From:	Miller, Jim
To:	DGMProgressReports (SAMHSA/OFR)
Cc:	Washington, Wilson (SAMHSA); Clarke, Dianne; Vargo, Mark
Subject:	FW: Biannual Report Operation PAR TI024730
Date:	Friday, August 21, 2015 9:34:04 AM
Attachments:	BiannualReport-OperationPAR-TI024730-2015-08-30.pdf

Please find attached our Biannual Report. ***Wilson, please note the correction of our Grantee ID with this submission. You can delete the previous copy.***

Thanks,

Jim Miller, CISSP
CIO/Security Officer
Operation PAR
P: 727-499-9110 x368
F: 727-499-9109
jmiller@sastampabay.org

Helpdesk
helpdesk@sastampabay.org
Helpdesk submission form
727.499.9111

From:	Lees, Doug (SAMHSA/OFR)
To:	Miller, Jim
Cc:	Washington, Wilson (SAMHSA); Vargo, Mark; Clarke, Dianne; DGMProgressReports (SAMHSA/OFR); granteereports@jbsinternational.com
Subject:	RE: Biannual Report Operation PAR TI024370 TI 24730 not 370
Date:	Friday, August 21, 2015 9:28:09 AM

Hello Jim,

Thanks for your report. I have a few comments. Your grant number with SAMHSA is TI 24730. Grant TI 24370 is another SAMHSA grantee. Also, I think JBS International is a former contractee with SAMHSA. They are not formally involved with SAMHSA program progress reporting, but feel to send a copy to whomever you like.

SAMHSA is implementing a new e-address to send grantee periodic programmatic reports. The e-address is DGMProgressReports@samhsa.hhs.gov. Below is a cut and paste from the term and conditions of your recent notice of award providing more detail. I do not need to be copied when submitting future reports since the SAMHSA grants office receives its' copy via the new address.

CUT AND PASTE FROM NoA:
REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - March 1, 2016
2nd Report - September 1, 2016

Please submit your Programmatic Reports to DGMProgressReports@samhsa.hhs.gov and copy your Program Official
(HARD COPIES SUBMISSION IS NOT REQUIRED)

Should you have any questions, please let me know.

Doug

Doug Lees
Grants Management Specialist
HHS Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Suite 7-1091
Rockville, MD 20850
240-276-1653

From: Miller, Jim [mailto:jmiller@sastampabay.org]
Sent: Friday, August 21, 2015 9:11 AM
To: granteereports@jbsinternational.com
Cc: Lees, Doug (SAMHSA/OFR); Washington, Wilson (SAMHSA); Vargo, Mark; Clarke, Dianne
Subject: Biannual Report Operation PAR TI024370

Please find attached our Biannual Report.

Thanks,

Jim Miller, CISSP
CIO/Security Officer
P: 727-499-9110 x368
F: 727-499-9109
jmiller@sastampabay.org

Helpdesk
helpdesk@sastampabay.org
Helpdesk submission form
727.499.9111

Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

Grant # TI-024730

CSAT BIANNUAL PROGRAMMATIC REPORT

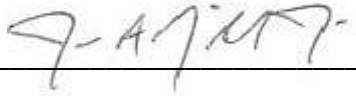
Program Reporting Period:

02/01/2015-07/31/2015

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

1. Reporting Period: 02/01/2015-07/31/2015
2. RFA #: TI-13-008
3. Grantee: TI-024730
4. Provider Site(s):

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

5. Project Director: Jim Miller
6. Project Director Phone/Email: (727) 499-9110 Ext 368/jmiller@operpar.org
7. Evaluator: Mark Vargo, Ph.D.
8. Evaluator Phone/Email: (727) 499-7240 Ext 204/mvargo@operpar.org
9. Signature  8/20/15

   Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
No Changes				

TABLE OF CONTENTS

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.

There are no changes from the initial application.

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: The project has made many attempts to expand services in Pasco County by attempting to team with two different primary care providers in the county. Unfortunately, these attempts have not resulted in a steady referral stream of clients to the program. The reasons for this lack of integration of behavioral health with primary health is not unique to this project. There are many examples of behavioral health and primary health not integrating. The barriers lie in differences in philosophy and practices between the two, differences in billing, differences in training in the two fields and an overall belief that behavioral and primary health operate within two separate paradigms. Despite these setbacks, the project has expanded eServices in Pasco County by recruiting clients from Operation PAR's own medication assisted programs who were in need of additional substance abuse treatment. To this end, even though the project may not have tripled the client intakes as proposed, it has expanded and enhanced the technology of eServices in Pasco County. By implementing and honing the eServices methodology, Operation PAR is preparing the agency to meet the demand of serving clients who need substance abuse treatment but unable to attend face-to-face meetings in an office when primary healthcare and behavioral healthcare are finally integrated. This integration is slow in coming, but given the current political and economic climate, it will occur through changes in billing, training and philosophy of the two systems.

To that end, the project has refined eServices so that the technology is transferable to other programs within the agency including Case Management, Outpatient Services and Continuing Care. The project is in the process of preparing a manual of how to implement eServices in other programs. Additionally, Project Director Dianne Clarke and Program Director Sandnes Boulanger have conducted eServices training for counselors to become certified.

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: The current payer set up for participants receiving services through the project includes only grant funding and self-pay. The project is working with other members of the agency to explore methods to bill other sources such as private pay and Medicaid. The issue is that not all payers recognize eServices as a billable treatment. This is especially so with Medicaid which will reimburse for eServices but only if the treatment is conducted from one business portal to another business portal. It will not pay, if the client takes the service in their home. To date, all of the 60 clients enrolled in the program have received services covered under grant funding. Once again, the intermediate step to reaching the goal of enhanced Utilization Review is to prepare the agency for immediate implementation of eServices by having the necessary technology, staff and practices in place so that when eServices are reimbursed by third-party payers, Operation PAR will be poised to expand this service to its clients.

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

Status: Operation PAR's IT Department has developed a SharePoint-based Dashboard which is instrumental in establishing benchmarks not only for the TAC Pasco program, but also every program within Operation PAR. Additionally, the agency has purchased a commercial dashboard and working to vet the data in the commercial dashboard so that a broader array of benchmarks could be accessed quickly. Both Dashboards are 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. Additionally, the project's evaluator, Mark Vargo, Ph.D., is also the Vice President of Research, Evaluation and Outcomes for Operation PAR. In this capacity, he has access to all of the data within the agency's electronic health record as well as access to the Agency's financial reporting system and the Human Resources Dashboard. This capability of accessing three of the major databases in the agency allows Operation PAR to develop and measure benchmarks that address agency Access, Efficiency, Effectiveness and Satisfaction. It also allows the agency to look at unique client demographics regarding co-occurring disorders and address agency screening and assessment practices as well as service delivery. Since the start of the project, Operation PAR has been a part of the Florida Behavioral Health initiative sponsored by the Florida Alcohol & Drug Abuse Association (FADAA), Florida Council for Community Mental Health, the Florida Department of Children and Families Substance Abuse and Mental Health Program Office and Netsmart. This initiative provides a basis for benchmarks addressing organizational demographics, operational benchmarks, clinical benchmarks, organizational climate benchmarks and financial benchmarks for an agency. These in turn are comparted to other agencies within the state and country. This initiative as well as reviewing benchmarks for accreditation and internal Performance Improvement has not only enhanced the Quality Assurance reviews for the project, but for the agency as a whole.

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

Status: The three phases of SBIRT (Screening, Brief Intervention and Referral to Treatment) were all implemented. The project set up the process with the FQHC Premier Community Healthcare Group, Inc. Unfortunately, because of the poor response and lack of referrals from Premier, both parties agreed to terminate the contract. Despite this, the project was able to develop how SBIRT would work in a primary health care center and developed the method of implementation with lessons learned.

SCREENING: After partnering with Premier, the need became apparent to implement an efficient, preferably web-based, system for screening potential clients for the program. It was clear that physicians would not be completing SBIRT. 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 as opposed to SBIRT screenings, though in reality the end result is the same, clients being briefly screened and identified. To facilitate using the GAIN in the screening of potential clients, 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.

BRIEF INTERVENTION: Would prove to be the more difficult component as primary healthcare staff are usually not trained in brief intervention or motivational interviewing. To circumvent this issue, the project would have used eServices to conduct the Brief Intervention with the client.

REFERRAL TO TREATMENT: This component would have been the easiest to implement since the project Case Manager would have referred to our services and into treatment. Our project staff person would have conducted the brief intervention and then carry the client forward to referral.

As a result, it is not necessarily SBIRT integration that is the intent of this goal, but building the relationship between primary health and behavioral health care systems to screen, identify and refer into treatment individuals with substance abuse issues. As a result, even though the grant indicated that it would implement a web-based system for SBIRT, what it did achieve was using web-based and eServices to screen, intervene and refer remote clients into treatment. In future attempts to partner with primary healthcare, this paradigm will be employed to conduct SBIRT-like activities.

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 or barriers that may arise. Regarding each goal, a specific status summary is presented below:

Goal: Expand eServices in east Pasco County so that the capacity to treat clients is tripled. **Status:** The geographic areas have been expanded and the project has developed the necessary technology and practices to utilize eServices in other programs.

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: Funder willing to reimburse for eServices has been an issue and is still be addressed by the project.

Goal: By the end of Year 2, have a plan in place and 50% of Benchmarking measures identified and operational.
Status: Benchmarking is continuing and the project's benchmarks are incorporated with the agency's benchmarks.

Goal: By the end of Year 2, have a plan in place and have a web-based system for SBIRT integration.
Status: The method and practice to implement SBIRT-like activities has been accomplished. The complete methodology will be incorporated into the program implementation manual to be completed at the end of the project.

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 changes were made to any project goals or objectives (including GPRA targets) 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	81.8%
eServices Counselor	Karla Demas	100%
Programmer	James Schultz	50%
eServices Case Manager	Tricia Rine	100%

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.

There have been no personnel changes in the past reporting period and has not affected project progress.

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

The project is fully staffed during the last reporting period and as a result, there were no vacancies to fill.

Partnerships

List each of the partner organizations.

Partner
Premier Community Healthcare Group, Inc. Contract was terminated May 31, 2015 for lack of referrrals.
In The Rooms, Inc.

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

In the biannual report submitted in March 2014, it was reported that the project changed primary care providers for referrals from BayCare to Premier, a FQHC serving eastern Pasco County. In so doing, the project decided to pay Premier Health to have one of their staff trained in screening and assessment, and make referrals to the project. At the time, the project believed that this approach would not only be more effective in identifying and referring the population of focus to needed substance abuse treatment, but that this system would build the basics to sustain the project after the funding has been terminated. To date, this approach has not generated the cooperation and referrals as hoped. Premier underwent two changes in leadership. The first was in May, 2014 when their CEO was terminated and their CFO became interim CEO. Then in August, 2014 a new CEO was hired. In addition, the FQHC staff have shown little interest in working with the project. This has been a common theme in integrating behavioral health with primary health care. Operation PAR has seen this in multiple programs. In February, 2015, the project has made contact with the new CEO. He indicated that he is interested in working with us on this project and a meeting with the CEO and Operation PAR's Chief Operating Officer and Executive Director Dianne Clarke, Ph.D., Project Director Jim Miller, Program Director Sandnes Boulanger, and Evaluator Mark Vargo, Ph.D. was set for Monday, February 23, 2015 to facilitate the cooperation between the project and Premier. Over the course of the next three months from the meeting, no referrals

were received from Premier. As a result, the project decided to terminate the contract with Premier on May 31, 2015. The implication of this change is minimal as the project was receiving no referrals prior to the termination. What this has done is forced the project to focus on other areas of potential eServices such as Case Management or Family Education Classes in order to expand and sustain the technology and practices after the project is terminated.

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
eServices training for agency counselors to become certified eTherapists	June 9-11, 2015	15	Dianne Clarke, Ph.D., Project Director Sandnes Boulanger, LCSW, CAP Program Director

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
No TA Received				

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.

Data entry via the SAIS webpage ceased on 2/13/2015. All project staff were instructed to capture GPRA Discretionary Tool assessments via paper until the CDP site went live. This project was able to use the CDP site for data entry on 4/24/2015, however use of the CDP site was discontinued effective 7/31/2015. During this time, Operation PAR continued data collection via paper assessment, thus we were unaffected in terms of data collection capabilities, despite changes in data entry platform. GPRA performance is reported below.

Date on which reporting quarter data was obtained: 8/14/2015

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	*Example: 10*	*15*	*150%*	80	60	75.0%
6-Month Follow-up	*Example: 5*	*5*	*100%*	45	41	91.1%

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

Intake: As previously reported, the expansion of the catchment area to include both Pinellas and Pasco counties continues to generate new referrals. Although the project is currently at 60 enrollments (75.0% Intake Coverage Rate to Date) as of July 31, 2015, this is an increase from 71.7% in the last reporting period. Additionally, the project has initiated an internal advertising campaign to generate referrals from Medication Assisted Patient Services (MAPS) clinics in Pinellas county. To date, this has generated an additional 8 referrals in June and July 2015. If these trends continue, the project would meet 80% intake by January of 2016 and 100% intake by the end of the project.

Follow-up: Despite the discontinuation of both the SAIS and CDP systems, the project has maintained a local database and follow-up tracker that is maintained by the evaluation team. The follow-up rate is 91.1%. We anticipate no difficulty maintaining a follow-up rate above 80% for the duration of the project.

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.

Because of the issues that have occurred with the Common Data Platform (CDP) the project has not received a GPRA report. As of February 13, 2015, no additional entries were made into the SAIS system due to the proposed activation of the Common Data Platform. Also, no entries have been made into the CDP since July 31, 2015 due to the shutdown of the CDP on that date. Attempts to retrieve data from the CDP prior to its shutdown were not successful as the CDP did not have data export capabilities as relayed to the evaluator of this project by the CDP helpdesk.

Evaluation

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

In reviewing client no-show rates for services, we found that approximately 50% of the clients scheduled during the week contacted the counselor for services. In an attempt to further provide access to our clients, we made Friday an open treatment day. Clients were informed that every Friday, they could contact the counselor and make up an appointment if they missed during the week. So far, the project has had approximately 2 make-up sessions each Friday for the past month. The project is planning on continuing this practice at this time to see if it will lower the no-show rate to below 50%.

Other evaluation activities have included the standard collection and maintenance of GPRA data. The project has remained using the Legacy data collection instrument. As of July 31, 2015, the project stopped entering data into the CDP which was discontinued. The project submitted and received a waiver of data entry into CDP on May 26, 2015. The project has entered the last year of the funding period. Contingency plans are being made such that if the CDP is not functional by January 31, 2016 (6 months prior to grant termination) the project will commence entering all GPRA data collected on the Legacy data collection instrument into an Excel spreadsheet for evaluation and analysis.

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 are no changes for the evaluation plan.

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.

A preliminary report of client characteristics are presented in Attachment A. The project is working to increase admissions to the program and enhance client engagement and access. It is the goal that over the next 6 months that a more detailed evaluations of client outcomes will be presented.

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.

The only problem regarding the evaluation is obtaining more admissions. The majority of these issues deal with the integration of behavioral and primary healthcare in the community. One proposed way of resolving these issues is to expand the types of services to other modalities such as Case Management within the agency and expand the types of services offered. For example, mothers who are involved with the child welfare system are required to enroll in case management services and receive parenting education classes. This category of individuals probably have the most to gain from eServices by overcoming the barriers of transportation and child care in order to obtain these services. Opening the project up to these individuals would greatly benefit the system of care for our clients.

Discuss how evaluation findings were used to improve the project.

As evaluation findings regarding engagement, access and retention are presented, it is hoped that improvements in these activities will enhance the project's outcomes.

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

There are no new evaluation reports from the last reporting period.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

- Double click on the worksheet to activate the Excel function
- The spreadsheet has been pre-formulated, but you must first enter (1) your total grant award, (2) all direct costs, and (3) total indirect costs
- Once you have entered the requested fields, click outside of the spreadsheet to exit

Note:

- Please report total expenditures (not obligations) on the budget worksheet
- Include all expenses accrued since the last reporting period and cumulative expenses accrued over the course of the grant period
- In the 'Total Grant Award' cell, please enter the total amount of grant funding you have received since the initiation of the grant
- The 'Remaining Balance' cell will automatically subtract total cumulative expenditures to date from the total funding amount

Total Grant Award:	$ 560,000.00	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**
Direct Costs:		
Staff Salaries	$ 70,315.52	$ 252,985.89
Fringe Benefits	$ 19,475.78	$ 59,426.35
Contracts	$ 8,333.32	$ 50,274.95
Equipment	$ -	$ -
Supplies	$ 222.25	$ 29,917.41
Travel	$ 1,967.66	$ 15,138.61
Facilities	$ 12,624.10	$ 36,328.63
Other Direct Costs: (please identify below)		
Computer Maintenance & Equipment Lease	$ 216.45	$ 1,563.58
Lab & Incentives	$ 187.41	$ 2,720.29
Professional Liability Insurance	$ 778.00	$ 2,665.76
Total Direct Costs:	$ 114,120.49	$ 451,021.47
Total Indirect Costs:	$ 18,752.91	$ 81,467.34
Total Expenditures (Sum of Direct and Indirect Costs):	$ 132,873.40	$ 532,488.81
Remaining Balance (Based on Total Grant Award):		**$ 27,511.19**

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.

The expansion of the project into Pinellas County, as reported in the last bi-annual report, has continued to generate a number of referrals from area providers. The termination of the contract with Premier Health has had no impact upon the project as that referral source had not been successful in generating referrals to the program.

In this reporting period, a notable change to the project related to scheduling clients for counseling sessions. Previously, the eServices counselor would schedule appointments with clients, as is typically done in traditional in-person substance abuse treatment delivery models. In weekly team meetings, the pattern of no-shows and reschedules was discussed and corroborated with reports generated from the Electronic Health Record (EHR). During a meeting discussion, the notion of "drop-in" hours was raised as the team discussed how clients typically receive other kinds of health care, such as in an Urgent Care clinic, where it is not necessary to schedule an appointment. As an innovation to the program, the team decided to institute "drop-in" hours. Friday was designated as a "drop-in" day whereby the clients could call or connect via tablet with the counselor anytime during the day, at a time that was convenient for them. The counselor reached out to all active clients and let them know about the innovation. Preliminary discussions and reviews during the weekly team meeting have suggested success in implementing this innovation. The evaluation team will continue to monitor the no-show, reschedule, and attendance rates in relation to this innovation and will update in the next reporting period.

Another notable change to the project during the reporting period is the implementation of an internal marketing campaign to the Medication Assisted Patient Services clinics across the service area (see flyer in Attachment 2). To date, this has generate an additional 8 referrals in June and July 2015. This innovation provides complementary substance abuse counseling services to clients who are on methadone maintenance to help support them in recovery as well as to provide other supportive services. Progress will continue to be monitored on this expansion.

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

Policies and Procedures were provided in the biannual report covering the period from 3/1/2014 to 8/31/2014.

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

There have been no publications since the last reporting period. On March 26, 2015, Operation PAR staff Sandnes Boulanger and Tommi Rivers gave a presentation via webinar to the Central Florida Behavioral Health Network (CFBHN, see Attachment 3) to disseminate information about the program, share experiences in providing substance abuse treatment via technology, and solicit feedback from the network of treatment professionals.

LIST OF ATTACHMENTS

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

Attachment 1: Most recent evaluation of findings.

Attachment 2: Copy of Flyer for Operation PAR Medication Assisted Patient Services

Attachment 3: Operation PAR Presentation to CFBHN

Attachment 4:

Attachment 5:

Attachment 1
TAC Pasco
Preliminary Evaluation

The following is a preliminary evaluation of clients enrolled in the Technology Assisted Care (TAC) project. This report is based on data that was collected through July 31, 2015. Data are collected through two different sources: The GPRA Client Discretionary Services Tool and the Global Appraisal of Individual Needs (GAIN). As of the writing of this report, data are available for 60 clients.

Admission Demographics Characteristics: Total N = 60 admissions

Age			Race		
Age Range	Frequency	Percentage	Race	Frequency	Percentage
21-30	22	36.7%	Black/African-American	3	5.0%
31-40	23	38.3%	Multiracial	4	6.7%
41-50	12	20.0%	White/Caucasian	53	88.3%
51-60	3	5.0%			
TOTAL	60	100%	TOTAL	60	100%

County of Origin			Marital Status		
County	Frequency	Percentage	Status	Frequency	Percentage
Hillsborough	2	3.3%	Divorced	10	16.7%
Lee	1	1.7%	Married	5	8.3%
Pasco	17	28.3%	Separated	4	6.7%
Pinellas	38	63.3%	Single/Never Married	37	61.7%
Sumter	1	1.7%	Unreported	1	1.7%
Homeless	1	1.7%	Widowed	3	5.0%
TOTAL	60	100%	TOTAL	60	100%

Ethnicity			Gender		
Ethnicity	Frequency	Percentage	Gender	Frequency	Percentage
Hispanic	7	11.7%	Female	49	81.7%
Non-Hispanic	53	88.3%	Male	11	18.3%
TOTAL	60	100%	TOTAL	60	100%

Clinical Characteristics

The primary drug of choice reported by clients in the TAC program is presented below. The majority of clients reported that their drug of choice is opioids (50%), followed by alcohol (18.3%). Across all clients, 11.8% reported IV drug use.

Drug of Choice		
Drug of Choice	Frequency	Percentage
Opiates	34	50.0%
Alcohol	11	18.3%
Methamphetamines	5	8.3%
Marijuana	5	8.3%
Cocaine	3	8.0%
Benzodiazepines	1	1.7%
Xanax	1	1.7%
TOTAL	60	100%

In terms of mental health, slightly over half (52.9%) met criteria for any internalizing mental health disorder according to their self-reported symptoms on the GAIN assessment. The most common disorder for which clients met criteria was major depressive disorder (47.1%). Internalizing mental health includes depression, anxiety, and traumatic stress. For externalizing disorders such as ADHD, 45.1% met criteria based on their responses. The majority of clients (62.7%) reported multiple co-occurring disorders (both mental health and substance use). Victimization is often related to the expression of mental or emotional disorders. In this sample, 60.8% of clients reported experiencing high severity victimization in their lifetime.

Approximately 1 in 4 clients reported weekly intoxication (21.6%) and weekly drug use (23.5%) in the home or where they are currently living. Additionally, 41.2% reported that they have experienced homelessness at least once during their lifetime.

Discharge Characteristics: Total N = 42 discharges

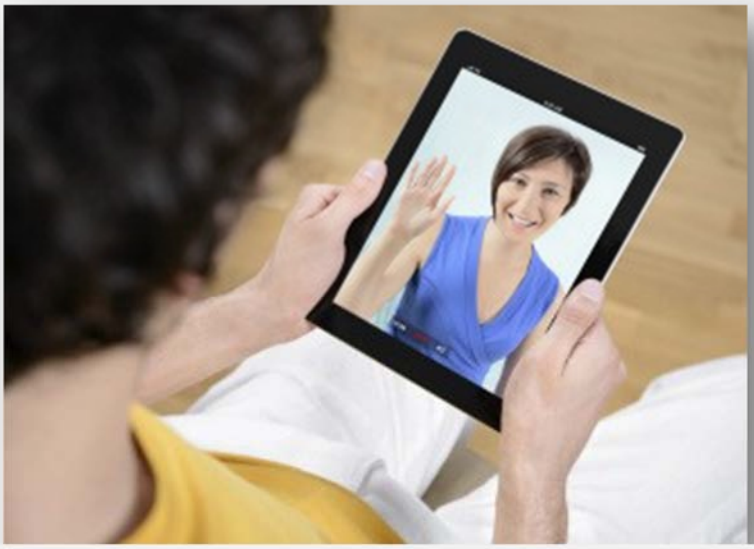
Discharge Outcomes		
Discharge Outcome	Frequency	Percentage
(-) Completed, Some Substance Use	3	7.1%
(-) Failed to Engage in Treatment	1	2.4%
(-) Left Voluntarily Before Completing Tx	5	11.9%
(-) Non-Compliance	12	28.6%
(+) Completed Prevention Services	11	26.2%
(+) No Substance Use/Met ASAM	2	4.8%
(+) Referred Outside PAR-No Use/Met ASAM	2	4.8%
(Admin) Immediate Discharge	1	2.4%
(Neutral) Incarcerated	4	9.5%
(Neutral) Referred to Other Tx-Not Complete	1	2.4%
Total Positive (Successful Discharges)	15	35.7%
Total Negative (Unsuccessful Discharges)	21	50.0%
Total Neutral or Administrative Discharges	6	14.3%

Total Discharges	42	100%

Average Length of Stay: 142.4 days

Technology Assisted Counseling

- Technology Assisted Counseling (TAC) is a new program to Operation PAR.
- Outpatient counseling sessions that can be done using a computer or smart phone.
- Can meet S/A treatment requirements for **Child Welfare** cases.



To participate:

- PAR will provide you with a computer device for sessions.
- You will complete an assessment with program staff.
- You must agree to complete a follow-up survey.

Counseling that fits YOUR schedule

Private & Confidential

Can meet most court requirements

MET/CBT counseling

Individualized

INTERESTED?
Let your counselor know and he/she will contact the TAC Program staff.

Operation PAR Inc.

Technology Assisted Care (TAC)

Dianne Clarke, PhD, CAP

Sandnes Boulanger, LCSW, CAP

Mark Vargo, PhD

Operation **PAR**, Inc. – *Excellence Since 1970!*

Operation PAR provides effective treatment and services to help those impacted by substance abuse and mental health.

Leading in prevention, intervention and treatment of addiction and mental health services since 1970, we help children, adults and their families overcome their struggles with substance abuse and mental health.

Operation PAR's Primary Services are:

- Residential Substance Abuse Treatment for Adults and Adolescents
- Outpatient Substance Abuse and Mental Health Services for Adults and Adolescents
- Medication Assisted Patient Services
- Substance Abuse Prevention Services
- Medical Detoxification
- Research and Training

Operation PAR Specializes In:

- Substance Abuse Treatment for Women
- Medication Assisted Patient Services

Operation PAR is Located in Seven (7) Counties:

- Charlotte
- Hernando
- Lee
- Manatee
- Pasco
- Pinellas – *Administrative Offices*
- Sarasota

Operation PAR Inc. Behavioral Health & Wellness

"Create the Life You Want"

www.operationpar.org

Technology Assisted Care (TAC)

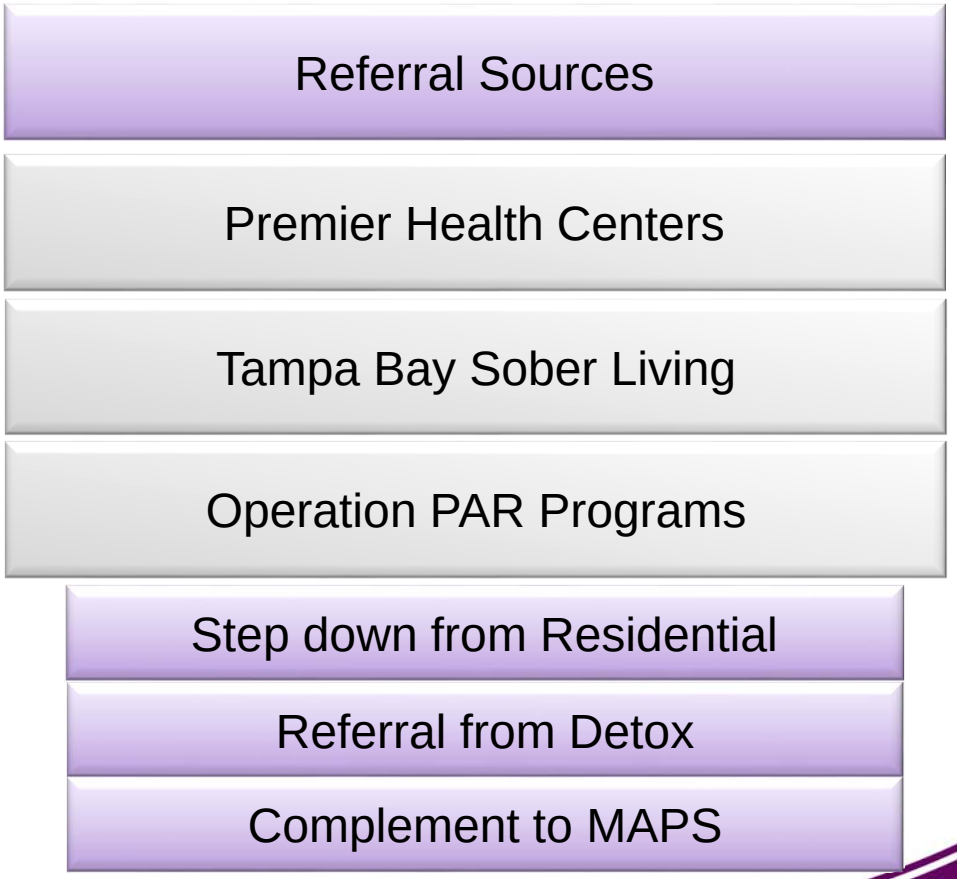
- Funded by the Center for Substance Abuse Treatment (CSAT).
- Currently the project serves Pinellas, Hillsborough, Pasco and Sumter counties.
- Provides outpatient substance abuse treatment and case management services through internet and telephone.

Purpose

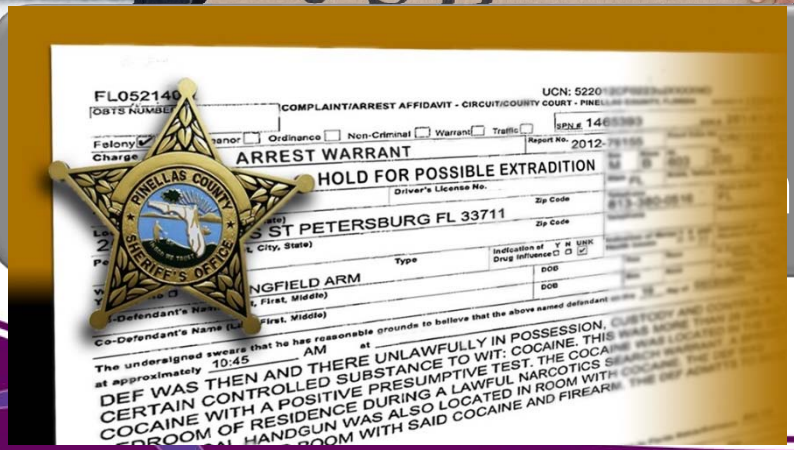
- Expand capacity to treat individuals with substance abuse problems but who have limited to no access to treatment due to:
  - Lack of availability of services in their geographic region
  - Transportation issues
  - Other issues preventing access to care

TAC by the Numbers

- Enrolled 49 participants
  - 42 adult women
  - 7 adult men
- Mean age: 34.2
- Range: 21 - 54



Participant Characteristics



60.5% of participants are involved in the criminal justice system

39.5% are on probation

Substance Use

- Primary drug of choice is **prescription meds** (opioids most commonly reported)
- Mean age of substance use initiation: 15.3

Challenges

1. Integration with Primary Health
2. Technology “Hiccups”
3. Engagement
4. Medicaid Reimbursement Restrictions
5. Dealing with Being “Thrown”

Success Stories

"Steve" was able to open up to his eServices counselor via web sessions. The tablet enabled him to continue treatment sessions even on a camping trip.

Success Stories

"Alex" was able to use the technology to engage his wife as part of his substance abuse treatment via web sessions.

Thank you!

For more information contact:

Project Staff

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