

**Grants to Expand Care Coordination
Through the Use of Technology Assisted
Care in Targeted Areas of Need
(TCE-TAC)**

TI 24730

CSAT BIENNIAL PROGRAMMATIC REPORT

Program Reporting Period:

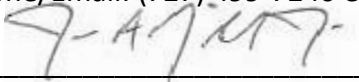
03/01/2014 – 08/31/2014

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

1. Reporting Period: 03/01/2014 -08/31/2014
2. RFA #: TI-13-008
3. Grantee: Operation PAR Inc. TI-024730
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Operation PAR Inc.	13800 66 th Street North Largo, FL 33771	Jim Miller	(727) 499-9110 ext. 368 jmillier@operpar.org

5. Project Director: Jim Miller
6. Evaluator: Mark Vargo, PhD
7. Evaluator Phone/Email: (727) 499-7240 ext. 204

8. Signature  8/29/14
Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Wendy Danicourt	Loss	04/03/2014	wdanicourt@operpar.org	(727) 499-2335
Sandnes Boulanger	Add	03/31/2014	sboulanger@operpar.org	(727) 538-7245 ext. 281

Staff Member	Add/Loss	Effective Date	Email	Phone
Amber Lanese	Loss	04/27/2014	alanese@operpar.org	(727) 499-2340 ext. 317
Megan Parker	Loss	07/06/2014	mparker@operpar.org	(727) 499-2340 ext. 300
Karla Demas	Add	07/01/2014	kdemas@operpar.org	(727) 499-2335 ext. 304

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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.

Technology-Assisted Care in Pasco County will expand and enhance eServices outpatient substance abuse treatment to Pasco County, Florida, a rural area with a population density of 622.2 people per square mile. Eastern Pasco County, the area that lies east of Interstate 75, is a prioritized area. Service enhancement and expansion will serve 120 individuals over the 36 month grant period and target those in need of substance abuse treatment but who are unable to receive treatment due to a lack of services immediately available to them. Expansion and enhancement through the use of applications on devices such as tablets and/or smartphones, telephone counseling and web-based services will increase community capacity which lacks needed primary care and substance abuse providers: the overall number has remained unchanged for a three-year period. The project will target high-risk, substance/alcohol abusing senior adults age 60 years and older. These seniors account for 27.6% of Pasco County's total population, and 8.2% of Pasco's elderly engage in heavy and/or binge drinking. Sub-populations include substance/alcohol abusing pregnant and/or parenting females age 18 years and older. In 2011 alone, targeted women gave birth to 33 newborns identified as having Neonatal Abstinence Syndrome: dependent on opiates, especially prescription drugs. An additional sub-population includes substance/alcohol abusing veterans age 18-years and older. Veterans face significant barriers to accessing mental health and substance abuse treatment including long delays to obtain initial appointments in times of crisis and excessive waits between appointments.

Using evidence-based, culturally appropriate practices that include Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), Family Support Network (FSN), Screening, Brief Intervention and Referral to Treatment (SBIRT), and Global Assessment of Individual Needs (GAIN), the project goals include: 1) Expand eServices in Pasco County so that the capacity to treat clients is tripled; 2) Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (*considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model*); 3) Establish benchmark measures with this population to improve treatment access, retention, continuing care and satisfaction and 4) Integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) to a web-based environment to enhance efficiency and integration with the Electronic Health Record (EHR). **Technology-Assisted Care in Pasco County** measurable objectives include: 1) eServices in place and operational by the end of the first year of the grant. Establish baseline and have data available; 2) Enroll 40 clients a year in technology assisted care, totaling 120 clients over the 36 month grant period; 3) By the end of year 2, have a plan in place and 50% of the Benchmarking measures identified and operational; 4) By the end of year 2, have a plan in place and have a web-based system for SBIRT integration.

Technology-Assisted Care in Pasco County provides counseling and related services through a variety of technologies. Clients receive counseling sessions through telephone and web-based video conferencing. Tablets are provided to clients in order to enrich the treatment experience and connect them with communities and other recovery supports, such as recovery apps, to

facilitate the transition into recovery. Project partner, In The Rooms, Inc. provides access to an online recovery support community in order to provide ongoing support for program participants.

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: Expand eServices in east Pasco County so that the capacity to treat clients is tripled.

Status: This goal was expanded during this reporting period in order to accommodate treatment need in areas in close proximity, yet outside of the originally intended geographic region (east Pasco). In July, capacity to treat clients was expanded to include other areas within Pasco County where there was a demonstrated need for substance abuse treatment services. This was achieved following a TA call with JBS International and Wilson Washington to discuss lower than expected intake rates.

Goal: Enhance Utilization Review to enroll and capture private pay clients and improve treatment effectiveness (*considering SAMHSA as payer of last resort, and clients in need of co-payments in a shared cost model*).

Status: This goal is currently in progress. Data are being compiled and analyzed with respect to Utilization Management and Utilization Review in order to achieve this goal. Presently, the payer set up for participants receiving services through the project includes only grant funding and self-pay. To date, all of the 18 clients enrolled in the program have received services covered under grant funding. The expectation is to make progress towards enrolling and capturing private pay clients through enhanced Utilization Review in the coming year. Much of the focus in this reporting period has been centered on establishing and building relationships with new referral sources in Pasco County in order to increase enrollment.

Goal: By the end of Year 2, have a plan in place and 50% of Benchmarking measures identified and operational.

Status: This goal is currently in progress. Project Director, Jim Miller, and Evaluator, Mark Vargo, have created a SharePoint-based Dashboard which will be instrumental in establishing benchmarks not only for the TAC Pasco program, but also every program within Operation PAR.

The Dashboard is linked directly to Operation PAR's EHR AVATAR enabling executive leadership to generate reports on clients served and program characteristics with data updated every 24 hours. With the Dashboard, benchmarking becomes an ongoing process both for the entire agency as well as the grant project.

Goal: By the end of Year 2, have a plan in place and have a web-based system for SBIRT integration.

Status: This goal is currently in progress. Efforts made in the first twelve months of the project focused primarily upon start-up and enrolling eligible participants in eServices in the targeted geographic region.

Through partnering with Premier and Sunrise the need became apparent to implement an efficient, preferably web-based, system for screening potential clients for the program. The assessment instrument selected for the project is the GAIN-Initial which gathers information across a wide range of life domains in order to understand treatment needs of each unique client. The GAIN is a family of instruments ranging from screening to the full assessment (GAIN-Initial, or GAIN-I). For this reason, it was proposed to implement the GAIN Short Screener (GAIN-SS) at referral sources. Each partner would jointly purchase the GAIN license and initial set-up costs for a product called GAIN SS Web. This allows partner staff to administer screening questions to clients or for the client to self-administer screening questions. The GAIN SS Web system will automatically generate a summary report after the screening questions are answered and will provide staff with information that can be used to determine whether or not the client is appropriate for services.

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.

Progress continues to be made towards goals and objectives according to the timelines established in the initial grant application. Project staff will continue to monitor progress towards goals and objectives in order to quickly identify and problem-solve any impediments that may arise.

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.

In this reporting period, two changes to the project were requested. The first was a request to change the title of the budgeted position of UM Specialist to Case Manager. On July 8, 2014, Jim Miller contacted Wilson Washington to seek permission for the title change. On July 9, 2014, an email response from Wilson Washington indicated that the email request was sufficient and that no further action was needed on the issue.

The second was to request the expansion of delivery of services to all of Pasco county. The original project sought to enroll clients only from east Pasco county. However, due to challenges related to enrollment numbers, expansion was allowed to other areas within Pasco county. This was discussed on a TA conference call with Wilson Washington and JBS International on July 18, 2014. During the discussion, Jim Miller raised the issue of access to care barriers being just as prevalent in Pinellas county as they are in Pasco county. The outcome of the discussion was that referrals would be accepted across both Pinellas and Pasco counties, with a continued focus on efforts to solidify partnerships in Pasco county in such a manner as would yield regular referrals.

No other changes were made to any project goals or objectives during this reporting period.

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 Project Director does not anticipate the need to request changes to project goals or objectives during the next reporting period.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Jim Miller	5%
Program Director	Sandnes Boulanger	10%
Evaluator	Mark Vargo	10%
Systems Analyst	Tommi Rivers	75%
eServices Counselor	Karla Demas	75%
Programmer	James Schultz	50%
eServices Case Manager	Vacant	50%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss

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

In April 2014, Program Director Wendy Danicourt resigned from Operation PAR. In preparation for her departure, executive leadership identified a replacement quickly to minimize the impact on the project. Unfortunately, an unmitigated impact experienced was a lapse in client referrals to the program. Within this timeframe, a judge in Pasco county who had previously been amenable to referring drug court clients to the TAC Pasco program withdrew his willingness after one client relapsed during involvement in the program. After this instance, he discontinued referrals.

The expedient transition of Sandnes Boulanger into the role of Program Director was tremendously helpful in continuing efforts to identify and reach out to potential community

partners and referral sources. Previously all outreach to partners occurred through the position of Program Director. Empowering the clinical team, Sandnes encouraged the eServices Counselor and Case Manager to reach out to agencies and organizations in Pasco county. This resulted in the identification of 16 potential referral sources.

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

The only vacancy at the time of this report is the eServices Case Manager (formerly known as the UM Specialist position). This position is currently vacant, however, the Program Director is reviewing resumes for potential candidates and will schedule interviews in the coming weeks.

Partnerships

List each of the partner organizations.

Partner
Premier Community Healthcare Group, Inc.
Sunrise Domestic and Sexual Violence Center
In The Rooms, Inc.

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

As reported in the last biannual report in March 2014, Operation PAR explored an opportunity to shift partnerships in east Pasco County from BayCare to Premier Community Healthcare. Premier is a federally-qualified health center (FQHC) located in Dade City, which is in the targeted geographic region for this project. In the last biannual, it was reported that upon discovering that BayCare faced internal challenges integrating primary and behavioral health (a potential barrier undermining our project proposal's feasibility), the focus shifted from traditional primary care settings to Federally Qualified Health Centers (FQHCs) in Pasco County. Also in line with the project's sub-populations of focus, Premier indicated serving a large elderly population in the area, which would make them an ideal partner for TAC Pasco.

On February 27, 2014, Project Director Jim Miller formally requested a change in partnership from BayCare to Premier, which was granted by Project Officer Wilson Washington on the same day. This partnership has continued to yield less referrals than expected.

In this reporting period, a contract was negotiated with a new partner, Sunrise Domestic and Sexual Violence Center. There are several referrals already identified at Sunrise. Appointments will be scheduled for intake assessments as soon as the contract is executed within the next week.

The expansion of the catchment area to include both Pinellas and Pasco counties has resulted in an immediate influx of referrals. Although the project is currently at 18 enrollments (45.0% Intake Coverage Rate to Date), there are an additional 5 referrals for clients to assess from existing referral sources, another estimated 5 referrals from new referrals source Sunrise to be enrolled in the coming weeks, as well as several new referrals from a local Sober Living Facility which has expressed a high need for services for clients.

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
2014 TCE-TAC Grantee Meeting	3/20/2014 – 3/21/2014	2 – Jim Miller and Mark Vargo	SAMHSA

Staff Development Activity	Date	Number of Participants	Training Provider
2014 Addiction Treatment Technology Summit, Chiciago, IL	8/26/2014 – 8/27/2014	1 – Jim Miller	ATTC Network

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
Conference Call	07/18/2014	Technical assistance to review GPRA intake rates	JBS International	As needed

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

There are no training or TA activities planned for the next reporting period.

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: 08/29/2014

	Target	Actual	%
Intakes (Baseline)	40	18	45.0%
6-Month Follow	8	7	87.5%

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

The intake rate is 45.0%, however additional enrollments are expected within the coming weeks from the expansion of enrollments to both Pinellas and Pasco counties as well as from the addition of new referral sources.

The follow-up rate is 87.5% with only 1 follow-up interview needed to reach 100%. No challenges or barriers to obtaining follow-up interviews are anticipated at this time.

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.

There are no differences to report.

Evaluation

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

Initial and Follow-up Assessment Instrument and Protocol: Intake and follow-up data is collected by the eServices Counselor and Case Manager positions. The data is tracked and monitored by the Evaluator and Systems Analyst for accuracy and timeliness. As issues with tracking and follow-up arise, assistance is provided by the Evaluation team to locate clients and obtain follow-up data.

Research Tracking: Operation PAR's Electronic Health Record (EHR) AVATAR continues to be the mechanism by which information related to insurance and treatment dosage is gathered for research and evaluation purposes. The system is working well and no changes have been made or been identified to be necessary in the current reporting period.

MET/CBT Fidelity & Adherence: As a novel approach to fidelity and adherence in a technology-assisted care project, the evaluation team is forming a collaboration with researchers from the University of Connecticut. Linda Frisman, PhD and Wendy Ulaszek, PhD developed and tested an MET/CBT Adherence Measure in a pilot study, the results of which were published in the journal Substance Abuse: Research and Treatment in 2012. Use of their MET/CBT Adherence Measure in the TAC Pasco project would provide additional data to further validate the instrument and would establish objective fidelity and adherence for the use of MET/CBT delivered via technology as opposed to traditional in-person delivery of the model. The evaluation team designed a methodology to implement the use of the MET/CBT Adherence Measure in the TAC Pasco project. In the current reporting period, the Evaluation team was unable to implement the measure due to staff turnover and challenges enrolling new consumers. Systems Analyst, Tommi Rivers, met with the new eServices Counselor, Karla Demas to discuss the methodology and identify any potential barriers to implementation in September 2014. Implementation is anticipated to begin in the next reporting period.

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

There have been no changes to the evaluation plan in this reporting period.

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.

With only 18 clients enrolled in the program to date, there are no new evaluation findings to report outside of the GPRA collection for this reporting period.

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 are no significant problems encountered during this reporting period related to conducting the evaluation.

Discuss how evaluation findings were used to improve the project.

With so few clients enrolled and insufficient data to provide findings, to date there have been no opportunities to inform project operation to improve performance. As more data become available, it is anticipated that evaluation findings will be used to improve the project.

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

There have been no written evaluation reports during the current reporting period.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Report expenditures, not obligations. For instance, if you have a contract with an evaluator for \$50,000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.

Total Funding*: \$280,000 ***UPDATE WITH NUMBERS FROM ALISON***		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$63,232.08	\$109,347.97
Fringe	13,782.64	22,564.04

Contracts	8,333.32	27,358.32
Equipment	-0-	-0-
Supplies	18,542.13	19,781.34
Travel	4,496.75	7,072.11
Facilities	9,152.98	12,951.81
Other	3,861.38	4,883.61
Total direct expenditures	\$121,401.28	\$203,929.20
Indirect costs	22,702.03	38,134.75
Total expenditures	\$144,103.31	\$242,063.95
Remaining balance		\$37,936.05
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

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.

Institutional Review Board Oversight: The Operation PAR, Inc. Institutional Review Board (IRB) provides compliance oversight for the ***Technology-Assisted Care in Pasco County*** project. The project received IRB approval on October 16, 2013 and is due for continuing review on or before October 16, 2014. During this reporting period there have been no significant events requiring reporting to the IRB prior to the regularly scheduled review date.

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

See Attachment 1

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 are no publications to report or share at this time.

LIST OF ATTACHMENTS

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

Attachment 1: Policies and Procedures

Procedures	Policy Number	Develop
Admission	TCE100	11/2013
ASAM	TCE150	11/2013
Caseload	TCE200	11/2013
Client Chart	TCE250	11/2013
Client Orientation	TCE300	11/2013
Discharge	TCE350	11/2013
Discharge Summary	TCE400	11/2013
Frequency of Services	TCE450	11/2013
Progress Notes	TCE500	11/2013
Psychosocial	TCE550	11/2013
Referral for Services	TCE600	11/2013
Resource Directory	TCE650	11/2013
Service Overview	TCE700	11/2013
State Integrated Substance Abuse Report	TCE800	11/2013
Transfer	TCE850	11/2013
Treatment Plan	TCE900	11/2013
Waiting List	TCE950	11/2013
Employee Orientation	TCE1000	11/2013

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Admission	TCE-TAC	Developed: 11/2013
Procedure #: TCE100		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide a TCE-TAC program. The following criteria shall be used to determine appropriate admissions into the outpatient program.

PURPOSE: To establish appropriate admission criteria into the TCE-TAC program.

PROCEDURE:

1. In order to be admitted into the TCE-TAC program, client must have completed a screening tool that determines that the client is in need of outpatient services.
2. The individual must meet the ASAM criteria for admission.
3. The individual must currently be non-suicidal and non-homicidal.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Employee Orientation	TCE-TAC	Developed: 11/2013
Procedure #: TCE1000		
Administrator's Approval:	COO's Approval:	

POLICY: All new employees, volunteers, and interns must complete the tasks and skills necessary to properly acclimate the employee to the facility as dictated by Human Resources Department of Operation PAR, Inc..

PURPOSE: To acquaint new employees with the day-to-day operations of the facility agency.

PROCEDURE:

1. All new staff, volunteers and interns, must complete all tasks and skills as required by Operation PAR, Inc. Human Resources Department.
2. The supervisor will verify completion of each task required by Human Resources Department.
3. All tasks required by Human Resources Department must be completed within the timeline designated by Human Resources Department.
4. Compliance or non-compliance in completing these tasks will be reported to the Human Resources Department via e-mail and message.
5. Orientation to the Operation PAR, Inc. TCE-TAC program is per the attached orientation check list.

As part of orientation, new staff will meet with the Program Supervisor and Program Director to review clinical, administrative, and safety expectations. The following is a checklist of this orientation. It is to be signed off by new staff, the Program Director, and the clinical supervisor.

Clinical:

1. While we follow the standards of Operation PAR, Inc. documentation, there are some things that are particular to TCE-TAC. All staff working with clients will be held to our highest standards in working for Operation PAR, Inc.'s TCE-TAC program. An outline of Documentation Requirements with specific timeframes is included in this manual. Quick review of charts and documentation:
 - Chart order/audits
 - ASAM admit and discharge
 - Assessments
 - Progress notes (DAP notes)
 - Personal Feedback Review (PFR)
 - Treatment plans and treatment plan reviews
 - Notes
 - Consents/Letters
 - Group session
 - Individual session
 - SISAR review
 - Discharge process
 - Program review and expectations
 - Shown where Mock chart book is, Information book with copies of contracts and guidelines are. Update information.
 - Review and shown where curricula material and tapes are
2. Group rosters: clients are assigned to groups generally at the time of their individual treatment planning.
 - If you have a group, you are that group's primary counselor you are responsible for all treatment plan reviews and discharge process, Judicial reviews, and Probation Status reports, etc. for the individuals in that group.
 - Sign-in sheet each night must be signed by client. Give sign-in sheet to Office manager at the end of group/shift.
 - If a client has completed the sessions, it needs to be indicated on the group roster.
3. Drug screens
 - Test weekly, randomly.
 - Relative to prescribed medications- copy of prescription in chart
 - Positives: Positive drug screen form to be signed by both the counselor and the client. Positive drug screen form is submitted to Supervisor for review and signature.
4. Discharge
 - Initial Discharge Planning Referral Form
 - Discharge planning process is prior to the actual discharge date
 - Clients do not need to receive completion certificates unless they meet with their primary counselor for d/c planning and financial obligations are paid in full
 - Continuing care plan to be completed and signed by the client (with SNAP)
 - All continuing care plans must include community referrals and relapse prevention plans
 - Primary counselor is responsible for all discharge paperwork
 - Discharge note
 - Discharge summary
 - Discharge SISAR
 - Discharge ASAM
 - Final report to referral source
 - Discharges are to be completed and given to supervisor

Administrative

Time sheets

- i. Exempt
- ii. Non-exempt

- 5. Safety orientation
 - Hurricanes, tornadoes, severe storms, fire and medical emergencies
 - Infection control
 - Emergency numbers
 - Building orientation
 - Closing up the building
- 6. Keys: offices, front door
- 7. Employee/client relationship
 - Boundaries
 - Communication
 - Expectations

Program Director signature

Date

Clinical Supervisor signature

Date

Staff signature

Date

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: ASAM	TCE-TAC	Developed: 11/2013
Procedure #: TCE150		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to utilize the ASAM criteria for placement of individuals into services.

PURPOSE: To provide a guideline of the ASAM in the practice of the TCE-TAC program.

PROCEDURE:

1. The ASAM provides placement criteria for the treatment of substance related disorders.
2. The ASAM provides level of care: Level 0.5 Early Intervention to Level IV Medically Managed Intensive Inpatient treatment, Opioid Maintenance Therapy is also defined but not given a Level.
3. The TCE-TAC program utilizes Level I to Level II.
4. The ASAM form is completed:
 - a. Upon admission, indicating the clinical status justifying the client's admission to the program.
 - b. Every ninety days for continued stay criteria, and
 - c. Upon discharge, indicating the individual no longer requires the level of care.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Caseload	TCE-TAC	Developed: 11/2013
Procedure #: TCE200		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide effective, timely and comprehensive services to individuals enrolled into TCE-TAC.

PURPOSE: To provide a guideline of the caseload of the staff in TCE-TAC.

PROCEDURE:

1. Counselors are expected to provide services and manage and ongoing case load.
2. Each full-time counselor will have a caseload of one (1) to fifty (50) active individual.
3. The supervisor of the program will assign the individuals to a counselor and manage the number of individuals the counselor has on their caseload. It is the supervisor's responsibility to ensure that the full-time therapists do not exceed the caseload threshold.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Client Chart	TCE-TAC	Developed: 11/2013
Procedure #: TCE250		Reviewed:
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to have uniformed client charts.

PURPOSE: To improve and define the documentation stored in the client chart.

PROCEDURE:

1. Active client charts shall be kept at the program where the client is receiving services. The charts are to be accessible by the appropriate staff. In addition, stored in a secure area as defined by the company medical records policy.
2. The client chart describes the client's status at the time of admission and throughout their time at the program.
3. Charting will be completed on the approved agency forms.
4. Client charts also follow the company's clinical care policies.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Client Orientation	TCE-TAC	Developed: 11/2013
Procedure #: TCE300		Reviewed:
Administrator's Approval:		COO's Approval:

POLICY: Clients will be oriented upon admission to TCE-TAC.

PURPOSE: To educate clients on the program's policies and services.

PROCEDURE:

1. Client and staff together will review and sign, as appropriate, the following:
 - HIPPA Privacy Notice, including limits of confidentiality
 - Client Rights and Responsibilities Agreement
 - Fee Agreement, payment for services
 - Consent for release of information
 - Initial treatment plan
 - Program rules
2. This orientation will also include a review with staff of:
 - A description of services to be provided
 - Fee for services
 - Family access to information and participation in treatment planning
 - Communicable disease information
 - General information about infection control policies and procedures
 - Client grievance procedure
 - Information to Court and probation officer policies and procedures

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Discharge	TCE-TAC	Developed: 11/2013
Procedure #: TCE350		Reviewed:
Administrator's Approval:		COO's Approval:

POLICY: To have established discharge criteria for individuals participating in the Operation PAR, Inc. TCE-TAC program.

PURPOSE: To maintain and utilize concise discharge criteria for the TCE-TAC program as described below.

PROCEDURE:

1. Successful discharges will meet the following criteria:
 - a. Criteria for successful discharge are for the individual to successfully attend the number of groups and individual sessions determined on individual bases.
 - b. Have a minimum of 30 days drug free time.
 - c. The individual must meet ASAM discharge criteria.
2. Negative discharges may be used for, but not limited, to the following reasons:
 - a. Continued drug use
 - b. Nonattendance
 - c. Behavior detriment to the group process.
 - d. Physical violence towards another client or staff member.
3. Neutral discharges may be used for, but not limited, to the following reasons:
 - a. Continued medical problems, which interfere with the treatment of the individual.
 - b. Incarceration of a client
 - c. Mental Health issues, which interfere with the treatment of the individual.
 - d. Death of an individual which was receiving treatment services.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Discharge	TCE-TAC	Developed: 11/2013
Procedure #: TCE400		Reviewed:
Administrator's Approval:		COO's Approval:

POLICY: It is the policy of Operation PAR, Inc. to provide a summary of services provided and a clear outline of further recommended services when and individual is being discharged from a treatment program.

PURPOSE: To provide and outline of the Discharge Summary.

PROCEDURE:

1. The discharge plan is to be completed for all individuals who completed services/or who leave the provider before completion of services.
2. The discharge plan shall include:
 - a. Summary of client's involvement in services.
 - b. Reason for discharge.
 - c. Plan for the provision of other services needed by the client following discharge including aftercare.
3. The discharge plan shall be signed and dated by a primary counselor.
4. Program staff shall report any pending discharge of an individual to the criminal justice authority or other referral source.
5. Program staff shall complete the Operation PAR, Inc. Continuing Care Plan.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Frequency of Services	TCE-TAC	Developed: 11/2013
Procedure #: TCE450		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide organized clinical services to individuals.

PURPOSE: To clearly define the manner to which individuals are recommended to and provided clinical services.

PROCEDURE:

1. Individuals are referred to the TCE-TAC program by the Operation PAR, Inc. Assessment Center.
2. The treatment plans indicate the description/services, frequency and duration of the recommended counseling/services based on the individual's clinical information.
3. The counseling services which are defined as individual, group, and/or family counseling, is provided at a minimum of one (1) session per week.
4. The clients progress and lack of progress will be reviewed monthly AEB; 30 day treatment plan reviews, judicial review for the court, and/or status reports for probation officers.
5. Instances where the clinical justifies fewer or more than one (1) session per week, justification is reflected in the treatment plan/intervention plan.
6. Changes to the frequency will be clinically justified in the client chart and clearly outlined on the treatment plan/intervention plans.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Progress Notes	TCE-TAC	Developed: 11/2013
Procedure #: TCE500		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. that documentation is completed for each individual seeking services.

PURPOSE: To provide a clear guideline of documentation of ongoing services for an individual.

PROCEDURE:

1. Documentation in individual's charts are to comply with the Documentation Handbook.
2. Progress notes are to detail and individual's events in treatment, documenting the individual's progress or lack of progress toward meeting treatment plan goals and objectives. This is to include disciplinary problems, ancillary services report/contact, prescriptions, reports/contacts with criminal justice entities, and service related correspondence.
3. Progress notes are recorded at least weekly or according to the frequency of sessions.
4. Progress notes shall be signed and dated by the person providing the services.
5. Progress notes shall be written in the company's approved DAP format "Data, Assessment, Plan".

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Psychosocial	TCE-TAC	Developed: 11/2013
Procedure #: TCE550		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide services based on individuals clinical status.

PURPOSE: To provide a uniform manner for gathering clinical information on an individual to assist in providing clinically appropriate services.

PROCEDURE:

1. The psychosocial assessment that is used is the GAIN. The GAIN is complete by the Assessment Center at Operation PAR, Inc..
2. The GAIN are kept in the client chart.

Procedure: Psychosocial	Developed: 11/2013	Page 2 of 2
Procedure #: TCE550		

3. The psychosocial contains the following information:

- a. History of:
 - i. Emotional or mental disturbances
 - ii. Level of substance abuse impairment
 - iii. Family history, including substance abuse
 - iv. Individual's substance abuse history including:
 1. Age of onset
 2. Choice of drug
 3. Patterns of use
 4. Consequences of use
 5. Types, duration, response to previous treatment episodes
- b. Education level
- c. Vocational level
- d. Financial status
- e. Social history and functioning
 - i. Support network
 - ii. Family and peer relationships
 - iii. Current living conditions
- f. Abuse or trauma- current or past sexual, psychological or physical
- g. Individuals involvement in leisure recreations activities
- h. Cultural influences
- i. Spiritual or values orientations
- j. Legal history and status
- k. Individuals perception of strengths and abilities
- l. Clinical summary, including an analysis and interpretation of the results of the interviews.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Referral for Services	TCE-TAC	Developed: 11/2013
Procedure #: TCE600		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide referrals for all services the individual is clinically in need of.

PURPOSE: To provide and outline of referring individuals for services outside the TCE-TAC program.

PROCEDURE:

1. When services outside the realm of the TCE-TAC program are warranted, staff will provide referrals to these services to the individual. Referrals are made on a case-by-case basis.
2. Staff will follow-up with the individual being referred and those services referred to assist and be appraised of the status of the referral.
3. Staff will obtain the proper release of information for those providers the individual was referred to, allowing communication and assist in continuity of care.
4. Individuals shall be referred to publicly funded providers within the courts or criminal justice authority area of jurisdiction.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Resource Directory	TCE-TAC	Developed: 11/2013
Procedure #: TCE650		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide referrals to additional services and resources for an individual when warranted clinically or requested by the individual.

PURPOSE: To describe resources for referrals and referral directory.

PROCEDURE:

1. Each staff maintains their own personal database of referrals and contact information. Information may include but is not limited to: phone numbers, fax, addresses, specific names, and criteria's of other programs.
2. Staff has access to the Respond Center who maintains a large resource/referral database.
3. Staff also has access to 2-1-1 for further resources.
4. The program has information available on resources. Such resources include Alcoholic Anonymous, Narcotics Anonymous, public assistance, and health care services to name a few.

Operation PAR, Inc.
POLICY AND PROCEDURES

Procedure: Services Overview	TCE-TAC	Developed: 11/2013
Procedure #: TCE700		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to outline the services available by the program.

PURPOSE: To provide a clear definition of services provided to individuals enrolled in the TCE-TAC program.

PROCEDURE:

Each client will receive a minimum of one counseling session monthly unless there is clinical justification to increase the frequency of services in the client chart and it is reflected on the treatment plan.

Services are based on the individual's need as identified in the treatment plan and can include:

1. Individual counseling
2. Group counseling
3. Counseling with families
4. Substance abuse education
 - a. Strategies for avoiding substance abuse or relapse
 - b. Health problems related to substance abuse
 - c. Motivational enhancement and strategies for achieving a substance-free lifestyle

Services will be provided by clinical staff and supervised by qualified professionals.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: State Integrated Substance Abuse Report (SISAR)	TCE-TAC	Developed: 11/2013
Procedure #: TCE750		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to comply with the state and federal and other contract requirements in reporting data.

PURPOSE: To define and improve SISAR information.

PROCEDURE:

1. The State Integrated Substance Abuse Report (SISAR) is completed upon admission, transfer or discharge.
2. The counselor providing the service completes the form.
3. The supervisor is responsible of reviewing the SISAR information, validating that the information is appropriate.
4. The business office provides data entry for this information into the proper system.
5. The completed (data and data entered) form is stored in the client's record.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Transfer	TCE-TAC	Developed: 11/2013
Procedure #: TCE800		
Administrator's Approval:		COO's Approval:

POLICY: It is the policy of Operation PAR, Inc. to provide documentation to a program an individual is transferred to from the referring program.

PURPOSE: To improve and define transfers from one program to another program.

PROCEDURE:

1. Transfer summaries shall be completed immediately upon transfer from one component to another within the same provider and from one provider to another within Operation PAR, Inc.
2. Transfer summaries to programs outside Operation PAR, Inc. are completed within five (5) days following the transfer to another provider.
3. Documentation shall be entered in the individuals chart regarding the circumstances surrounding the transfer.
4. The Transfer Summary shall be signed and dated by the primary counselor.
5. Program staff shall report and pending transfer of an individual to the criminal justice or other referral source.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Treatment Plan	TCE-TAC	Developed: 11/2013
Procedure #: TCE850		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide a treatment plan outlining an individual's treatment.

PURPOSE: To provide a comprehensive and uniformed treatment plan to individuals enrolled into treatment in the TCE-TAC program.

PROCEDURE:

1. An initial treatment plan shall be completed on each individual upon admission. A full treatment plan is completed prior to or within four (4) sessions or thirty (30) days of admission, whichever comes first.
2. The individual and clinical staff develops the treatment plan, which is written in a manner so that individual receiving services is able to understand the document.
3. The treatment plan shall specify timeframes for implementing services in accordance with the requirements established for each component.
4. Each treatment plan includes:
 - a. Goals and related measurable behavioral objectives to be achieved by the individual.
 - b. Means of achieving the identified goals
 - c. Types of frequency of services to be provided, including ancillary services.
 - d. Expected dates of completion.
5. The treatment plan shall be signed and dated by the person providing the services, the client, and countersigned by the qualified professional, a staff member with a license or a CAP, within five (5) working days of completion if not initially completed by a qualified professional.

Procedure: Treatment Plan Procedure #: TCE850	Developed: 11/2013	Page 2 of 2
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6. Treatment plan reviews are completed every thirty (30) days, signed and dated by the client, clinical staff providing the services, and if needed countersigned and dated by a qualified professional within five (5) days.
7. Treatment plan updates can be completed as clinical status changes justifying a change in treatment needs.
8. Treatment plan updates are signed and dated by the individual receiving services, clinical staff providing services, and if needed counter signed by a qualified professional within five (5) working days.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Waiting List	TCE-TAC	Developed: 11/2013
Procedure #: TCE900		
Administrator's Approval:	COO's Approval:	

POLICY: It is the policy of Operation PAR, Inc. to provide a TCE-TAC program. The following criteria shall be used to monitor the waiting list into the outpatient program.

PURPOSE: To establish appropriate monitoring criteria of the waiting list into the TCE-TAC program.

PROCEDURE:

TCE-TAC does not have a waiting list for clients as all clients meeting criteria will be admitted into the program.

Operation PAR, Inc.

POLICY AND PROCEDURES

Procedure: Standards of Conduct	TCE-TAC	Developed: 11/2013
Procedure #: TCE950		
Administrator's Approval:	COO's Approval:	

POLICY: Clients are expected to behave in accordance with program guidelines.

PURPOSE: To provide behavioral guidelines to clients who are participating in treatment.

PROCEDURE:

Upon admission to TCE-TAC, client will be asked to read, sign, and comply with Program Rules which outline the rules of the program.