

From: [Lees, Doug \(SAMHSA/OFR\)](#)
To: [Muroff, Jordana](#)
Cc: [Passman, Dina \(SAMHSA\)](#); [Chassler, Deborah](#); granteereports@jbsinternational.com; [DGMPProgressReports \(SAMHSA/OFR\)](#)
Subject: RE: TI 24733
Date: Tuesday, August 25, 2015 7:24:11 AM
Attachments: [Muroff CSAT Bi-Annual Programmatic Report July 2015.pdf](#)

Hello Jordana,

Thanks for your report. I have a few comments. I think JBS International is a former subcontractor 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 DGMPProgressReports@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 DGMPProgressReports@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: Muroff, Jordana [mailto:jmuroff@bu.edu]
Sent: Monday, August 24, 2015 11:44 PM
To: granteereports@jbsinternational.com
Cc: [Passman, Dina \(SAMHSA\)](#); [Lees, Doug \(SAMHSA/OFR\)](#); [Chassler, Deborah](#)
Subject: TI 24733

Hi,

Please find our CSAT Bi-annual report and 3 additional documents attached to this email.
Many thanks

Jordana Muroff, Ph.D., LICSW
Associate Professor, Clinical Practice
Boston University School of Social Work
264 Bay State Road
Boston, MA 02215
Phone: 617-358-4661
Fax: 617-353-5612
Email: jmuroff@bu.edu

This message and any files transmitted with it, is intended only for the designated recipient(s). It may contain confidential information. If you receive this in error, please notify the sender by reply e-mail and delete this message. Thank you.

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

RFA # TI-13-008

CSAT BIENNIAL PROGRAMMATIC REPORT

Program Reporting Period:

February 1, 2015 to July 31, 2015

Instructions for Completing this Report

1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to:
granteereports@jbsinternational.com
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: 2/1/15 - 7/31/15
2. RFA #: TI-13-008
3. Grantee: Boston University (Charles River Campus); PI: Jordana Muroff, PhD
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Casa Esperanza	245 Eustis Street Roxbury, MA 02119- 2826	Emily Stewart	(617) 445- 1123 ext. 314

5. Project Director: Jordana Muroff, PhD

6. Evaluator: Jordana Muroff, PhD

7. Evaluator Phone/Email: (617) 358-4661

8. Signature Jordana Muroff, PhD Digitally signed by Jordana Muroff, PhD
DN: cn=Jordana Muroff, PhD, o=Boston
University, ou, email=jmuroff@bu.edu,
c=US
Date: 2015.08.24 23:40:18 -0400'

Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone

TABLE OF CONTENTS

BACKGROUND	1
PROJECT IMPLEMENTATION	1
Project Goals and Objectives	1
Status Toward Goals	4
ORGANIZATION AND MANAGEMENT	6
Personnel	6
Partnerships	8
Training and Technical Assistance (TA).....	8
PERFORMANCE INFORMATION	9
GPRA Performance	9
Evaluation	10
Interim Financial Status	12
Other Significant Project Activities	13
LIST OF ATTACHMENTS.....	15

BACKGROUND

Provide the abstract from your grant application. Specify all technologies being used in the project and any changes from the initial application.

The Smartphone Technology to Reduce Relapse Among Latinos with Mental Health and Substance Abuse Disorders project is a three-year program effort to provide expanded care coordination using Health Information Technology, specifically the A-CHESS application for Smartphones to Latino drug users with co-occurring mental health disorders who are in recovery. This Technology is proposed to respond to the needs of 120 male and female Latino/a participants, assessed as having an alcohol and/or other drug (AOD) and mental health disorders (MHD), age 18+, and completing residential treatment at Casa Esperanza. The proposed project seeks funding to purchase Smartphones and equip them with the Addiction Comprehensive Health Enhancement Support System (A-CHESS), a promising evidence based practice developed by the Center for Health Enhancement Systems Studies at the University of Wisconsin, Madison. Initial funds will be used to adapt the existing A-CHESS technology into Spanish and add a medication adherence component. A-CHESS may be especially appealing to a Latino sample, given the higher rates of Smartphone use among Latinos, exceeding that of Whites (45% vs. 30%), and Latinos report being very open to mobile health interventions. Clients with co-occurring disorders who completed Casa Esperanza residential treatment and Casa Esperanza staff will receive training in the use of smartphones and A-CHESS. The project will distribute Smartphones with A-CHESS to 40 Latina/o drug users who have successfully completed treatment for co-occurring AOD and MHD at Casa Esperanza each year for three years. A case manager and peer specialist will be available through the smartphone 24/7 to respond to immediate requests from clients using the smartphone technology throughout this project time. The case manager will work with the client to develop a discharge plan which includes the use of A-CHESS. The Peer Specialist will provide peer-to-peer recovery support through A-CHESS to all clients in this project. The BU CARS team is experienced with technology, adapting interventions for Latino dual diagnosis patients, and with conducting SAMHSA funded evaluations. They will conduct a local process and outcome evaluation in addition to GPRA performance assessment. The outcome evaluation will include a comparison group of Latina/o treatment completers with AOD and MHD who will not use A-CHESS. A-CHESS has been tested with participants with alcohol and/or drug dependence in residential treatment and in Drug Court. Key limitations of these prior projects are that the clients are predominantly White and have lower rates of dual diagnosis. This project will include a sample that is at least 95% Latino, at least 40% Spanish-speaking only, and only those with a dual-diagnosis. The evaluation will examine if the project reached the following outcomes: (1) reduced risk of alcohol/drug relapse, (2) increased medication adherence, (3) improved mental well-being, (4) improved social connectedness and (5) independent living post treatment graduation. Data will also be collected and analyzed on the use of specific A-CHESS features.

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 1: Adaption of the A-CHESS application: By Dr. Muroff the Principal Investigator (experienced with implementing behavioral health technology) and Dr. Lopez (experienced with adapting behavioral health interventions to Latina/os) directing and overseeing the adaptation of the A-CHESS application (to be called CASA CHESS) by University of WI staff to be user-friendly to a Latino bi-lingual population, and include a component that promotes medication adherence; the A-CHESS technology capacity to respond to the needs of the target population will be improved.

Status (Progress) (Objective 1): Translation, cultural adaptation, development and programming of CASA CHESS was completed at the end of December 2013; at that time it was ready for launch. Since Jan. 1, 2014 the Casa clients and case manager PI have been trained and are using the CASA CHESS features (e.g., weekly surveys, medication adherence surveys, discussion board, discussion board etc.) The BU PI, Cultural Competence Expert, and Graduate Research Assistant student with additional input from Casa Esperanza staff and Casa CAB (Community Advisory Board) developed additional materials to be added to CASA CHESS. Weekly meetings with Casa Esperanza included gathering relevant cultural information to inform the adaptation or be integrated into the app, inform the development of medication adherence component, set up policies regarding expectations, usage, support for the CASA CHESS application. BU PI communicates regularly with University of Wisconsin staff regarding technology based issues. Sixty-four (of 68; 4 controls) Casa Esperanza clients received a smartphone with CASA CHESS.

Goal 2: Training on the A-CHESS (newly developed CASA CHESS) app and provision of smartphones: By Dr. Muroff and Dr. Lopez providing initial and ongoing training and support to clients who complete residential treatment at Casa Esperanza and Casa Esperanza staff on CASA CHESS smartphone app these groups will be able to use this tool effectively after clients transfer to independent living.

Status(Progress): (Objectives 1-3) Ongoing support was provided in the following formats:

- BU PI Jordana Muroff provided multiple trainings (> 20 hours) to new key Casa Esperanza staff (e.g., case manager) and CARS staff on CASA CHESS Smartphone application and selected Droid phone. Training provided to Casa Esperanza by BU PI and staff included steps to finalize a client's profile, 'train the trainer' techniques so that Casa Esperanza staff would be able to demonstrate app features to clients (how to edit profile, post messages to discussion board, use the calendar to set up appointments, respond to automated messages to provider regarding weekly surveys and medication adherence surveys, review of the use data charts, etc), and reviewed project expectations around regular participation.
- BU PI and staff developed paper and electronic training guides for how to set up the Smartphone with the phone app, etc. which included phone screen shots and tutorials

in Spanish. Cultural Competence Expert, Graduate Research Assistant, and PI translated tutorial documentation about how to orient CASA CHESS clients to the phone. These materials were distributed, as was information about the Panic Button sequence, how to set up email addresses, and a clear description of CASA CHESS button icons (one- sentence operationalization, with screen shots illuminating features).

- BU team collaborated with Casa staff to develop a comprehensive CASA CHESS timeline (status towards client graduation, identification of potential CASA CHESS clients vs. controls, tracking of this information, ordering phones, phone set up). Casa staff and BU review the timeline together each week.
- Training logs for each client were developed by Casa and BU staff.
- Participants receiving the smartphone and CASA CHESS app and clients in the control group that completed residential treatment sign a program participation consent form. The 64 clients receiving the Spanish version of CASA CHESS with the additional medication adherence component also signed a Client Agreement outlining expectations regarding CASA CHESS app and Smartphone usage and participated in a CASA CHESS training with the Casa Esperanza case manager, Graduate Research Assistant, and/or PI. During the one week prior to clients' completion of residential treatment and leaving Casa, the case manager met with the clients multiple times to discuss app practice and address any concerns.
-

Goal 3: Intensive Case-management (ICM) services: 1 FTE case manager will provide intensive outpatient case management services to all clients in this project effort. In addition to providing case management support at discharge from residential treatment, the case manager will be available through the smartphone to respond to immediate requests from clients using the smartphone technology throughout this project time.

Status (Progress): Casa Directors identified a bi-cultural bi-lingual lead case manager and supervisor responsible for providing case management support for graduates of residential treatment. This case manager has a dedicated Smartphone that contains the CASA CHESS app. Policies have been amended over time to address ongoing CASA CHESS needs including the case manager's monitoring and responding through CASA CHESS (e.g. weekly surveys, medication surveys), CASA CHESS activity and engagement (e.g., discussion board, events, resources), etc. We experienced a transition, whereby the case manager on the Project had left Casa and another case manager replaced her (4/14/14). The Casa case manager new to this project was trained by BU PI in how to set up each Casa client's CASA CHESS profile, setting, contacts, etc. Before graduating, all participating clients meet with the case manager multiple times to discuss case management support post-graduation. BU PI and staff set up phones and download the app in advance and then give the phones to the case manager to provide to the clients. The Casa Esperanza supervisor provides direct supervision to the case manager and manages the integration of CASA CHESS services into the agency.

Goal 4: Peer-to-peer Recovery Support: Peer specialists provide Peer-to-Peer Recovery Support to all clients at Casa Esperanza as part of their standard services so it is not included in the project effort. Peer recovery coaches in combination with the case-manager will be available to respond to requests from clients using the smartphone technology throughout this project period.

Status (Progress): Graduating clients have met with the Peer Recovery Coach. The coaches are receiving training in CASA CHESS and will continue to integrate peer-to-peer support through the CASA CHESS app. The peer to peer program has been reorganized under new leadership. Engagement of peer coaches in CASA CHESS is ongoing. Four Casa clinicians have been trained and are using CASA CHESS app to support their clients' recovery.

Goal 5: Local evaluation of the EBP: The local evaluation team (under the supervision of Dr. Muroff and Dr. Lundgren) will use a formative evaluation model, provide ongoing supervision, training, and technical assistance to Casa Esperanza staff, collect comparison group data (n = 20 in Y01, n = 60 by Y03) and have ongoing weekly contact with Casa Esperanza staff. These efforts are aimed to increase the likelihood that the CASA CHESS application will be implemented with fidelity with Latinos with co-morbid AOD and MHD, thereby promoting sustainability and replication of this effort, and promoting GPRA adherence to be 100% at base- line and a minimum of 80% at 6 and 12 month follow-up, as in other SAMHSA efforts.

Status (Progress): Objectives 1-4; (Objective 1) As of July 31, 2015, the end of the reporting period, the program has completed 68 intakes (85.0% intake rate) and 37 6 month follow-up interviews, for an 84.1% follow up rate. (One of these follow-ups was not included in the analysis because it has not yet entered into the database.) Evaluation activities for this reporting period include: participation in SAMHSA CDP training webinars and revision of the data collection booklet to include the SAMHSA required changes. The BU team translated the revised DCI into Spanish as we wait for an approved SAMHSA translation. (Objective 2) A client process evaluation focus group was scheduled during the reporting period, with several clients signing up through Casa Chess. However, no clients showed up on the day of the group. Additionally, the app will track the level of participant usage of various components of the app with an eye toward sustainability. See preliminary usage data in the graphs and charts below. Evaluation activities also included a presentation in June 2015 in Santo Domingo, Dominican Republic. Two weekly updates are sent to all CASA CHESS staff and include a weekly data collection update that details intake and follow-up rates as well as follow-up "windows" (dates when they open and close), as well announcements relevant to the project staff. Updates regarding "usage" and when BU paid phone plans end are also sent on a weekly basis to track client use of key elements of the CASA CHESS app. The Evaluation team keeps track of both client usage data and GPRA and outcome evaluation data collection activities and due dates, and booklet production as needed, data management, data entry and data analysis. In addition, the Evaluation team writes IRB amendments as needed (e.g., new SAMHSA questions added; new Research Assistant) and continuing review; weekly team meetings with Casa Esperanza and BU staff which includes discussion of fidelity to the proposed program and use of the CASA CHESS application.

Please see tables in the Attachment 3 which describe the 68 clients currently enrolled in the program and the 37 individuals who have completed 6 month follow-up interviews. In addition to comprehensive demographic information, the tables provide descriptive statistics on current and past drug use and drug treatment, mental health characteristics, self-report measures of medication adherence, and expectancy measures about the use of CASA CHESS. In addition, we have included information about whether clients had their own phones, and for follow-up clients using CASA CHESS, an evaluation measure about their experience using CASA CHESS as part of their participation in the program.

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.

Timeline for Project Implementation

Difficulties/Problems in Achieving Planned Goals and Objectives

Barrier: Difficulties meeting intake target goal:

We have been considering other sources of clients, including outpatient clients who are not enrolled in the residential treatment program and CASA CHESS. We amended the IRB and have recently recruited 2 outpatient clients. Four Casa clinicians have been trained and are using CASA CHESS app to support their clients' recovery. The inclusion of Casa clinicians is also important given recruitment efforts being expanded to outpatient clients.

Barrier: Difficulties meeting follow up goal:

Most of the follow-up interviews that have not been completed were lost to follow-up due to relapse. Such clients typically go underground and are very difficult to locate. Actions to 'catch up': BU research assistant staff will continue to accompany the Casa case manager in trying to locate and interview difficult to reach clients.

Barrier: Randomizing participants to a control group or CASA CHESS in a small cohort ratio (e.g., 5:5). Despite efforts to not "split" graduating cohorts into those that receive the phone with CASA CHESS and those that do not, we have found that the cohorts need to be separated by long periods of time (e.g., several months). Cultural factors and limited resources in the community being served have made it even more critical not to create "have" vs "have nots" within this project. Given the difficulties in meeting target intake goals and our interest in not creating a have and have-nots environment, we have worked hard to strategize how best to create a comparison group. At this time we are hopeful that with the implementation of an integrated care project at Casa Esperanza, we might be able to include data from some of those clients (de-identified and non-Casa Chess participants) as a comparison group.

Anticipated comparison group of Latina/o treatment completers with AOD and MHD who will not use CASA CHESS has been delayed due to intake GPRA coverage rate being below

80% (no clients leaving Casa Esperanza between Thanksgiving and the New Year; elevated rates of relapse higher than anticipated). Additionally, Casa participants have expressed concern and disinterest in being in a control group (this is a close community with limited resources so we are sensitive to a dynamic of phone “have” versus “have nots” which generates negative feelings within the community).

Actions to overcome the barrier: We have identified several other possible data sources to serve as a comparison group.

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.

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.)

N/A

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Casa Esperanza Executive Director	Emily Stewart	3%
Casa Esperanza Deputy Director	Diliana De Jesus	10%
Casa Esperanza Director of Behavioral Health	Susan Dargon-Hart	20%
University of Wisconsin Principal Investigator	Kimberly Johnson	1% effort
UW Consortium Director and Technical Core Leader	Susan Dinauer	1% effort
UW Senior Programmer	Haile Berhe	2.1% effort
Boston University PI	Jordana Muroff	15%/ 9 mos 20%/ 3 mos

Position Title	Incumbent Name	Percent Time
Boston University Student Research Assistant	Erika Gaitan	10-15 hrs/wk
Boston University Student Research Assistant	Helen Tanchez	10-15 hrs/wk
Boston University Data coordinator/Analyst	Deborah Chassler	20.8%
Boston University Cultural expert	Luz Lopez	5%/ 9 mos; 10%/3mos
Boston University Evaluation expert	Lena Lundgren	1%/ 3 mos

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Erika Gaitan	15 hrs/wk	May 2015	Loss

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

Erika Gaitan graduated from the BU MSW program and pursued a full-time job in her field of study. We have hired additional RA support who will begin August 2015. Additional RA time and support has been dedicated to the case manager position to enable the case manager to respond to CASA CHESS. Given the focus of the grant on “graduates” of the residential program, an outpatient/ aftercare case manager was hired instead of hiring the residential case manager. A bilingual bicultural graduate research assistant provides program support at Casa Esperanza on a weekly basis. A second bilingual bicultural graduate research assistant was hired and will be providing support at Casa Esperanza on a weekly basis.

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

N/A

Partnerships

List each of the partner organizations.

Partner
Casa Esperanza, Inc., Boston, MA
Center for Health Enhancement Systems Studies at the University of Wisconsin, Madison, WI

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

N/A

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
CASA CHES phone and app training with Research assistant	May 2015	1	Jordana Muroff
CASA CHES phone and app training with clients	Avg days of training per client = 2 (February-August 2015)	15	Jordana Muroff, Claudia, Erika, Helen
CASA CHES phone service switch (all clients with Verizon phones had to bring them in to receive an AT&T phone).	July 6-20, 2015	18	Claudia, Helen, Jordana, Deborah

If you received technical assistance from a SAMHSA TA provider, describe it. NA

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue

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

N/A

PERFORMANCE INFORMATION

GPRA Performance

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

Date on which reporting quarter data was obtained: July 31, 2015

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	80	68	85.0%			%
6-Month Follow	44	37	84.1%			%

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

Barrier: Difficulties meeting intake target goal:

At this time, all CASA CHES participants are individuals completing the Casa Esperanza residential treatment program. There have been a number of unanticipated relapses, which also limits our ability to recruit participants. Additionally, limited housing options for clients leaving residential treatment means that turnover in the program can be delayed as residents stay longer as they search for housing. These factors have created challenges to meeting the intake target goal. Actions to 'catch up': We have been considering other sources of clients, including outpatient clients who are not enrolled in the residential treatment program and CASA CHES. We amended the IRB and have recently recruited 2 outpatients clients. Four Casa clinicians have been trained and are using CASA CHES app to support their clients' recovery. The inclusion of Casa clinicians is also important given recruitment efforts being expanded to outpatient clients.

Barrier: Difficulties meeting follow up goal:

Most of the follow-up interviews that have not been completed were lost to follow-up due to relapse. Such clients typically go underground and are very difficult to locate. Actions to 'catch up': BU research assistant staff will continue to accompany the Casa case manager in trying to locate and interview difficult to reach clients.

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.

N/A

Evaluation

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

Evaluation activities include the creation of an Outcome Evaluation Questionnaire (OEQ) which includes questions which address proposed outcomes: (1) reduced risk of alcohol/drug relapse, (2) increased medication adherence, (3) improved mental well-being, (4) improved social connectedness and (5) independent living post treatment graduation. The questions are included in a combined GPRA/OEQ. It is available in both Spanish and English. Data is also being collected and analyzed on the use of specific CASACHESS features.

Upon intake, there were 58 males (85.3%) and 10 females (14.7%). Among clients (N=65) who identified as Hispanic/Latino, 79.4% identified as Puerto Rican, 4.4% Dominican, 1.5% Portuguese, and 2.9% Central American. The average age of participants was 41.7 years old, while 69.7% of clients considered themselves homeless. 65 clients (98.5%) had a co-occurring disorder and 15 (22.1%) had been diagnosed with HIV. Fifty-seven clients (83.8%) had previously been to detox, while 64 (94.1%) had been to outpatient treatment for substance abuse.

Evaluation activities also include continuing use of an excel spreadsheet to log booklets, and continuing use of the filing system for all paper materials related to data collection (consent forms, client phone use agreements, intake and follow-up booklets). The log includes formulas for the six-month follow up windows, when they open, the six-month anniversary of the intake interview, and the date the window closes, as well as information for 12 month follow-ups. This information is shared on a weekly basis with Casa Esperanza, and we have provided the formulas for their timeline spreadsheet, as well. The team developed a SPSS database for outcome evaluation data and created coding for instrument scores as needed.

As part of formative evaluation activities we provided a weekly update to all program staff at Boston University and Casa Esperanza to keep everyone abreast of all activities, important developments, and announcements.

In addition, preliminary descriptive results of the CASA CHESS project were presented:

Muroff, J et al. (2015, June). C.A.S.A. CHESS: Una Aplicación en el Smartphone para Latinos con Problemas de Salud Mental y Abuso de Sustancias. Universidad Autónoma de Santo Domingo. Santo Domingo, Dominican Republic. June 25, 2015.

Note any changes to the evaluation plan for this period, and document that GPO approval was received prior to the implementation of the changes.

N/A

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.

Please see Attachment 3 as well as graphics that display phone usage data.

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.

N/A

Discuss how evaluation findings were used to improve the project.

Evaluation activities were used to improve the project providing data supported information about the status of the implementation of the phone app intervention. On a weekly basis, the evaluation team provided information on:

CASA CHESS usage by individual client including

- Weekly surveys
- Medication adherence surveys
- App usage
- Discussion board activity

This information informed decisions about phone action items, including: when the case manager should initiate contact with the client (e.g., to provide support, help identify recovery supports and resources), when to encourage clients' active participation with the CASA CHESS app (e.g., weekly and other surveys), when to turn off data plans as the phones were lost, etc., and the development of additional engagement strategies.

Intake and follow up targets and rates have been reported each week, fostering pride and connection in the program, especially around client outreach.

Casa Esperanza provided the following client status information to BU

- Projected date of completion/graduation from program for current clients
- Relapses (e.g., return to detox, return/extensions in residential that affect access to CASA CHESS)

- Lost or broken phones
- Clients who have lost [multiple] phones who expressed interest in having app loaded onto personal phone
- Discharges without completion of program (e.g., discharged for rule violations)

With this information, the program intervention could be modified on a continuing basis, updating and revising protocols as needed.

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

Interim Financial Status

Attach an updated program budget and any budget modifications.

Report expenditures, not obligations. For instance, if you have a contract with an evaluator for \$50,000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.

Updated as of 8/11/15

Total Funding*:			\$559,998
Expenditures			
Expense Category	Expenditures 2/1/15 – 7/31/15	Cumulative Expenditures 8/1/13 – 7/31/15	
Staff salaries	\$28,384.51	\$103,715.82	
Fringe	\$6,101.94	\$21,490.75	
Contracts	\$62,395.70	\$262,618.30	
Equipment	\$0.00	\$0.00	

Supplies	\$607.95	\$667.64
Travel	\$2,267.90	\$2,841.79
Facilities	\$0.00	\$0.00
Other	\$20,387.03	\$39,076.83
Total direct expenditures	\$120,145.03	\$430,411.13
Indirect costs	\$21,641.07	\$79,736.87
Total expenditures	\$141,786.10	\$510,148.00
Remaining balance		\$49,850.00
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

Encumbered expenses which haven't yet hit the Year Two budget:

Category	Encumbered
Staff salaries	\$11,704.54
Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Facilities	
Other	
Total direct	\$11,704.54
Indirect costs	\$4,248.75
Total	\$15,953.29

The anticipated carryover is approximately 6% (\$33,896.71) of the total award.

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.

Summary of key program accomplishments and progress

- Submitted BU-IRB amendments and annual continuing program review approved
- Trained a new bilingual and culturally competent staff (e.g., research assistant)
- Weekly update is sent to all members of the BU and Casa Esperanza team
 - Includes both data collection updates (e.g., follow-up windows opening), and CASA CHESS usage (e.g., medication adherence surveys completed)
- Smartphones are purchased, CASA CHESS app is downloaded, and phones are prepared for newly enrolled clients.
 - Boston University switched service providers from Verizon to AT&T. This change required that all clients with Verizon phones had to bring them in to receive an AT&T phone. This switch was accomplished over two weeks in July.
- Develop paper and electronic training guides for how to set up the Smartphone with the phone app, access free WiFi, etc. which included phone screen shots and tutorials in Spanish.
- Conduct ongoing client trainings, posting engaging topics for clients to respond to on discussion board, integrating CASA CHESS data (medication adherence, mood symptoms, relapse) into case management and other services (e.g., outpatient)
- Continue to record culturally relevant recovery stories
- Translate into Spanish new CASACHESS materials
- For clients completing the program period, developed policies regarding transfer of phone line from BU to clients: developed instructions for helping clients retain the phone and the phone number, use wifi for data.
- Conducted trainings with CASA CHESS clients on WiFi use, purchasing their own cell service after the program ends
- Receive, log, clean, and complete data entry for all outcome measures, using the CDP website and SPSS
- Revise existing questionnaire to include SAMHSA required changes to the Data Collection Instrument (DCI)
- Translate the revised DCI into Spanish as we wait for an approved SAMHSA translation
- Present at meeting in Santo Domingo (see citation above)

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

Please find the attached IRB Consent Form and Client Agreement Form.

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.

--

LIST OF ATTACHMENTS

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

Attachment 1: IRB Consent Form

Attachment 2: Client Agreement Form (Spanish and English)

Attachment 3: Tables

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: