

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

RFA # TI-13-008

**Meta House Healthy Connections
(TI024728)**

CSAT BIENNIAL PROGRAMMATIC REPORT

Program Reporting Period:

2/1/2014 – 7/31/2014

Instructions for Completing this Report

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2. Click on the darkened box next to each item to fill in your response.
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**TCE-Technology Assisted Care (TAC)
SAMHSA/CSAT
1 Choke Cherry Road, Room 5-1055
Rockville, MD 20850**

1. Reporting Period: 2/1/2014 – 7/31/2014
2. RFA #: TI-13-008
3. Grantee: Meta House – Healthy Connections Grant , TI# 024728
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Meta House	2625 N Weil St, Milwaukee WI 53212	Christine Ullstrup (Project Director)	414-962-1200 cullstrup@metahouse.org

5. Project Director: Christine Ullstrup
6. Evaluator: Lisa Larson, IMPACT Planning Council
7. Evaluator Phone/Email: 414-224-3054 / ljl Larson@impactinc.org
8. Signature _____

Project Director Signature

Date

9. List any changes in key staff contact information here: No changes

Staff Member	Add/Loss	Effective Date	Email	Phone

Staff Member	Add/Loss	Effective Date	Email	Phone

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BACKGROUND

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

The Healthy Connections program will use technology, including electronic health records (EHR), text-messaging, and smartphone applications, to enhance the capacity of Meta House (MH) to serve underserved populations of racially-diverse (50% African American, 40% White), low-income women in Milwaukee with substance abuse disorders (SUDs) who have co-occurring conditions (COCs), including mental health disorders and chronic health problems. The goals of the Healthy Connections program are aligned with SAMHSA's strategic initiative for Health Information Technology and the goals of the TCE-TAC RFA: 1) implement new technology to enhance the treatment and recovery of underserved women, 2) serve 83 women with SUDs and COCs, 3) improve client engagement in substance abuse treatment, 4) improve women's level of functioning relating to substance use and recovery, 5) improve women's mental health functioning and decrease the impact of trauma, 6) improve women's physical health and access to health care, and 7) minimize subpopulation disparities in access to, use of, and outcomes of project services. To achieve these goals, the Healthy Connections program incorporates three complementary evidence based practices: 1) Technology-Enhanced Integrated Treatment for Co-Occurring Disorders, 2) Motivational Interviewing and Stages of Change, and 3) Seeking Safety: Psychotherapy for Trauma/PTSD and SUDs. An array of 100+ possible services to support recovery and resiliency will be provided to women in the Healthy Connections program, including group and individual substance abuse and mental health treatment, comprehensive biopsychosocial assessment, psychiatrist services, case management, consumer peer services, and child and family services. For 50 years, MH has provided gender-responsive, culturally-competent substance abuse and mental health treatment and has for over a decade used technology to support treatment and trained staff to use technology. However, MH's current system makes it nearly impossible to effectively use available information to coordinate client care among the multidisciplinary team, to provide timely evaluation and quality improvement feedback to the program, and to efficiently use staff time and organizational resources. The technology enhancements included in the Healthy Connections program will allow MH to more fully integrate care for all clients, to improve the long-term recovery and resiliency for women in the program, and to continue to do so long after the grant is over. The performance assessment for the Healthy Connections program will be conducted by the IMPACT Planning Council, an evaluation agency with 20 years of experience evaluating SAMHSA grants. The performance assessment will use findings from intake and 12 month follow-up evaluation interviews, as well as qualitative and process data, to examine the extent to which the Healthy Connections program meets the goals listed above.

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: Implement new technology to enhance the treatment and recovery of underserved women

Status: The EHR system has been fully implemented for clinical staff in both the Residential and Outpatient programs, and new employees continue to be trained. We are currently updating release forms in response to a change in our EHR system which has made it easier for staff to see at a glance whether we have a current release with the rest of the client's treatment team, which will improve coordination of care. We are still in communication with our vendor to get the patient portal integrated with text messaging. These updates have been scheduled for October/November of this year. In the meantime, we have been exploring other text messaging options with local vendors and have included expenses for the text messaging service in our Year 2 budget so we can move forward with this as a backup plan. Additionally, following our site visit with JBS, we are considering submitting TA request to allow us to see demos of patient portals that other grantees have used so we can have other options in that regard as well.

As mentioned in the last biannual report, a menu of smartphone apps was created by the app team after being tested by clinicians to determine ease and appropriateness for our clients. An additional app was added to the list to assist with medication monitoring. This was a more complicated process than originally expected because some of the promising medication monitoring apps had names or icons that staff identified as potential triggering for clients in recovery from substance use disorders. However, an app was eventually identified that did not have these issues. Counselors have begun including smartphone apps as part of the treatment planning process; however, the level of knowledge and investment in the use of this technology on the part of the clinicians is not what the program would like it to be. In response, we are in the process of identifying ways to engage clinicians as well as clients with the use of the apps. Specifically, we are considering ideas such as using a scavenger hunt to have staff find certain features of the various apps, brainstorming ways to include apps in a client's treatment plan, and more actively soliciting client input on the types of apps they'd like to see.

Goal: Serve women with substance use disorders who have co-occurring conditions, including mental and/or physical health conditions.

Status: As of the end of the biannual reporting period, a total of 24 women with substance use

disorders and co-occurring conditions had been served in the Healthy Connections program. Per the GPRA website (as of August 6, 2014), this translates to an intake coverage rate of 104%, so the program is on track to meet its goal of serving 83 women during the life of the grant.

Goal: Improve client engagement in substance abuse treatment

Status: Although we had hoped to be able to report outcomes related to client engagement in this report, this has not been feasible. As we examined the comparison data for the year prior to grant implementation, it became clear that there is more data cleanup to be completed than we anticipated. Additionally, because the technology enhancements that were expected to have the greatest impact on client engagement (e.g. text messaging and the patient portal) have been delayed and will not be fully implemented until Year 2, we expect that Year 2 data will be more meaningful regarding the success of these enhancements. As such, we are planning to report progress toward this outcome in the next biannual report.

Goal: Improve women's level of functioning relating to substance use and recovery

Status: This goal was designed to be analyzed at the end of the program using data collected during 12 month follow-up interviews. To date, no women have reached the follow-up point.

Goal: Improve women's mental health functioning and decrease impact of trauma

Status: This goal was designed to be analyzed at the end of the program using data collected during 12 month follow-up interviews. To date, no women have reached the follow-up point.

Goal: Improve women's physical health status and access to health care

Status: This goal was designed to be analyzed at the end of the program using data collected during 12 month follow-up interviews. To date, no women have reached the follow-up point.

Goal: Minimize subpopulation disparities in access to, use of, and outcomes of project services

Status: The table below shows the racial and ethnic subpopulations served by the program to date compared to the targets proposed in the Health Disparities Impact Statement. To date, the program has served a lower percentage of African-American clients than intended. At this point, the total number of clients served in the program has been relatively small (N=24), so we will continue monitoring the demographic data to determine whether or not this is part of a larger trend.

Race/Ethnicity (N=24)	Target %	Actual %
African-American	51%	33%
White Non-Hispanic	40%	58%
Other	10%	8%

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.

As described above, our primary delays have been related to the patient portal and text message reminders. While we still anticipate our EHR vendor rolling out the needed changes in the next couple of months, we have been actively searching out other options, as our primary interest is in serving and engaging the clients in the Healthy Connections program as well as we can.

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

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.)

No changes

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Christine Ullstrup	10%
Psychiatric Consultant	Cathy Perkins	Contract
Director of Quality Improvement	Andrea Jehly	15%
External Evaluator	Lisa Larson	Contract
Medical Records Coordinator	Ruth O'Donnell	60%
Director of MIS/Communications	Brian Vodicka	15%
Manager of Clinical Services	Julie Reichert	10%
Medical Records Administrative Asst.	Tonya Henry	100%
Receptionist	Jenny Delgado	25%
Admissions/Client Benefits Coordinator	Sandra Fenninger	25%

Position Title	Incumbent Name	Percent Time
Research & Evaluation Assistant	Sidnee Smith	20%
AODA Counselor Tech	Lori Locke	10%
AODA Counselors	Various	75%
Case Managers	Various	5%
Transportation	Various	10%
Consumer Peer Specialists	Various	25%

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

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

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

There have been no staff changes during the current reporting period.

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

Currently, we have no vacant positions.

Partnerships

List each of the partner organizations.

Partner
IMPACT Planning Council (External Evaluator)
Psytech Solutions (EHR provider)

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

None of the relationships with contracted agencies have changed.

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
EHR Training - WSPP contracted students	2/3/2014	2	Meta House
EHR Training - New staff	2/5/2014	1	Meta House
EHR training - WSPP contracted students	2/10/2014	2	Meta House
Intro to DBT	2/12/2014	6	Dr. John Prestby & Janet Arnold

Staff Development Activity	Date	Number of Participants	Training Provider
Motivational Interviewing	2/14/2014	4	Sean Smith
EHR Training - Interns	2/26/2014	2	Meta House
Services for Parents with Co-occurring Disorders	2/26/2014	1	AIA Resource Center
Treating Tobacco Dependence 2014 Webinar Series for Wisconsin Clinicians	2/26/2014	1	Kate Kobinsky, Wisconsin Tobacco Quit Line Coordinator, UW-CTRI
ASPMN Webinar - "Her Pain Is Becoming a Problem": Adding Complementary Medicine for Persistent Pain When Opioids Are Not TheSolution	2/27/2014	1	ASPMN
EHR Training - New staff	3/3/2014	1	Meta House
TCE-TAC biweekly conference call	3/13/2014	1	SAMHSA, JBS
EMDR and Trauma	3/19/2014	1	Don Rosenberg
Suicide Prevention	3/20/2014	7	video from SAMHSA
Data Mapping: From Boring to Insightful in 90 Minutes	3/26/2014	2	Matt Schumwinger, Virginia Carlson
TCE-TAC biweekly conference call	3/27/2014	2	SAMHSA, JBS
EHR Training - New staff	3/28/2014	1	Meta House
EHR Training - New staff	4/2/2014	1	Meta House
Cultural Intelligence Pilot Training	4/8/2014	1	
TCE-TAC biweekly conference call	4/10/2014	1	SAMHSA, JBS

Staff Development Activity	Date	Number of Participants	Training Provider
EHR Training - New staff	4/23/2014	1	Meta House
TCE-TAC biweekly conference call	4/24/2014	1	SAMHSA, JBS
TCE-TAC biweekly conference call	5/8/2014	1	SAMHSA, JBS
Do Good Data	5/12/2014	1	Multiple national presenters
How to Create an Effective Social Media and Texting Strategy	5/22/2014	1	SAMHSA/CTAC
TCE-TAC biweekly conference call	5/22/2014	1	SAMHSA, JBS
EHR Training - New staff	5/30/2014	1	Meta House
EHR training - WSPP contracted students	6/2/2014	6	Meta House
Heroin Summit	6/4/2014	3	Multiple local & national presenters
TCE-TAC biweekly conference call	6/5/2014	1	SAMHSA, JBS
Transitioning to DSM-5 and ICD-10-CM	6/8/2014	1	SAMHSA
Treating Tobacco Use and Dependence: Tobacco Treatment Specialist Certification	6/9/2014	1	Mayo Clinic Staff
Clean Overcoming Addiction	6/18/2014	3	David Sheff and a panel of recovering individuals
TCE-TAC biweekly conference call	6/19/2014	1	SAMHSA, JBS
EHR Training - Consumer peer specialists	6/23/2014	1	Meta House

Staff Development Activity	Date	Number of Participants	Training Provider
EHR Training - Consumer peer specialists	6/24/2014	1	Meta House
EHR Training - Consumer peer specialists	6/25/2014	1	Meta House
Dialectical Behavior Therapy (DBT) – Skills Training	7/10/2014	5	Stephanie Vaughn
Advanced Dialectical Behavior Therapy	7/11/2014	5	Stephanie Vaughn
EHR Training - Consumer peer specialists	7/17/2014	1	Meta House
TCE-TAC biweekly conference call	7/17/2014	1	SAMHSA, JBS
TCE-TAC biweekly conference call	7/31/2014	1	SAMHSA, JBS

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

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

In the next reporting period, the focus will be on training and motivating counselors to be more familiar with the smartphone apps and how to use them as part of the treatment planning process. Once implemented, training will also focus on the use of the text messaging and patient portal features (including training for both staff and clients). Ongoing EHR training and technical assistance will be done with staff as needed, particularly to correct any issues that were identified from the results of the staff EHR survey and any that arise on a regular basis via the helpdesk. Additionally, the EHR vendor recently released improvements in the way releases are recorded in the client's record, so training will also be provided to help staff use the new features.

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: 8/6/2014

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	23	24	104.3%			%
6-Month Follow	9	5	55.6%			%

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

The six month follow-up rate was below 80% per the GPRA website as of 8/6/2014. Two additional six month follow-up interviews have been completed since the date the report was run. Additionally, three clients currently have open six month follow-up windows, and nine more clients will have follow up windows opening in the next three months. Given that six month follow-up interviews began just recently and the number of follow-up windows opening, we fully expect our six month follow-up rate to increase in the coming months.

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.

Not applicable

Evaluation

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

GPRA data collection

Procedures for completing the required GPRA data collection and data entry on the SAIS website have been established by the evaluation team and incorporated into the local evaluation data collection plan at intake, discharge, 6-month follow-up, and 12-month follow-up. Procedures have also been developed and implemented to support tracking and locating clients for follow-up GPRA data collection.

Initial GPRA data collection has been completed for 100% of the participants served since the start of the Healthy Connections program. Six month follow-up interviews have been completed for seven clients (five prior to drawing down GPRA statistics and two additional follow-ups since that time). Data entry on the GPRA website has been completed in a timely manner for 100% of the GPRA interviews completed.

Implementation of local evaluation

The Study Team, as described in the original application, has met regularly since the inception of the grant. The Study Team is comprised of internal evaluation staff, program administration, clinical staff, and child and family staff. The Healthy Connections study team meets monthly in order to (1) monitor the engagement of the participants, (2) monitor the evaluation procedures and troubleshoot any concerns, (3) implement monthly reviews to monitor fidelity to implementation and to practices, and (4) present evaluation data that can be used to make adjustments to the program as necessary.

Internal and external evaluators have developed procedures with staff to integrate the routine collection of baseline data into the intake process. Baseline data and contact information has been successfully collected for all grant participants, and the integrity of the GPRA data and the local evaluation data has been reviewed for all baseline interviews. A data entry program is being developed to support the local evaluation.

The evaluation team has been implementing the qualitative portions of the evaluation, specifically focusing on staff experiences with the EHR system and client experiences piloting smartphone apps. During this reporting period, staff were surveyed regarding their experiences with the EHR system. The survey findings (included as Attachment 1) have been shared with program management so they can be used to address potential issues. Sessions to share the survey findings with the rest of the program staff are currently being scheduled. An additional survey will be developed for gathering information on client experiences with the smartphone apps. The evaluation team is exploring distributing this survey to clients via a text message with a link to the online survey so that it can be completed on their smartphones.

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

No changes

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.

The majority of the evaluation findings for this reporting period have been reported above. In addition, a report of the survey results from the staff EHR survey are attached as Attachment 1.

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.

No substantial problems have been encountered in the evaluation to date.

Discuss how evaluation findings were used to improve the project.

As described earlier, the findings from the staff EHR survey have recently been distributed to managers. While many of the responses suggested that staff had either neutral or positive perceptions of the new EHR system, some of the responses, particularly responses to open-ended questions, provided helpful information on 1) features that were not performing exactly as the program would like, 2) areas which could be improved with ongoing staff training, and 3) areas that could be improved with clearer communication between the EHR system support team and the staff using the system. The EHR team is following up on these items to improve staff experience with using the system.

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

A report of the survey results from the staff EHR survey is attached as Attachment 1.

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.

Total Funding*: \$840,000.00		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$44,808	\$165,057
Fringe	\$11,292	\$42,043
Contracts	\$11,133	\$60,087
Equipment		
Supplies	\$550	\$6,932
Travel		\$2,089
Facilities		
Other	\$1,081	\$2,766
Total direct expenditures	\$68,864	\$278,974
Indirect costs	\$9,814	\$37,320
Total expenditures	\$78,678	\$316,294 (drew \$280,000)
Remaining balance		\$560,000
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

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.

During this biannual reporting period, the helpdesk system was implemented for EHR system requests, which not only has streamlined support to the staff but also is helping the program track problem areas. As mentioned earlier, responses from the staff EHR survey have also been helpful in identifying challenges experienced by users of the system. These problem areas will be addressed with more training/technical assistance and/or requests to the vendor for system changes, as appropriate.

In regard to smartphone applications, the program focused on training staff and clients on the use of the smartphone apps as well as routinely adding smartphone apps as a treatment intervention on the treatment plans in the EHR system. We have seen the number of clients using apps increase, a few of whom have been mentors to other clients in teaching them how to use apps for their recovery. The next steps in regard to the apps will be to implement a system of feedback from clients regarding the apps they are using and apps they would like to see. In addition, further hands-on training will be conducted with staff to help them be more informed and engaged in using apps as part of client treatment plans.

In June, the program had a site visit from JBS. We found the site visit to be a helpful review of our progress so far, as well as providing guidance for possible future areas to address. Our first task has been taking the extensive list of recommendations provided in the site visit report and prioritizing them so that we can focus on the most important and highest impact items first. To help us make these decisions, we followed the recommendation of the site visit team to create a technology strategic plan so we as an agency can prioritize and fund the technology strategies that we feel are most important to effectively serving our clients. Putting together a meaningful strategic plan requires some time so that all areas of the program can be involved in setting priorities; however, we were able to begin this process during this reporting period. The Technology Team held a brainstorming session with the management team to develop a list of needs for the next three years, then spent time categorizing and developing possible technology solutions for these needs. Follow-up meetings with smaller groups of appropriate staff are in progress to clarify and set priorities. A few meetings have already occurred, including: 1) a meeting regarding privacy safeguards for the use of technology and 2) a meeting with clinical staff to make a plan for moving forward with text messaging, the patient portal, and providing online resources to clients via our webpage. In the upcoming months, we are also planning to get more input from clients regarding apps and other possible technology enhancements so that we have better guidance for what will be helpful to them. Now that we have more clarity regarding what we want to achieve with some of the new technology, we plan to pursue TA that was offered by JBS regarding setting up a patient portal and take the next steps in regard to text messaging. Part of that process will be cleaning up the EHR data so that we are able to use it for text messaging and then offering clients who are interested the option of receiving text reminders. We will continue to move forward with the above tasks in

the coming months. In addition, we will continue to sift through the recommendations provided in the site visit report to focus on the items that seem to be the highest priority for improving the Healthy Connections program.

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

Sections of Meta House's policies and procedures have recently been updated to include procedures specifically related to technology and the EHR system. They are attached as Attachment 2.

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.

No presentations

LIST OF ATTACHMENTS

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

Attachment 1: Staff EHR Survey Report

Attachment 2: Updated policies

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: