Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-13-008

CSAT QUARTLY PROGRAMMATIC REPORT

Program Reporting Period:

7/1/2014-9/30/2014

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.

TCE-Technology Assisted Care (TAC)
SAMHSA/CSAT
1 Choke Cherry Road, Room 5·1055
Rockville, MD 20850

1. Reporting Period: 1/1/2014-6/30/2014

2. RFA #: TI-13-008

3. Grantee: Irene Stacy Community Mental Health Center

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Irene Stacy Community Mental Health Center	112 Hillvue Drive Butler, PA 16001	Erin Matis	Phone: 724-287-0791 x2210 Email: ematis@irenestacy.com

5. Project Director: Erin Matis

6. Project Director Phone/Email: 724-287-0791 x2210 / ematis@irenestacy.com

7. Evaluator: Hidenori Yamatani

8. Evaluator Phone/Email: 412-953-8294 / hzy@pitt.edu

9. Signature _____ _____10/22/14_____

               Project Director Signature   Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Lynne Winter	Loss	09/05/2014	lwinter@irenstacy.com	724-287-0791 x2139
Cerissa Paladino	Add	9/08/2014	cpaladino@irenestacy.com	724-287-0791 x2199

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BACKGROUND

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

Original Abstract:

Information technology has penetrated nearly every industry in the country in the last 40 years. It has revolutionized how goods and services are attained and rendered and has produced significant gains in those industries. This fact is apparent every day from the use of social media, online banking, and purchasing items such as vacation packages and ordering medication refills online. Unfortunately, one of this nation's most critical sectors health information technology (HIT), has lagged behind in taking full advantage of this advancement. The integration of Electronic Health Records (EHR) is a national priority in reducing healthcare costs and improving access and quality of care to all, bust especially in reaching minorities, rural and other difficult to reach populations. In Butler County, PA the Irene Stacy Community Mental Health Center (ISCMHC) aims to update its HIT to meet these quality and access priorities. This organization has been providing care for over fifty years to underserved populations. With the attainment of an updated HIT, ISCMHC plans to better meet this community's needs and achieve its vision that every child and adult who struggles with mental illness, substance abuse, and intellectual disabilities will have the opportunity to receive affordable support and guidance in their rehabilitation and recovery process which will lead to a healthy, productive, and rewarding life. ISCMHC will enhance and expand its services by updating its EHR to achieve greater quality care, cost-effectiveness, and access to care, and with the addition of an integrated co-occurring program, focused on serving individuals with mental health and substance use treatment needs. The ISCMHC project team has developed a detailed project management plan that address barriers to achieving this project such as financing, cultural change, and hardware and facilities readiness, in order to be successful. ISCMHC will implement an EHR vendor to reach its goals of enhancing and expanding quality care to promote a life in the community for everyone.

The original grant proposal stated that our organization would be implementing Askesis PsychConsult. At the beginning of the grant period, the previous executive director decided to not contract with Askesis citing that it was not as user-friendly as another EHR, Cerner Anasazi. Therefore, we changed providers. This resulted in a delay of our original timeline. The Anasazi EHR has been implemented. Also, the Jake's Place site that is referenced in the original grant proposal has been moved back under the main center's building and is referenced as the Co-occurring department. Our main focus of the grant in the original proposal/abstract is the adoption of the EHR and that is still the main focus.

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: Enhance services by improving the functionality for ISCMHC's EHR system. Staff will be able to

acquire a real-time medical record of the consumer regardless of whether the record is being accessed in the facility or in the consumer's home. The web-based capability will allow for community-based mobile programs to make real time updates to the consumer's treatment team and improve monitoring of patient needs, treatments, and supports, as well as outcomes, resulting in a substantially improved quality of care especially for consumers with serious chronic illnesses and disabilities

Status: Since the go live date in November 2013, the project director has sent out Frequently Asked Questions and Tips emails to all staff to address questions that duplicate or overlap other staff members experience, as a way to communicate frequent questions that staff members may be facing. The project director completed minor modifications to forms and sections of the EHR (working through the EHR lead staff) that were identified as needing slight adjustments after staff began using the product. Currently the clinical phase is well underway and the project director is in assessment phase as discussions and workflow processes are being re-evaluated to see where additional efficiency can be achieved.

Goal: Expand services with the support of a functional EHR system. With an EHR system that no longer requires the re-entry of data, has long downtimes, and lacks timely access to consumer charts, there will be a drastic improvement on the overall workflow of ISCMHC. This improvement in the agency's efficiency will allow for an increase in the number of consumers that can be served. The combination of increased efficiency in staff time and an increase in their billable time will give the agency the ability to increase service provision.

Status: Even after only being "live" with the clinical system for a less than a year, many staff have already realized time saving areas (for example – internal referrals) that take much less time than previously.
It is too soon to conclude, but staff members are getting used to the new product very quickly and are rapidly becoming comfortable. Assessments and discussions with the project director and the directors of programs are ongoing to assess the workflow processes that have been modified and components that are in need of adjustments. We have unfortunately had some long downtimes of about 1 hour but that was relating to our ISP, not the EHR itself (offsite locations could not connect to the server). The downtimes did not happen during this reporting time but during the last report period.

Policies and procedures within departments and their daily tasks in the EHR are being documented to help with new employees and to have a repository to easily refer to when staff have questions.

Goal: Expand service offerings with the integrated co-occurring Jake's Place program. The project will implement evidence-based care for co-occurring consumers. ISCMHC's Jake's Place program will use an integrated approach to treat both SUD and mental health disorders jointly. The Jake's Place Program will also use a holistic approach with foci on housing, community, and purpose.

Status: ISCMHC has implemented and developed a co-occurring treatment service line starting 10/17/11, however, the program is now located at the main site and not at the "Jake's Place Program Site".   ISCMHC no longer rents the Jake's Place location as of March 2013. We do not foresee any

quality assurance issues arising from this change and modification.

Goal: Expand and enhance SUD services in the Jake's Place Program with the inclusion of electronic contacts and a surge of mobile services. The use of the two strategies will increase consumer engagement in their own treatment and access to recovery support services resulting in improved recovery outcomes.

Status:
Mobile/Website
The website has been redesigned as of April 2014. Information for consumers is found much easier. Consumers can read about services, news, and resources. It also is much more interactive and the content is continuously updated on a regular basis. The marker (not supported by the grant) has also created a Facebook page that is updated on a regular basis as well.

The first round of iPads for client support were purchased in July 2014 along with the apps for client support that have already been identified. This was originally delayed since the main focus of the EHR implementation took longer than originally anticipated.

The iPad project was slightly setback during this reporting period but ultimately improved when the new director of the Addictive Behavior Unit (ABU) started. It was identified that several apps that were slated to be used by the previous director may not have fit as well as originally intended. The new director also identified weaknesses in the previous policies and procedures for using the iPads (see attachment). The staff also needed additional help to become more comfortable using the iPads with the clients.

The iPads are currently being used for Intensive Outpatient Group and Outpatient group by each of our Addictive Behavior Unit therapists. There are 8 total groups with up to 10 clients in each group, the staff signs the iPads out and brings it to group to allow individuals to see how technology can assist with recovery. The apps on the iPads are (see attachment for therapist guide) which help individuals become connected with each other through technology and learn improved coping skills and techniques and gain better insight to their addiction and sobriety. After the therapist is done with the iPads they sign them back in and each group has their own sign in/sign out forms.

The iPads are locked up in the director's office and the therapist comes to obtain the iPads, the director helps the therapist figure out how many they may need and which apps would be helpful for their group topic, and answer any questions the therapists may have with iPads concerning the group or a specific client.

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.

We were setback with the iPad project when the previous director of the Addictive Behavior Unit resigned. The new director of the Addictive Behavior Unit started on September 8, 2014 so the transition between directors and the new director getting up to speed in the day-to-day tasks plus the grant has affected our main focus of the grant, the iPads for client use.

Also, during the transition, the GPRA plan outlined in the previous biannual report was adjusted to account for the director needing time to become familiar with day to day tasks. The GPRA was transferred from the director completing the GPRA back to the therapist completing it during the client's first therapy appointment. This better utilizes the time for the initial completion when the client first comes in, instead of the potential wait for the new director to complete it due to the learning transition period. The ABU therapists are completing the GPRAs and the client surveys in a faster time due to better insight to the importance of tracking and documentation. See the GPRA Performance section below for the details on how we adjusted than plan and have improved.

The new director is well on her way to becoming familiar with the SAMHSA grant and all of her other job duties, so we feel strongly that this setback is already well on its way to resolution.

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.

No change in scope.

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.)

The main objective of the EHR adoption has not changed.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Executive Director	Natalie Ross	10%

Position Title	Incumbent Name	Percent Time
Chief Financial Officer/Controller	Bill Stayduhar	10%
Director of Substance Abuse	Cerissa Paladino	25%
Information Technology Supervisor	Erin Matis	100%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Not applicable.			

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

We have had numerous internal staff changes including a new Addictive Behaviors Program Director as well as the loss of an Addictive Behaviors Unit therapist.

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

As previously mentioned, the replacement for the Director of Addictive Behaviors Unit was filled. The ABU Therapist vacancy will be recruited with 2 to 3 months.

Partnerships

List each of the partner organizations.

Partner
We currently do not have any partner organizations.

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

Not applicable.

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
PCPC Practical Apps		3	
Working Supportively w/ families & Significant others		2	
Professional Enabling, Disabling & Empowering		3	
Confict Resolution		1	
Confidentiality		3	

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
Not applicable.				

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

Depending on the topics offered on the SAMHSA grantee teleconference calls, we will seek out webinars on sustainability. We understand that this is a popular topic and expect to obtain a great deal of information from the grantee calls.

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: 10/21/14

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	*Example: 10*	*15*	*150%*	180	55	31%
6-Month Follow-up	*Example: 5*	*5*	*100%*	23	5	21.7%

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

The following issues have been identified as contributing to intake and follow-up percentages below 80%:

1. Delayed start in being able to begin completing GPRAs due to longer than anticipated length of time needed to implement EHR. We were not able to begin collecting data using the GPRA until we were using the clinical aspects of our EHR.
2. Clients often decline to participate and complete the GPRA. Workflow for completing the intake GPRA requires the assigned clinician to utilize part of the first treatment session to offer/encourage the client's participation in the project and to complete the GPRA during this session. It seems as though clients decline because they do not want to spend some of the first session completing another "assessment", they would rather begin the therapy process. This may also be occurring for the assigned clinician who is attempting to convince the client to participate; the clinician may accept the client's refusal to participate more readily, without attempting to further engage them to participate, as the clinician would also rather dedicate the entire session to beginning the treatment process.**
3. Client begins treatment but does not have an opportunity to meet with the assigned individual therapist to complete GPRA within 7 day time frame. Intake will recommend the client to begin a group and give them a start date for that group prior to the client leaving the intake appointment. There are often times, due to normal staffing and scheduling delays, that a client begins the group and then is not able to meet with the individual therapist to potentially complete the GPRA prior to the 7 day time frame from admission that it must be completed within.**

   Plan: (TO ADDRESS BOTH ITEMS #2 AND #3) Plan identified during last reporting period "*Adjust work flow by making the intake GPRA a part of the traditional intake process*" did not work out as planned due to the program director being new and needing to spend her time in other areas to get up to speed. The program director, in coordination with her staff, identified that clients are reluctant to agree to complete the GPRA since there is not an *initial* incentive. In speaking with our evaluator about how to overcome this hurdle, he worked with us to come up with an incentive plan (funded by his research company) designed to draw more interest in getting the client to agree to complete the GPRA. The evaluator will provide a drawing/lottery of three gift cards a month for those who agree to complete the GPRA interview process. The clients know they have a good chance at winning, so they do seem more eager to participate.

4. High number of AMA discharges and difficulty locating/contacting the consumer after they leave treatment****

   ****Ongoing Plan: (has not changed since last report)** Gather as much information as possible on the Locator Form. Clearly explain the expectations for participation and the incentives. Review and update (as necessary) demographic information and locator form for each identified GPRA participant at each treatment session. This plan that was identified during the last reporting period seems to be helping with follow up interviews.

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.

Our statistics do not differ from the GPRA report data pulled from SAIS.

Evaluation

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

The client satisfaction survey was commenced but it was clear that the instrument was too long due to inclusion of a number of scale components, such as client empowerment, ratings of all staff groups, program operation, cultural competence, service adequacy, expected outcomes, GPRA based drug usage, service satisfaction, and so on. Thus, this instrument was revised jointly with the program director and director of technology management. Thus, it is anticipated that major findings report will be generated by next quarterly report period.

The survey instrument on technology use and impact for all staff members was also revised to correctly match between actually adopted new technologies by ISCMHC. This survey will be commenced during latter part of this month—every 6-month survey. Finally, the survey on the client use of new technology (which was recently adopted) and their assessment survey is scheduled to be conducted during December-January to allow for a duration of time among clients to learn and try using the new technology.

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

No major changes to the evaluation plan—just refinements.

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.

There is no new evaluation report at this time since last quarter's reporting.

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.

As noted previously, the original client satisfaction survey was simply too long. Thus, this instrument was revised and being used already to gather the data. We have also instituted new client incentive-- a random selection of the clients who completed the intake interviews to win a certificate of appreciation (one per every 10 clients on average). The cost of this incentive was totally covered by the evaluator and does not affect the budget of the grant.

Discuss how evaluation findings were used to improve the project.

> Various evaluation reports have been used directly by the drug and alcohol program and by overall ISCMHC departments to continual improving the efficiency and effectiveness of the programs. As reported on previous quarterly report, the evaluator has conducted staff luncheon session to debrief them again on the evidence-based suggestions for continual enhancement of their service impact and the importance of following the GPRA protocol.

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

> No new evaluation reports were produced during this quarter period.

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:	$718,547.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**
Direct Costs:		
Staff Salaries	15,500.00	$138,656.20
Fringe Benefits	6,045.00	$54,075.90
Contracts	16,153.94	$122,321.04
Equipment	$0.00	$8,282.00
Supplies	$0.00	$0.00
Travel	$0.00	$1,305.75
Facilities	n/a	n/a
Other Direct Costs: (please identify below)	25,517.61	$233,577.11
Staff PC repalcements	*8,219.00*	
Ipads/storage for Ipads	*8,264.61*	
Staff PC replacement	*9,034.00*	
Total Direct Costs:	63,216.55	$558,218.05
Total Indirect Costs:	$ -	$0.00
Total Expenditures (Sum of Direct and Indirect Costs):	63,216.55	$558,218.05
Remaining Balance (Based on Total Grant Award):		**$160,328.95**

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.

No notable project activities, events or other issues were encountered during the reporting period that have not been previously described.

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

See list of attachments.

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.

There have not been any publications or presentations about our project during this reporting period.

LIST OF ATTACHMENTS

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

Attachment 1: Budget (unchanged since last report)

Attachment 2: iPad Policies

Attachment 3: Therapist iPad app listing/descriptions

Attachment 4: IPad Survey

Attachment 5:

Year 3

Personnel

Position	Staff	Annual Salary	FTE	LOE	Amount Charged to Grant	Amount Charged as In-Kind form Non-Federal Sources
Executive Director	Natalie Ross	$65,000	1.0	10%	$6,500	$0
Project Director/Controller	Curtis Vella	$55,000	1.0	10%	$5,500	$0
Director of Substance Abuse	Lynne Winter	$40,000	1.0	25%	$10,000	$0
Information Technology Supervisor	Erin Matis	$40,000	1.0	100%	$40,000	$0
				TOTAL	$62,000	

Justification:
(1) Executive Director – This position will provide leadership and oversight of the grant, including fiscal and personnel management, community relations, and project implementation and evaluation.
(2) Project Director/Controller – This position will provide oversight of the implementation. This position is also responsible for the accounting operations of the agency and ensuring that the financial information is updated and accurate.
(3) Director of Substance Abuse – This position is responsible to collaborate with other departments within the agency to gather the pertinent GPRA data.
(4) Information Technology Supervisor – This position will oversee the day-to-day operations and daily maintenance within the Electronic Health Record software. The position will also provide user support for hardware usage.

Fringe Benefits

Type	Description	Amount Charged to Grant	Amount Charged as In-Kind from Non-Federal Sources	Percentage %
Benefits	Health, dental and vision insurance, life insurance and social security	$24,180.00	$0	39%

	TOTAL	$24,180.00		

Justification:
Fringe benefits are based on 39% rate which is standard for our agency. These fringe benefits include health insurance, dental insurance, vision insurance, life insurance, retirement and social security.

Travel

Destination	Length of Stay	Purpose	Staff Position	Round Trip Airfare	Hotel per Diem	Per Diem	Total Cost	Amount charged to Grant	Amount charged as In-kind from Non-Federal sources
Kansas City, MO	6 Days	Cerner User Conference	IT/Project Director	$500	$200 x 6 days	$60 x 6 days	$2,060	$2,060	$0
		TOTAL					$2,060		

Justification: There is one trip to Kansas City, MO for the IT/Project Director to attend the Cerner Behavioral Health Alliance conference, directly relating to our EHR,

Equipment – Any Items having a unit cost above $5,000 requires prior approval

Item/type	Is the vehicle checklist submitted, if a vehicle is involved?	Purpose	Unit Costs	Number of Units	Total Costs	Amount Charged to Grant	Amount Charged as In-Kind from Non-Federal Sources
			TOTAL			**$0**	

Justification: There are no equipment costs for year 3.

Supplies

Category	Description of calculation of estimated costs	Total Costs	Amount Charged to Grant	Amount Charged as In-Kind from Non-Federal sources
Office Supplies: Printing Paper	1 case of copy paper for printing: $50 x 1 = $50	$50	$0	$50
Office Supplies: Toner	Toner for printing documents: $80 x 1 cartridge = $80	$80	$0	$80
Postage	Fed Ex Shipping and USPS postage for document shipping: $25 x 1 = $25 + 10 x $.45 = $4.50 GT=$29.50	$29.50	$0	$29.50
Miscellaneous Supplies	Pencils, Pens, Highlighters, Folders and tablets	$50	$0	$50

	for organization and record keeping: $50 x 1 = $50				
		TOTAL	**$0**	**$209.50**	

Justification: All of the supplies are general office supplies that are needed to print, notate and organize the grant.

Contractual

Contractor and Individual Performing Work	Purpose of the Contract	Estimated budgeted # of days during budget period the contractor will work	Hourly Rate	Total Costs	Amount Charged to Grant	Amount Charged as In-Kind from Non-Federal Sources
Anasazi Software Inc.	Yearly Support and Maintenance	365	n/a	$24,710	$24,710	$0
Houk Consulting LLC	Yearly support	365	n/a	$60,000 @ 10 %	$6,000	$0
Excellence Research Inc	Yearly Local evaluation data collection, and evaluation reports	365	n/a	$26,400	$26,400	$0
				TOTAL	$57,110	

Justification:
- The yearly support and maintenance for Anasazi Software will ensure that all HIPAA compliant software is available and necessary support, maintenance and upgrades are available for the agency.
- Houk Consulting is responsible for the network that the electronic health record depends on is functional. We estimate that this will comprise of about 10% of the contract for network maintenance.
- Excellence Research Inc will coordinate the GPRA data and local evaluation data collection, statistical data analysis, and completion of process and outcomes evaluation reports.

Other

Category	Description of calculation of estimated costs	Total Costs	Amount charged to grant	Amount charged as In-Kind from Non-Federal sources
Client Incentives	$20/6 mo follow up client x 120 clients	$2,400	$2,400	$0
Client Services	Texting reminders for appointment and patient services.	$4,800	$4,800	$0
Subscription	iTunes store gift card for purchasing apps for client assistance	$729	$729	$0
Hardware	Desktops for staff: $800 x 11	$8,800	$8,800	$0
Hardware	Laptops for staff: $1000 x 15	$15,000	$15,000	$0
Hardware	iPads for client support: $889 x 36	$35,560	$35,560	$0
Hardware	iPad storage/charging locked storage	$553	$553	$0
Hardware	Wireless printers for laptops and iPads: $250 x 6	$1500	$1500	$0
Hardware	Server upgrades for EHR document Management	$813	$813	$0
Software	MS Office Suite upgrade: $25 x 66 workstations	$1,650	$1,650	$0
Software	Database license fees: $3,078.50 x 1	$3,078	$3,078	$0
		TOTAL	**$74,883**	**$0**

Justification: The Irene Stacy Center has approximately 150 employees. Each employee's workstation or laptop needs upgraded or replaced. These replacements and upgrades will take place in year three. The iPads will be used for client support. It will assist clinicians with showing clients how to use different apps as well as send texts to clients with support statements and appointment reminders. The wireless printers are essential to allow printing of reports. These reports will allow analysis of data that could lead to enhanced therapy and additional programs. The database license fees are essential to access the information stored in the Electronic Health Record.

The $20 incentive is provided to encourage attendance to meet program goals for 120 client 6 month follow-ups. The iTunes gift card will be used to purchase apps for the IPad that are beneficial to helping clients.

Budget Summary

Category	Year 1	Year 2	Year 3	Total Projected Costs
Personnel	$63,575	$62,000	**$62,000**	$187,575
Fringe Benefits	$24,794	$24,180	**$24,180**	$73,154
Travel	$5,650	$5,650	**$2,060**	$13,360
Equipment	$0	$13,900	**$0**	$13,900
Supplies	$0	$209.50	**$209.50**	$419
Contractual	$54,116	$57,110	**$57,110**	$168,336
Other	$129,526	$57,393.50	**$74,883**	$261,804
Total	$277,661	$220,443	$220,443	$718,547

IPad Rules

Please read the following information carefully regarding the use of iPads while involved in substance use treatment at Irene Stacy CMHC.

The purposes of using iPads in our group therapy process are to:

1. Provide an additional way of finding and accessing support and resources for the issues that are most important to you

2. Supplement and enhance what is already being offered in our groups

3. Provide a different way for our clients to participate and become engaged in group therapy

4. Increase your familiarity with the ways that technology can support recovery

5. Increase your motivation to use whatever technology you have available to support your own recovery while you are involved in the group but not "in group", as well as moving forward in your recovery

As the use of this technology by our clients is intended for a specific purpose, we ask that you please abide by the following rules concerning the use of the iPad.

1. That you will only use the iPad for the purposes described above and as directed by the group facilitator.

-You cannot access the internet, download additional apps, or access apps that are not being used in the group at that time unless otherwise directed by the facilitator

-If you are instructed to access the internet for any reason, you will only use it for the specific purpose outlined by the facilitator

2. That you remain open and willing to using the iPad to enhance your experience in group therapy. Participation in IOP will involve the use of iPads and your willingness to try new things is appreciated.

3. That you take care to not eat or drink while using the iPad and that you make every effort to keep it clean while using it. We also ask that you take care in carrying/handling it in order to prevent it from being damage

4. That you "sign out" the iPad on the sheet provided and then return the iPad to the group facilitator when it is no longer being used and sign that you have returned it

5. That you do not leave the building with the iPad (this includes during group breaks and at the end of the group session)

Your signature below indicates that you have read, understand, and agree to abide by the rules and expectations for using iPads during your enrollment in our substance use treatment services.

Please print your name on the line below, then sign and date.

Client Name (print) _____

Signature: _____   Da

iPad Applications for D&A Groups (Draft)

1. CBT Referee – CBT stands for Cognitive Behavioral Therapy

   - Work with the six phases of CBT:

       I.   Assessment or psychological assessment;
      II.   Reconceptualization;
     III.   Skills acquisition;
      IV.   Skills consolidation and application training;
       V.   Generalization and maintenance;
      VI.   Post-treatment assessment follow-up.

   - This app allows you to write down your thoughts to help avoid thinking an unrealistic thought that could lead to a negative emotion. The benefits to this app will allow over time your own 'referee' will automatically help you avoid the negative unrealistic thoughts that could possibly lead to negative actions and consequences. This can help with depression and maintain positive thoughts.

2. Breathe 2 Relax
   - This is an app helps the consumer learn by watching a demonstration of a diaphragmatic breathing technique, learn about stress and it's effect through reading or watching videos and even practicing.

3. Mood Kit app
   - Involves building mood while in a therapeutic setting through activities, tracking thoughts, mood, journaling, and extras that help improve mood by helping engaging in mood-enhancing activities, identifying and change unhealthy thinking, rate & chart mood across time, and create journal entries using custom templates designed to promote wellbeing. Based on principals and techniques of CBT developed by clinical psychologists.

4. Productivity Wizard
   - helps track an individual participating in treatment by tracking goals, actions, reflections, journaling, and helps with setting goals, creating targets, identify triggers, create short and long term goals, personal development, love, family and friends, work & career, faith, lifestyles, recreation, weekly rituals/reminders, health & fitness. This app can also help set reminders and daily check in's. This requires a user name and password.

5. Happiness Wizard app – requires a user name and password

6. Sobriety Tool
   - questions about relapsing, decision making, spiritual, bad feelings (there are several of the same question on one pg for some reason) Helps consumer with staying clean and sober with the 12 step practice, stress reduction techniques, motivational enhancement therapy. There is no personal information required.

7. Happyify.com

Please rate your experience using the iPad today by responding to the items below and referring to the following scale:

1-Agree   **2**-Neither Agree nor Disagree   **3**- Disagree

1. The iPad was easy to use

　　 _____ 1 　　　　 _____ 2 　　　　 _____ 3

2. Using the iPad was beneficial to me and my recovery

　　 _____ 1 　　　　 _____ 2 　　　　 _____ 3

3. The use of the iPad provided another way for me to access resources and support

　　 _____ 1 　　　　 _____ 2 　　　　 _____ 3

4. I will consider using whatever technology is available to me outside of sessions to assist with my recovery as a result of my experience with the iPad

　　 _____ 1 　　　　 _____ 2 　　　　 _____ 3

5. I would like to continue to use iPads as a part of my treatment at ISCMHC

　　 _____ 1 　　　　 _____ 2 　　　　 _____ 3