

Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-13-008

CSAT FINAL PROGRAMMATIC REPORT

Program Reporting Period:

8/1/2013 – 7/31/2014

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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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: 8/1/2013 – 7/31/2014
2. RFA #: TI-13-008
3. Grantee Organization Name: Fountain House, Inc.
4. Provider Site(s):

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9. Signature Joseph Shaffer 9/5/2014
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.

The Fountain House E-ACCESS Project enhances and expands access to recovery support and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention. The project issues smartphones to a pre-selected population of clients who have been recruited, screened and oriented to the E-ACCESS goals and objectives; and provides support through the functionality of the smartphone application itself as well as expedited referral to existing, in-person substance abuse treatment providers. E-sessions with our partner provider, Phoenix House, to provide electronically delivered psychoeducational services to 100 participant per year, are being planned to strategically support clients enrolled in care by providing frequent and off-hour contact with clinicians as needed. Permanent staff has all been hired and has already been trained on the evidence based programs outlined in the grant proposal, as well as on GPRA administration. There was a delay in the technology development due to difficulties in identifying a technology company/app developer willing to satisfy requirements for functionality and ease of use within our budgetary constraints. Ultimately, technology costs were greater than anticipated. Therefore, there has been a change in budgeting. Additional resources will were directed toward technology and taken from personnel. Instead of a full time intake coordinator, we hired three peer intake coordinators who will be paid at an hourly rate. A separate budget modification was being filed. The delay in technology development delayed active program enrollment, but the program successfully recruited, screened, and enrolled the required 100 program participants by the July 31st deadline. Each participant has received their Samsung Galaxy s3 smartphone, which came preloaded with the E-ACCESS application, and receive individual orientation on the use of the phone and the app itself. Ongoing tech support sessions are held weekly which participants have found very helpful.

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: Goal #1: To engage individuals with COD not presently accessing services

Objective 1.1: Improve engagement in recovery-oriented substance abuse services by expanding support resources to include access to clinical/educational substance abuse

treatment from our partnering organization Phoenix House.

Objective 1.2: Deliver consumer driven support services resulting in increased participant satisfaction with treatment and services.

Status: The E-ACCESS app is well integrated with an easy to use centralized web-based system that provides both support resources for individuals and data for monitoring the support resource preferences, as well as the frequency, timing and duration of use. Participants are using the meeting finder tool to engage in recovery meetings; interacting with one another virtually in our blog-based group support tool; and are being referred to clinical treatment at Phoenix House and other direct service providers as needed (1.1). Clients thoroughly enjoy being able to get support from their peers in an anonymous way. They feel more supported overall, specifically at times when they could not otherwise access traditional support: at home, in the middle of the night, on weekends, etc. They are becoming more proactive in their own recovery and demonstrating a desire to help others, seen in their preparing video testimonials to be added to the app's video portal (1.2).

Goal: Goal #2: To demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients

Objective 2.1: Increased ability to track the health status of individuals because of centrally located coordination of medical, substance abuse and psychiatric services.

Objective 2.2: Development of customized EHRs to include treatment plans for co-occurring substance abuse, psychiatric and medical health issues.

Objective 2.3: Access to existing employment, education, housing, and case management support services in accordance with Fountain House's holistic approach to recovery.

Status: Our anticipation is that utilization of the E-ACCESS app will increase each participant's perception of feeling supported and will increase their attendance and participation in the Fountain House program. The increased connection through the use of the app itself and also simply having a phone that increase our ability to contact individuals previously hard to reach, has improved the connection and coordination of mental and physical health plans and services (2.1). Using the app has resulted in participants being more involved and proactive in their own recovery and health coordination services. Clients are following up with clinicians, social workers, and case managers at Fountain House about their use of the app in their recovery and are playing a more prominent role in their own care coordination (2.2). Employment, education, housing, and case management services are all provided at Fountain House. During our six month follow up we will be looking at all of the participants attendance reports to see what percentage have increased participation the program and thus increased access to these support services, in addition to analyzing the statistics provided through GPRA

administration (2.3).

Goal: Goal #3: Demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS

Objective 3.1: Increase early detection and prevention of crisis care.

Objective 3.2: Reduce the relapse rate for participating members.

Objective 3.3: Improvement in recovery and resiliency rates among the target population, particularly an increase in measures of social connectedness.

Status: The evidence based practices utilized by Fountain House and Phoenix House have consistently been shown to impact the quality of life and functionality *for those who participate and adhere to program goals*. The objective of E-ACCESS project is to ensure that a high risk, harder to reach and retain population is also able to benefit through their continued virtual engagement and connection, facilitated by usage of the E-ACCESS app, to existing in-person substance abuse services (Evidence Based Practices) provided by Phoenix House and other substance abuse service providers in the community.

Participants in the program utilize the text hotline when in need of crisis care and immediate support. This tool makes members feel a constant level of support, no matter where or when. Additionally, staff monitors the group support discussions to gauge whether intervention is needed which serves as a way to detect dangerous behavior patterns that may need to relapse (3.1). Relapse rates and measures of resilience will be analyzed at the six-month follow up surveys. We anticipate an increase in feelings of stability, support, and resilience, in addition to quicker access care in the case of a potential relapse. (3.2/3.3).

Status Toward Goals

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

The primary factor that has led to the success of the E-ACCESS program and the level of acceptance by its participants was taking the time to find a web/app developer that was really willing to listen to us and work with us closely to meet our requests and requirements for the app's functionality. We made sure that we found someone that could design an app that combined ease of use with capability and that has really paid off. Additionally, being extremely well-organized and prepared for the enrollment process enabled us to register participants quickly and efficiently while also providing a comprehensive orientation to the phone and the app.

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.

All project goals and objectives were met or have successfully progressed towards completion.

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

Within the clubhouse membership, the program has generated a lot of positive buzz about recovery and substance abuse. There is an increased interest in all of our Supported Sobriety programs.

Additionally, the program has helped to reactivate a discussion regarding the use of technology within the entire organization. Our administration and Board of Directors have ramped up their discussion of our Health Information strategy.

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

Fountain House owns the rights to the app, so we anticipate that even after participants are discharged from the program they will still have their own phones and be able to maintain their usage of the app. Program staff will work with participants before discharge to transfer cell service plans into their own names. Fountain House will negotiate plan options with Sprint to provide clients with options for their continued use of the phone and the E-ACCESS app.

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?

Thus far, we are satisfied with how the app has worked and our clients' response to its functionality and role in their recovery. As an innovator in peer-led mental health recovery programming in the United States, Fountain House will plan and prepare for a shift in staffing and administration of the program when the funding is no longer provided. Specifically, by enabling clients to take more active roles in program design, facilitation, and management the program will remain effective, viable, and financially doable.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name (Note: Enter TBD if vacant)	Percent Time
Project Director	Joseph Shaffer	100
Social Worker/Supported Sobriety Program Coordinator	Michael DiNitto	100
Intake Coordinator	Wayne Diana	\$16.25/hr
Intake Coordinator	Davida Adedjouma	\$16.25/hr
Intake Coordinator	Scott Lubow	\$16.25/hr

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

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

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?

Currently there is not a standing sub-committee of our Board of Directors with the specific intention of managing technology-related initiatives or health information technology decisions. However, discussions are in the works to possibly develop such a committee to make these types of decisions and plan for future programming and administration. Currently these decisions are made by our executive director in conjunction with the board of directors and any necessary program personnel.

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.

The primary champions involved in the development of the E-ACCESS program were our clients themselves. They told us what type of support they wanted and needed in order to feel better supported. Those of them previously involved in substance abuse treatment told us what they liked about existing services and told us what was lacking. Those clients not involved in services described what was missing or standing in the way of them engaging in this type of recovery support. We took all of their suggestions and used them in the overall app design and functionality.

As previously mentioned, the program has helped to reactivate a discussion regarding the use of technology within the entire organization. Unit supervisors have begun discussions regarding how the use of technology can be expanded to provide more effective support services to all of our members. Unit supervisors meet weekly to share successes and challenges, brainstorm about technology integration and program development, and create innovative strategies and techniques for promoting the use of technology within Fountain House and amongst our members in their lives outside of the clubhouse.

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

Thus far, we are satisfied with how the app has worked and our clients' response to its functionality and role in their recovery. We have developed a log for recording ideas and suggestions for updating and/or adding to the existing functionality to the app moving forward. Furthermore, the organization leadership has discussed potentially developing a different app that would be available to all of our members, not specifically for clients with COD.

As an innovator in peer-led mental health recovery programming in the United States, Fountain House will plan and prepare for a shift in staffing and administration of the program when the

funding is no longer provided. Specifically, by enabling clients to take more active roles in program design, facilitation, and management the program will remain effective, viable, and financially doable.

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: 7/31/2014

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	<i>Example:</i> 10	15	150%	100	100	100
6-Month Follow-up	<i>Example:</i> 5	5	100%	01	01	01

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

N/A

Evaluation

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

Initially, incorporating HIT into the program workflow involved having conversations with staff and clients about program intentions and objectives. This enabled the program to generate buy-in from all participants, which was critical before implementing specific aspects of the program workflow. Staff and members researched potential content for the app (e.g. meetings, quotes, videos, web-based literature, etc.), planned and facilitated tech support sessions, responded to recruitment inquiries, managed the text hotline, and much more. Weekly staff meetings were held to review practices that were already in place and to discuss new developments or issues that came up. One of our plans moving forward is to add a “tech support” category within the group support tool enabling participants to utilize the app itself to ask questions or report issues.

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

Utilizing the E-ACCESS app has definitely increased the speed with which clients can access help and support. Whether it be locating a meeting near their job or texting a question to a social worker, response time has been drastically reduced. Participants feel as if assistance and support is literally at their fingertips, whenever they want it and need it.

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

The first indication that we look at is that all the majority of program participants is using the app and is using it a lot. Even those participants that came into the program with limited familiarity with technology find it helpful and are getting used to utilizing all of the different tools.

Another positive example is that each participant is using the app in their own way. The google analytics, which is underwritten in the app, allows us to see who is using which tools. Some participants are using all of them while some choose to use one or two. As long as their app usage enhances their recovery, how they choose to utilize the app is of no concern to program staff. However, at tech support sessions participants are encouraged to try some of the tools that they are reluctant to try, most notably the group support tool.

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

Due to the delay in the development of the technology and the subsequent urgency to meet the enrollment quota, measures outside of the GPRA will be collected as part of a survey at the six month follow-up sessions. We will be conducting our own survey that will measure a variety of outcomes related to each clients’ use of the E-ACCESS app. This survey will look at member participation in the clubhouse program, access to other supportive services, client perception

of their own recovery (support system, relapse prevention, tools and strategies for sustained abstinence, avoiding negative environments, judgment and decision making, etc.), client perception of their ability to use technology, client perception of feeling supported, feelings of hope and optimism, and much more.

Fountain House Electronic Health Record-Awards will also be used as a dose log to determine for each client over the course of treatment, the frequency, time, staffing, site, content, and other features of each Evidence Based Practice. Using this database, participation statistics may be obtained respectively, on the (1) per client, (2) per staff member, (3) per type of evidence-based service, and reported onto GPRA, Section K at discharge.

Discuss how evaluation findings were used to improve the project.

Thus far evaluation findings reported from Evaluators to program director and personnel have been used to ensure that we are meeting our desires for diversity among program participants. This includes a distinct spectrum of clients in many fields (e.g. socioeconomic status, race, education level, criminal history, substance of choice, employment status, etc.). As six month follow up interviews are conducted and clients are prepared for discharge, evaluation findings will be used to illustrate how the program is aiding and enhancing their recovery process. We will be looking for an increase in positive behaviors and involvement and/or a decrease in negative actions. These findings will be used to develop a realistic action plan moving forward, which will hopefully include continued use of the E-ACCESS app as an integral component. We will always remain open to suggestions and feedback from program participants and use that to inform program improvements.

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:	\$	280,000.00	280,000
	Expenditures		
		Expenditures Since the Last Reporting Period	Cumulative Expenditures To Date
Direct Costs:			
Staff Salaries	\$	51,869.00	\$ 103,738.00
Fringe Benefits	\$	18,154.00	\$ 36,308.00
Contracts	\$	50,550.00	\$ 96,550.00
Equipment	\$	-	\$ -
Supplies	\$	39,806.00	\$ 39,806.00
Travel	\$	755.00	\$ 755.00
Facilities	\$	-	\$ -
Other Direct Costs: (please identify below)			
Electric	\$	1,422.00	\$ 2,843.00
	\$	-	\$ -
	\$	-	\$ -
Total Direct Costs:	\$	162,556.00	\$ 280,000.00
Total Indirect Costs:	\$	-	\$ -
Total Expenditures (Sum of Direct and Indirect Costs):	\$	162,556.00	\$ 280,000.00
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?

Since this an additional pilot program for our organization we did not achieve any cost savings through the implementation of this program. We foresee improvement in efficiency of service provision and client satisfaction with support.

Other Significant Project Activities

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

Our program concerns pertain to ongoing program management and developing a strategy for continuous support of program participants as they are discharged and as new clients are enrolled simultaneously.

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

The main recommendation is to utilize this grant and all of the opportunities it presents to initiate or continue discussions pertaining to n overall strategy regarding health information technology.

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.

N/A

LIST OF ATTACHMENTS

List each attachment separately here and attach to this report.

Attachment 1: Fountain House CSAT TCE-TAC Year 1 Evaluation Report

Attachment 2: EACCESS Project Overview Policies Procedures and Protocol

Attachment 3:

Attachment 4:

Attachment 5: