

## Native American Health Center: Biannual Summary

1. Reporting Period: February 1, 2014 – July 31, 2014
2. RFA Number: TI024765
3. Project Director: Podge Thomas

### Program at a Glance

<b>What are the current technologies being utilized by the grantee?</b>			
Technologies used by the grantee to deliver services include telepsychiatric services through a remote system activated via phone and laptop computers to help clients access the web-based substance abuse treatment. Services are integrated through implementation of the EHR and the portal is anticipated to rollout in October 2014.			
<b>Are there any notable changes this reporting period?</b>			
GPRA target intake adjusted from 300 to 100 in May 2014.			
<b>What are the grantee's GPRA rates?</b>			
	<b>Target</b>	<b>Actual</b>	<b>Percent</b>
Intakes (Baseline)	<i>100</i>	<i>42</i>	<i>21%</i>
6-Month Followup	<i>0</i>	<i>N/A</i>	<i>N/A</i>
<b>If intake or followup is below 80 percent, has the grantee described its plan to increase GPRA rates?</b>			
The delay in enrollment due to program staffing caused a subsequent delay in follow-ups. However, the program is expected to reach an 80% follow-up rate by the next reporting period as a result of implementation of multiple measures for tracking and reminders for the staff. Additionally, training has been provided to the staff to stress the importance of intakes and follow-ups.			
<b>Does the grantee need technical assistance? If yes, does the grantee have a request in SAIS?</b>			
A follow-up call was scheduled on August 28, 2014 to get an update on the iNative program progress. Subsequent follow-ups should be made to help the grantee assess the progress and assist with any challenges iNative may be experiencing.			
<b>Are there any areas of concern in the report that require GPO attention?</b>			
The intake and follow-up rates are very low. The report states that measures are being implemented			

but it is not clear how the tracking and reminder implementation will help remedy the rates, unless the low rate is due in part to the staff not remembering to track intake and follow-ups.