

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

RFA # 024762

CSAT BIENNIAL PROGRAMMATIC REPORT

Program Reporting Period:

8/1/2014-8/31/2015

Instructions for Completing this Report

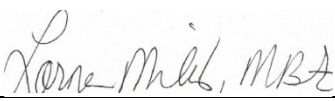
1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to: granteereports@jbsinternational.com
Copy SAMHSA Grants Management Specialist, Doug Lees (doug.lees@samhsa.hhs.gov),
and your Government Project Officer to the email
5. Save the confirmation receipt of your submission.

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

1. Reporting Period: 08/01/2014 – 7/31/2015
2. RFA #: 024762
3. Grantee: Randolph County Caring Community, Inc.
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Randolph Co	423 East Logan St., Moberly, MO 65270	Tim Fugate	660-263-7173 timfug8@yahoo.com
Saline Co	263 Morgan St., Marshall, MO 65340	Laressa Jackson	660-886-8860 laresa.jackson@ymail.com
Boone/Cooper Co	401 East High Street- Room C., Boonville, MO 65233	Carmen Jones	660-537-5397 cdc777@suddenlink.net

5. Project Director: Lorna Miles
6. Evaluator: Dr. Brent E. Wholeben
7. Evaluator Phone/Email: 815-753-1646/ WHOLEBEN@niu.edu

8. Signature  September 30, 2015

Project Director Signature Date

9. List any changes in key staff contact information here: None

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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.

Randolph County Caring Community Partnership requests \$280,000/year for three years for the Client Access and Services Exchange (CASE) project, a person-centered Motivational Enhancement Therapy (MET) project designed to increase clients' motivation for sustained engagement with treatment providers through the use of web-based tools/client portal. The population to be served is uninsured and underserved individuals aged 18 and over who reside in the rural Missouri Counties of Randolph, Saline, Pettis, Lafayette, and Boone Counties lacking access to treatment in their community. This project is designed to initiate services during the pre-treatment phase and to sustain client engagement throughout the continuum of care.

The CASE project goal is initiation of services during pretreatment and improved access to treatment through the utilization of technology-based applications. CASE will provide Motivational Enhancement Therapy (MET), an evidence-based intervention, by supporting increased, person-centered motivational interviewing and communication between the client and provider. Participating clients will engage with providers via a client portal built into the Iconic Health's Homepsych web-based system and Community CareLink (CCL) shared Electronic Medical Record (EMR) that includes encrypted email; text messaging; and electronic enrollment forms, screening tools, and assessment tools, including the Addiction Severity Index Multimedia Version (ASI-MV). The RCCCP has utilized Homepsych for over three years and have been developing plans for the implementation of the CCL for over 6 months.

CASE outcomes, in alignment with SAMHSA's National Registry of Evidence Based Programs outcomes for MET, include: 1) decreased substance and marijuana use, and 2) decreased alcohol consumption. In addition, our project hopes to: 4) increase retention among pre-treatment clients who utilized CASE services, 5) increase access to treatment for clients who utilized CASE services, and 6) increase in recovery support retention for clients who utilized HISI services.

The Client Access and Services Exchange (CASE) project will serve 100 unduplicated clients in year one, 100 in year two and 100 in year three. The client portal and ASI-MV will be available to all treatment and behavioral health agencies by the end of year one, with 5 agencies participating in the initial phase; 8 treatment/behavioral health agencies will adopt use of the client portal by the end of year two; 12 treatment/behavioral health agencies will adopt use of the client portal by the end of year three.

Change from initial – Our change is in the addition of more technology; Preferred Family Healthcare Virtual World Counseling.

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: Sharing of effective treatment models and results among providers

Status: CASE staff hosted or was invited to a total of 34 meetings (since grant began) where CASE treatment model was introduced to partner agencies as well as potential providers during reporting period. Presentations range in scope from offering services to potential clients at a Correctional Facility to asking to be a Partner for wrap-around services of employment, education, mental health, etc.

Goal: Increased engagement of persons in treatment in their health care

Status: Client portal gives 100% of CASE client's access to share in their treatment plan.

Goal: Increased monitoring and tracking the health status of individuals

Status: All Treatment Clinicians completing assessments and doing treatment progress notes have been trained to use CCMo EMR and Mobile CCL.

Goal: Improvement in recovery and resiliency rates

Status: CASE clients have displayed a strong desire to continue the use of CASE technology both during treatment up into their recovery stage.

Goal: Increased intrinsic motivation to change

Status: Motivational Interviewing techniques have been used on 100% of CASE clients.

Goal: Increase retention among pre-treatment clients who utilized technology-based services

Status: The ASI-MV was administered to 100% of clients in pre-treatment phase.

Goal: Increase retention for clients who utilized technology-based services from treatment admission to recovery

Status: CASE clients have displayed an excitement to maintain treatment and work towards recovery with technology offered. Preferred Avatar portal, CCMo client portal, and Mobile Case has engaged our clients at every continuum of care phase.

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.

Not falling short with objectives

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

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.)

No changes needed

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Site Coordinator	Tim Fugate	.25
Site Coordinator	Laressa Jackson	.25
Site Coordinator/Clinician	Carmen Jones	.75
Case Manager	Keila Anderson-Jackson	.30
Case Manager	Jaynine Falls	.30
Program Director	Lorna Miles	.50

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
None			

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

None

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

None

Partnerships

List each of the partner organizations.

Partner
Powerhouse Community Development Corporation, Faithwalk Community Development Corporation, First Call, Preferred Family Healthcare , Central Missouri Community Action Agency, Dismas House, Randolph, Saline, and Cooper County Probation & Parole, Randolph, Saline, and Cooper Family Facet aka Family Services, Missouri Veterans Administration (Columbia, MO), Family Counseling, Boonville Daily News, Boonville Housing Authority, Boonville Police Department, Burrell Behavioral Services, Randolph County Probation and Parole, Cooper County Probation and Parole, Howard County Children's Division, State Fair Community College, Moberly Area Community College., Freedom in Christ Ministries, Morgan St. Baptist Church, Community Council, Harvest House, Celebrate Recovery, Burrell Mental Health Counseling in Saline, Cooper, and Randolph Counties. MERS Goodwill.

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

The addition of Preferred Family Healthcare, as one of our partners, has heightened the technology we can offer to our clients. By being able to offer them treatment in a simulated 3-D environment in which real people, using avatars, are able to interact in meaningful ways with each other and the virtual environment enhances our program.

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
Site Visit – sustainability and Missouri Medicaid Expansion	11/14	9-11	JBS
Data & Importance of Followup (GPRA)	12/14	10	Lorna Miles, Pgm Director & Tiffany Cook, Data Manager
Technology	1/15	5	Ken, Emily & First Call
Data Points	3/15	5	Dr Brent Wholeben

Staff Development Activity	Date	Number of Participants	Training Provider
Staff Training 2-Day event	3/15	14	Brian, Bonita, & Lorna Miles
Case Management Training	4/15	8	Brittani Williams, Clinic Case Manager
Technology	4/15	8	Emily from First Call came to Saline Site
Evaluator Individual Site Visits	5/15	2-4 per site	Bonita Powell, Program Manager
General Training	8/14-8/15	5-10	Lorna Miles, weekly CASE TA calls
General Technology Training	8/14-8/15	4-8	Lorna Miles, site visits to train on use of CCMo (Probation & Parole offices, Family Facet, different partner agencies in individual counties)

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
General	9/14 – 10/14	Help with presentation, PD was given on BiWeekly TAC Grantee call	Iris, Leslie, Dave	None – call was a success due to the many phone calls and emails we had back to back with each other
On-Site Review	11/14	Sustainability, Missouri Medicaid Expansion issues	Iris & Dave	12/14 telephone conference planned with MO Dpt. Of Mental Health Director & State Medicaid Director Joe Park – Dave Wanser major help with opening the line of communication with this group and considering Medicaid paying for our services
General	Various	General grantee questions	GPO Wilson Washington	Using Grantee phone calls - Issues with CDP still present

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

Opening a TA ticket to obtain more help with “sustainability” and continue the talks we had with Missouri Medicaid. PD has been to many meetings where she had the opportunity to talk about the CASE program but RCCCP believes the relationship that Dr. Wanser brought to the table was of significant help.

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: Intake Coverage Report as of January 2015 to May 26, 2015 (CDP last report)

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i>	15	150%			
	188	182	96.8%			
6-Month Follow	104	90	86.5%			

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

Currently we are having no problems with intakes and followups.

6 Month Follow-Up Rate for all Grant Years Combined

Program Title	6-Month Follow-ups Due	6-Month Follow-ups Received	6-Month Follow-ups Rate
Targeted Capacity Expansion - Technology Assisted Care	102	87	85.3%
Total	102	87	85.3%

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.

Not difference

Evaluation

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

Total of four trainings have taken place with regard to Evaluation with CASE staff, JBS provided TAC Evaluation questions (client) that CASE will be using, as well as, Dr. Wholeben shared additional questions (partner's) that CASE will utilize. Dr. Wholeben visited each site in July, 2014 to evaluate service delivery, etc. and found each site to be on target to meet goals that have been set for each. Advice/Direction was given to ED & PD with regard to project sustainability.

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 changes

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.

No new findings

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.

No problems

Discuss how evaluation findings were used to improve the project.

n/a

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

Report attached from Dr. Wholeben last report date 3/2015

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*:		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries		115,204.03
Fringe		20,736.73
Contracts		49,473.00
Equipment		\$0
Supplies		1,994.51
Travel		9,998.94
Facilities		\$0
Other		129,386.51

Total direct expenditures		190,852.96
Indirect costs		\$0
Total expenditures		190,852.96
Remaining balance		\$47,623.04
*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.

None at this time

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

Submitted last time – No new updates

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.

Several Attached

LIST OF ATTACHMENTS

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

Attachment 1: <http://www.marshallnews.com/story/2177257.html>

Attachment 2: <http://www.marshallnews.com/story/2174044.html>

Attachment 3:
<http://www.boonvilledailynews.com/article/20140926/NEWS/140929122/0/SEARCH>

Attachment 4: <http://www.boonvilledailynews.com/article/20140411/NEWS/140419637>

Attachment 5:
<http://www.moberlymonitor.com/article/20140620/NEWS/140629892/0/SEARCH>

Attachment 6: <http://www.boonvilledailynews.com/article/20140228/News/140228593>

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: