

Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-11-0023 827

CSAT FINAL PROGRAMMATIC REPORT

Program Reporting Period:

September 1, 2011-August 31, 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.
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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: September 1, 2011- August 31, 2014
2. RFA #: TI-11-0023 827
3. Grantee Organization Name: River Edge Behavioral Health Center
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
River Edge Behavioral Health Center	175 Emery HWY, Macon, GA 31217	Tammy Beall	(478) 803-7817
ViewPoint Health	175 Gwinnett Drive SW Lawrenceville, GA 30046	Chandra Hohn	(770) 963-8141

5. Project Director: Ali Yallah
6. Project Director Phone/Email: (478) 803-7807/ ayallah@river-edge.org
7. Evaluator: Charles Martin
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9. Signature _____ 11/24/2014 _____
Project Director Signature Date

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BACKGROUND

Provide a brief abstract of your program. Please specify all technologies used in the project and note any changes from the initial application.

River Edge Behavioral Health Center (River Edge) in partnership with ViewPoint Health, formally known as Gwinnett, Rockdale and Newton Community Services Board (GRN) with the support of the Georgia Department of Behavioral Health and Developmental Disabilities have developed the I-Care Network which utilizes innovative technology to expand and enhance the ability of these providers to effectively communicate with individuals in substance abuse treatment and community partners, and to create access for the individuals served to track and manage their own wellness and recovery.

This network will improve integrated, coordinated, person-centered service delivery through web-based and electronic applications. This project will also increase service access, improve processes, remove barriers to care and provide needed education to increase awareness and improve self-management for more than 4,000 underserved individuals with substance abuse disorders who live across 10+ Georgia Counties in Central and Northeast Georgia.

The target population is underserved adults, 18 and over, who have a substance abuse disorders and who may have one of the following additional needs that increase their vulnerability and decrease their access to high quality care: (1) co-occurring mental health disorders, (2) experiences of trauma, (3) co-morbid health conditions (i.e., cardio metabolic illnesses, HIV/AIDs), and (4) interface with the criminal justice system. In addition to the 4,000 served, due to the expansion of service delivery into rural and underserved areas through new software and products such as telemedicine, an additional 400 individuals will be served per year (1,200 individuals over 3 years).

The purpose of the I-Care Network is to advance service delivery and adapt to changes in the behavioral healthcare environment through leveraging modern technological evolution that enhances the content, access, and social service support to clients. This will be accomplished through the following goals: **Goal 1:** *To enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders.* **Goal 2:** *To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners.* **Goal 3:** *To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.* The defined measures of technology outcomes in treatment is clients finally having their “own electronic destiny in their hands”. Recovery is possible!

Technologies being used are: (1) Telemedicine (Tele-Health), (2) Computer labs in 6 locations for clients to access iCare web portal, perform job searches, access linkages to benefits and lodging 4) iCare portal for clients to track recovery, set and track goals, access linkages to community services Smoke Signal (Appointment reminder system) for all Substance Abuse Clients and Icare Recovery web portal for all clients with Substance Abuse disorders.

PROJECT IMPLEMENTATION

Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technology selected for your program.

Goal: *To enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders.*

Status:

- We have exceeded our original goal of enhancing and expanding our current technology at both River Edge and ViewPoint Health and thus improved our capacity by over 20% as a direct result of this grant funding. This includes the use of new yearly evidenced based practices that are updated annually. These technology enhancements improve our service delivery at our other partnering agencies such as First Call, Bibb County Mental Health Court and Drug and Mental Health Court for Youth.
- We met each goal/deliverable with our signature iCarerecovery site used by clients to track and enhance their recovery journey. Our Icarerecovery usage increased by over 50% each month over the last year. This is due in large part to clinician and client feedback over the course of several months meeting with clinicians who shared their thoughts and ideas as well as their clients suggestions to improve the iCarerecovery site.
- When we first started building/developing iCarerecovery, we were hosting it outside of our network. This was costing us monthly but did not give us a guarantee of security, ownership and sustainability. We brought the website in house and hosting it on our network. In addition to ensuring that client data is protected and safeguarded against disaster, as well as safeguarding the source code of the web development, we invested in the backup solution. We are able to backup Smoke Signal, Telemed, Icarerecovery to a remote server in Baldwin and can restore data within hours if there were ever a major disaster. This also gives us sustainability since we purchased the backup solution outright.

Goal: *To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners.*

Status:

1. 100% of individuals currently enrolled in substance abuse treatment and services have access to enhanced services (over 4,000 served annually).
2. Expanded services to an additional 10% of clients (400) through the implementation of web-based services.
3. Clients receiving enhanced services. Enhancements to current technology were made throughout the funding award, a total of 4 major technological improvements.
4. 100% of relevant staff received computer-based training of systems related to health care technologies and information resources.
5. 100% of substance abuse treatment staff receive ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.
6. 100% of participants are screened for trauma and will be referred to appropriate trauma-informed care if needed.
7. 100% of participants receive equitable, culturally competent and evidence-based treatment and recovery supportive services.
8. Provide linkage to recovery supportive services including Supportive Housing and Supported Employment for 100% of eligible participants receiving supportive services.
9. A Medicaid Eligibility Specialist works with 100% of participants to obtain reimbursement for behavioral health services.

Goal: *To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.*

Status:

River Edge houses a Grants department A sustainability plan was developed and implemented in year 3. The partners of the I-Care Network believe that the sustainability of this project is critical and realize that in order to make a genuine difference, this project must continue beyond the funding period. The I-Care Steering Committee worked with project staff to develop and implement a sustainability plan and support campaign that will lead to diverse revenue streams. Partners have identified critical activities, roles and responsibilities that will enhance sustainability and will be used as non-federal match contributions. Some of the actions include: (1) Interagency trainings and an annual community-wide forum will be offered to broaden the pool of providers. Additionally, by using a Train the Trainer approach, as staffing patterns change, new staff can be trained on the screening, assessment and treatment approaches. (2) Reassessing the emerging needs of the community and redeveloping plans of service delivery to meet those needs. (3) Partners will provide training and education to policy makers, community business owners, and potential partners to elicit county support in the way of cash, donated space, and gifts of property or equipment. (4) Partners value the need for dissemination of innovative and best practice methods. Partners will provide technical assistance to other

communities. After evaluating the project, partners are committed to helping other communities in their discovery and implementation process through technical assistance. (5) Partners will educate federal and state legislatures of the positive impact the project has had on the communities involved to generate support for a process that encourages changes to the allocation of funding. (6) The infrastructure was developed and the members have seen the value of having staff in the community and therefore cost sharing will be encouraged for positions.

Several action steps will also be taken to ensure program continuity when there is a change in the operational environment (staff turnover and change in program leadership) to ensure stability over time. Examples of the action steps for ensuring program continuity are outlined as follows: (1) continuity will be ensured through a shared responsibility for the project's execution by all program partners; (2) specific attention will be given to building a committed staff, which will reflect a solid match with the mission of the program; (3) establishment of a transition period for orienting new staff; (4) provide necessary and requested trainings and equipment to ensure staff feels safe and competent to perform their responsibilities; (5) regular consultation with staff about morale, feelings of satisfaction, and needs; and (6) work with program partners to develop contingency plans for staff turnover and/or changes in leadership.

River Edge is committed to maintaining all technologies funded through this grant and will update this technology as needed.

Objective: 100% of individuals currently enrolled in substance abuse treatment and services will have access to enhanced services (over 4,000 served annually).

Status:

- 100% of individuals currently enrolled in substance abuse treatment and services have access to enhanced services (over 4,000 served annually). In fact, our SA clients have had access to these enhanced services since the implementation of each service throughout the last three years of the grant.
- 100% of River Edge clients will continue to have access to Smoke Signal, Telemed and our computer labs with icarecovery remaining as an enhanced service for SA clients exclusively.

Objective: Expand services to an additional 10% of clients (400) through the implementation of web-based services.

Status:

River Edge serves over 11,000 clients annually and has expanded services to each of the new SA clients over the last three years as needed and requested. A total of 45% of new SA clients have utilized at least one of our new technologies.

Objective: Clients will begin to receive enhanced services by the beginning of the 4th month. Enhancements to current technology will be made throughout the funding award, a total of 4 major technological improvements

<p>Status:</p> <ul style="list-style-type: none"> • As previously mentioned, 100% of individuals currently enrolled in substance abuse treatment and services have access to enhanced services (over 4,000 served annually). In fact, our SA clients have had access to these enhanced services since the implementation of each service throughout the last three years of the grant. • 100% of River Edge clients will continue to have access to Smoke Signal, Telemed and our computer labs with icareecovery remaining as an enhanced service for SA clients exclusively. • All four technologies were implemented within the original timeline and offered to clients as scheduled. Enhancements were made as needed and each technology will continue to be enhanced and updated as needed moving forward.
<p>Objective: 100% of relevant staff will receive computer-based training of systems related to health care technologies and information resources..</p>
<p>Status:</p> <ul style="list-style-type: none"> • 100% of relevant staff received computer-based training of systems related to health care technologies and information resources. • 100% of substance abuse treatment staff received ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.
<p>Objective: Develop and implement a marketing campaign to raise awareness in the community of available services and resources by the end of the 3rd month.</p>
<p>Status:</p> <p>River Edge developed a robust marketing campaign that was implemented throughout the three year grant which included:</p> <ol style="list-style-type: none"> 1. Use of social media: <ul style="list-style-type: none"> ○ Facebook-regular posts with technology enhancements showcased ○ Twitter- regular tweets about the SAMHSA HIT program. ○ RE website-The four technologies highlighted on the SA page and throughout the site. 2. Icarerecovery posters created and displayed throughout River Edge and Viewpoint Health programs at each RE and Viewpoint site. 3. Icarerecovery posters distributed to all partnering agencies 4. Icarerecovery postcards created and distributed to all SA clients at RE and Viewpoint. 5. All four technologies showcased at each health fair attended by RE. 6. All four technologies included in RE brochures distributed at RE and throughout community.
<p>Goal: 100% of substance abuse treatment staff will receive ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training</p>

Status:

100% of substance abuse treatment staff received ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.

Integrating technology into traditional behavioral health care service requires that all levels of staff be properly trained and have adequate documentation to assist clientele at the point of need. Training programs in all types of electronic tools and resources is critical in maintaining an informed and competent staff, for today's technology and for future developments as well. To ensure the fidelity of all service delivery, the Computer Based Training Designer developed training programs in the use of specific applications. This was accomplished through identifying and evaluating the use of different types of training, such as one-on-one "just in time" training, formal group training conducted by IT staff, and formal group or individual training provided by outside agencies. In addition, core competency training program for incoming new staff in the use of specific applications, which will be integrated as part of the overall orientation and training program at each site. Training is modified as needed to reach the goal of an integrated service delivery system.

Goal: 100% of participants will receive be screened for trauma and will be referred to appropriate trauma-informed care if needed

Status:

100% of clients were and will continued to be screened for trauma and referred as needed to appropriate trauma-informed care.

The EBPs used included:

Trauma Recovery and Empowerment Model (TREM), M-TREM (for males), and Seeking Safety. The **Trauma Recovery and Empowerment Model (TREM) and M-TREM (for males)** is group therapy model that focuses on individuals, both females and males who have a history of being exposed to sexual and physical abuse. This is a 24 to 29 session group that includes skills training, psycho-education, coping skills, and social support. This model addresses mental health symptoms especially with post-traumatic stress, depression and substance abuse which are derivatives of these types of abuse.

Seeking Safety is a therapy model that is present-focused to help individuals attain safety from trauma and substance abuse. This program addresses the following key areas in its curriculum: safety in relationships (inclusive of thinking, behavior, and emotions); integrated treatment of co-occurring disorders; and, self-care. This model was chosen because it has been shown to reduce PTSD symptoms. Seeking Safety was chosen because this model provides avenues to address co-occurring mental health and substance abuse issues, managing emotions, and fostering successful relationships.

Status Toward Goals

Describe your success in meeting project objectives. What factors facilitated progress toward achieving your goals?

All goals and objectives were met and exceeded even before the end of the grant. The Project Director, who also serves as the IT Director of River Edge, has extensive training and knowledge of ever changing healthcare technology. His insight, experience and leadership drove the success of the HIT program. Staff dedicated to client recovery was also a crucial component of clients gaining awareness of the new technologies being offered to them. Technology is expensive and this grant provided funding necessary to purchase advanced technologies.

If you fell short in meeting any project objectives, please explain the factors that impeded progress and the efforts that were taken to correct them.

We met all objectives stated in the grant narrative. The one area we struggled through during the grant was with collecting GPRA follow ups from a client base that more often than not leave treatment before six months and does not have a consistent phone number in use making follow up contact difficult.

Describe any additional benefits the program achieved in terms of outcomes, beyond the original proposed goals or activities.

- Reduction in missed appointments by 15% since 2012.
- Telemed has made it possible for clients to receive treatment no matter where they are located or what their transportation limitations may be.

How will the program be sustained after the grant funding period has ended?

The program will continue as is and will be updated and enhanced by River Edge's general fund and other future funding sources as needed to fulfill River Edge's objective to provide and use technology for the successful treatment and recovery of all clients.

What changes to the program's design and implementation plans will be made to enable the program to sustain itself long-term? Will you continue to use the same technology? Will it be used in the same capacity?

No changes to the program's design and implementation are currently planned to sustain the program long-term. The program will continue as is and will be updated and enhanced as needed to fulfill River Edge's objective to provide and use technology for the successful treatment and recovery of all clients.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Ali Yallah	25%
Program Assistant	Tammy Beall	100%
Computer Based Trainer Designer	Rick Riley	100%
River Edge Clinical Director	Miranda Nunez	20%
River Edge Substance Abuse Supervisor	Elaine Brockman	20%
SA Gender Specific Outpatient Director	Susan Johansen	20%
HIV Early Intervention Coordinator	Geraldine White	20%

Which positions will no longer be supported after the grant funding period ends?

All positions will remain intact.

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

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

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

N/A. As mentioned before, all positions funded through this grant will remain intact moving forward.

Describe your organization's process for managing and prioritizing technology-related decisions and changes. Is there a standing governance group or other committee utilized for coordinating activities?

Existing interfaces continue to be enhanced, replaced or improved to optimize the delivery of resources through technology. The core function of the technology is to provide staff and clients of the Center with technology that will enhance access to information needed for the provision of behavioral healthcare services as well as social services. As a result, decisions on technology acquisition and enhancement depend on 1) the value of the technology to the people we serve 2) the value that the technology brings to the organization and 3) how the technology ensures long term viability and efficiency. The executive leadership of River Edge Behavioral Center, made up of the CEO, CFO, COO and CIO coordinate activities on technology acquisition and prioritization in order to attain the vision outlined above.

Describe how you were able to expand/integrate your program's technology on a broader level within your organization. Include strategies on how leadership and other champions were involved in adopting and promoting technology.

Expansion and integration of River Edge Behavioral Health Center technology is centered around the vision of the IT department which is to strive to advance the center's strategic goals which are to adapt to changes in the behavioral healthcare environment, and to provide its clients with services that leverage modern technological evolution that is necessary for responding to today's healthcare and user needs. With the vision in mind, expansion and integration involved converting all facets of the business into electronic form. The executive leadership promoted technology through education, recognition and, in some cases, incentivization.

How does the organization intend to utilize the program's technology in the future? How will any associated costs be covered?

In technology infrastructure was built with long term sustainability in mind. Going forward, the technology will continue to provide River Edge clients with services that leverage modern technological evolution that is necessary for responding to today's healthcare and user needs. The mission of the IT department is to provide the technology necessary to make River Edge Behavioral Health Center the leader in the industry where by technology is viewed as a partner and part of the team that sees to the success of the organization. Through the success of the technology, associated cost and sustainability can be achieved by the increased number of clients we serve.

PERFORMANCE INFORMATION

GPRA Performance

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

Date on which reporting GPRA data was obtained: By the time we discovered that a Bi-annual report was required along with a final report, we had been locked out of the GPRA-CSAT system and could not retrieve GPRA statistics.

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	<i>Example: 10</i>	<i>15</i>	<i>150%</i>			%
6-Month Follow-up	<i>Example: 5</i>	<i>5</i>	<i>100%</i>			%

If your intake or follow-up percentages are below 80 percent, please explain why your program was unable to reach the minimum threshold.

Follow-ups continued to be our main struggle within this grant with the same barriers. Many clients are no longer in River Edge and ViewPoint Health services for six months and their contact information is not current. After leaving services, many clients are not interested in returning to complete a GPRA follow-up even when offered a gift card as an incentive. We will add to their contact information, space to include nearest family member and neighbor to use as back up to contact clients once they leave our program. Most of the outpatient clients who voluntarily signed up for the GPRA were treated and released and are difficult to track down. Most have no phones, some are back in jail while others have just moved out of state to avoid bad influences. We have worked fervently to make each component of our program successful even though our follow-up GPRA number does not reflect 80%. Bi-Weekly update meetings were conducted in the first three months of the reporting period with all stake holders to strategize on how best to track the clients we have signed up. We also had two team members to attend the CSAT GPRA Train the Trainer training in December to learn new ways to collect GPRA's. We would like to point out that we met and exceeded our original goals stated in our proposal. While we are introducing over 4,000 clients to our new TAC services, we cannot require each client to complete a follow-up GPRA (SAMHSA policy).

Evaluation

How was health information technology (HIT) incorporated into your program workflow? Describe the steps that you took.

Each of the four technologies were incorporated into the daily workflow of the HIT program in which each River Edge and Viewpoint Health client had access to at least three of the four technologies (Icarerecovery was offered to SA clients exclusively). The HIT program was incorporated in many of the River Edge programs where appropriate. All staff was trained in the technologies and HIT technologies were mentioned and made available beginning at the first point of entry (Admissions).

1. Smoke Signal – Smoke signal is a client notification system that integrates into River Edge's Electronic Health Record. All clients who have appointments are called and reminded of their appointment the day before the due date. Clients have the option to opt out of this service through a consent form that they are advised of at registration. The use of the Smoke Signal tool has improved Appointment Kept times by over 15% since 2012.
2. Telemedicine – The River Edge Telemedicine system, also acquired through the SAMHSA TCE grant allows doctors to treat clients in our rural areas. Through this technology, over 1075 unduplicated clients were seen by doctors and other healthcare professionals in the calendar year 2013. This number is expected to grow year by year by at least 30%.
3. Icare Recovery – IcareRecovery.org is a website created by River Edge IT department

with the help of the SAMSA TCE grant solely for Substance Abuse patients in recovery. The web portal allows clients to track their recovery through self-created goals. The clients set deadlines for each goal set and if the deadline is missed, an alert message is sent to the client and to the client's case worker. Through the alert the client is proactively given assistance to achieve goals that they set for themselves towards their recovery.

4. **Computer Labs** – The computer labs setup at each River Edge site allows clients in recovery to learn computer skills and to use the technology to create resumes or locate places that offer social services.

Did HIT increase program efficiency (i.e., by reaching more patients or reducing the time it took to meaningfully connect with patients)?

1. **Client Satisfaction Surveys.** Data from River Edge (RE) and Viewpoint Health (VPH) client satisfaction surveys indicate that:
 - a. The reminder systems at both sites helped clients keep appointments (RE- 72% report receiving reminders; 90.9% of these indicate it's helpful. VPH- 30% report receiving reminders; 93.4% of these indicate it's helpful.)
 - b. Clients are using the computer labs to do job searches, locate support services, email, and write resumes (RE- 15% of clients report using the labs and VPH 8% of clients report using the labs.)
 - c. Clients are becoming more aware of the iCare Recovery, more so at RE (21% indicating they were aware of the portal) than at VPH (9% aware).
2. **Computer Labs.** Computer labs were a resource for clients who did not have access to computers or the Internet at home. The labs also provided convenient Internet access for clients who had appointments at RE and VPH. As mentioned in the Client Satisfaction Survey section, computer labs were established at multiple sites at both RE and VPH. RE estimated that client use was:
 - About 60% for job searches, resume building and classes for job related activities for substance abuse (SA) clients.
 - 20% for job searches, benefits (e.g., Social Security, housing searches, SA resources.
 - 10% for job searches, benefits, housing searches, SA resources at Billingsley Residential Recovery.
 - 5% for job searches, benefits, housing searches, SA resources at Lifespring Residential.
 - 5% are from Dual Diagnosis used for job searches, benefits, housing searches, SA resources.
3. **Telemedicine.** Telemedicine improved client access, reducing travel for clients and doctors, and reducing costs. Telemedicine use increased dramatically during the grant from about 19 sessions per month in 2012 to 81 sessions per month in 2014. These figures are for RE; VPH discontinued telemedicine in 2014.

Interviews were conducted with clients regarding the effectiveness of the telemedicine sessions (n=3). Clients indicated few, if any, barriers to using the system. Two of the three interviewed felt that they were not missing anything meeting with their doctor via

telemedicine versus face-to-face. Clients commented:

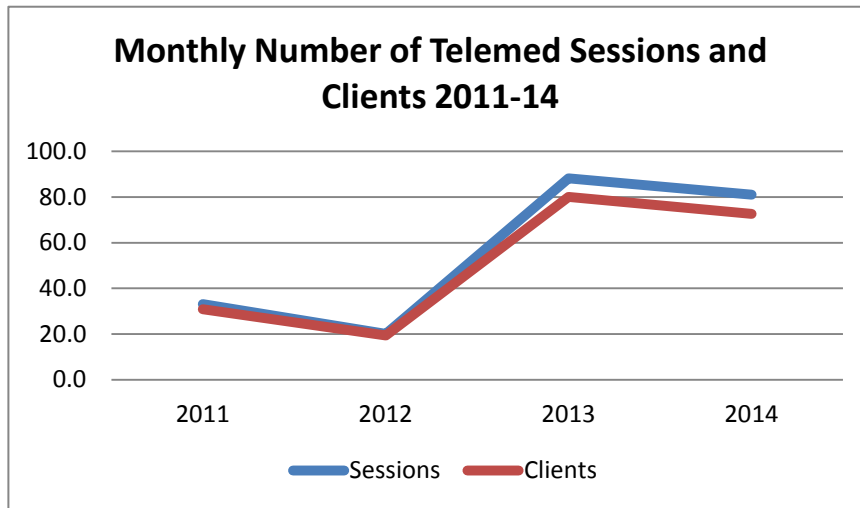
- *“I think I would be getting the same treatment if the doctor was right in front of me, than being on telemed. So to me, there is not really a difference because the doctor is pretty good about taking care of all of my issues.”*
- *“I can talk to the doc about anything that’s on my mind through telemedicine just like I could if they were sitting in front of me.”*

Clients said that not having to drive long distances for sessions was the greatest benefit of telemedicine.

4. **ICare Recovery Portal.** Service providers are recognizing the ICare Recovery portal as a treatment resource. This year, clinicians have worked with portal designers to build in resources tailored to client needs (e.g., online access to handbooks and forms) and are moving toward using the portal as a tool for tracking client progress on their individual recovery goals. Used this way the portal will help supply information to clients and make access easier as well as allow them to monitor their own progress toward recovery.
5. **Reminder System.** The reminder systems at VPH and RE save clinicians time for not having to call and remind clients about appointments. This allows clinicians to be more productive during their day. Data shows that the reminder system results in fewer missed appointments (23% increase in kept appointments at RE) and thus increase revenues.

Please provide 2—3 examples of evaluation findings that demonstrate positive results from using HIT.

1. **Reminder Systems.** As noted in the previous section, client survey data indicate that the reminder system helped clients miss fewer appointments and thus RE and VPH save money. Data from RE in FY 14 indicated that, after the reminder system was implemented, there was a 23% increase in the number of appointments kept.
2. **Telemedicine.** There are two things of note in the evaluation data. First is the rapid increase and sustained use of telemedicine from an average of below 40 sessions per month in the first two years of the program to over 80 sessions per month in 2013 and the first three months of 2014. Also, there is a slight trend over the past year to clients having more than one session per month. The chart below shows that in 2011 and 2012 the number of session and the number of clients served each month were about the same. Beginning in 2013, the number of sessions began to exceed the number of users. In 2011-12, users had 1.05 sessions per month. This increased during 2012-13 to 1.11 session per month. (See table below.)



What outcome measures were collected outside of those collected by GPRA?

1. Client satisfaction surveys
2. Telemedicine use data and client interviews
3. ICare Portal use by clients
4. Monitoring development of Portal
5. Computer Lab use
6. Reminder system data

Discuss how evaluation findings were used to improve the project.

1. Incorporation of clinician feedback into development of portal. Clinicians became actively involved in making suggestions about portal design and content and in providing content for the portal.
2. Working with clinicians to incorporate use of portal in treatment. Clinicians being actively involved in development of the portal led to more consideration of the use of the portal by clinicians for treatment, specifically use of the goal setting and tracking features.
3. Developing marketing ideas for the portal. Program leadership developed marketing ideas for the portal as a result of evaluator feedback and created brochures promoting the site.
4. Attempting to document computer lab usage. Several systems were tried to monitor computer lab usage (e.g., sign in sheets) and automated log in trackers were considered but ultimately rejected due to costs.
5. Creation of the client survey. Evaluators tried to incorporate questions into existing client

surveys and data collection routines but finally advised creating a separate survey that was specific to the HIT project. This was developed and administered.

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:	\$ 839,999.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	Cumulative Expenditures To Date
Direct Costs:		
Staff Salaries	\$ 60,291.00	\$ 295,716.00
Fringe Benefits	\$ 24,094.00	\$ 118,168.00
Contracts	\$ 43,541.00	\$ 225,577.00
Equipment	\$ -	\$ -
Supplies	\$ 840.00	\$ 4,820.00
Travel	\$ 9,346.00	\$ 37,304.00
Facilities	\$ -	\$ -
Other Direct Costs: (please identify below)		
	\$ 38,244.00	\$ 134,593.00
	\$ -	\$ -
	\$ -	\$ -
Total Direct Costs:	\$ 176,356.00	\$ 839,999.00
Total Indirect Costs:	\$ -	\$ -
Total Expenditures (Sum of Direct and Indirect Costs):	\$ 176,356.00	\$ 839,999.00
Remaining Balance (Based on Total Grant Award):		\$ -

Did you achieve any cost savings by implementing HIT into your program(s)? If so, please describe. If not, do you project that you will see cost savings from the implementation of HIT in the next 1—5 years?

Telemedicine improved client access, reducing travel for clients and doctors, and reducing costs and this cost savings is expected to increase annually.
Data shows that the reminder system results in fewer missed appointments (23% increase in kept appointments at RE) and thus increased revenues.

Other Significant Project Activities

Do you have any outstanding needs or concerns pertaining to this grant?

N/A

What recommendations or suggestions (i.e., lessons learned) would you like to share with other grantee cohorts?

- Use caution when identifying the total number of clients you are proposing to serve in the grant as this will be the same number of GPRAs you will be responsible to collect which will require the even more daunting task of collecting 80% of those same GPRAs as follow ups.
- Ensure agency leadership is supportive and understands the value of the program and that they are motivated to incorporate the new technologies into their departments.
- Bring appropriate clinical staff on board the program from the beginning as they will be one of your most valuable resources when creating and enhancing technology that will be beneficial to the clients they serve daily.

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

A Yallah presentation ATA May 2014

A Yallah presentation SAMHSA HIT Grantee 2014 meeting

LIST OF ATTACHMENTS

List each attachment separately here and attach to this report.

Attachment 1: A Yallah presentation ATA May 2014

Attachment 2: A Yallah presentation SAMHSA HIT Grantee 2014 meeting

Attachment 3: Ideas Exchange HIT pp presentation

Attachment 4: : ICarerecovery postcard

Attachment 5: