E-ACCESS

Project Overview, Policies, Procedures, & Protocol

Version 1

Updated December 10, 2013

Table of Contents

I.   Overview of Project-Summary Statement

The Fountain House E-ACCESS Project will enhance and expand 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 will issue smartphones to a pre-selected population of clients who have been recruited, screened and oriented to the E-ACCESS goals and objectives; and to provide support for e-sessions with our partner provider, Phoenix House, to provide electronically delivered educational services to 300 clients (100 per year) to better support clients enrolled in care by providing more frequent and off-hour contact with clinicians. 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 now be directed toward technology and taken from personnel. Instead of a full time intake coordinator, we are hiring three peer intake coordinators who will be paid at an hourly rate. A separate budget modification is being filed. The delay in technology development has slightly delayed active program enrollment. To date, one person has been enrolled, 12 have been recruited, screened and are ready to begin E-ACCESS orientation, and an additional 70 clients have been identified for enrollment. Technology development begun in November is almost ready for beta testing. We anticipate the ability to fully enroll participants beginning February 1 and are confident that we will meet our goal of enrolling 100 clients during year 1 because of a high level of interest among clients.

II. Project Goals/Objectives:

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

Progress: Despite a delay in technology development, there has been a great deal of interest in the program by the clients at Fountain House. The app is almost fully functional and 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. We anticipate no difficulty in enrolling 100 clients during year 1. We have also restructured our intake process. Instead of one dedicated intake coordinator, we will now have three part time peers, trained on GPRA administration, available to enroll the large number of individuals we plan to engage beginning in February. All permanent project staff has been hired. GPRA training will be completed for the peer intake coordinators by the end of January.

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.

Progress: The app is in the final stages of development. Beta testing is scheduled to begin in January to ensure that these three objectives will be met for all individuals enrolled in the program. We are interested in the continued expansion and upgrading possibilities of the app. We are working hard to ensure that the web-based system is flexible, secure and accurate.

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.

Progress: 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.

III. Recruitment, Enrollment, & Retention

Recruitment and Assessment for COD: Enrollment into the E-ACCESS Program will begin with presentation of the E-ACCESS Program to the staff at both Fountain House and Phoenix House, and to the individual members. Potential participants may be referred by their social worker at Fountain House, the Supported Sobriety Program Coordinator, or directly from Phoenix House. Some participants may refer themselves and will then be assessed for appropriateness for the program. All project participants will have a COD, with or without presenting medical concerns. E-ACCESS project staff will include a Social Worker who will evaluate clinical assessment(s) and assist with case monitoring. Fountain House members all receive a psychiatric assessment as part of their intake process and this information will also inform the appropriateness of inclusion in E-ACCESS. Clients found to have a SUD can be referred to our treatment partner Phoenix House for care and will remain with Fountain House for continued participation in the E-ACCESS Program. Fountain House members are routinely provided with a plan of care including recommendations for medication compliance and recovery-oriented skills development. This information forms the basis of the clients personalized EHR that will be part of this e-technology project. If screened and found appropriate, the participant will meet with the Project Director for outlining service needs; risk assessment; living situation; and any other factors that might impede their ability to fully participate in the E-ACCESS Program. This includes, but is not limited to, a review of clients' existing EHR that includes a psychiatric assessment and diagnosis; overall health screening; and a progress plan of goals and objectives for the client to achieve throughout this/her contact with Fountain House. The Project Director will then arrange for enrollment with one of the Intake Coordinators.

Enrollment in Program and Obtaining and Tracking Consent:
The E-ACCESS Project Director has policies and procedures to ensure that, for disclosures of information that occur on a routine and recurring basis, reasonable efforts are made to limit disclosures to the minimum necessary to accomplish the intended purpose of the disclosure, including developing criteria designed to limit the information it discloses to the information reasonably necessary to accomplish the purpose for which disclosure is sought. These policies and procedures will ensure that requests to other entities subject to the Privacy Rule for information are limited to information which is reasonably necessary to accomplish the purpose for which the request is made. Part 2 requires programs to maintain reasonable and appropriate administrative, technical and physical safeguards to protect the privacy of clients' records whether paper or electronic. The issue of security has been addressed in more detail through a separate Security Rule issued by HHS on February 20, 2003 that established the physical and technical security standards required to guard the integrity, confidentiality and availability of confidential information that is electronically stored, maintained or transmitted. Fountain House will be in compliance with this regulation, working with their IT provider to provide for electronic safeguards such as firewalls and passwords. Fountain House's partner in care, Phoenix House, will provide similar compliance with Part 2 as they have extensive experience with protecting patient confidentiality and being in compliance with the HIPAA Privacy Rule.

E-ACCESS clients will be screened for eligibility and enrolled into the E-ACCESS via a face-to-face interview with an Intake Coordinator. At this time, the goals and objectives of the

E-ACCESS Program will be explained including participant involvement and benefits; potential risks and discomfort; confidentiality issues and personal information sharing and storage; and consent to participate. The participant will then complete a locator form to ensure that E-ACCESS Program Staff will be able to contact them for follow-up, with the understanding that the simplest and most effective way to contact them will be on the phone itself. The Locator Form was designed for tracking purposes, and its use has resulted in meeting and exceeding SAMHSA follow-up requirements of 80%. The Intake Coordinator will then administer the GPRA assessment following the instructions provided in training sessions.

The E-ACCESS staff and participant will establish a time for the six month follow-up during the baseline interview. These interviews will be scheduled at a time and location that is convenient to the participant. Subsequently the participant will be issued their smartphone. As part of enrollment, each E-ACCESS participant will receive a one-on-one tutorial on the use of the phone itself and the E-ACCESS app that has been developed for this project.

Intake Coordinators will securely transmit the GPRA information for each individual participant to the Independent Program Evaluator for input into the CSAT SAIS database and the local evaluation information into an SPSS14 database. GPRA data will be input into the CSAT SAIS database within seven business days after each interview. Once collected, paper copies of the data will be stored in locked file cabinets within a secure office. Identifying information, such as signed consent forms, will be stored in a separate locked cabinet. Electronic data will be stored in password-protected files accessible only by authorized program staff. All data will be stored under conditions that maintain participant confidentiality via HIPPA regulations. The Evaluator will analyze all data to determine project efficiency and effectiveness.

Every effort will be made to protect confidentiality. All data collection instruments will be encoded by number and will contain no other identifying information. Written materials will be maintained in locked filing cabinets, and any computer spreadsheets or electronic medical records will be saved in password protected files. Fountain House as well as their treatment partner, Phoenix House, complies with all federal and state regulations for ensuring proper and safe handling of all potential risks to client safety including medical and psychiatric emergencies, allegations of child abuse and/or neglect, client grievances, record keeping and client confidentiality. Both Fountain House and Phoenix House are HIPAA compliant, and staff receives annual training on these procedures immediately upon hire and periodically thereafter. The only potential risk to client confidentiality that the E-ACCESS presents to participants is in conducting intervention, referral and virtual group practice directly in the community. All efforts will be taken to maintain confidentiality standards established by state licensing authority governing the provision of assessment and treatment services. Fountain House staff, including E-ACCESS staff, are first and foremost client advocates and will be well versed in contingency planning in the event that any adverse effects appear as a result of a client's participation with the E-ACCESS Program. Staff has at its disposal a wide range of services including: social services, mental health, emergency shelter, legal and medical resources to address any potential harmful situation that may occur.

IV. Data Collection and Reporting, Feedback, & Evaluation

Meaningful and Relevant Results:
The use of technology, including web based services, smart phones, and behavioral health electronic applications (E-ACCESS), will expand the ability of Fountain House to effectively communicate with persons in treatment and to track and manage their health care to ensure treatment and services are available where and when needed; facilitate referrals to needed services; and allow for expanding the resources available to those beginning their recovery process from SUD.

Expected outcomes:
1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in recovery and in their health care overall.
3. Increased monitoring and tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Cost-effectiveness in terms of less use of the ER because of fewer crises.

Member (Client) Input:
The members (clients) of Fountain House have always been an integral part of developing, implementing, and evaluating every project and program at Fountain House. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. For example focus groups of clients pointed out the need for e-technology to increase and maintain member involvement while highlighting the increased e-technology knowledge base of its members. In addition, an E-ACCESS Peer Advisory Committee will be created to review project policies and procedures and ensure that client interests are being best represented. This Advisory Committee will make recommendations for effective utilization of project resources and provide direct feedback regarding the strengths of the e-technology and the areas where it could be improved or further developed. In addition, an E-ACCESS Client Satisfaction Survey will be conducted annually, seeking both a review of e-technology access and innovations and also the overall benefit that clients' perceive. The results of this survey will be included in future bi-annual reports to the funder and will be reported to the Program Director, the E-ACCESS Program staff, and the Peer Advisory Committee.

Data Collection, Management, Analysis and Reporting
The aim of the E-ACCESS evaluation is to document the successful accomplishment of the three major goals that Fountain House hopes to achieve as a result of expanding their ability to deliver e-technology services: 1 To engage Fountain House members with COD not presently accessing services; 2. To illustrate the benefits of technology-assisted care among high-risk, hard-to-reach clients; and 3. To demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS Program of expanded care. To document the attainment of these three goals, data will be collected in three domains: 1. Use of each element of the newly designed E-ACCESS smartphone application, 2. Increased participation (and completion of services) at Fountain House and/or Phoenix House; and 3. Improved functionality as evidenced by changes in baseline and six-month follow-up GPRA's for current substance use;

degree of social connectedness; use of emergency rooms for care (in the last 30 days); mental health symptoms, etc.

E-ACCESS will employ an objective, Independent Program Evaluator who will provide training and support to project staff who will collect the assessment data and enter it into the SAIS database and an SPSS database to manage, analyze, and report information that can be used by the project to make continuous improvements. GPRAs will be collected by an Intake Coordinator who, in addition to receiving training and support from the Evaluator, will also attend necessary training sessions provided by CSAT.

Each E-ACCESS activity with each patient will be quantified. Using this database, participation statistics may be obtained for various units of analysis (per patient, per type of service, etc.). For any individual client, key statistics, such as numbers of service referrals, visits to "chat rooms," attendance at virtual groups, linkages to services, advocacy phone calls, etc., will be collected and monitored throughout the duration of the client's engagement in the program. Occurrence of all such activities and time spent on them will be logged into the computerized record. This process will enable the Evaluator to calculate various key participation statistics for each client from this raw data, including length of course in each service; intensity of service; participation status (e.g., referral only; ongoing participation; drop out, as defined by the service provider); and others. It will also be possible to categorize individual clients' patterns of (non) participation in each service (e.g., as early attendee/late absentee; early absentee/late attendee; consistent attendee, etc.). This database will enable the project team to obtain aggregate statistics on clients in key categories by type of service, by client characteristic, or by other factors.

In order to assess the extent of client (dis)satisfaction with the project and to ensure that the project addresses the cultural values, norms, and beliefs of our population, clients will be asked to complete an annual client satisfaction survey to rate perceptions of helpfulness and cultural appropriateness of services they are receiving at least every six months. The fidelity of the project will be conducted by two independent audits using a Fidelity Scale consisting of ratings of implementation levels (from 5=full implementation to 1=no implementation) for each of the project components. All outcome and process evaluation findings will be enumerated in a performance assessment report, which will be submitted as part of future, semi-annual report to CSAT. Results will also be disseminated to all stakeholders and interested parties. In addition to collecting the CSAT-required GPRA data and that related to client satisfaction, the E-ACCESS staff and Evaluator will have access to the participants' EHR and will be able to note participants' mental health and substance abuse diagnoses, presenting symptoms, any past or current crisis situation, and current status of the SUD. This data will also be collected and entered into the SPSS database for further analysis. The Evaluator will analyze these data to examine treatment efficiency and effectiveness.

The primary measure of efficiency will be individual and aggregate utilization of each tool of the E-ACCESS app (indicated by reporting measures that annotate the type of technology used and duration of use) and the resultant extent to which participants received the elements of the Evidence-Based Practice, i.e. the "clubhouse" model at Fountain House and those provided by Phoenix House as well. Descriptive data will provide information on the types of e-technology

services that were used, and chi-square analyses will be conducted to identify the demographic and psychosocial variables that are significantly associated with the likelihood of utilizing each type of e-technology service. Treatment entry for an SUD will be documented through review of clients' EHR, where treatment services and treatment planning are annotated. Clients' improved functionality will be assessed by changes in the GPRA outcome measures for current substance use, degree of social connectedness, accessing emergency rooms for care (in the last 30 days), and presence and severity of mental health symptoms, from baseline to six-month follow-up using t-tests with dependent samples. The Evaluator will prepare monthly reports that include the analyses of outcome and process findings. This information will be presented to the E-ACCESS Peer Advisory Committee and the E-ACCESS Project Director and staff. The Advisory Committee will review the reports to ensure that evaluation data is presented in a culturally competent manner. This information will be used to provide feedback that the project staff can use to improve the project in the following ways: 1) *Improve implementation* – compare projected number of participants and their amount of service they have received with the actual number and level of service, and make adjustments as needed. 2) *Improve outcomes* –compare the actual outcomes in the targeted areas with the project's goals and objectives, and make modifications as needed. 3) *Increase cultural competency* – compare the evaluation data for participants of varying races, ethnic backgrounds, and ages, to identify differences between subpopulations, and make adaptations or modifications as needed to ensure positive outcomes for all participants. 4) *Ensure cost effectiveness* – monitor the cost per participant to ensure that it does not exceed SAMHSA cost bands. 5) *Strengthen capacity of Fountain House to deliver e-technology services* – monitor number of e-technology tools used and client participation in e-technology trainings.

V. Impact and Next Steps

Fountain House is excited at the prospect of integrating technology assisted care directed toward recovery from substance abuse for their SMI population, thus expanding treatment opportunities for persons who may not have access due to socioeconomic and or psychosocial issues. This is an innovative method of assisting a currently underserved population of clients in need who have been absent from the traditional treatment and recovery milieu. A key component of this project will be Fountain House's ability to document the process and outcome measures, allowing for replication. The technology assisted care model is a unique and has the potential to vastly improve recovery for all substance abusing clients. Technology assisted care, including access to personal health records and related e-therapy tools like virtual groups or web-based applications that can accessed from smartphones, home, or elsewhere in the community, is an ideal approach to address the needs of hard to reach populations who are inherently marginalized and often disconnected from care. This is particularly true for the seriously mentally ill substance abuser.

Globally, as a result of implementing the E-ACCESS, the expected outcomes are:
1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in treatment and in their overall health care.
3. Increased tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Dissemination of information about the model for replication

Specifically, E-ACCESS will:
• Increase access to behavioral health (substance abuse and mental health) and physical health services by expanding Fountain House's capacity to deliver web-based clinical care to an additional 100 people annually over the life of this project;
• Make e-technology clinical services available to a sample of Fountain House clients who are diagnosed with co-occurring mental health and substance abuse disorders;
• Expand the Fountain House recovery model and support programs to include people referred from Fountain House's substance abuse treatment partner, Phoenix House, who will provide web-based clinical/educational substance abuse treatment and/or evidence-based interventions;
• Enhance participants' ability to fully participate in all aspects of Fountain House's service delivery model despite disabilities that might prevent them from using "brick and mortar" facilities;
• Facilitate person-centered treatment planning and decision making by proving providing easy access to EHR;
• Monitor clients' progress, use of e-technology and issues that might affect their care and recovery;
• Thoroughly evaluate the model of care and make adjustments as needed to the methodology;
• Integrate this high-quality, patient-centered, cost-effective model into the changing landscape of funding for health care.

As a result we anticipate the following objectives/outcomes:
• The development of individual, customized EHRs that include treatment plans for substance abuse, psychiatric, and medical health issues;
• Reduction in both clients' rate of relapse and length of hospital stays;

• Documented improvement in the physical and mental health of all participants;
• Provision of consumer driven support services resulting in increased participant satisfaction with treatment and services;
• Improvement in members' social interaction demonstrated by social connectedness measure and utilization of e-technology measures.