

## Operation PAR: Biannual Summary

1. Reporting Period: March 1, 2015 – August 31, 2015
2. RFA Number: TI024730
3. Project Director: Jim Miller

### Program at a Glance

#### What are the current technologies being utilized by the grantee?

Operation PAR's *Technology-Assisted Care in Pasco County* program has incorporated tablets, smartphones, mobile applications and Web-based technology (like video conferencing) to enhance existing treatment/recovery options for pregnant and parenting women and to help increase service capacity among the area's primary care and behavioral health providers. Operation PAR has collaborated with In The Rooms, Inc. to create a secure online recovery discussion and video-enhanced chat room for clients. They also utilize the Netsmart AVATAR electronic health record (for insurance and dosage purposes) and have created a SharePoint data dashboard to inform their evaluation efforts.

#### Are there any notable changes this reporting period?

Attempts to expand services by partnering with two different primary care providers in the county have not been successful. Fundamental differences in philosophy (between behavioral health and primary care), billing, and training impacted the partnership. Operation PAR has the technological capacity to utilize eServices and is actively pursuing expansion opportunities.

Operation PAR has worked to refine eService technology within the agency to better support Case Management, Outpatient Services, and Continuing Care. Manuals are being prepared to assist with eService implementation, and counselors are participating in eService training. The program intends to expand technology availability into other modalities so that clients in other areas can benefit from eServices.

Operation PAR is actively exploring third-party payment options as a means to sustain the program once the grant period has ended.

Operation PAR successfully developed a web-based system for SBIRT integration to allow primary care and behavioral health systems to screen, identify, and refer clients to treatment. The program is, however, in need of a primary healthcare partner because they terminated their partnership with FQHC Premier Community Healthcare Group, Inc. due to poor response rate and lack of referrals.

Operation PAR has developed a contingency plan for capturing data should the Common Data Platform remain non-functional.

Operation PAR instituted “drop-in” hours on Fridays to allow clients to call-in or connect via tablet with a counselor anytime during the day to give clients additional options to receive services if they missed their designated appointment.

**What are the grantee’s GPRA rates?**

	<b>Target</b>	<b>Actual</b>	<b>Percent</b>
Intakes (Baseline)	<i>80</i>	<i>60</i>	<i>75 percent</i>
6-Month Followup	<i>45</i>	<i>41</i>	<i>91 percent</i>

**If intake or followup is below 80 percent, has the grantee described its plan to increase GPRA rates?**

Operation PAR’s intake is below the targeted 80 percent threshold; however, the grantee is confident that they will meet and exceed this threshold by the next reporting period because they have mounted an internal advertising campaign to boost referrals from Medication Assisted Patient Services (MAPS) clinics in Pinellas County.

Operation PAR maintains a local database and follow-up tracker that has allowed the program to maintain a consistently high follow-up rate.

**Does the grantee need technical assistance? If yes, does the grantee have a request in SAIS?**

The grantee did not express immediate need for technical assistance at this time; however, the proposed sustainability site visit would be an ideal opportunity to explore client engagement and follow-up strategies and to get more information on the grantee’s overall sustainability plan and general lessons-learned.

**Are there any areas of concern in the report that require GPO attention?**

There are no concerns identified at this time; however, a follow-up call may be helpful to assess how proposed client intake strategies are progressing.