phone
N/A				

TABLE OF CONTENTS

BACKGROUND

Provide the abstract from your grant application. Specify all technologies being used in the project and any changes from the initial application.

The Fountain House E-ACCESS Project will enhance and expand access to recovery support and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention. The project will issue smartphones to a pre-selected population of clients who have been recruited, screened and oriented to the E-ACCESS goals and objectives; and to provide support for e-sessions with our partner provider, Phoenix House, to provide electronically delivered educational services to 300 clients (100 per year) to better support clients enrolled in care by providing more frequent and off-hour contact with clinicians.

The app, Electronic Application for Continuous Care and Expanded Sobriety Support (E-ACCESS), was developed and installed on 100 Samsung Galaxy s4 smartphones. The phones were given out during the enrollment process to our next 100 Year 2 participants. Staff also provided extensive training on the use of the phone and the app itself, in addition to offering weekly "tech support" sessions.

As indicated in the last report, money originally allotted to a partnership with substance abuse service provider Phoenix House was put towards updating the technology and capability of our smartphone application, EACCESS. Changes and improvements were made to make the various tools easier to use, more comprehensive, and were in direct response to feedback we received from our 100 participants from Year 1 and Year 2 participants that were enrolled at the time. This new version of the app is in beta-testing and will be made available to all-participants (even those discharged from Year 1 who still have access to use of the application for sustained support) within the next month.

All 100 Year 1 participants have been discharged and 100 new participants have been enrolled in Year 2. Fountain House is dedicated to establishing referral sources from Substance Abuse providers that also work with clients with COD to ensure that we will meet our requirement for 100 participants for Year 3.

PROJECT IMPLEMENTATION

Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technologies.

Goal: Goal: Goal #1: To engage individuals with COD not presently accessing services

Objective 1.1: Improve engagement in recovery-oriented substance abuse services by expanding support resources to include access to clinical/educational substance abuse treatment from our partnering organization Phoenix House.

Objective 1.2: Deliver consumer driven support services resulting in increased participant satisfaction with treatment and services.

Status: 100 additional participants for Year 2 have been enrolled in the E-ACCESS program and are currently using the app that was developed to access existing services in the community and use resources offered through the phone itself.

100 participants from Year 1 have been discharged from the program. A final program survey was administered at discharge to asses participant satisfaction (1.2) with the technology developed and the supports provided. The feedback was overwhelmingly positive. Most participants prefer using the "Group Support" tool within the E-ACCESS app, which is a blog-based forum encouraging peer-to-peer interaction (1.2) and the video portal which features psychoeducational and clinical videos (1.1). Furthermore, upon discharge most participants from Year 1 chose to keep the smartphones, despite having to cover the monthly service cost themselves, to enable continued use of the supportive technology of the EACCESS application, a clear indication that the services provided were deemed beneficial to their mental health and substance abuse recovery.

Goal: Goal: Goal #2: To demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients

Objective 2.1: Increased ability to track the health status of individuals because of centrally located coordination of medical, substance abuse and psychiatric services.

Objective 2.2: Development of customized EHRs to include treatment plans for co-occurring substance abuse, psychiatric and medical health issues.

Objective 2.3: Access to existing employment, education, housing, and case management support services in accordance with Fountain House's holistic approach to recovery.

Status: The EACCESS app was underwritten with the capability to track how often each participant uses each tool. This enables project staff to see not only who is using the support services that EACCESS provides, but also which tools they prefer. This allows project staff and peers to provide support and coordinate plans of care in regards to the participants' mental and physical health (2.1). The project has a plan to increase use of the EHR (2.2) utilized by Fountain House to not only coordinate care plans for COD recovery but also to monitor access to, and use of, employment, education, housing, and case management support (2.3)

Goal: Goal: Goal #3: Demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS

Objective 3.1: Increase early detection and prevention of crisis care.

Objective 3.2: Reduce the relapse rate for participating members.

Objective 3.3: Improvement in recovery and resiliency rates among the target population, particularly an increase in measures of social connectedness.

Status: The evaluation report provides positive results, though not statistically significant. Drug and

alcohol use have decreased, as has depression, anxiety, and hallucinations. The additional E-ACCESS survey points towards an improved quality of life, benefitting from the support provided through the app, and an increased connection to the clubhouse (Fountain House) community as a basis for resiliency and reduced relapse. (The analysis provided by our evaluators and the E-ACCESS survey are attached to this report). Particularly satisfying was that the breakdown of the usage of the EACCESS tools (also attached to this report), provided by our app developer through our administrative website, clearly indicates that the "Group Support" tool was far and away the preferred method of accessing support. This tool uses a blog format enabling members to virtually interact with one another providing support, feedback, and advice for sustained sobriety through an increased access to social connections (3.3)

Status Toward Goals

If you are falling short in meeting any project objectives, please explain and provide your plan for catching up. Include anticipated date of resolution.

Our efforts to establish a partnership for an "ask the expert" tool with Phoenix House have been stalled. We are exploring using a psychiatrist at our partner mental health clinic, the Sydney Baer Center, to add this functionality within our existing Group Support tool, as that has proven to be the most utilized component within the EACCESS app. This would be an appropriate solution in that it would provide the same type of access to direct interaction with a clinical provider without having to go through the bureaucratic obstacles of establishing that partnership with an outside organization.

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

There have been no changes to project goals or objectives.

If you intend to request approval of changes in any project goals or objectives during the next reporting period, state the changes and the reasons for wanting to make them. (Remember that you need prior approval from SAMHSA to make these changes.)

There are no plans to changes project goals or objectives.

ORGANIZATION AND MANAGEMENT

Personnel

List all positions supported by the grant, filled and vacant.

Position Title	Incumbent Name	Percent Time
Project Director	Joseph Shaffer	50
Social Worker	Megan Hunter	23.3
Unit Support Staff	Kate Moyer Jamel Smalls Stephanie Nieves	10
Intake Coordinator	Wayne Diana Scott Lubow	$16.25/hr
App Content Manager	Norman Feldman	$16.25/hr

List staff additions or losses including contractors/consultants within the reporting period.

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Megan Hunter	½	2/1/2015	Add
Kate Moyer, Jamel Smalls, Stephanie Nieves	1/10	8/1/2014	Add

Discuss the impact of personnel changes on project progress and strategies for minimizing negative impact.

Megan Hunter was brought on as the new program social worker. She was already an employee of the organization and was able to seamlessly fill the role and responsibilities of providing case management, coordinating clinical assessments, providing referrals to mental health and substance abuse providers, developing care plans and documenting ongoing progress notes.

Discuss obstacles encountered in filling vacancies (if any); strategies for filling vacancies and anticipated timeline for having positions filled.

There are no current vacancies. However, we are considering adding an additional app content manager

to ensure that the content of the app is updated regularly and is sufficient to meet the varying needs of program participants.

Partnerships

List each of the partner organizations.

Partner
NYC Web Design is the app developer that we worked with in the creating the tools and design that meet our expectations and requirements for functionality, ease of use, aesthetic appeal, reporting/statistical capabilities, etc. We have a contract that provides for necessary maintenance of the app whereby we communicate with them any problems or bugs that come up and they respond in a timely manner. NYC Web Design also hosts our app, meaning that the content put into the app by our paticipants as well as their use is stored on their server. They also designed and manage the administrative website that goes along with the app which allows us to have control over the content of the app and who has access to it.
Phoenix Collective is our peer employment consultant. We provided them with descriptions of the two jobs that we wanted to fill with peer workers. Phoenix Collective identified capcable candidates for interviews and once the decision was made to hire they take care of paperwork, timesheets, payroll, and other administrative responsibilities.
Sprint is the telecommunication company that we chose to provide the cellular/data service for the phones, and they sold us the phones themselves. They provided us discounted hardware (phones) and service plans for the phones. They have provided us with an account manager and an equipment manager. The account manager deals with our overall contract and will help us to offer discounted monthly service plans for our members as they are discharged. Transferring the phone service from corporate liability to individual liability at rates that are affordable to program participants will enable them to maintain the phone and their acces to the supports provided through the app, greatly increasing the program's sustainability.
SAE & Associates Behavioral Health Evaluation Services (SAE-BHES) provide us with two evaluators for the quantitative analysis for the E-ACCESS Program. The evaluators input all data from the GPRA (and the new Data Collection Instrument provided from SAMHSA) into the SAIS database (and will do so for the Common Data Platform as well). Data is also input onto an SPSS database for statistical analysis and semi-annual reporting to SAMHSA. The analysis informs the program on progress made on goals and objectives through regular communication with the project director.

Describe significant changes in relationships and/or working arrangements and summarize the implications of the change.

As previously mentioned in the "Status" section, our efforts to establish a partnership for an "ask the expert" tool with Phoenix House have been stalled. We are exploring using a psychiatrist at our partner mental health clinic, the Sydney Baer Center, to add this functionality within our existing Group Support tool, as that has proven to be the most utilized component within the EACCESS app. This would be an appropriate solution in that it would provide the same type of access to direct interaction with a clinical provider without having to go through the bureaucratic obstacles of establishing that partnership with an outside organization.

Training and Technical Assistance (TA)

Describe staff development activities, including orientation and training for this reporting period.

Staff Development Activity	Date	Number of Participants	Training Provider
Introduction & Orientation for Social Worker	2/2/2015	1	Joe Shaffer, Project Director

If you received technical assistance from a SAMHSA TA provider, describe it.

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue
N/A				

If you plan any training or TA activities for the next reporting period, describe the topic and anticipated audience.

N/A

PERFORMANCE INFORMATION

GPRA Performance

As close to the last day of the reporting period as possible, check your official GPRA statistics on the SAIS webpage. Complete the table below. Enter the cumulative numbers (from beginning of the grant) from the SAIS reports.

Date on which reporting quarter data was obtained:

	Target	Actual	%
Intake (Baseline)	200	197	98.5%
6-Month Follow-up	100	80	80%

If your intake or follow-up percentages are below 80 percent, please explain and state your plan for reaching your targets.

N/A

If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ from those shown in your GPRA report, specify and account for the differences. Identify steps taken to seek assistance, if needed, to remedy the discrepancy.

N/A

Evaluation

Describe evaluation activities, progress made/action steps, and changes during the reporting period.

> We have met all of our reporting requirements for Year 1 and Year 2, thus far. Our reassessments for Year 1 were at 80%, which we would like to see higher in Year 2. We relied on using our locator forms to contact some of our participants that had issues with the phone service. Part of the update for our smartphone app had to do with incorporating real time reporting for each participants' use of the app. While we have always had this capability underwritten in the design, it was not reflected in the administration website. This has now been added which will enable project staff to run monthly reports on app usage for each of the Year 2 participants. Thus, if anyone is not using the app staff can reach out to them to provide recovery support directly (and referrals to more direct, comprehensive substance abuse treatment if necessary).

Note any changes to the evaluation plan for this period, and document that GPO approval was received prior to the implementation of the changes.

> N/A

Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

> Fountain House CSAT TCE TAC EACCESS Year 1 Participant Survey and Results (attached)

Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.

> There have been no problems in conducting the evaluation. Data has been collected and entered in a timely fashion and are complete for all program participants.

Discuss how evaluation findings were used to improve the project.

> Evaluation findings are shared regularly with staff, stakeholders and the Project Advisory Board. Findings are used to inform and improve the project through the following mechanisms: Regularly scheduled team meetings, which include stakeholders, program staff, and other representatives as needed ensure we are meeting our target goals and objectives as outlined in the initial grant submission. The Project Advisory Board, the organization's Research Committee, meets every other month (from September to June) and is apprised of the current program status, consulted on any issues that arise, and Is given the opportunity to pose questions regarding the direction of the program and how it fits within the philosophical framework and mission of the organization.
>
> Feedback from participant surveys, report of participant usage of the EACCESS application, and project staff feedback highlighted the need to be able to generate monthly reports on how each of the enrolled

Year 2 participants are using the technology developed. Participants that are not using the technology will be contacted for consultation with project director and/or social worker to enhance the care plan by incorporating the support services provided by the app and to discuss potential referral to outside substance abuse or mental health services as needed.

Attach any written evaluation reports received during the period. Indicate if there are no new evaluation reports from the last reporting period.

Fountain House CSAT TCE TAC Year 2 Evaluation Report (attached)

Interim Financial Status

Attach an updated program budget and any budget modifications.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

- Double click on the worksheet to activate the Excel function
- The spreadsheet has been pre-formulated, but you must first enter (1) your total grant award, (2) all direct costs, and (3) total indirect costs
- Once you have entered the requested fields, click outside of the spreadsheet to exit

Note:

- Please report total expenditures (not obligations) on the budget worksheet
- Include all expenses accrued since the last reporting period and cumulative expenses accrued over the course of the grant period
- In the 'Total Grant Award' cell, please enter the total amount of grant funding you have received since the initiation of the grant
- The 'Remaining Balance' cell will automatically subtract total cumulative expenditures to date from the total funding amount

Total Grant Award:	$ 840,000.00		
		Expenditures	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**	
Direct Costs:			
Staff Salaries	$ 31,966.00	$ 63,933.00	
Fringe Benefits	$ 11,188.00	$ 22,377.00	
Contracts	$ 46,650.00	$ 72,190.00	
Equipment	$ -	$ -	
Supplies	$ 74,803.00	$ 120,504.00	
Travel	$ 498.00	$ 996.00	
Facilities	$ -	$ -	
Other Direct Costs: (please identify below)		$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
Total Direct Costs:	$ 165,105.00	$ 280,000.00	
Total Indirect Costs:	$ -	$ -	
Total Expenditures (Sum of Direct and Indirect Costs):	$ 165,105.00	$ 280,000.00	
Remaining Balance (Based on Total Grant Award):		$ 560,000.00	

(280,000 spent in Year 1; 280,000 remaining for Year 3)

Other Significant Project Activities

Discuss any notable project activities, events, or other issues that occurred during the reporting period not previously described. Describe any problems that emerged, the effect it had on the project and steps taken or planned to overcome the barrier.

We are very pleased that we will be able to launch the updated version of the EACCESS application in the next couple of months. The process involved the feedback from our program participants which aided in ensuring that discharged Year 1 participants wanted to continue to use the app and the support services it provides. 52% of participants activated individual service accounts with Sprint and an additional 28% chose to keep the phone and switch to a different service provider (see attached Year 1 Survey Results report). This shows us that the program and its supports are sustainable in that discharged participants no longer receiving on financial backing through Fountain House or SAMHSA continue to be able to use technology to increase and enhance their recovery supports for Co-Occurring Disorders.

Attach a copy of the project's policies and procedures.

EACCESS Project Overview Policies Procedures and Protocol

Attach copies of any publications in professional journals or presentations about your project during the reporting period. Indicate if there have been no publications or presentations since the last reporting period.

N/A

LIST OF ATTACHMENTS

List each attachment separately here and attach to the back of this report.

Attachment 1: EACCESS Year 1 App Usage Report

Attachment 2: Fountain House CSAT TCE TAC EACCESS Year 2 Evaluation Report

Attachment 3: Fountain House CSAT TCE TAC EACCESS Year 1 Survey

Attachment 4: Fountain House CSAT TCE TAC EACCESS Year 1 Survey Results

Attachment 5: EACCESS Project Overview Policies Procedures and Protocol

Attachment 6: NYC Web Design EACCESS App Update Statement of Work Invoice

Attachment 7: EACCESS Y2 Budget and Justification

User	Meeting Finder	Sobriety Calendar	Literature Link	Video Portal	Text Hotline	Group Support	Motivational Quotes	Check-ins
00000	108	29	21	16	0	156	11	27
001	2	0	0	0	0	0	2	0
002	6	1	4	16	0	320	112	0
003	19	15	12	67	0	390	25	1
004	51	22	12	8	0	175	13	1
005	50	26	23	22	0	388	67	5
006	2	0	0	0	0	0	0	0
007	74	8	3	1	0	71	8	3
008	4	0	12	52	0	783	64	1
009	8	1	2	0	0	0	3	0
010	6	28	17	18	0	1627	48	0
011	11	13	5	11	0	168	28	0
012	325	1	88	71	0	445	104	18
013	8	0	3	0	0	2	2	0
014	34	5	6	8	0	137	20	1
015	2	0	0	4	0	733	30	0
016	39	1	10	1	0	424	11	0
017	21	25	27	28	0	699	72	0
018	33	0	1	2	0	3	13	1
019	0	0	0	0	0	0	0	0
020	81	26	25	27	0	137	19	0
021	28	2	0	0	0	16	3	0
022	44	7	6	0	0	499	21	0
023	272	176	175	28	0	195	142	0
024	146	4	45	22	0	458	136	23
025	616	3	40	94	0	156	55	37
026	60	7	24	6	0	1076	46	0
027	51	18	39	54	0	1239	40	0
028	122	4	42	120	0	431	43	0
029	18	30	7	1	0	120	13	2
030	51	11	32	50	0	335	44	1
031	5	1	1	0	0	1	1	0
032	0	0	0	0	0	0	0	0
033	62	11	9	2	0	206	9	0
034	106	88	104	61	0	233	224	1
035	73	56	332	0	0	1389	116	0
036	2	0	2	0	0	14	0	0
037	2	1	1	1	0	4	1	0
038	30	1	2	3	0	8	4	0
039	132	21	15	4	0	56	9	0
040	231	38	42	37	0	747	48	1

041	29	28	9	17	0	18	15	0
042	2	3	25	4	0	5	9	0
043	22	6	4	5	0	815	3	0
044	89	13	40	23	0	218	84	17
045	234	19	14	2	0	49	9	0
046	9	4	5	0	0	3	15	0
047	0	0	0	0	0	1	0	0
048	17	14	24	20	0	453	21	0
049	0	0	6	22	0	15	7	0
050	11	7	9	0	0	3	1	0
051	1	1	1	1	0	2	1	2
052	11	6	12	3	0	28	9	0
053	2	1	0	1	0	0	0	0
054	17	9	6	6	0	6	10	0
055	45	4	3	10	0	28	19	0
056	5	0	5	0	0	23	88	2
057	15	1	5	17	0	17	10	0
058	91	16	14	11	0	53	5	3
059	16	5	6	3	0	16	4	0
060	4	0	0	0	0	4	6	0
061	9	1	10	1	0	9	14	0
062	197	48	36	39	0	1197	42	1
063	9	3	1	1	0	11	1	0
064	9	3	5	1	0	138	3	0
065	139	42	102	56	0	388	84	2
066	17	12	5	2	0	148	22	0
067	10	4	3	5	0	108	6	0
068	3	2	2	0	0	4	2	0
069	1	2	1	1	0	14	2	0
070	1	1	1	1	0	4	1	0
071	18	6	5	161	0	501	25	0
072	13	4	4	1	0	26	111	0
073	7	0	0	0	0	0	0	0
074	85	6	3	12	0	35	4	0
075	2	4	5	2	0	8	1	0
076	8	19	0	0	0	9	1	0
077	1	10	2	1	0	42	4	0
078	45	3	1	28	0	173	3	0
079	6	1	6	3	0	50	4	0
080	3	15	8	5	0	179	42	0
081	29	7	9	64	0	28	35	2
082	13	1	1	1	0	11	1	0
083	46	69	92	37	0	617	86	0

084	95	8	34	37	0	566	178	10
085	0	0	0	0	0	0	0	0
086	86	3	6	10	0	27	37	0
087	99	19	46	180	0	268	39	4
088	1	7	6	7	0	30	2	0
089	1	1	1	1	0	6	3	0
090	0	0	0	0	0	0	0	0
091	1170	23	615	338	0	15190	952	1370
092	54	33	90	12	0	299	19	1
093	11	10	4	3	0	7	3	0
094	738	198	287	212	0	41464	372	255
095	14	5	12	26	0	1005	14	0
096	8	2	0	0	0	2	0	0
097	6	1	11	2	0	21	15	0
098	18	3	3	4	0	38	10	0
099	0	0	0	0	0	0	0	0
100	27	18	17	11	0	77	12	1

Fountain House CSAT TCE-TAC EACCESS
Semi-Annual Program Evaluation Report

This report covers all program data received during the period ranging from February 1, 2015 to July 31, 2015. The program evaluators, SAE and Associates Behavioral Health Evaluation Services (SAE-BHES), Frank Guida, PhD, senior evaluator and Carrie Muchow, MA junior evaluator, input all GPRA data onto the CDP database and onto an SPSS database for statistical analysis and semi-annual reporting to SAMHSA. The data analysis provided in this report certainly informs the program on progress made thus far on meeting its outcome goals and objectives. The data are presented to the program's staff, and ultimately will be used to justify the possible continuation of the program in the final sustainability process. Due to the transition from the SAIS database to the CDP, we have encountered some inconsistency in measurement instruments (GPRA to DCI) and as a result, there is slight variability in our data file for participants 17019201 to 16608217.

	Target	Actual	Rate
Intakes	200	197	98.5%
6-Month F/Us	100	80	80.0%

The EACCESS program has now completed 24 months of a three-year (36 months) award. The program will screen 780 clients and serve 300 clients from August 1, 2013 through July 31, 2016. The program has enrolled 197 clients as of July 31st, 2015 from the target number of 200 (98.5%). The program's six-month follow-up rate is currently 80%.

Table 1 below provides a demographic analysis of the program's first 197 clients. A snapshot indicates that the majority of clients (65.5%) are male; approximately 64% of program participants are from racial/ethnic minority groups, with a mean age of 46.1 and an average of 12.7 years of education completed (75% of clients have at least a high school diploma). Approximately seventy-one percent (71%) of clients report having no children. A very high percentage of clients (58%) report living in their own house or rented apartment. Only a small proportion of clients (26%) are disabled, and 27% of our client population report working at least part-time. Only 4.5% of clients are military veterans. Eighty-two percent of clients have been tested for HIV. Five percent (5%) of clients are on parole or probation, and only one participant reported awaiting charges or trial. Sixty-three percent (63%) of clients have experienced some violence in the past, reporting an average of 2.7 symptoms of PTSD. A good majority of clients (53%) regularly attend self-help groups, and nearly 86% of clients endorse having family support for their recovery. In addition, 84.5% of clients report no illicit drug use in the past 30 days, with only 23% of clients reporting any alcohol use in past 30 days. Of the participants reporting illicit drug use, the primary drug used was marijuana. Approximately forty-one percent (41%) of clients report experiencing depression over the past 30 days, 50.5% experienced anxiety, 43% have difficulty with concentration, and 12.5% of clients report hallucinations. Approximately 80% of clients (79.5%) have taken psychotropic medications in the past 30 days.

Table 1. Participant Demographics, n=197

Indicators	#	%	Mean	Min-Max
Gender				
Male	131	65.5		
Female	65	32.5		
Transgender	1	0.5		
Race				
African American	57	28.5		
Hispanic	29	14.5		
White	64	32.0		
Asian/Pacific Islander	5	2.5		
Native American	1	.5		
Mixed	36	18.0		
Missing	5	2.5		
Age (years)			46.1	19-78
Children (number)			0.7	0-12
Education Level (years of education)			12.7	5-16
Living past 30 Days				
Own-rent	116	58.0		
Someone else's Home/Apartment	27	13.5		
Street	2	1.0		
Institution	2	1.0		
Residential Treatment	21	10.5		
Halfway/Three Quarter House	2	1.0		
Other Supportive Housing	7	3.5		
Shelter	10	5.0		
Missing	10	5.0		
Employment past 30 Days				
Employed Full-Time	4	2.0		
Employed Part-time	54	27.0		
Unemployed-Looking	52	26.0		
Unemployed-Not Looking	16	8.0		
Unemployed-Disabled	52	26.0		
Volunteer	15	7.5		
Missing	2	1.0		
Job Training Program past 30 Days				
Not Enrolled	167	83.5		
Enrolled Full-Time	7	3.5		
Enrolled Part-Time	20	10.0		
HIV Tested-Ever	165	82.5		
Veteran	9	4.5		
Awaiting Charges or Trial	1	0.5		

On Parole-Probation	10	5.0		
Experienced Violence/Trauma Sometime in Past	126	63.0		
NA/AA Self-help Attendance-past 30 days	107	53.5		
Family Support				
Yes	171	85.5		
No	24	12.0		

Thus far in the program's tenure, 80 clients have completed their 6-month follow-up GPRA. Table 2 below presents outcome performance results based on this sample. Drug use and alcohol use have both decreased from baseline to six-month follow-up, although these reductions are not statistically significant. Similarly, although not statistically significant, depression, assessed by the GPRA as number of days that the respondent has experienced depression in the past 30 days, has decreased, as have anxiety and self-reported hallucinations. While there was a statistically significant increase in the number of trauma symptoms reported by program clients, results also showed improvements in overall self-rated rated health. Finally, the use of psychiatric medications by program clients has increased in past 30 days from baseline to 6-month follow-up.

Table 2. 6-Month Follow-up Outcome GPRA Survey Data, n = 80 clients

GPRA Variables – Days past 30	**Baseline**		**6-month**		**t-value**	**sig**
	M	**(SD)**	**M**	**(SD)**		
Drug Use	1.03	(4.55)	0.08	(0.47)	-1.85	.07
Alcohol Use	1.59	(5.45)	1.15	(4.22)	-0.99	.32
Depression	5.56	(8.69)	4.84	(7.80)	-0.85	.39
Anxiety	6.62	(9.47)	6.13	(8.76)	-0.46	.65
Hallucinations	2.76	(7.74)	1.28	(4.87)	-1.61	.11
*PTSD Symptoms	2.47	(1.50)	3.03	(1.31)	+2.09	.05
Psychiatric Medications	6.11	(10.41)	8.30	(12.06)	+1.49	.14
Health Rating	2.94	(0.96)	3.03	(0.97)	+0.77	.45

* Change significant at or below the 0.05-level

Table 3 below presents the latest repeated measures analyses for the clients who completed behavioral health outcome indicators at baseline, 6-month reassessment, and discharge in the program. Although not statistically significant, drug use, alcohol use, depression, and self-reported hallucinations as assessed by the GPRA decreased substantially from intake to discharge, whereas anxiety symptoms and the use of psychiatric medications increased. Additionally, overall health ratings improved from intake discharge. Notably, clients' drug use decreased at 6-months but then increased substantially at discharge.

Table 3. GPRA Behavioral Health Data Across 3 Points in Time, n = 61

GPRA Variables	Baseline		6-month		Discharge		F-value
	M	(SD)	M	(SD)	M	(SD)	
Drug Use	0.69	(3.93)	0.07	(0.51)	0.48	(1.91)	-0.96
Alcohol Use	1.72	(5.79)	1.11	(4.55)	1.10	(3.23)	-1.19
Depression	5.68	(8.85)	4.48	(7.49)	4.53	(7.78)	-0.96
Anxiety	5.59	(8.67)	6.16	(8.92)	7.05	(9.59)	+0.86
Hallucinations	2.85	(7.84)	1.57	(5.49)	1.18	(4.67)	-1.96
*Psychiatric Medications	5.81	(10.16)	7.15	(11.10)	28.53	(6.42)	+136.35
Health Rating	3.03	(0.94)	3.08	(0.98)	3.13	(0.97)	+0.25

* Change significant at or below the 0.05-level

Although the evaluation design does not include a control group due to the cost of randomized-controlled studies, confidentiality requirements, and other considerations, the one-group pretest-posttest design demonstrates some positive evidence of the program's effectiveness.

Table 4 below presents the reasons for discharge. Approximately sixty-eight percent (68.4%) of discharges completed all treatment requirements. Approximately 23% of discharges left the program against staff advice, and five clients were discharged due to nonparticipation. Unfortunately, one client died while in treatment, and 99 clients are still in treatment.

Table 4. GPRA Discharges, n = 98

Categories	N	%
Completed all Treatment Aspects	67	68.4
Left Against Staff Advice With Satisfactory Progress	17	17.3
Left Against Staff Advice Without Satisfactory Progress	6	6.1
Involuntary Discharge – Nonparticipation	5	5.1
Referred to Another Program with Satisfactory Progress	1	1.0
Deceased	1	1.0
Other	1	1.0

Fountain House CSAT TCE TAC EACCESS Year 1 Survey

Client ID#: _____   **Date:** _____

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. EACCESS has helped my substance abuse recovery					
2. EACCESS has helped my mental health recovery					
3. Having a smartphone improved my quality of life					
4. I feel more connected to the clubhouse since I enrolled in the EACCESS Program					
5. I feel more comfortable with technology (using a smartphone) than I did at the beginning of the program					
Rate your overall level of satisfaction with:	Very Dissatisfied	Somewhat Dissatisfied	Neither	Satisfied	Very Satisfied
6. The EACCESS app technology/capability					
7. Support of EACCESS Staff					
8. EACCESS Program in general					

Would you recommend participating in EACCESS to a friend? (circle one)   Yes   No

Any other comments/suggestions/feedback?

Fountain House CSAT TCE TAC EACCESS Year 1 Survey Results

n = 84

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. EACCESS has helped my substance abuse recovery	0%	2%	12%	37%	49%
2. EACCESS has helped my mental health recovery	0%	6%	8%	55%	31%
3. Having a smartphone improved my quality of life	1%	2%	2%	19%	76%
4. I feel more connected to the clubhouse since I enrolled in the EACCESS Program	1%	12%	21%	37%	29%
5. I feel more comfortable with technology (using a smartphone) than I did at the beginning of the program	0%	5%	12%	20%	63%
Rate your overall level of satisfaction with:	**Very Dissatisfied**	**Somewhat Dissatisfied**	**Neither**	**Satisfied**	**Very Satisfied**
6. The EACCESS app technology/capability	5%	19%	11%	36%	29%
7. Support of EACCESS Staff	0%	2%	19%	49%	30%
8. EACCESS Program in general	0%	0%	4%	57%	39%

Would you recommend participating in EACCESS to a friend?   Yes – 98%   No – 2%

Any other comments/suggestions/feedback?

Qualitative responses were reviewed by EACCESS Staff and discussed at planning meetings for continued improvement of the technology, to ensure participant satisfaction, and to increase overall program efficiency.

Phone Service Change of Ownership (n=67)

52% kept the phone and initiated their own individual service plan with Sprint

28% kept the phone, but deactivated it to pursue other service providers

20 % returned the phone

E-ACCESS

Project Overview, Policies, Procedures, & Protocol

Table of Contents

I.   Overview of Project-Summary Statement

The Fountain House E-ACCESS Project will enhance and expand access to recovery support and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention. The project will issue smartphones to a pre-selected population of clients who have been recruited, screened and oriented to the E-ACCESS goals and objectives; and to provide support for e-sessions with our partner provider, Phoenix House, to provide electronically delivered educational services to 300 clients (100 per year) to better support clients enrolled in care by providing more frequent and off-hour contact with clinicians. Permanent staff has all been hired and has already been trained on the evidence based programs outlined in the grant proposal, as well as on GPRA administration. There was a delay in the technology development due to difficulties in identifying a technology company/app developer willing to satisfy requirements for functionality and ease of use within our budgetary constraints. Ultimately, technology costs were greater than anticipated. Therefore, there has been a change in budgeting. Additional resources will now be directed toward technology and taken from personnel. Instead of a full time intake coordinator, we are hiring three peer intake coordinators who will be paid at an hourly rate. A separate budget modification is being filed. The delay in technology development has slightly delayed active program enrollment. To date, one person has been enrolled, 12 have been recruited, screened and are ready to begin E-ACCESS orientation, and an additional 70 clients have been identified for enrollment. Technology development begun in November is almost ready for beta testing. We anticipate the ability to fully enroll participants beginning February 1 and are confident that we will meet our goal of enrolling 100 clients during year 1 because of a high level of interest among clients.

II.   Project Goals/Objectives:

Goal #1: To engage individuals with COD not presently accessing services

Objective 1.1: Improve engagement in recovery-oriented substance abuse services by expanding support resources to include access to clinical/educational substance abuse treatment from our partnering organization Phoenix House.

Objective 1.2: Deliver consumer driven support services resulting in increased participant satisfaction with treatment and services

Progress: Despite a delay in technology development, there has been a great deal of interest in the program by the clients at Fountain House. The app is almost fully functional and well integrated with an easy to use centralized web-based system that provides both support resources for individuals and data for monitoring the support resource preferences, as well as the frequency, timing and duration of use. We anticipate no difficulty in enrolling 100 clients during year 1. We have also restructured our intake process. Instead of one dedicated intake coordinator, we will now have three part time peers, trained on GPRA administration, available to enroll the large number of individuals we plan to engage beginning in February. All permanent project staff has been hired. GPRA training will be completed for the peer intake coordinators by the end of January.

Goal #2: To demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients

Objective 2.1: Increased ability to track the health status of individuals because of centrally located coordination of medical, substance abuse and psychiatric services.

Objective 2.2: Development of customized EHRs to include treatment plans for co-occurring substance abuse, psychiatric and medical health issues.

Objective 2.3: Access to existing employment, education, housing, and case management support services in accordance with Fountain House's holistic approach to recovery.

Progress: The app is in the final stages of development. Beta testing is scheduled to begin in January to ensure that these three objectives will be met for all individuals enrolled in the program. We are interested in the continued expansion and upgrading possibilities of the app. We are working hard to ensure that the web-based system is flexible, secure and accurate.

Goal #3: Demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS

Objective 3.1: Increase early detection and prevention of crisis care.

Objective 3.2: Reduce the relapse rate for participating members.

Objective 3.3: Improvement in recovery and resiliency rates among the target population, particularly an increase in measures of social connectedness.

Progress: The evidence based practices utilized by Fountain House and Phoenix House have consistently been shown to impact the quality of life and functionality *for those who participate and adhere to program goals*. The objective of E-ACCESS project is to ensure that a high risk, harder to reach and retain population is also able to benefit through their continued virtual engagement.

III. Recruitment, Enrollment, & Retention

Recruitment and Assessment for COD: Enrollment into the E-ACCESS Program will begin with presentation of the E-ACCESS Program to the staff at both Fountain House and Phoenix House, and to the individual members. Potential participants may be referred by their social worker at Fountain House, the Supported Sobriety Program Coordinator, or directly from Phoenix House. Some participants may refer themselves and will then be assessed for appropriateness for the program. All project participants will have a COD, with or without presenting medical concerns. E-ACCESS project staff will include a Social Worker who will evaluate clinical assessment(s) and assist with case monitoring. Fountain House members all receive a psychiatric assessment as part of their intake process and this information will also inform the appropriateness of inclusion in E-ACCESS. Clients found to have a SUD can be referred to our treatment partner Phoenix House for care and will remain with Fountain House for continued participation in the E-ACCESS Program. Fountain House members are routinely provided with a plan of care including recommendations for medication compliance and recovery-oriented skills development. This information forms the basis of the clients personalized EHR that will be part of this e-technology project. If screened and found appropriate, the participant will meet with the Project Director for outlining service needs; risk assessment; living situation; and any other factors that might impede their ability to fully participate in the E-ACCESS Program. This includes, but is not limited to, a review of clients' existing EHR that includes a psychiatric assessment and diagnosis; overall health screening; and a progress plan of goals and objectives for the client to achieve throughout this/her contact with Fountain House. The Project Director will then arrange for enrollment with one of the Intake Coordinators.

Enrollment in Program and Obtaining and Tracking Consent:
The E-ACCESS Project Director has policies and procedures to ensure that, for disclosures of information that occur on a routine and recurring basis, reasonable efforts are made to limit disclosures to the minimum necessary to accomplish the intended purpose of the disclosure, including developing criteria designed to limit the information it discloses to the information reasonably necessary to accomplish the purpose for which disclosure is sought. These policies and procedures will ensure that requests to other entities subject to the Privacy Rule for information are limited to information which is reasonably necessary to accomplish the purpose for which the request is made. Part 2 requires programs to maintain reasonable and appropriate administrative, technical and physical safeguards to protect the privacy of clients' records whether paper or electronic. The issue of security has been addressed in more detail through a separate Security Rule issued by HHS on February 20, 2003 that established the physical and technical security standards required to guard the integrity, confidentiality and availability of confidential information that is electronically stored, maintained or transmitted. Fountain House will be in compliance with this regulation, working with their IT provider to provide for electronic safeguards such as firewalls and passwords. Fountain House's partner in care, Phoenix House, will provide similar compliance with Part 2 as they have extensive experience with protecting patient confidentiality and being in compliance with the HIPAA Privacy Rule.

E-ACCESS clients will be screened for eligibility and enrolled into the E-ACCESS via a face-to-face interview with an Intake Coordinator. At this time, the goals and objectives of the

E-ACCESS Program will be explained including participant involvement and benefits; potential risks and discomfort; confidentiality issues and personal information sharing and storage; and consent to participate. The participant will then complete a locator form to ensure that E-ACCESS Program Staff will be able to contact them for follow-up, with the understanding that the simplest and most effective way to contact them will be on the phone itself. The Locator Form was designed for tracking purposes, and its use has resulted in meeting and exceeding SAMHSA follow-up requirements of 80%. The Intake Coordinator will then administer the GPRA assessment following the instructions provided in training sessions.
The E-ACCESS staff and participant will establish a time for the six month follow-up during the baseline interview. These interviews will be scheduled at a time and location that is convenient to the participant. Subsequently the participant will be issued their smartphone. As part of enrollment, each E-ACCESS participant will receive a one-on-one tutorial on the use of the phone itself and the E-ACCESS app that has been developed for this project.

Intake Coordinators will securely transmit the GPRA information for each individual participant to the Independent Program Evaluator for input into the CSAT SAIS database and the local evaluation information into an SPSS14 database. GPRA data will be input into the CSAT SAIS database within seven business days after each interview. Once collected, paper copies of the data will be stored in locked file cabinets within a secure office. Identifying information, such as signed consent forms, will be stored in a separate locked cabinet. Electronic data will be stored in password-protected files accessible only by authorized program staff. All data will be stored under conditions that maintain participant confidentiality via HIPPA regulations. The Evaluator will analyze all data to determine project efficiency and effectiveness.

Every effort will be made to protect confidentiality. All data collection instruments will be encoded by number and will contain no other identifying information. Written materials will be maintained in locked filing cabinets, and any computer spreadsheets or electronic medical records will be saved in password protected files. Fountain House as well as their treatment partner, Phoenix House, complies with all federal and state regulations for ensuring proper and safe handling of all potential risks to client safety including medical and psychiatric emergencies, allegations of child abuse and/or neglect, client grievances, record keeping and client confidentiality. Both Fountain House and Phoenix House are HIPAA compliant, and staff receives annual training on these procedures immediately upon hire and periodically thereafter. The only potential risk to client confidentiality that the E-ACCESS presents to participants is in conducting intervention, referral and virtual group practice directly in the community. All efforts will be taken to maintain confidentiality standards established by state licensing authority governing the provision of assessment and treatment services. Fountain House staff, including E-ACCESS staff, are first and foremost client advocates and will be well versed in contingency planning in the event that any adverse effects appear as a result of a client's participation with the E-ACCESS Program. Staff has at its disposal a wide range of services including: social services, mental health, emergency shelter, legal and medical resources to address any potential harmful situation that may occur.

IV. Data Collection and Reporting, Feedback, & Evaluation

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

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

Member (Client) Input:
The members (clients) of Fountain House have always been an integral part of developing, implementing, and evaluating every project and program at Fountain House. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. For example focus groups of clients pointed out the need for e-technology to increase and maintain member involvement while highlighting the increased e-technology knowledge base of its members. In addition, an E-ACCESS Peer Advisory Committee will be created to review project policies and procedures and ensure that client interests are being best represented. This Advisory Committee will make recommendations for effective utilization of project resources and provide direct feedback regarding the strengths of the e-technology and the areas where it could be improved or further developed. In addition, an E-ACCESS Client Satisfaction Survey will be conducted annually, seeking both a review of e-technology access and innovations and also the overall benefit that clients' perceive. The results of this survey will be included in future bi-annual reports to the funder and will be reported to the Program Director, the E-ACCESS Program staff, and the Peer Advisory Committee.

Data Collection, Management, Analysis and Reporting
The aim of the E-ACCESS evaluation is to document the successful accomplishment of the three major goals that Fountain House hopes to achieve as a result of expanding their ability to deliver e-technology services: 1 To engage Fountain House members with COD not presently accessing services; 2. To illustrate the benefits of technology-assisted care among high-risk, hard-to-reach clients; and 3. To demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS Program of expanded care. To document the attainment of these three goals, data will be collected in three domains: 1. Use of each element of the newly designed E-ACCESS smartphone application, 2. Increased participation (and completion of services) at Fountain House and/or Phoenix House; and 3. Improved functionality as evidenced by changes in baseline and six-month follow-up GPRA's for current substance use;

degree of social connectedness; use of emergency rooms for care (in the last 30 days); mental health symptoms, etc.

E-ACCESS will employ an objective, Independent Program Evaluator who will provide training and support to project staff who will collect the assessment data and enter it into the SAIS database and an SPSS database to manage, analyze, and report information that can be used by the project to make continuous improvements. GPRAs will be collected by an Intake Coordinator who, in addition to receiving training and support from the Evaluator, will also attend necessary training sessions provided by CSAT.

Each E-ACCESS activity with each patient will be quantified. Using this database, participation statistics may be obtained for various units of analysis (per patient, per type of service, etc.). For any individual client, key statistics, such as numbers of service referrals, visits to "chat rooms," attendance at virtual groups, linkages to services, advocacy phone calls, etc., will be collected and monitored throughout the duration of the client's engagement in the program. Occurrence of all such activities and time spent on them will be logged into the computerized record. This process will enable the Evaluator to calculate various key participation statistics for each client from this raw data, including length of course in each service; intensity of service; participation status (e.g., referral only; ongoing participation; drop out, as defined by the service provider); and others. It will also be possible to categorize individual clients' patterns of (non) participation in each service (e.g., as early attendee/late absentee; early absentee/late attendee; consistent attendee, etc.). This database will enable the project team to obtain aggregate statistics on clients in key categories by type of service, by client characteristic, or by other factors.

In order to assess the extent of client (dis)satisfaction with the project and to ensure that the project addresses the cultural values, norms, and beliefs of our population, clients will be asked to complete an annual client satisfaction survey to rate perceptions of helpfulness and cultural appropriateness of services they are receiving at least every six months. The fidelity of the project will be conducted by two independent audits using a Fidelity Scale consisting of ratings of implementation levels (from 5=full implementation to 1=no implementation) for each of the project components. All outcome and process evaluation findings will be enumerated in a performance assessment report, which will be submitted as part of future, semi-annual report to CSAT. Results will also be disseminated to all stakeholders and interested parties. In addition to collecting the CSAT-required GPRA data and that related to client satisfaction, the E-ACCESS staff and Evaluator will have access to the participants' EHR and will be able to note participants' mental health and substance abuse diagnoses, presenting symptoms, any past or current crisis situation, and current status of the SUD. This data will also be collected and entered into the SPSS database for further analysis. The Evaluator will analyze these data to examine treatment efficiency and effectiveness.

The primary measure of efficiency will be individual and aggregate utilization of each tool of the E-ACCESS app (indicated by reporting measures that annotate the type of technology used and duration of use) and the resultant extent to which participants received the elements of the Evidence-Based Practice, i.e. the "clubhouse" model at Fountain House and those provided by Phoenix House as well. Descriptive data will provide information on the types of e-technology

services that were used, and chi-square analyses will be conducted to identify the demographic and psychosocial variables that are significantly associated with the likelihood of utilizing each type of e-technology service. Treatment entry for an SUD will be documented through review of clients' EHR, where treatment services and treatment planning are annotated. Clients' improved functionality will be assessed by changes in the GPRA outcome measures for current substance use, degree of social connectedness, accessing emergency rooms for care (in the last 30 days), and presence and severity of mental health symptoms, from baseline to six-month follow-up using t-tests with dependent samples. The Evaluator will prepare monthly reports that include the analyses of outcome and process findings. This information will be presented to the E-ACCESS Peer Advisory Committee and the E-ACCESS Project Director and staff. The Advisory Committee will review the reports to ensure that evaluation data is presented in a culturally competent manner. This information will be used to provide feedback that the project staff can use to improve the project in the following ways: 1) *Improve implementation* – compare projected number of participants and their amount of service they have received with the actual number and level of service, and make adjustments as needed. 2) *Improve outcomes* –compare the actual outcomes in the targeted areas with the project's goals and objectives, and make modifications as needed. 3) *Increase cultural competency* – compare the evaluation data for participants of varying races, ethnic backgrounds, and ages, to identify differences between subpopulations, and make adaptations or modifications as needed to ensure positive outcomes for all participants. 4) *Ensure cost effectiveness* – monitor the cost per participant to ensure that it does not exceed SAMHSA cost bands. 5) *Strengthen capacity of Fountain House to deliver e-technology services* – monitor number of e-technology tools used and client participation in e-technology trainings.

V. Impact and Next Steps

Fountain House is excited at the prospect of integrating technology assisted care directed toward recovery from substance abuse for their SMI population, thus expanding treatment opportunities for persons who may not have access due to socioeconomic and or psychosocial issues. This is an innovative method of assisting a currently underserved population of clients in need who have been absent from the traditional treatment and recovery milieu. A key component of this project will be Fountain House's ability to document the process and outcome measures, allowing for replication. The technology assisted care model is a unique and has the potential to vastly improve recovery for all substance abusing clients. Technology assisted care, including access to personal health records and related e-therapy tools like virtual groups or web-based applications that can accessed from smartphones, home, or elsewhere in the community, is an ideal approach to address the needs of hard to reach populations who are inherently marginalized and often disconnected from care. This is particularly true for the seriously mentally ill substance abuser.

Globally, as a result of implementing the E-ACCESS, the expected outcomes are:
1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in treatment and in their overall health care.
3. Increased tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Dissemination of information about the model for replication

Specifically, E-ACCESS will:
• Increase access to behavioral health (substance abuse and mental health) and physical health services by expanding Fountain House's capacity to deliver web-based clinical care to an additional 100 people annually over the life of this project;
• Make e-technology clinical services available to a sample of Fountain House clients who are diagnosed with co-occurring mental health and substance abuse disorders;
• Expand the Fountain House recovery model and support programs to include people referred from Fountain House's substance abuse treatment partner, Phoenix House, who will provide web-based clinical/educational substance abuse treatment and/or evidence-based interventions;
• Enhance participants' ability to fully participate in all aspects of Fountain House's service delivery model despite disabilities that might prevent them from using "brick and mortar" facilities;
• Facilitate person-centered treatment planning and decision making by proving providing easy access to EHR;
• Monitor clients' progress, use of e-technology and issues that might affect their care and recovery;
• Thoroughly evaluate the model of care and make adjustments as needed to the methodology;
• Integrate this high-quality, patient-centered, cost-effective model into the changing landscape of funding for health care.

As a result we anticipate the following objectives/outcomes:
• The development of individual, customized EHRs that include treatment plans for substance abuse, psychiatric, and medical health issues;
• Reduction in both clients' rate of relapse and length of hospital stays;

• Documented improvement in the physical and mental health of all participants;
• Provision of consumer driven support services resulting in increased participant satisfaction with treatment and services;
• Improvement in members' social interaction demonstrated by social connectedness measure and utilization of e-technology measures.

NYC WebDesign.com

Statement of Work

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Date: May 15, 2015
Client: Fountain House
Project: E-Access Android Application Changes + Website Changes

WORK DESCRIPTION

Checkins Changes/Updates
- Separate the meeting finder from the checkout. Admin > Checkins - Static checkins that ar not based on date or GPS.
Title, Description, Meeting Type   (Same Points from the tools)
In the meeting finder we'd no longer need the checkbox to enable check-in. Ordering

Meetings Changes/Updates
Another field that covers "Other Info" - In the page Maybe under the description and above the date.

Add a filter on the meetings that does the 5 boroughs, long island and online. Drop down in admin that gives another area.. And in the app we would have near the sort, or the best place possible to filter meetings by location. Staten Island, Bronx, etc. You will still get the same exact GPS list but just be filtered by location

Add another drop down for Meeting Type:
12-Step, Non-12 Step, Friends and Fmaily. Online Meetings, etc. Another filter that can filter by this drop down.

Combine both filters for place and type if it's not too much work, 12-Step meetings in the Bronk.

➡ Authorized Client Initials _____

Sobriety Calculator

Make Widget go Back at least 10 years if not more.

- When people reset their sober date. On the bottom of the page under the calendar put a sentence there instructing them.. Not intuitive. "Had a small setback? No worries. Press the date of your new sober date to reset"

When there are anniversaries of dates, maybe we can give them a notification everyy month on that day. If you got clean on november 5th, and it's may 5th as soon as you go into the app we get a notice that "You're sober date was November 5th.. Congrats on being sober for x years"

Text Hotline

Change the title of Text Hotline to Crisis Hotline.

Before the message that gets sent to Joe start the message with CH (static) so there is a way for Joe to see that this message is coming from the app and not just a regular text.

Group Support

1- Users having the ability to delete their own posts or comments.

2. New Post page people are not seeing the "save: button at the bottom. Move it to top right and call it "Save/Submit". Also if they try to leave the page and there's a message already filled out in the message box maybe give an alert or notice asking if they're sure they don't want to submit the note.   Either by pressing home or back.

3. The categories in Group Support.. The number of posts... Instead of counting all, have it says x new posts added today.

Motivational Quotes

Add Categories. "Inspirational Quotes" "Motivating Quotes"
Similar to the way the videos work.. Price it out.

Leaderboard

Number the leaderboard

Literature Link

Categories like video portal.

Title, source of each article

Family & Recovery - New York Times

Custom Web Reports in backend

Report for Points per Tool per User by Date Range

Report for Time in Seconds Per Tool Per user by Date Range:

TOTAL: $16,850

DELIVERABLES & PAYMENT SCHEDULE

- The project shall start upon execution of this document and receipt of the first payment or purchase order. **Project is expected to take approximately 4 weeks from start date to final completion.** Project is considered complete when it goes "live" and all identifiable bug fixes have been resolved.
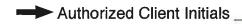
Resources Provided:

- The multi-disciplinary team shall be provided on an as-needed basis, based on the needs of the client under the scope of this agreement.

Expiration: This proposal will expire on June 30, 2015.

Payment: The fixed price quoted for this SOW is **$16,850.00**. 50% down payment due at start of the project. Final 50% payment due after the application is complete, free of bugs and deployed to production.

UPGRADES & ENHANCEMENTS

- Hourly rate for all future development outside of the above scope is **$125/hour.**

➡ Authorized Client Initials _____

NYC WebDesign.com

Client Contact Information	NYC Web Design Contact Information
Fountain House Primary Contact: Joe Shaffer 425 W. 47th Street New York, NY 10036 847-903-1775; jshaffer@fountainhouse.org Authorizing Official: Kenneth Dudek, President Date: June 9, 2015	**NYC Web Design Corp.** Primary Contact: Rob Girellini 1110 South Avenue Staten Island, NY 10314 718-984-0500 Date: May 15, 2015

Authorized Client Signature

Authorized Signature

Authorized Client Initials

NYC Web Design Terms & Conditions

1. **Definitions:** (i) "Product" means the files, code, database(s), documentation, software or other work product detailed in the "Work Description" made available to Client and Client's end users by NYC Web Design and all intellectual property pertaining thereof.

2. **Ownership:** The Product that is associated with our engagement is based on a work-for-hire arrangement, and becomes the sole and exclusive property of the Client upon completion of work and payment for such work.

3. **Additional Integration:** Scope does not include integration with third party software or client data unless specified in the "Work Description" section. Additional integration may be priced separately upon request from Client. Client acknowledges and agrees that any change in the scope of work after the execution of this Statement of Work may cause delay in delivery of the Product and/or incur additional fees.

4. **Delivery of Product:** Under no circumstances shall NYC Web Design be liable for any delay in delivering or completing the Product if such delay results, directly or indirectly, from (i) the failure or inability of Client to provide NYC Web Design with timely payment; (ii) the failure of Client to timely comply with any other obligation or to timely provide any other materials or information needed for the preparation and/or delivery of the Product; or (iii) instances of force majeure or any other reason beyond the control of NYC Web Design.

5. **No Warranty:** TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, THE PRODUCT, THE WEB-SITE AND OTHER MATERIALS PROVIDED TO CLIENT UNDER THIS AGREEMENT ARE PROVIDED ON AN "AS IS" BASIS. NYC WEB DESIGN DISCLAIMS ANY AND ALL WARRANTIES RELATING TO THE PRODUCT AND OTHER MATERIALS, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF NON-INFRINGEMENT OF THIRD PARTY RIGHTS, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

6. **Client Information:** Client recognizes and agrees that any information or content of any kind, posted, uploaded, exported, emailed or otherwise transmitted, by Client via the Product, including without limitation any business or personal information or third parties' information is transmitted at Client's sole risk ("Information"). Client shall remain at all times solely responsible for the full accuracy, reliability, integrity, quality or validity of any statement or any other detail contained in the Information. Client shall indemnify and save NYC Web Design harmless against all demands, claims, actions, liabilities, losses, costs, damages or expenses whatsoever (including reasonable attorneys' fees) asserted against, imposed upon or incurred by NYC Web Design resulting from or arising out of the use of any Information, contents and output, including, without limitations, infringement of third party's rights by such use or by such Information.

7. **Non-Solicitation:** During the term of the license and for twelve (12) months thereafter, Client agrees that it shall not, whether directly or indirectly, solicit for employment or hire any employee of NYC Web Design who was employed by NYC Web Design at any time during the term of the license without the express written consent of NYC Web Design.

8. **Liability:** THE CUMULATIVE LIABILITY OF NYC WEB DESIGN FOR ALL CLAIMS RELATING TO THE PRODUCT OR THIS AGREEMENT, REGARDLESS OF THE FORM OF ACTION, SHALL NOT EXCEED THE TOTAL FEES ACTUALLY PAID BY CLIENT UNDER THIS AGREEMENT.

9. ***Assignment:*** NYC Web Design may assign this Statement of Work as part of a corporate reorganization, consolidation, merger, or sale of substantially all of its assets. Neither party may otherwise assign its rights or delegate its duties under this Statement of Work either in whole or in part without the prior written consent of the other party, and any attempted assignment or delegation without such consent will be null and void

10. ***Termination:*** This Agreement shall terminate in the event of a material breach of this Agreement by Client that has not been cured to NYC Web Design's satisfaction, within thirty (30) days notice by NYC Web Design. In the event of a material breach that has not been cured by the Client within 30 days, all sums shall become due and payable, and all work products shall default to ownership of NYC Web Design.

E-ACCESS Project – Year 2
Budget and Justification

A. Personnel

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	Joseph Shaffer	$75,000	50%	$37,500
(2) Social Worker	Megan Hunter	$52,000	23.3%	$12,133
(3) Unit Support Staff	Kate Moyer	$56,000	10%	$5,600
	Jamel Smalls	$42,000	10%	$4,200
	Stephanie Nieves	$45,000	10%	$4,500
			TOTAL	$63,933

JUSTIFICATION:

(1) Project Director provides overall management oversight and have responsibility for the program; coordinate and oversee the work of project partners; recruit and oversee training or staff; establish policies and procedures to ensure client confidentiality.

(2) Social Worker will be responsible for providing case management; coordinating clinical assessments and care plans with psychiatrists, physicians and substance abuse treatment providers; developing a plan of care including recovery-oriented skills development; and write ongoing progress notes.

(3) E-ACCESS Project is under the auspices of our Wellness Unit and the program staff of that unit contribute to the facilitation of the program by providing basic assistance to program participants, general administrative support, and recruitment for potential participants.

NOTE: Peer Intake Coordinators and App Content Manager are reflected in the contractual portion of the budget.

B. Fringe Benefits

FEDERAL REQUEST

Component	Rate	Wage	Cost

FICA	7.65%	$63,933	$4,891
Health Insurance, Other non-mandatory	27.35%	$63,933	$17,486
		TOTAL	$22,377

JUSTIFICATION: Fringe benefits reflect current rates for agency.

C. Travel

FEDERAL REQUEST

Purpose of Travel	Location	Item	Cost
Program Outreach	NYC-Metro Area	Gas, Tolls, Metrocard expenses for outreach	$996
		TOTAL	$996

JUSTIFICATION: Travel expenses required for project director to provide program outreach within the New York City metropolitan area to allow for necessary interventions, recovery support, connecting with community partners, reassessment follow-up interviews, etc.

D. Equipment

   None

E. Supplies

FEDERAL REQUEST

Item(s)	Rate	Cost
(1) General Office Supplies	$72/month x 12 months	$864
(2) Telephones & Service	Mobile devices and plan *[$64.67 monthly service plan]* 100 phones x 5 months = $32,335 200 phones x 5 months = $64,670 175 phones x 2 months = $22,635	$119,640
	TOTAL	$120,504

JUSTIFICATION:

(1) General office supplies are needed for the general operation of the project, including printing, postage, paper, pens, folders, file cabinets, locks, etc.

(2) Mobile Devices with data plans are needed for the operation of the project. Monthly service plans include 500 minutes (with rollover for the entire account), unlimited text messages, and unlimited data at a rate of $64.67 per month per phone, provided by Sprint.

Due to the fact that we were developing our own technology (EACCESS app) and a programmatic decision not to enroll anyone in Year 1 of the project until the technology was completely developed, we did not enroll the majority our full 100 participants until May, June, and July of 2014. Thus, in Year 2 we are playing catch up and there will be an overlap period of about 5 months when we will have participants form Year 1 that are not yet discharged and participants in Year 2 that are already enrolled. Thus, if you look at the month by month breakdown in the table above, you'll see that the first 5 months of Year 2 were when we had 100 participants ($32,335), 5 months we'll have 200 participants ($64,670), and 2 months we'll have 175 participants ($22,635). These latter months are after we've enrolled 100 participants for Year 2 and are discharging those from Year 1. This shift in expenditures will allow us to catch up and avoid having to deal with an enrollment overlap in year 3.

F. Contract

FEDERAL REQUEST

Name	Service	Explanation	Cost
(1) SAE	Evaluator	$100/hour x 150 hours	$15,000
(2) NYC Web Design	Ongoing technical support and web & app hosting; App Update and Expansion	$375/month x 12 months = $4,500 $16,490 allotted for app update and expansion in May/June 2015	$20,990
(3)Phoenix Collective, LTD.	Hiring and Administrative support of Peer Intake Coordinators and App Content Manager	$5,000 Administration Fee $975/month x 3 peers x 8 months = $23,400 $975/month x 2 peers x 4 months = $7,800	$36,200
		TOTAL	$72,190

JUSTIFICATION:

(1) Regular program evaluations are provided by experienced individuals with research and evaluation skills. They regularly analyze and report on program data and work with project staff on the implications of the results for overall recovery.

(2) NYC Web Design created the App that is used by the project participants to utilize for sobriety support and connection to E-ACCESS Project staff. They charge a monthly rate for hosing the app itself along with the administrative website that enables project staff to control over app content. An additional amount of money ($16,490) has been set aside to update the app for version 2.0. This will enhance the functionality of existing tools within the app and create more tools providing varying supportive recovery supports, most of which were in direct response to the participants themselves.

(3) Phoenix Collective, Ltd has been retained in order to hire peers as intake coordinators for the program. Intake coordinators conduct confidential in-person interviews with the clients served under this project at enrollment, reassessment, and discharge. They also identified a peer to serve as an app content manager, regularly updating material within the app tools and responding directly to recommendations of program participants. The two intake coordinators and app content manager are directly supervised by the project director.

G. Construction

None

H. Other

None

BUDGET TOTALS

A. **Personnel**	**$63,933**
B. **Fringe Benefits**	**$22,377**
C. **Travel**	**$996**
D. **Equipment**	**$0**
E. **Supplies**	**$120,504**
F. **Contract**	**$72,190**
G. **Construction**	**$0**
H. **Other: Utilities**	**$0**
TOTAL	**$280,000**