

**From:** [Lees, Doug \(SAMHSA/OFR\)](#)  
**To:** [Washington, Wilson \(SAMHSA\)](#)  
**Cc:** [DGMPProgressReports \(SAMHSA/OFR\)](#)  
**Subject:** FW: 2nd Biannual Report 2015 T1024770  
**Date:** Monday, September 21, 2015 12:04:33 PM  
**Attachments:** [image001.png](#), [2nd Bi-annual Report 2015.pdf](#), [Attachement # 1 Evaluation.pdf](#), [Attachment #2 Procedure-Operations Manuel.pdf](#), [Attachment #3 - SACADA WORC Presentation Idea Exchange JV.pdf](#)

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FYI. I am not the appropriate person to send programmatic program reports. I have copied the correct e-address by this email.

Doug

**Doug Lees**

Grants Management Specialist  
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**From:** Washington, Wilson (SAMHSA)  
**Sent:** Monday, September 21, 2015 11:50 AM  
**To:** Lees, Doug (SAMHSA/OFR)  
**Subject:** FW: 2nd Biannual Report 2015

FYI.... I am in receipt and review of the attached reports..

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**From:** Juan Vargas [mailto:[jvargas@sacada.org](mailto:jvargas@sacada.org)]  
**Sent:** Tuesday, September 15, 2015 10:20 AM  
**To:** Washington, Wilson (SAMHSA)  
**Subject:** FW: 2nd Biannual Report 2015

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**From:** Juan Vargas  
**Sent:** Tuesday, September 15, 2015 9:18 AM  
**To:** 'granteereports@jbsinternational.com'  
**Cc:** Abigail Moore; Lisa Juarez; Gloria Solis; 'wilson.washington@samsha.hhs.gov'  
**Subject:** 2nd Biannual Report 2015



The 2<sup>nd</sup> Biannual WORC report for grant # 5H79TI024770-02 is attached. Please let us know if you have any questions.

**Juan J. Vargas, MSW**



**Interim Coordinator for Adult Services**

**210-225-4741 office**

**210-802-6806**

[jvargas@scada.org](mailto:jvargas@scada.org)

[www.sacada.org](http://www.sacada.org)

[www.recoverytexas.org](http://www.recoverytexas.org)

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

**RFA # T1024770**

**CSAT BIANNUAL PROGRAMMATIC REPORT**

**Program Reporting Period:**

**2/1/15 to 7/31/15**



### **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](mailto: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:** 8/1/14 to 1/31/15
2. RFA #: T1024770
3. Grantee: San Antonio Council on Alcohol and Drug Abuse
4. Provider Site(s): 7500 Highway 90 West, Suite #100, San Antonio, TX 78227

Provider Site Name	Address	Contact Person	Phone/Email
San Antonio Council on Alcohol/Drug Abuse	7500 Hwy 90 West, AT & T Bldg., Suite 100, San Antonio, TX 78227	Abigail Moore, Executive Director	210-233-5860, amoore@sacada.org

5. Project Director: Juan Jesus Vargas, MSW
6. Evaluator: Dr. Nancy Amodei, Univ Texas Health Science Center San Antonio, Dept of Pediatrics
7. Evaluator Phone/Email: 210-567-7424 , AMODEI@uthscsa.edu
8. Signature \_\_\_\_\_

Project Director Signature                      Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Juan Jesus Vargas	Add	06/04/2015	<a href="mailto:jvargas@sacada.org">jvargas@sacada.org</a>	2102254741

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.

### **ABSTRACT**

**Web Oriented Recovery Care (WORC)** will expand and enhance substance abuse recovery capital through the provision of peer to peer services for those individuals with substance use disorders by using Technology-Assisted Care in Targeted Areas of Need (TCE-TAC). A primary goal is to help individuals achieve and maintain recovery and to improve the overall quality of life. WORC will use technology to support recovery and resiliency effort and promote wellness.

The San Antonio Council on Alcohol and Drug Abuse (SACADA) will be the lead organization for this project. Limited resources for the uninsured substance abusers in Bexar County are apparent as indicated by only 149 indigent treatment beds for adults with an adult population of over 1.2 million. That means many people in our community do not receive services including underserved populations such as veterans and Hispanics. That is why the peer recovery coaching through WORC is the perfect fit to address health, home, purpose and community in Bexar County. Peer recovery coaches can convey resiliency skills across different economic and age categories, and understand the role of culture, religion, ethnic identity, and family at their own community level. The population to be served will include individuals seeking treatment services, rural communities with limited resources, uninsured veterans, Hispanic, and individuals in recovery needing additional resources to sustain their sobriety.

Funding of this project will enable SACADA to embed within Bexar County and the surrounding rural counties a resource that directly expands on existing services. By developing a system to train peer recovery coaches, connect them with individuals in need of help, and providing a web portal (eROSC) that all citizens can access, we are creating **Recovery Capital**. What do we mean by Recovery Capital (RC)? “The long-term goal of RC programs is to help people develop an indigenous (i.e., community-based) recovery support system that facilitates their transition from the professional or formal treatment realm and into a life of self-autonomy and, of course, sustained recovery.

By the end of the program WORC will have trained 20 recovery coaches, provided services to 450 peers, hosted 6 presentations to educate the community on use of WORC, and developed a Web-Portal of peer recovery resources. Staff and peer recovery coaches will use Motivational Interviewing (MI), the Manual for Recovery Coaching and Personal Recovery Plan Development (Loveland, 2005) and the Texas Peer Recovery Coach Institute Curriculum to provide comprehensive services. These strategies will create long term sustainability and enhance the Recovery Capital of Bexar and surrounding counties for its residents.

## **TECHNOLOGIES BEING USED**

SACADA has subcontracted with Medical Web Experts for the development of the Web Orientated Recovery Care (WORC) web site that provides an electronic e-ROSC available to all of the citizens in a 28 area region. Features of this technology include the ability of individuals to gain access to a wide variety of recovery information from current news and educational information to daily meditations. Community members can speak to a personal recovery coach through a "chat" feature. Individuals who register for a Recovery Coach will have access to digital self-evaluation instruments including: Recovery Capitol Scale, a Digital Literacy Assessment, Telephone Monitoring & Adaptive Counseling (TMAC) Assessment/Support Questionnaire, Unmet Needs/Services Needed and Received, and a satisfaction survey. Individuals who complete the self-assessment feature will have the benefit of a Recovery Coach to help in the development of an on-line Recovery Plan and will be able to gauge their progress towards accomplishment of goals. The Recovery Capitol Scale includes healthy living information such as "do you have health insurance and a doctor".

Individuals who register on the WORC site will be participating in the evaluation component of the program and they will be assigned a number which means their de-identified information will be available to our evaluation team at the University of Texas Health Science Center at San Antonio. No patient identifying information will be available to the evaluation team but they will be able to download data files from the various tools such as the Recovery Capitol Scale at the baseline, 6 month follow-up and discharge times.

## **CHANGES FROM INITIAL APPLICATION**

In the third year continuation application we requested a change of:

**GOAL 1.** To use Technology Assisted Care in Bexar County and the surrounding nine-county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.

**Change:** We would like to stop providing services in the Quad County Council on Alcohol and Drug Abuse area.

**Justification:** We originally hired a trained Recovery Coach from this 4 county catchment area but he has been unsuccessful in engaging clients in the program. Issues noted were extreme rural areas with no population, high population of individuals who have no access to computers, and 3 hour drive from San Antonio to do community presentation. Only one client have to date been enrolled from this area.

## **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. To use Technology Assisted Care in Bexar County and the surrounding nine-county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.**

**Status:**

**Objective 1.1.** Web site design team had site go live on January 1, 2013. Address is [www.recoverytexas.org](http://www.recoverytexas.org). Entire site including assessments and recovery plan are available in Spanish. Phase II updates are in place.

**Objective 1.2.** Web site can be accessed from smart phones, iPads and tablets. Site allows clients to monitor and update their recovery through unique tools on site.

**Objective 1.3.** Facilitating participation in site by incorporating assessment of “recovery capital” and development of a personal recovery plan as features clients can complete and update them. These tools are available on private side of site. Coaches have had some mentees struggle with going on-line and updating their assessments.

**GOAL 2. To increase the recovery capital of the San Antonio/Bexar County and surrounding rural county areas by training a cadre of peer coaches to deliver recovery services to traditionally underserved individuals including the uninsured, minorities, and those living in rural areas.**

**Status:**

**Objective 2.1.** Have identified 20 peers in recovery from substance disorders and trained as Recovery Coaches using the 46-hour Texas Peer Recovery Coach Institute training program certified through the State of Texas. Hired ten (10) part-time Recovery Coaches and trained on use of site. Have two Recovery Coaches who are volunteering.

**Objective 2.2.** Ten (10) coaches have been trained in evidence-based practices to be used in the project (i.e., Motivational Interviewing, brief strength-based case management) as well as the delivery of technology-assisted recovery support care to be delivered in face-to-face encounters and through the WORC web portal.

**GOAL 3. To identify and recruit 450 underserved clients with substance use disorders over three years through linkage with community agencies and through public WORC e-Recovery Oriented System of Care (e-ROSC) portal.**

**Status:**

**Objective 3.1.** Held 4 focus groups at: ROSC Symposium 10/24/2013 (professionals), Felony Drug Court Alumni BBQ on 9/15/13 (recovering people), Recovery Walk on 9/28/2013 (general public) and ADELANTE Offender Re-Entry clients.

**Objective 3.2.** The following trainings were held in targeted geographical areas on how to make referrals to the WORC project as well as how to use the web site have been held: Feb 7, 2014 to 44 professional at workshop, March 6, 2014 to 52 Methodist Healthcare rural social workers, March 7, 2014 to 88 inmates at state jail, March 25, 2014 to 21 clinicians at CHCS, May 16, 2014 to 39 probationers at Felony Drug Court, June 11, 2014 at 150 inmates at state jail, June 13, 2014 to 40 professionals at prevention conference; Sept 5, 2014 to 20 staff at DWI drug court, Nov 7, 2014 to 150 veterans at community event, Nov 13, 2014 to 30 clients at family drug court, Dec 5, 2014 to 20 Federal Pre-Trial staff, Dec 6, 2014 to 20 clients of women's treatment center, Dec 10, 2014 to 30 staff at Starlite Hospital, Jan 6, 2015 to 12 caseworkers at Haven for Hope, and Jan 27, 2015 to 15 clients at women's treatment center.

**Objective 3.3.** Development of formal MOUs in community is ongoing.

**Objective 3.4.** Marketing of web site began January 2013 to link individuals requesting services through direct agency referrals or through the WORC web portal. Marketing is ongoing with newspaper articles, flyers and presentations in the community.

**Objective 3.5.** Provide two hour digital literacy class for mentees who request assistance in use of technology. Training held February 19, 2015.

**GOAL 4. To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.**

**Status: GOAL 4. To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.**

**Objective 4.1.** Assess digital literacy, abstinence, relapse, unmet needs, general health, wellness and recovery capital of enrolled clients at baseline and six-months post-baseline.

Digital Literacy is assessed through the Digital Literacy Scale. Abstinence and relapse are assessed through the GPRA performance measure, as is general health and wellness. The recovery capital of participants is assessed through the Recovery Capital Scale and unmet needs are assessed through the Unmet Needs and Gaps scale. Due to the formative nature of the eWORC initiative, the planning team with input from consumers, decided to restrict the data collection burden on participants by using fewer measures than is normally the case for the local evaluation portion of SAMHSA initiatives in which SACADA and UTHSCSA-CP have previously participated. Further, in order to keep website development costs manageable, the

embedding of evaluation measures on the website as well other evaluation functions have been slated to occur in stages. Hence, not all the data which could be used to fully address this objective is available to us during this reporting period. Due to the small sample numbers of individuals for whom we have been able to collect local six month follow up measures (e.g. TMAC, Recovery Capital Scale, Digital Literacy, and Unmet needs) we can only report on baseline findings for these instruments. In contrast, we can report on baseline to six month changes for a number of items embedded in the GPRA.

The mean total score at baseline on the 11-item **Digital Literacy Scale** was 18.64 ( $SD = 4.70$ ). There were three subscales. Total scores could range from a minimum of 0 to a maximum of 22. The mean score on the 3-item General Computer Knowledge scale was 5.71 ( $SD = 0.93$ ) indicating that the cohort perceived they had good general computer knowledge. The mean score on the 4-item Communications Skills (emails, forums, etc.) was 6.50 ( $SD = 2.23$ ). The mean score on the 4-item Web Skills scale was 6.40 ( $SD = 2.16$ ). In general it appears that those individuals who do participate in eWORC have reasonable digital literacy skills at baseline.

The mean total score at 6-month follow-up on the 11-item Digital Literacy Scale was 20.0 ( $SD = 3.63$ ), with a range of 13 to 22. The mean score on the 3-item General Computer Knowledge scale was 5.0 ( $SD = 1.55$ ), with scores ranging from 3 – 6, indicating a continued perception of good general computer knowledge. The mean score on both the 4-item Communications Skills (emails, forums, etc.) and the 4 – item Web Skills scale was 7.5 ( $SD = 1.22$ ), with scores ranging from 5 - 8. Because of the small sample size, there was insufficient power to detect a significant effect from a paired samples t-test. However, it can be observed that these participants did experience a slight increase in digital literacy from baseline. As more follow-up data become available, we will re-explore this portion of the analysis.

There are 35 items and scores can range from 1 to 5 on each item with a total maximum score of 175. Higher scores are associated with higher recovery capital. However, as noted in the attached evaluation report, some programming errors led to three of the items being omitted from the online version so the maximum total score for our participants at this time is only 160.

For the current analysis there were 93 baseline Recovery Capital Scales. Despite the small number of surveys collected at six month follow-up, it should be noted that Recovery Coaches encouraged the men and women with whom they worked to complete these measures on an ongoing basis as part of their recovery work. The mean total score on the Recovery Capital Scale was 112.24 ( $SD = 17.36$ ). The mean baseline scores for the various subscales are as follows: Career/Education Score = 13.59 ( $SD = 3.93$ ); Leisure/Recreation Score = 7.87 ( $SD = 2.15$ ); Drug/Alcohol Recovery = 24.27 ( $SD = 4.91$ ); Relationships/Support = 25.38 ( $SD = 4.66$ ); Formal Relationships/Social Support = 20.41 ( $SD = 4.13$ ); Financial Independence = 2.45 ( $SD = 1.35$ ); and Medical/Health = 18.27 ( $SD = 4.37$ ). These data suggest that at baseline, in general, individuals perceive themselves to have a moderate amount of recovery capital.

In addition, there were 11 six-month follow-up Recovery Capital Scales collected for this report. Although this is a small sample, we will include these descriptives for reporting purposes. The mean total score on the Recovery Capital Scale was 122.18 ( $SD = 12.94$ ). Regarding the subscales, Career/Education score = 14.72 ( $SD = 3.41$ ); Leisure/Recreation score = 7.87 ( $SD = 2.15$ ); Drug/Alcohol Recovery = 24.27 ( $SD = 4.91$ ); Relationships/Support = 25.38 ( $SD = 4.66$ );

Formal Relationships/Social Support = 22.36 ( $SD = 3.01$ ); Financial Independence = 2.45 ( $SD = 1.36$ ); and Medical/Health = 18.27 ( $SD = 4.37$ ).

Surprisingly, given the small six month sample size, paired sample t-tests yielded some significant findings. Due to the small sample size, we will report any finding which approach significance (i.e.  $p < .1$ ). Six month scores which did not have a corresponding baseline were not included in this portion of the analysis. For each of the following subscales, participants experienced a significant increase from baseline: Career/Education,  $t(5) = -2.98$ ,  $p = .031$ ; Leisure/Recreation,  $t(5) = -3.58$ ,  $p = .016$ ; Financial Independence,  $t(5) = -3.00$ ,  $p = .030$ ; and Medical Health,  $t(5) = -2.471$ ,  $p = .056$ .

The majority of the sample reported past 30-day abstinence for most of the substances listed on the GPRA. The most commonly reported substance was alcohol. 17.1% were not abstinent from alcohol at baseline, 9.3% were not abstinent from marijuana and 6.1% were not abstinent for crack/cocaine. There were no changes from baseline to six month follow-up; however, the sample size may still be too small to discern meaningful differences (see attached report). In terms of physical health, there is certainly room for improvement with 28% reporting their general health as fair or poor at baseline. Similarly, this electronic recovery coaching program will hopefully improve individuals' mental health. For instance, 62.1% of participants reported no days experiencing significant depressive symptoms and 46.7% participants reported no days of anxiety in the 30 days prior to project enrollment. Paired t-tests were conducted to determine whether substance use decreased and whether mental health problems also decreased from baseline to 6-month follow-up. These details of these analyses are presented in the evaluation attachment; however, almost all of the comparisons with the exception of anxiety were not statistically significant. With respect to the substance use variables, even though we had as many as 116 individuals completing baseline and follow-up, the days using at both baseline and follow-up were low, making it difficult to find a difference over time if such a difference did exist. With respect to anxiety, the mean number of days experiencing anxiety (not due to substance use) at baseline was 9.58 and at follow-up was 5.35 ( $t= 2.77$   $df=111$  ,  $p<.006$ ).

Due to an oversight in making the hard copy or standard version of the TMAC available online, the scoring syntax was inadvertently modified so that the Risk Factor score can range from 0 to 11 instead of from 0 to 10. This error has been corrected. There were 101 individuals for whom a baseline TMAC was conducted. The mean Protective Factors score on the TMAC was 7.46 ( $SD = 2.99$ ). 12.1% (i.e. 11) of the individuals scored less than 5. The mean Risk Factor score for individuals for whom we have baseline data was 3.07 ( $SD = 2.17$ ). Seventy-one individuals (78%) scored less than 5 (i.e., less problematic).

At the time of this report there were only eight individuals who supplied data for the 6-month follow-up on the TMAC. For these individuals, the mean Protective Factors score was 8.0 ( $SD = 1.31$ ); no individuals scored less than 5. The mean Risk Factor Score was 2.5 ( $SD = 2.73$ ); six individuals (8%) scored less than 5.

At the time of this report there were 90 baseline and nine six month follow-up measures recorded for this scale. Individuals were asked to identify which of 23 different services they had needed over the past six months (e.g., dental, case management, outpatient substance abuse) and which they had received. We were interested in unmet needs at baseline and how this may hopefully be reduced at follow-up. At baseline the participants had an average of 5.71 ( $SD = 3.98$ ) total unmet needs. The top five unmet needs for the baseline and the percent of the sample who reported these needs are as follows: Health Insurance (62.6%); Dental (60.4%); Medical health services (41.8%); transportation and food (both tied at 37.4%). See Table 5 for an exhaustive list of the unmet needs participants experienced from both the baseline and six month follow-up collection points. Presently, there are only five participants recorded as having completed corresponding baseline and six month follow-up unmet needs questionnaires. While there was an observed reduction in total unmet needs from baseline ( $M = 6.80$ ,  $SD = 5.26$ ,  $n = 5$ ) to six month follow-up ( $M = 1.80$ ,  $SD = 1.64$ ,  $n = 5$ ), there was insufficient power to detect significance for this sample,  $t(4) = 2.024$ , *n.s.*

**Objective 4.2.** Assess satisfaction with and acceptability of WORC services including peer recovery services delivered face-to-face and through the e-ROSC portal at 6-month follow-up.

As of 8.31.15, there are still some challenges with regard to collecting the web-based local measures consistently in conjunction with the GPRA. In other words, although we have GPRA data for 248 individuals at baseline, there are fewer local measures (e.g. unmet needs, digital literacy) associated with each data point.

There were 61 participants who completed a satisfaction survey for the present reporting period. However, after retaining only the surveys that were collected at least one month past the original baseline GPRA, the number of cases eligible for the present analysis was reduced to 22. There were ten coaches rated by the 22 participants. Overall satisfaction with the peer recovery coach was assessed using the sum of six items on a 5-point Likert scale, ranging from 'strongly disagree' to 'strongly agree.' The possible total range of scores was 6 – 36, with higher numbers indicating greater satisfaction with the respective recovery coach. The mean of all responses was 26.55 ( $SD = 6.57$ ), indicating that, in general, participants are moderately satisfied with their recovery coach( see Evaluation Attachment, Table 5 for detailed item descriptives).

## 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.

**Problem #1:** The first year we struggled to make intake target and ended FFY2014 year at 56% coverage rate.

**Barriers to accomplishment** – The barriers included a month delay of when the web site went live and a slow start in hiring full team of recovery coaches.

**Actions to overcome difficulties** – In the FFY2015 year we have increased our intakes and at

the time of this report were at 155.3%. This increase was accomplished by giving each coach a quota of how many mentees they need to engage in services per quarter. This is allowing the Project Coordinator to track low performance early and resolve any issues. We anticipate we will be at or above the 80% by end of this contract year.

**Problem #2:** Follow-up contact in FFY 2014 was at 67.8%. Although this number is average for this special population of substance abusers it was still well below the required 80% follow-up contact goal.

**Barriers to accomplishment:** We were very focused on getting the web site up and running as well as training staff and we did not put enough effort into ways of tracking of clients who left the program.

**Actions to overcome difficulties** – We have retrained the coaches on how to obtain information on the client locator form at intake. We are requiring those forms be sent to us at intake and now have the Project Coordinator assist with the follow-up task as soon as clients come into the 6 month window.

**Problem #3:** Difficulty getting mentees to go on-line and complete the assessment tools and develop their recovery plans. We experienced this same issue at time of follow-up. This resulted in less data for the evaluators.

**Barriers to accomplishment:** Coaches were asking mentees to go on-line themselves and completed after they have completed the GPRA with them. They were spending time getting to know the new mentee and were not checking back to see if they had done the assessments.

**Actions to overcome difficulties** – We have retrained the coaches on getting on-line with the mentees and helping them complete the assessments at the appropriate time. We project we will see a large increase in assessment data collected by end of this contract year.

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.

#### **CHANGES FROM INITIAL APPLICATION**

In the third year continuation application we requested a change of:

**GOAL 1.** To use Technology Assisted Care in Bexar County and the surrounding nine-county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.

**Change:** We would like to stop providing services in the Quad County Council on Alcohol and Drug Abuse area.

**Justification:** We originally hired a trained Recovery Coach from this 4 county catchment area

but he has been unsuccessful in engaging clients in the program. Issues noted were extreme rural areas with no population, high population of individuals who have no access to computers, and 3 hour drive from San Antonio to do community presentation. Only one client have to date been enrolled from this area.

Approval has not been received to date.

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.)

None anticipated except list above.

## **ORGANIZATION AND MANAGEMENT**

### **Personnel**

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

Position Title	Incumbent Name	Percent Time
Project Director	Juan Jesus Vargas	.25
Project Coordinator	Jason Wagner	100.
Web Master	Open	.15
Project Evaluator	Nancy Amodei, PhD Anthony A. Scott, PhD	.01** .16
Evaluation Data Manager	Troy Golding	.06
Evaluation Co Data Manager	Ashlee Martinez	.33
Recovery Coach	Casey Burley	.75
Recovery Coach	Matthew Duncan	.75
Recovery Coach	Vacant	.75

Recovery Coach	Graceann Maricle	.25
Administrative Assistant	Candi Pieper	.05

\*\*Dr. Amodei was only funded 1 month on WORC for the 2/1/15-7/31/15 period. This change in evaluator was requested and approved effective 3/1/15.

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Agapito BarreraCasey Burley	.25	07/31/2015	Loss
Danielle Allen	.25	07/31/2015	Loss
Evan Benton	.25	07/31/2015	Loss
Noe Gonzalez	.25	07/31/2015	Loss
Patricia Amaya	.25	07/31/2015	Loss
Refugio Salas	.25	07/31/2015	Loss
Robert Dillard	.25	07/31/2015	Loss
William Hastings	.25	07/31/2015	Loss

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

The position of Project Director was filled with an new staff whom met Contract requirements for filling said position during the first part of June, 2015 due to the previous Project Director having left employment with SACADA. There was an initial disruption experienced within staff, as a result of this. The initial structure of having 10 part-time Recovery Coaches, each providing

10 hours of services, and working primarily off campus, resulted in increased difficulties with management of their caseloads, and the end result was an inability to meet the new enrollee goals of 250 for the second grant year, as well as disparities in completing follow-ups on time. Effective on 07/31/2015, SACADA implemented a structural change and reduced the amount of Recovery Coaches from 10 part-time positions, at 10 hours per coach, to a total of 3 part-time Recovery Coaches, with an increase to 30 hours per coach. The Project Coordinator also has assumed a part-time Caseload to assist in working towards achieving compliance with the approved reduction in numbers of new enrollees from 250 to 120 in the final grant year, and thereby be able to achieve an acceptable new enrollees percentage. In addition, the Recovery Coaches are currently based at SACADA, which has resulted in more effective lines of communication between management and Recovery Coaches, as well as more effective efforts at sustaining quality assurance in record completion and compliance.

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

Currently, there is one vacant Recovery Coach position, and the Project Director initially experienced difficulties in finding candidates whom could meet position description criteria, i.e. having completed the required 46 hour Recovery Coach training.

## **Partnerships**

List each of the partner organizations.

Partner
Applewhite Recovery Center
Lifetime Recovery, Inc.
Alpha Home, Inc.
Volunteer's of America
Enroll 20 USA

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

Partnerships with organizations within the local community which provide a continuum of services to individuals whom are undergoing, and have gone through, treatment and other Recovery oriented services, will continue to foster the work that the Recovery Coaches have engendered with all of the mentees we currently provide services too, as well as to future new enrollees.

### **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
GoToWebinar: Connecting the Continuum: How Prevention Fits Treatment	02/12/2015	1	NAADAC
GoToWebinar: More Than a Group: Making Wellness an Agency Priority	02/25/2015	1	NAADAC
WORC Presentation to Volunteers of America	03/23/2015	25	SACADA/WORC Project Coordinator
WORC Presentation Federal Pretrial	03/31/2015	20	SACADA/WORC Project Coordinator
WORC Presentation Parole Office	04/02/2015	35	SACADA/WORC Project Coordinator
Recovery Coach Training/46 Hr.	05/11/2015	18	SACADA/WORC Project Coordinator
Webinar 2: Housing and Homelessness within the Addiction Recovery Community	05/20/2015	1	Faces and Voices of Recovery

Staff Development Activity	Date	Number of Participants	Training Provider
FASD Training: Improving Treatment for Individuals with Neurocognitive and Neurobehavioral Disorders	05/28/2015	50	Alpha Home Inc.
Webinar: Collaborating for Success: Recovery Community Organizations and Housing Services Provideers	06/03/2015	1	Faces and Voices in Recovery
WORC Presentation with Esperanza Drug Court	06/15/2015	80	SACADA/WORC Project Coordinator
Webinar: Best and Promising Practices: Role of Peers and Peer-Run Programs	06/17//2015	1	Faces and Voices in Recovery
GoToMeeting: WORC Training and Documentation	06/19/2015	12	SACADA/WORC Project Coordinator
Webinar: Moving Towards Solutions: Preparing the Workforce	07/01/2015	1	Faces and Voices in Recovery
Webinar: Educating the Public: Advocacy and Public Policy	07/08/2015	1	Faces and Voices in Recovery
*** Late Entry: First Friday Presentation on Peer Coaching	04/10/2015	10	San Antonio Council on Alcohol & Drug Abuse

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
TCE-TAC March 2015 Grantee Teleconference	03/12/2015	Monthly Teleconference	SAMSHA	None
TCE-TAC May 2015 Grantee Teleconference	05/21/2015	Monthly Teleconference	SAMSHA	None
TCE-TAC June Grantee Teleconference	06/25/2015	Monthly Teleconference	SAMSHA	None

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

None
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## 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: 07/31/2015. This table is difficult to complete given that the Common Data Platform was shut down in July. However, as of July 31<sup>st</sup> we had entered 249 baseline GPRAs into our own local data base and had entered 151 into the six-month data base. We include our best estimate of the baseline and six month follow-up rates in the report.

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	350	248	70.9%	0	0	0%

Intake and Follow-up Data						
Category	Total Intakes	Total Follow-ups	Follow-up %	Completed Assessments	Completed Assessments %	Completed Discharges
6-Month Follow	163	148	90.8%	0	0%	%

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

The Project Director and Project Coordinator were involved in ongoing efforts to provide training to the 10 WORC Recovery Coaches along the areas of involvement and services for the Recovery Coaches. At the time, each coach held full-time employment outside of SACADA, and was providing ten(10) hours per week of service to their mentees.

The first part of June, the then Project Director left her position with SACADA, and the need to bring a new Project Director beginning on the 4<sup>th</sup> of June was necessary. The new Project Director, along with the Executive Director, and the Business Director planned for, and implemented structural changes scheduled to be effective on 8/1/2015. These changes included a reduction in the numbers of WORC Recovery Coaches, effective on 7/31/2015, from 9 part-time Recovery Coaches to 4. In addition, changes included having the three part-time Recovery Coaches based out of the office, for 30 hours per week, through the last year of the grant.

The expectation was that with the reduction of number of Recovery Coaches, along with increasing the hours of service delivery from 10 to 30 hours per week, as well as having these Recovery Coaches based out of this office, would result in greater and more efficient management of these resources. In addition, the Project Coordinator assumed a part-time caseload and consequently, the end result will be that 120 new mentees will be enrolled through January 31, 2016, and the focus after that would be on completing the required 6 month follow-up and discharge of each. The end result will be that 80 per cent of the initial 450 individuals receiving mentoring services, or 360 individuals, would be enrolled.

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.

As indicated previously, management developed and implemented structural changes that addressed the identified need of increasing new enrollees for services to help meet the 80 percent of the 450 individuals initially targeted to receive mentoring services through this

grant. The expectations that improved rates in intake and follow-ups would significantly increase are more than realistic and achievable.

## Evaluation

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

The evaluation team continues to meet with the SACADA planning team and the web design team on an as-needed basis; however, meetings with the web design team have been more difficult to organize. Most communication occurs via conference call or email. When data/evaluation issues arise such as having recovery coaches collect local measures at the same time that GPRA data is collected, this is shared with the planning team as soon as possible. Local data is downloaded from the eROSC portal for cleaning and analysis periodically. Hard copies of service dosage data are delivered to the evaluation team approximately every two months. Reports are prepared as requested by SACADA. The Evaluation team submits GPRA reports of intake and follow-up coverage on a weekly basis to the SACADA administrative team.

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

There have been no changes to the evaluation plan.

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 most current evaluation findings are included in the attachment.

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.

There are three major evaluation challenges and these remain the same as in the previous reports. The first set of challenges are related to programming of survey questions on the eROSC website by the web design team. Some of the measures are collected not just for evaluation purposes but also for recovery support purposes. Examples include the TMAC and the Recovery Capital Scale. Due to budget constraints, the web programmers have indicated that they cannot program in an extra variable that indicates whether the survey was completed at the six-month follow-up (for evaluation purposes) or for coaching support purposes. Hence, this requires more time than originally anticipated on the part of the Evaluation Data Manager to determine the correct sets of data to use. Also, the variables are identified by the actual entire question for the TMAC and when the question has a comma in it, data download problems occur, again requiring the Evaluation Database Manager to spend more time than normally would be anticipated. Another issue that is that there are three questions on the

actual Recovery Capital Scale that have not been incorporated into the on-line version of the survey. Hence, one scale is missing and one scale cannot be accurately scored for the Recovery Capital Scale. Despite providing the website designers with specific scoring instructions, the TMAC scoring that was created by web design team was also incorrect. During the present reporting period it was also realized that one of the items on the satisfaction survey had been assigned incorrect numeric values. Whereas most participants were satisfied with all facets of eWORC, there appears to be one item that does not fit the overall pattern of being satisfied with services, leading us to speculate that the verbal response options had been assigned incorrect numeric values to those originally specified by the evaluation team. Given that the evaluation team is not given access to surveys as they would appear to a participant filling them out online, we were not immediately able to detect this issue. Information is provided in the Evaluation Report attached to this document. Another problem area remains the discrepancy between the number of individuals for whom we have six-month GPRA data and six month local data. There are fewer individuals with local data due to miscommunication issues. It was not clear to persons collecting GPRA follow-ups that the local measures were completed on line by the participant at the same time. Due to the fact that the GPRA follow-up is collected by phone and not all eROSC participants have immediate access to the eROSC website, going forward, the team had decided that local measures would also be completed by phone if needed. Since last reporting period there was a training with Recovery Coaches to remind them of the importance of collecting both local and GPRA data at six months on as many participants as possible. Moreover, the Recovery Coaches have been reminded that it is imperative that they collect local data at the same time as the GPRA data. This has been the exception rather than the rule in the past.

The final issue that has impacted the evaluation component of WORC is the replacement of SAIS with the Common Data Platform (CDP). The SAIS system was more user friendly and efficient. Although it is no longer operational, we found it burdensome to have to enter the same data into two databases-once in the CDP and then again in our local databases. Although data entry on the CDP is currently suspended, we will continue to enter almost every single item from the GPRA/DCI into our own local database in anticipation that when it is once again operational we may be simply able to upload our files rather than re-enter everything again.

Discuss how evaluation findings were used to improve the project.

During the first two months of the current reporting period, we sent SACADA regular reports regarding which clients were in or were entering the six-month follow up window as well as weekly updates regarding the overall baseline and six-month follow-up rates. We have noted that the majority of enrolled clients to date are Anglo and live in urban Bexar county. Interestingly, urban clients have more unmet needs than rural clients. On a quarterly basis the evaluation team will provide the program staff with enrollment data broken down by gender, ethnicity, and urban/rural residence status in order that the team may make adjustments to recruitment efforts if necessary.

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

The evaluation report is attached.

### 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*:		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	51,783	184,015
Fringe	7,911	28,866
Contracts	32,219	165,639
Equipment	0	0
Supplies	1,827	11,158
Travel	5,583	18,359
Facilities	9,951	46,798
Other	17,239	39,724

Total direct expenditures	126,513	494,559
Indirect costs	19,837	65,216
Total expenditures	146,350	559,775
Remaining balance	225.00	

\*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.

None

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

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.

None

### **LIST OF ATTACHMENTS**

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

Attachment 1: Evaluators Report

Attachment 2: Policies and Procedures

Attachment 3: PowerPoint Presentation

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10:

## **Evaluation Report for Project WORC up to July 31<sup>st</sup> 20154**

**Demographics.** By July 31<sup>st</sup>, 2015 there were 249 clients enrolled in e ROSC and for whom GPRA data were available. Sixty-one individuals had completed their six month GPRA follow-up survey. The table below provides demographics regarding the participants. Their mean age was 35.68 (SD=10.10) years. The majority had a 12<sup>th</sup> grade education or less. The majority were not employed either full or part-time. The majority had children and the mean number of children was 2.4 (SD=1.52).

Table 1

Demographic Characteristics (N=249)	Frequency	Percentage (Valid %)
Gender		
Male	124	49.8 %
Female	125	50.2 %
Race/Ethnicity*		
Are you Hispanic? (Yes)	55	34.6%
Anglo	178	71.5%
African-American	19	7.6%
Native-American	14	5.6%
Asian	1	.4%
Native Hawaiian	2	.8%
Miscellaneous demographics		
Veteran (Yes)	18	7.6%
Children (Yes)	164	67.2%
Females Pregnant (Yes)	5	3.9%
In school/training Program (yes)	7	2.8%
12 <sup>th</sup> grade education or less	159	64.4%
Employed full or part-time	49	42.6%
Legal Problems		
Past 30 days arrested (no day)	237	95.2%
Health/Mental Health/Sexual Behaviors		
General Health (Excellent, Very Good, or Good)	179	71.9%
No days of serious depression in past 30 days	151	62.1%
No days of serious anxiety or tension in past 30 days	113	46.7%
No days with hallucinations in the past 30 days	231	93.9%
No days trouble concentrating or remembering in the past 30 days	156	63.9%
Suicidal ideation	240	98.0%
Drug Use Abstinence		
No Alcohol Use in past 30 days (i.e. abstinent)	204	82.9%
No Alcohol episodes of five or more drinks in one day (n=42)	15	35.7%
No alcohol episodes four or more drinks in one day (N = 43)	17	39.5%

No illegal drugs	189	77.5%
No Marijuana/Hashish	224	90.7%
No Cocaine/crack	232	93.9%
No Methamphetamines	230	92.7%
No Heroin	235	95.5%
Injection Drugs	243	97.6%
Benzodiazapines	235	94.4%

### **Dosage/Services Received by eWORC participants:**

There were 159 clients for whom we had dosage data at the time of this report. The table below presents the overall number of hours of each service delivered plus the average number of hours the clients received of each type of intervention.

Table 2.

*Dosage/Services Received by eWORC participants*

Type of Service	Minimum Number	Maximum Number	Sum in Hours	Mean (SD) Hours
Assessment	0.00	30.00	192.45	1.21 (2.61)
Recovery Planning	0.00	55.50	414.73	2.61 (5.97)
Recovery Coaching	0.00	37.00	548.55	3.45 (4.91)
Alcohol and Drug Free Activities	0.00	11.00	130.00	.82 (1.77)
Transportation	0.00	12.00	135.50	.85 (1.85)
Work assistance	0.00	20.00	22.00	.14 (1.59)
Education Assistance	0.00	1.00	2.17	.02 (.11)
Information/Referrals	0.00	10.00	103.20	.65 (1.37)
Motivational Interviewing	0.00	86.00	1016.97	6.70 (10.63)
Other	0.00	20.00	177.02	1.11 (2.18)

#### **Description of the Local Evaluation Measures for Goal 4**

eWORC also asks individuals to complete four additional measures at baseline and at follow-up. A brief description of the measures and their uses is listed below.

Recovery Capital Scale. ([http://www.williamwhitepapers.com/recovery\\_toolkit/](http://www.williamwhitepapers.com/recovery_toolkit/)) This scale is a self-assessment instrument to help a client measure his or her degree of recovery capital. The scale can be completed and discussed in an interview format, or it can be completed by the client and then discussed with the professional helper. The instrument consists of 35 items. A maximum total score of 175 can be obtained. Higher scores indicate greater Recovery Capital. A sample item on the scale which is rated by the respondent is as follows: "*I have the financial resources to provide for myself and my family.*" Items can be rated on a 5-point Likert scale as follows: "Strongly Agree, Agree, Sometimes, Disagree, and Strongly Disagree."

#### **Telephone Monitoring and Adaptive Counseling (TMAC) Progress Assessment Counselor Version (McKay, J. 2013)**

[http://www.californiacares4youth.com/downloads/TMAC%20clinician%20manual%20%206\\_13.pdf](http://www.californiacares4youth.com/downloads/TMAC%20clinician%20manual%20%206_13.pdf) The Recovery Coach will use the TMAC to rate the client on several domains each time an encounter is conducted. Clinically, the TMAC findings can be used to guide the ongoing interaction between the client and the recovery coach and can provide targeted case management recommendations. The Recovery Coach rates whether the individual engaged in substance abuse since last encounter: (0 =no use; 1=use); Risk factors are additional domains that increase the client's risk for relapse and are rated as "0" for no risk, "1" for moderate risk, and "2" for high risk. The risk factors that are rated by the recovery coach include Potential High Risk Situations, People, place, things, mood, confidence, cravings. Scores can range from 0 to 10. Scores of 5 or greater are of particular concern. The individual is also rated by the Recovery Coach in terms of the protective factors he/she exhibits. These include coping skills, sober activities, personal goals, positive experience and participation in support groups. Total scores can range from 0 to 10 with scores of 5 or less being of particular concern.

#### **Digital Literacy Self-Assessment.**

This locally developed instrument was adapted from a longer instrument available at <http://courses.washington.edu/hsstudev/studev/partIII.html> and is designed to assess a respondent's self-perceived digital literacy. There are three scales: 1) General Computer Knowledge (3 items); 2) Communication Skills (4 items); and 3) Web Skills (4 items). Each of the items can be rated 0=Not Likely, 1=Not Sure but likely, or 2=Yes. Hence, a total score can range from 0 to 22, with higher scores indicating greater self-perceived digital literacy. The WORC Recovery Coach can use this measure to provide the individual with resources to help in acquiring greater digital literacy.

#### **Unmet Needs/Services Needed and Received.**

This locally developed measure has 23 items. It asks the respondent to identify which of 23 services (e.g., outpatient mental health, family counseling, case management) were needed in the past six months and which were received). There are four possible options for each item. For instance, the individual may indicate that he needed pharmacy services in the past six months and received them, he needed them and did not receive them, did not need and did not receive them or did not need but did receive them. It is hypothesized that individuals will report fewer unmet needed services at follow-up compared to baseline.

## **Progress Toward Evaluation Goal 4**

**Status: GOAL 4.** To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.

**Objective 4.1.** Assess digital literacy, abstinence, relapse, unmet needs, general health, wellness and recovery capital of enrolled clients at baseline and six-months post-baseline.

### **Digital Literacy Baseline and 6-month Follow-Up Findings:**

There were 98 participants for whom we have Digital Literacy Baseline data and 6 participants for whom we have six month follow up data. The majority came from the Bexar County, of which San Antonio is the county seat. From the baseline, 5 (i.e. 5.1%) participants indicated they were Veterans. None of the participants from the six month follow-up identified as a veteran.

Table 3.

*Distribution of Participants with Baseline and 6-month Follow-Up Digital Literacy Data by County*

County	Baseline		6-month follow-up	
	Frequency	Percent	Frequency	Percent
Bandera	1	1	0	0
Bexar	82	83.7	5	83.3
Comal	1	1	0	0
Kerr	9	9.2	1	16.7
Kendall	1	1	0	0
Guadalupe	1	1	0	0
Victoria	1	1	0	0
Wilson	1	1	0	0
Total	98	100	6	100

The mean total score at baseline on the 11-item Digital Literacy Scale was 18.64 ( $SD = 4.70$ ). There were three subscales. Total scores could range from a minimum of 0 to a maximum of 22. The mean score on the 3-item General Computer Knowledge scale was 5.71 ( $SD = 0.93$ ) indicating that the cohort perceived they had good general computer knowledge. The mean score on the 4-item Communications Skills (emails, forums, etc.) was 6.50 ( $SD = 2.23$ ). The mean score on the 4-item Web Skills scale was 6.40 ( $SD = 2.16$ ). In general it appears that those individuals who do participate in eWORC have reasonable digital literacy skills at baseline.

The mean total score at 6-month follow-up on the 11-item Digital Literacy Scale was 20.0 ( $SD = 3.63$ ), with a range of 13 to 22. The mean score on the 3-item General Computer Knowledge scale was 5.0 ( $SD = 1.55$ ), with scores ranging from 3 – 6, indicating a continued perception of good general computer knowledge. The mean score on both the 4-item Communications Skills (emails, forums, etc.) and the 4 – item Web Skills scale was 7.5 ( $SD = 1.22$ ), with scores ranging from 5 - 8. Because of the small sample size, there was insufficient power to detect a significant effect from a paired samples t-test. However, it can be observed that these participants did experience a slight increase in digital literacy from baseline. As more follow-up data become available, we will re-explore this portion of the analysis.

### **Recovery Capital Scale**

Unfortunately, three of the items were not incorporated in the online version of the scale by the website developers. Hence, we are unable to calculate a subscale score for Legal/Independence and the subscale Relationships/Social Supports only includes six rather than the eight original items. Also, two of the items within the Formal Relationship/Social Support subscale were only given to 15 participants; for

consistency purposes, these items were consequently removed from this scale, leaving a total of five items for this particular score. Although the original scale can yield a total score of 175, with high scores reflecting higher recovery capital, due to the three items that have been omitted, for our scale, the highest total score could be 160.

For the current analysis there were 93 baseline Recovery Capital Scales. Despite the small number of surveys collected at six month follow-up, it should be noted that Recovery Coaches encouraged the men and women with whom they worked to complete these measures on an ongoing basis as part of their recovery work. The mean total score on the Recovery Capital Scale was 112.24 ( $SD = 17.36$ ), with a maximum total score of 144. The mean baseline scores for the various subscales are as follows: Career/Education Score = 13.59 ( $SD = 3.93$ ) with a Maximum total score of 20; Leisure/Recreation Score = 7.87 ( $SD = 2.15$ ) with a maximum score of 10; Drug/Alcohol Recovery = 24.27 ( $SD = 4.91$ ) with a maximum score possible being 30; Relationships/Support = 25.38 ( $SD = 4.66$ ) with a maximum score being 40; Formal Relationships/Social Support = 20.41 ( $SD = 4.13$ ) with a maximum score possible of 25; Financial Independence = 2.45 ( $SD = 1.35$ ) with a maximum score of 5; and Medical/Health = 18.27 ( $SD = 4.37$ ), with a maximum score of 30. These data suggest that at baseline, in general, individuals perceive themselves to have a moderate amount of recovery capital.

In addition, there were 11 six-month follow-up Recovery Capital Scales collected for this report. Although this is a small sample, we will include these descriptives for reporting purposes. The mean total score on the Recovery Capital Scale was 122.18 ( $SD = 12.94$ ). Regarding the subscales, Career/Education score = 14.72 ( $SD = 3.41$ ); Leisure/Recreation score = 7.87 ( $SD = 2.15$ ); Drug/Alcohol Recovery = 24.27 ( $SD = 4.91$ ); Relationships/Support = 25.38 ( $SD = 4.66$ ); Formal Relationships/Social Support = 22.36 ( $SD = 3.01$ ); Financial Independence = 2.45 ( $SD = 1.36$ ); and Medical/Health = 18.27 ( $SD = 4.37$ ).

Surprisingly, given the small six month sample size, paired sample t-tests yielded some significant findings. Due to the small sample size, we will report any finding which approach significance (i.e.  $p < .1$ ). Six month scores which did not have a corresponding baseline were not included in this portion of the analysis. For each of the following subscales, participants experienced a significant increase from baseline: Career/Education,  $t(5) = -2.98, p = .031$ ; Leisure/Recreation,  $t(5) = -3.58, p = .016$ ; Financial Independence,  $t(5) = -3.00, p = .030$ ; and Medical Health,  $t(5) = -2.471, p = .056$ .

## GPRA

GPRA data regarding baseline and six-month substance use and mental health symptoms reveal no changes in past 30 day substance use or mental health distress with one exception. Although most of the means appear to be moving in a positive direction, the only statistically significant change was that for anxiety. Participants reported fewer days of distressing anxiety at six month follow-up compared to baseline.

Table 4 GPRA data for substance use and mental health symptoms

<b>ATOD Use in Past 30 days</b>	<b>N</b>	<b>Mean (SD) Baseline Days</b>	<b>Six month follow-up Mean (SD)</b>	<b>df</b>	<b>Paired t-test</b>	<b>p value</b>
Alcohol	116	2.00 (6.02)	1.38 (4.52)	115	.86	NS
Alcohol use (5 or more drinks in one sitting)	2	8.50 (9.19)	4.00 (2.83)	1	.53	NS
Alcohol use (4 or more drinks in one sitting)	2	9.00 (8.49)	0.00 (0.00)	1	1.50	NS
Days using illegal drugs	116	2.75 (7.24)	1.72 (5.66)	115	1.19	NS
Crack/Cocaine	116	.45 (2.67)	.43 (2.39)	115	.072	NS

Marijuana	116	2.07 (6.433)	.96 (3.99)	115	1.53	NS
Methamphetamine	116	.41 (2.90)	.73 (3.8)	115	-.71	NS
Opiate /Heroin	116	.72 (3.64)	.30 (1.69)	115	1.17	NS
Injection Drugs	116	.03 (.18)	.03 (.18)	115	.00	NS
Other illegal drugs	116	2.75 (7.22)	1.72 (5.66)	115	-1.04	NS
Mental Health symptoms Past 30 days						
Depression	112	5.56 (9.59)	3.89 (8.60)	111	1.35	NS
<b>Anxiety</b>	<b>113</b>	<b>9.58 (11.87)</b>	<b>5.35 (9.48)</b>	<b>112</b>	2.77	<b>.006</b>
Hallucinations	114	.38 (2.91)	.28 (1.93)	114	.29	NS
Violent behavior	114	1.54 (5.71)	.68 (3.49)	114	1.34	NS
Suicide	114	.01 (.09)	.13 (1.31)	114	-.99	NS
Any Violence	112	.70 (.46)	.65 (.79)	112	.49	NS
Nightmares	46	.74 (.44)	.74 (.44)	46	.00	NS
Tried hard	46	.78 (.42)	.78 (.44)	46	.00	NS
On constant guard	47	.72 (.45)	.64 (.49)	47	.94	NS
Numbness and detachment	47	.74 (.44)	.72 (.45)	47	.28	NS
Physically hurt	115	.09 (.34)	.07 (.32)	115	.39	NS

### **TMAC**

There are two key pieces of data obtained from the TMAC (described above). One is the Potential High Risk Situations Score where scores range from 0 to 10 and scores of 5 or greater are of particular concern. The second is the Total Protective Score which can range from 0 to 10 with scores of 5 or less being of particular concern. Due to an oversight in making the hard copy or standard version of the TMAC available online, the scoring syntax was inadvertently modified so that the Risk Factor score can range from 0 to 11 instead of from 0 to 10. This error has been corrected. There were 101 individuals for whom a baseline TMAC was conducted. The mean Protective Factors score on the TMAC was 7.46 ( $SD = 2.99$ ). 12.1% (i.e. 11) of the individuals scored less than 5. The mean Risk Factor score for individuals for whom we have baseline data was 3.07 ( $SD = 2.17$ ). Seventy-one individuals (78%) scored less than 5 (i.e., less problematic).

At the time of this report there were only eight individuals who supplied data for the 6-month follow-up on the TMAC. For these individuals, the mean Protective Factors score was 8.0 ( $SD = 1.31$ ); no individuals scored less than 5. The mean Risk Factor Score was 2.5 ( $SD = 2.73$ ); six individuals (8%) scored less than 5.

After accounting for missing data and lack of corresponding baseline data only five cases qualified for a paired samples analysis. Although both a reduction of risk and an increase of protective factors can be observed among these individuals, there was insufficient power to detect significance in these mean differences.

### **Barriers and Unmet Needs Scale:**

At the time of this report there were 90 baseline and nine six month follow-up measures recorded for this scale. Individuals were asked to identify which of 23 different services they had needed over the past six months (e.g., dental, case management, outpatient substance abuse) and which they had received. We were interested in unmet needs at baseline and how this may hopefully be

reduced at follow-up. At baseline the participants had an average of 5.71 ( $SD = 3.98$ ) total unmet needs. The top five unmet needs for the baseline and the percent of the sample who reported these needs are as follows: Health Insurance (62.6%); Dental (60.4%); Medical health services (41.8%); transportation and food (both tied at 37.4%). See Table 5 for an exhaustive list of the unmet needs participants experienced from both the baseline and six month follow-up collection points. Presently, there are only five participants recorded as having completed corresponding baseline and six month follow-up unmet needs questionnaires. While there was an observed reduction in total unmet needs from baseline ( $M = 6.80$ ,  $SD = 5.26$ ,  $n = 5$ ) to six month follow-up ( $M = 1.80$ ,  $SD = 1.64$ ,  $n = 5$ ), there was insufficient power to detect significance for this sample,  $t(4) = 2.024$ , *n.s.*

Nine participants at baseline reported 0 unmet needs; one participant reported 16, which was the highest number of unmet needs reported. When we categorized participants as urban or rural, the majority (83.5%) resided in urban (i.e. Bexar County) areas. An interesting trend mentioned in a previous report remains in the current reporting period: 42.1% of the baseline urban sample identified transportation as an issue, while only 13.3% of the baseline rural participants did. A non-parametric test revealed that this difference in frequency was statistically significant ( $\chi^2 = 4.431$ ,  $df = 1$ ,  $p = .035$ ). Further testing indicated that there was a significant difference in total needs gaps between the urban and rural groups,  $t(88) = 2.539$ ,  $p = .013$ . Participants who identified as urban residents ( $M = 6.17$ ,  $SD = 4.02$ ,  $n = 76$ ) reported more total unmet needs than participants who identified as rural residents ( $M = 3.40$ ,  $SD = 2.90$ ,  $n = 15$ ).

**Table 5.**  
*Service/Gaps and Needs at Baseline and Six Month Follow-Up*

Service Gap/Need	Number with Gap/Need Baseline (follow-up)	Percent Baseline (follow-up)
Inpatient Substance Abuse	5 (1)	5.5% (11.1%)
Outpatient Substance Abuse	17 (1)	18.7% (11.1%)
Housing or Shelter	17 (1)	18.7% (11.1%)
Food or other basic needs	24 (0)	37.4% (0%)
Dental	55 (4)	60.4% (44.4%)
Scheduled Outpatient Medical Services	28 (1)	30.8% (11.1%)
Emergency Room Services	1 (0)	1.1% (0%)
Medical Health Services	38 (1)	41.8% (11.1%)
Inpatient Mental Health	6 (0)	6.6% (0%)
Outpatient Mental Health	19 (1)	20.9% (11.1%)
Self Help Group (e.g. AA, NA, etc)	7 (0)	7.7% (0%)
Family Counseling	32 (2)	35.2% (22.2%)
Pharmacy	19 (0)	20.9% (0%)
Employment	31 (3)	34.1% (33.3%)
Vocational Preparation	25 (2)	27.5% (22.2%)
Case Management	14 (0)	15.4% (0%)
Trauma	7 (1)	7.7% (11.1%)
Legal	16 (1)	17.6% (11.1%)
Health Insurance	57 (4)	62.6% (44.4%)

Transportation	34 (1)	37.4% (11.1%)
Spiritual	12 (0)	13.2% (0%)
Recreational	32 (3)	35.2% (33.3%)
Other Needs	14 (1)	15.4% (11.1%)

Note. Baseline  $N = 92$ , six month follow-up  $N = 9$ .

**Objective 4.2.** Assess satisfaction with and acceptability of WORC services including peer recovery services delivered face-to-face and through the e-ROSC portal at 6-month follow-up.

### **Satisfaction with eWORC and the Recovery Coach**

Although it was originally intended that the satisfaction instrument be administered in conjunction with the six-month GPRA, the Recovery Coaches have encouraged participants to complete the satisfaction survey at various times after receipt of a Recovery Coaching service and not necessarily only at six-month follow-up. Therefore, for the purpose of the present analyses we used any satisfaction surveys that were collected at least one month past the original baseline GPRA.

As of 8.31.15, there are still some challenges with regard to collecting the web-based local measures consistently in conjunction with the GPRA. In other words, although we have GPRA data for 248 individuals at baseline, there are fewer local measures (e.g. unmet needs, digital literacy) associated with each data point. This problem is partially explained by the fact that the measures were added to the website by the website developers in phases creating a lag between the time the GPRA was first being collected from enrolled participants and the time that measures such the digital literacy scale was available for completion electronically. A second problem has been that the recovery coaches have not always been able to get the participant to complete the local measures at the same time that the GPRA was collected. Hence, on occasion there has been more than a one-month lag time between the baseline collection of the GPRA and the baseline collection of a local “baseline” measure. With the exception of the satisfaction survey detailed above, we opted to accept local measures as occurring within the baseline window if they were collected within a month (i.e., 30 days) of the baseline GPRA. Going forward, the Recovery Coaches are to be informed that they will collect both the GPRAs and local measures from the participant in the same session.

There were 61 participants who completed a satisfaction survey for the present reporting period. However, after retaining only the surveys that were collected at least one month past the original baseline GPRA, the number of cases eligible for the present analysis was reduced to 22.

There were ten coaches rated by the 22 participants. Overall satisfaction with the peer recovery coach was assessed using the sum of six items on a 5-point Likert scale, ranging from ‘strongly disagree’ to ‘strongly agree.’ The possible total range of scores was 6 – 36, with higher numbers indicating greater satisfaction with the respective recovery coach. The mean of all responses was 26.55 ( $SD = 6.57$ ), indicating that, in general, participants are moderately satisfied with their recovery coach, see Table 5 for detailed item descriptives.

Table 5.  
*Overall Satisfaction With Peer Recovery Coaches*

My peer recovery coach....	N	Mean Rating (SD)
Helped me with services I needed	22	4.36 (1.22)
Is a good mentor	22	4.45 (1.18)
Is someone I can trust	22	4.45 (1.18)

Made me want to stay sober and clean	22	4.41 (1.01)
Was sensitive to my cultural background	22	4.41 (1.10)
Tried to keep in touch with me by the WORC/eROSC webpage	22	4.45 (1.22)

*Note.* Responses for each item ranged from 1 – 5.

Participants were also asked to what degree they felt connected to their recovery coach, with responses on a 6-point Likert scale (1 = ‘strongly agree;’ 6 = ‘no opinion’). No participants responded with ‘no opinion.’ The majority of these participants either disagreed ( $n = 7$ ; 31.8%) or strongly disagreed ( $n = 9$ ; 40.9%) with this statement. Four participants (18.2%) strongly agreed and one participant (4.5%) agreed with this statement. These findings must be considered in light of other recovery coach specific findings within the satisfaction survey, including the participants’ own use of technology provided by the program to contact their recovery coach. Ten respondents (45.5%) indicated that they have contact with their recovery coaches using the website three times per week. Two respondents (9.1%) indicated that they have contact with their recovery coaches in this manner five or more times per week, and three respondents (13.6%) indicated they do not contact their recovery coaches through the website at all. It is interesting to note that a subsequent bivariate correlational analysis revealed that there was no relationship between satisfaction with recovery coaches and the number of times participants contacted their coaches using the website,  $r(20) = .091$ , *n.s.*

Satisfaction with the WORC program was measured using the sum of five items on a 5-point Likert scale, ranging from ‘strongly disagree’ to ‘strongly agree.’ The possible total range of scores was 5 – 25, with higher numbers indicating greater overall satisfaction with the WORC program. The mean of overall satisfaction with the WORC program was 21.81 (SD = 5.87), indicating that participants are satisfied with the WORC program. See Table 6 for a detailed description for each item of the overall satisfaction with WORC and eROSC web portal.

Table 6.  
*Overall Satisfaction With WORC and eROSC Web Portal*

Project WORC and the eROSC.....	N	Mean Rating (SD)
Gave me good quality services	22	4.36 (1.22)
Gave me the kind of services I wanted	22	4.36 (1.22)
Met my needs	22	4.36 (1.18)
Is a program I would recommend to a friend	22	4.36 (1.18)
Is a good program overall	22	4.36 (1.18)

*Note.* Responses for each item ranged from 1 – 5.

Participants were also surveyed on their use of the technology associated with this program, and the impact they feel the technology has had on their emotional/mental health. Sixteen participants (72.7%) stated that the use of technology in this program at least somewhat influenced their decision to participate. In addition, eight participants (36.4%) reported not using the technology provided by the program to support their treatment and recovery goals at all within the past 30 days. Four participants (18.2%) indicated they used the technology 5 – 9 times within the past 30 days, and three participants (13.6%) reported using the provided technology more than 15 times within the past 30 days. Using technology provided by the program was significantly correlated with both recovery coach satisfaction [ $r(20) = .475$ ,  $p = .026$ ] and overall WORC project satisfaction [ $r(20) = .450$ ,  $p = .036$ ].

Perceived impact was measured using two items on a 4-point Likert scale (1 = not at all, 4 = quite a lot), with a total possible range of scores from 2 – 8. The mean of perceived impact for all participants was 5.45 (SD = 2.13), suggesting that participants feel the technology associated with this program has

moderately impacted their emotional/mental health. Bivariate correlational testing indicated that perceived impact was largely correlated with both recovery coach satisfaction [ $r(20) = .668, p = .001$ ] and overall WORC project satisfaction [ $r(20) = .677, p = .001$ ].

# Procedure - Operation Manuel

SAMHSA Grant #T1024770

Web Orientated Recovery Care (WORC)

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**SUBCHAPTER A. STANDARD OF CARE**

**WORC Mission/Goal/Objectives.**

**Mission**

The overall purpose of WORC e-ROSC is to use technology-assisted care to expand and enhance the capacity of substance abuse treatment providers in Bexar County and four surrounding rural counties to serve primarily minority, low income adults and veterans in need of recovery support services and who have been previously underserved due to various geographical, personal, and structural barriers.

**GOAL 1.** To use Technology Assisted Care in Bexar County and the surrounding nine-county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.

Objective 1.1. Use Technology-Assisted Care, namely an electronic-Recovery Oriented Systems of Care (WORC e-ROSC) available in English and Spanish, to serve approximately 450 participants in need of recovery services more effectively and efficiently by *supplementing face-to-face recovery services with e-ROSC services*, both facilitated by peer-recovery coaches.

Objective 1.2. Allow enrolled participants to actively monitor, via technology that can be accessed from computers, iPads, or smart phones, in real time their own treatment and progress in recovery as well as ancillary health information related to the treatment of substance abuse.

Objective 1.3. Improve outcomes for participants by facilitating earlier and more persistent participation in services including the assessment of "recovery capital" and development of a personal recovery plan, resulting in decreased rates of relapse and improved physical and behavioral health.

**GOAL 2.** To increase the recovery capital of the San Antonio/Bexar County and surrounding rural county areas by training a cadre of peer coaches to deliver recovery services to traditionally underserved individuals including the uninsured, minorities, and those living in rural areas.

Objective 2.1. To identify up to 20 peers in recovery from substance disorders (recruited the existing pool of Texas Department of Health (DSHS)-trained recovery coaches and other local recovery resources) over three years and develop and enhance their skills to serve as peer coaches using the 46-hour Texas Peer Recovery Coach Institute mentor training program promoted by DSHS.

Objective 2.2. To supplement the core peer recovery training of the 20 peers with training in evidence-based practices to be used in the project (i.e., Motivational Interviewing, brief strength-based case management) as well as the delivery of technology-assisted recovery support care to be delivered in face-to-face encounters and through the WORC eROSC.

**GOAL 3.** To identify and recruit 450 underserved participants with substance use disorders over three years through linkage with community agencies and through public WORC e-Recovery Oriented System of Care (e-ROSC) portal.

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**Objective 3.1.** Conduct five focus groups (two with individuals with substance use disorders, one with peer recovery coaches, one with program staff from service agencies, and one with members from community at-large) by Month 02 in order to plan for the overall implementation of the WORC e-ROSC.

**Objective 3.2.** Provide at least six trainings per year throughout the targeted geographical area for peer recovery coaches as well as staff from referring community agencies on how to make referrals to the WORC e-ROSC project as well as how to use the e-ROSC system.

**Objective 3.3.** Develop formal MOUs between WORC and community agencies needing peer mentors and/or who have individuals they can refer to be a peer mentor.

**Objective 3.4.** Link individuals requesting services through direct agency referrals or through the WORC e-ROSC portal to a peer-recovery coach who will utilize face-to-face and/or e-ROSC services.

**Objective 3.5.** Provide each enrolled participant the opportunity to attend a two-hour digital literacy class as well as to facilitate effective use of WORC e-ROSC resources.

## **GOAL 4. To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.**

**Objective 4.1.** Assess digital literacy, abstinence, relapse, unmet needs, general health, wellness and recovery capital of enrolled participants at baseline and six-months post-baseline.

**Objective 4.2.** Assess satisfaction with and acceptability of WORC services including peer recovery services delivered face-to-face and through the e-ROSC portal at 6-month follow-up.

### **§448.201 Population to be Served.**

WORC provides electronic Recovery Orientated Systems of Care (ROSC) to both adult male and female adults who are reside in Region #8 and seek help through the website site [recoverytexas.org](http://recoverytexas.org). The WORC program is prepared to provide services in English and Spanish based of population found eligible and appropriate for program.

### **§448.202 Scope of Practice.**

WORC staff recognizes the limitations of their ability and will not offer services outside the scope of practice or use techniques that exceed their professional competence. WORC staff will not make any claim, directly or by implication, that they possess professional qualifications or affiliations that they do not possess.

### **§448.203 Competence and Due Care.**

WORC will plan, supervise adequately, and evaluate any activity for which they are responsible. WORC will render services carefully and promptly. WORC will follow the technical and ethical standards related to the provision of services, strive continually to improve personal competence and quality of service delivery, and discharge our professional responsibility to the best of their abilities. WORC is responsible for assessing the adequacy of our own competence for the responsibility to be assumed. Services are designed and administered as to do no harm to recipients. WORC will always act in the best interest of the individual being served. WORC will terminate any professional relationship that is not beneficial, or is in any way detrimental, to the individual being served.

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**§448.204      Appropriate Services.**

Services are appropriate for the individual's needs and circumstances, including age and developmental level, and are culturally sensitive. WORC possess an understanding of the cultural norms of the individuals receiving services. Services are respectful and non-exploitative.

**§448.205      Accuracy.**

WORC will report information fairly, professionally, and accurately when providing services and when communicating with other professionals, SAMHSA, and the general public. WORC will document and assign credit to all contributing sources used in published material or public statements. WORC will not misrepresent either directly or by implication professional qualifications or affiliations.

**§448.206      Documentation.**

WORC will maintain required documentation of services provided and related transactions including financial records. Each participant in program will have a chart/file and this file will hold copies of all documents that require a participant's signature. Some assessments and the GPRA may be maintain in electronic format, available for printing when needed. Any electronic documents will be kept in a passworded file, available only to the appropriate program staff.

**§448.207      Discrimination.**

WORC will not discriminate against any individual on the basis of gender, race, religion, age, national origin, disability (physical or mental), sexual orientation, medical condition, including HIV diagnosis or because an individual is perceived as being HIV infected. WORC will not consider economic condition and financial resources in admission criteria, and all services are voluntary and free.

**§448.208      Access to Services.**

WORC will provide access to services through the web site recoverytexas.org, including providing information about other services and alternatives, taking into account an individual's special needs if any.

**§448.209      Location.**

WORC will not offer or provide services in settings or locations that are inappropriate or harmful to individuals served or others. WORC's main office is located at 7500 Hwy 90, West, AT&T Bldg., Suite 100, San Antonio, TX 78227.

**§448.210      Confidentiality.**

WORC will protect the privacy of individuals served and will not disclose confidential information without express written consent, except as permitted by law. WORC will remain knowledgeable of, and obey, all State and Federal laws and regulations relating to confidentiality of records relating to the provision of services. WORC will not discuss or divulge information obtained in clinical or consulting relationships except in appropriate settings and for professional purposes that demonstrably relate to the case. Confidential information acquired during delivery of services are safeguarded from illegal or inappropriate use, access and disclosure or from loss, destruction or tampering. These safeguards will protect against verbal disclosure, prevent unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Safeguards include:

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- (a) All participant files are marked confidential
- (b) All participant files are stored in a locked file cabinet in a room that locks and had no public access.
- (c) All staff is trained on the importance of HIPAA and 42, CFR, part 2 and importance of confidentiality of substance abuse treatment and medical information.

### **§448.211 Communications.**

WORC will inform the individual receiving services about all relevant and important aspects of the service relationship.

### **§448.212 Exploitation.**

WORC will not exploit relationships with individuals receiving services for personal or financial gain of WORC or its personnel. WORC will not charge any fees for any services while federally funded. WORC will not pay or receive any compensation, or benefit of any kind related to the referral of an individual for services.

### **§448.213 Duty to Report.**

When SACADA, WORC Grantee, or its staff have knowledge of unethical conduct or practice on the part of a person or provider, they have a responsibility to report the conduct or practices to their supervisor and/or the Executive Director immediately. When SACADA receives an allegation or has reason to suspect that an individual has been, is, or are subject to abuse, neglect or exploitation by any provider will immediately inform the Executive Director. WORC will also take immediate action to prevent or stop the abuse, neglect, or exploitation and provide appropriate care and treatment. SACADA will report allegations of child abuse or neglect to the Texas Department of Protective and Regulatory Services as required by the TEX. FAM. CODE ANN. §261.101 (Vernon 2002 & Supp. 2004). SACADA will report allegations of abuse, neglect or exploitation of elderly or disabled individuals to the Texas Department of Protective and Regulatory Services as required by the TEX. HUM. RES. CODE ANN. §48.051 (Vernon 2001 & Supp. 2004). If the allegation involves sexual exploitation, the service provider will comply with reporting requirements listed in the TEX. CN.PRAC.&REM.CODEANN. §81.006 (Vernon 1997 & Supp. 2004).

### **§448.214 Impaired Staff.**

WORC staff should recognize the effect of impairment on professional performance and should be willing to seek needed treatment. Where there is evidence of impairment in a colleague, WORC will follow its personnel policy #1.12 Drug Free Workplace which states:

"Early recognition and treatment of alcohol or drug abuse is important for successful rehabilitation. WORC encourages the earliest possible diagnosis and treatment for alcohol or drug abuse. Employees must voluntarily seek help.

Assistance in overcoming alcohol or drug abuse for employees who voluntarily seek help may be available under medical insurance coverage or through DSHS funded programs. The employee should seek professional guidance outside the agency for help with this problem."

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### **§448.215 Ethics.**

WORC will adhere to established professional codes of ethics. These codes of ethics define the professional context within which WORC works, in order to maintain professional standards and safeguard the participant or participant. SACADA and all of its personnel will protect consumers and act in an ethical manner at all times. SACADA also requires its staff comply with the agency Personnel Policy #1.8, Code of Ethics.

### **§448.216 Specific Acts Prohibited.**

In addition to WORC's general duty to provide services in a professional manner, the following acts are specifically prohibited and will constitute a violation of these rules:

- (a) WORC will not provide services, interact with individuals receiving services, or perform any job duties while under the influence or impaired by the use of alcohol, or mood altering substances, including prescription medications not used in accordance with a physician's order.
- (b) WORC will not commit an illegal, unprofessional or unethical act (including acts constituting abuse, neglect, or exploitation).
- (c) WORC will not assist or knowingly allow another person to commit an illegal, unprofessional, or unethical act.
- (d) WORC will not falsify, alter, destroy or omit significant information from required reports and records or interfere with their preservation.
- (e) WORC will not retaliate against anyone who reports a violation of these rules or cooperates during a review, inspection, investigation, hearing, or other related activity.
- (f) WORC will not interfere with DSHS reviews, inspections, investigations, hearings, or related activities. This includes taking action to discourage or prevent someone else from cooperating with the activity.
- (g) WORC will not enter into a personal or business relationship of any type with an individual receiving service until at least two years after the last date an individual receives services from WORC.
- (h) WORC will not discourage, intimidate, harass, or retaliate against individuals who try to exercise their rights or file a grievance.
- (i) WORC will not restrict, discourage, or interfere with any communication with law enforcement, an attorney, or with the DSHS for the purposes of filing a grievance.
- (j) WORC will not allow unqualified persons or entities to provide services.
- (k) Provider will not hire or utilize known sex offenders in adolescent programs or programs that house children.
- (l) WORC will prohibit adolescent participants and participants from using tobacco products on the program site. Staff and other adults (volunteers, participants, participants and visitors) will not use tobacco products in the presence of adolescent participants or participants.

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### **§448.217 Standards of Conduct.**

- (a) SACADA and all of its personnel will protect participants' rights and provide competent services.
- (b) SACADA and its personnel will comply with TEX. HEALTH & SAFETY CODE ANN. ch. 164 (Vernon 2001 & Supp. 2003)(relating to Treatment Facilities Marketing and Admission Practices).
- (d) SCADA has written policies on staff conduct that complies with this section in Personnel Policies 1.9 & 1.17.

### **SUBCHAPTER B. FACILITY REQUIREMENTS.**

#### **§448.301 Facility Organization.**

- (a) Governing Body. SACADA is governed by a board of directors, and the board meets with sufficient frequency to monitor the quality of care provided and maintain minutes for each meeting. WORC Board of Directors is provided training regarding their responsibilities and liabilities.
- (b) Organizational Structure. SACADA has current documentation of the staffing structure, including lines of supervision and the number of staff members for each position.
- (c) Facility Contact Information. SACADA has provided SAMHSA Program Official with a current mailing address, electronic mail address, contact name, and contact phone number in writing or through electronic mail and will update that information in writing or through electronic mail when there are changes.
- (d) WORC will use the "Idea Exchange" whenever possible to stay informed about SAMHSA information and services.

#### **§448.302 Operational Plan, Policies and Procedures.**

WORC operates according to the following Operational Procedure: SACADA Quality Management Plan, SACADA Personnel Policies, SACADA Disaster Plan, and WORC Operations Manuel. These documents include:

- (1) program purpose or mission statement;
  - (2) services and how they are provided;
  - (3) description of the population to be served; and
  - (4) goals and objectives of the program.
- (b) WORC has adopt and implement written procedures. The procedures contain sufficient detail to ensure compliance with the federal rules for SAMHSA Grantee's.
  - (c) The policy and procedure manuals are current, consistent with program practices, individualized to the program, and easily accessible to all staff at all times.

#### **§448.303 Quality Management.**

SACADA has developed procedures and implemented a quality management plan. (See Quality Management Plan) The procedures address:

- (1) goals and objectives that relate to the program purpose or mission statement;
- (2) methods to review the progress toward the goals and a documented process to implement corrections or changes;
- (3) a mechanism to review and analyze incident reports, monitor compliance with rules and other requirements, identify areas where quality is not optimal and procedures to analyze identified issues, implement corrections, and evaluate and monitor their ongoing effectiveness;

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- (4) methods for the review of confidentiality and utilization of electronic medical record (CMBHS);
- (4) methods of utilization review to ensure appropriate participant placement, adequacy of services provided and length of stay; and
- (5) documentation of the activities of the quality management process.

### **§448.304 Reporting Measures.**

WORC will submit the following information and reports, electronically or in paper form, in a format provided by SAMHSA:

- (1) 1st Bi-Annual Report;
- (2) 2nd Bi-Annual Report;
- (3) 1st Bi-Annual Fiscal Report
- (4) End of Year Fiscal Report
- (3) Health Disparities Impact Statement;
- (3) Continuation Report;
- (4) GPRA (at baseline, 6 month follow-up and discharge);
- (5) any other information requested by SAMHSA.

### **§448.305 General Environment.**

- (a) SACADA complies with applicable requirements of the Americans with Disabilities Act (ADA). SACADA maintains documentation that it has conducted a self-inspection to evaluate compliance and implemented a corrective action plan, as necessary, with reasonable time frames to address identified deficiencies.
- (b) SACADA has a copy of the certificate of occupancy from the local authority that reflects the current use is for substance abuse prevention and treatment.
- (c) The site, including grounds, buildings, electrical and mechanical systems, appliances, equipment, and furniture are structurally sound, in good repair, clean, and free from health and safety hazards.
- (d) SACADA, provides a safe, clean, well-lighted and well-maintained environment.
- (e) SACADA has adequate space, furniture, and supplies.
- (f) WORC has private offices for confidential interactions, including two large group counseling sessions.
- (g) WORC offers a smoke-free work environment to all staff members. No smoking is allowed by employees on/in WORC property, facilities, or vehicles. This policy applies to all property owned, leased or rented from us. WORC Participants may not smoke within 15 feet from any entrance to any building(s) and only in areas clearly marked as designated smoking areas. Staff will not provide or facilitate participant access to tobacco products.
- (h) SACADA prohibits firearms and other weapons, alcohol, illegal drugs, illegal activities, and violence at the facility or at or during the course of any program activity, except as provided for in paragraphs (1) and (2) of this subsection. SACADA is responsible for any noncompliance with this subsection.
- (i) Animals are properly vaccinated and supervised if brought on property.

### **§448.306 General Documentation Requirements.**

- (a) WORC keeps complete, current documentation.
- (b) All documents are factual and accurate.
- (c) All documents and entries are dated and authenticated by the person responsible for the content.

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- (1) Authentication of paper records are an original signature that includes at least the first initial, last name, and credentials. Initials alone may not be used.
- (2) Authentication of electronic records are by a digital signatures.
- (d) Documentation are permanent and legible (no pencil).
- (e) When it is necessary to correct a participant record, incident report, or other document, the error are marked through with a single line, dated, and initialed by the writer.
- (f) No abbreviations are used.

### **§448.307 Participant Records.**

- (a) WORC maintains a single record for every participant beginning at the time of admission. The content of participant records is complete, current, and well organized.
- (b) WORC will protect all participant records and other participant-identifying information from destruction, loss, tampering, and unauthorized access, use or disclosure.
  - (1) All active participant records are stored at WORC. WORC has no off-site storage of participant files at this time. All original participant records are maintained in the State of Texas.
  - (2) Information that identifies those seeking services is protected to the same degree as information that identifies participants.
  - (3) Electronic participant information are protected to the same degree as paper records and will have a reliable backup system.
- (c) Only personnel whose job duties require access to participant records have such access.
- (d) Personnel keeps records locked at all times unless authorized staff is continuously present in the immediate area.
- (e) WORC ensures that all participant records can be located and retrieved upon request at all times.
- (f) WORC complies with Federal and State confidentiality laws and regulations, including 42 C.F.R pt. 2 (Federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records), TEX. HEALTH & SAFETY CODE ANN. ch. 611 (Vernon Supp. 2004)(relating to Mental Health Records) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). WORC protects the confidentiality of HIV information as required in TEX. HEALTH & SAFETY CODE ANN. § 81.103 (Vernon 2001)(relating to Confidentiality; Criminal Penalty).
- (g) WORC does not deny participants access to the content of their records except as provided by TEX. HEALTH & SAFETY CODE ANN. § 611.0045 (Vernon Supp. 2004) and HIPAA.
- (h) Participant records are maintained for at least six years.
- (i) If participant records are microfilmed, scanned, or destroyed, WORC will take steps to protect confidentiality. SACADA will maintain a record of all participant records destroyed on or after September 1, 1999, including the participant's name, record number, birth date, and dates of admission and discharge.

### **§448.308 Incident Reporting.**

- (a) WORC will report to the Executive Director, all allegations of participant abuse, neglect, and exploitation. Acts constituting participant abuse, neglect and exploitation are specifically described in §448.703 of this title (relating to Abuse, Neglect, and Exploitation).
- (b) WORC staff will complete an internal incident report for all participant incidents, including:
  - (1) a violation of a participant rights, including but not limited to, allegations of abuse, neglect and exploitation;

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- (2) accidents and injuries;
  - (3) medical emergencies;
  - (4) psychiatric emergencies;
  - (5) medication errors;
  - (6) illegal or violent behavior;
  - (7) loss of a participant record;
  - (8) personal or mechanical restraint or seclusion;
  - (9) release of confidential information without participant consent;
  - (10) fire;
  - (11) death of an active outpatient or residential participant (on or off the program site);
  - (12) participants absent without permission from a residential program;
  - (13) suicide attempt by an active participant (on or off the program site);
  - (14) medical and psychiatric emergencies that result in admission to an inpatient unit of a medical or psychiatric facility; and
  - (15) any other significant disruptions.
- (c) The incident report are completed within 24 hours of the occurrence of an incident on-site, or within 24 hours of when WORC became aware of, or reasonably should have known of an incident that occurred off-site. The incident report will provide a detailed description of the event, including the date, time, location, individuals involved, and action taken.
- (d) The individual writing the report will sign it and record the date and time it was completed.
- (e) All incident reports are stored in a single, separate file.
- (f) WORC has designated individuals responsible for reviewing incident reports and all incidents should be evaluated through the quality management process to determine opportunities to improve or address program and staff performance.
- (g) Incident reports are available to all staff on shared drive under forms.

### **§448.309 Participant Transportation.**

- (a) SACADA has a written policy (personnel policy #1.12) on the use of facility vehicles and/or staff to transport participants. WORC staff will follow this policy.
- (b) SACADA/WORC allows the use of facility vehicles and/or staff to transport participants, therefore:
- (1) Any vehicle used to transport a participant must have appropriate insurance coverage for business use with a current safety inspection sticker and license.
  - (2) All vehicles used to transport participants must be maintained in safe driving condition.
  - (3) Drivers must have a valid driver's license.
  - (4) Drivers and passengers must wear seatbelts at all times the vehicle is in operation as required by law.
  - (5) A vehicle will not be used to transport more passengers than designated by the manufacturer.
  - (6) Drivers will not use cell phones while driving.
  - (7) Use of tobacco products will not be allowed in the vehicle.
  - (8) Agency vehicles used for participant transportation will have a fully stocked first aid kit that is easily accessible.

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**SUBCHAPTER C. PERSONNEL PRACTICES AND DEVELOPMENT.**

**§448.401 Hiring Practices.**

- (a) As SACADA is not an approved Clinical Training Institution, the program will not use any counselor intern until which time that we receive our CTI#.
- (b) SACADA verifies by Internet the current status of all required credentials with the credentialing authority. This information is printed out and kept in the staff members personnel file (personnel policy #3.35).
- (c) SACADA is aware of its obligations under TEX. Crv. PRAC. & REM. CODE ANN. § 81.003 (Vernon 1997 & Supp. 2004).
- (d) SACADA will obtain and assess the results of a criminal background check from the Department of Public Safety on all staff within four weeks of the hiring date. Individuals hired do not have any participant contact until the results of the criminal background check are assessed. WORC use the criteria listed in TEX. Occ. CODE ANN. § 53.022, § 53.023 (Vernon 2004) to evaluate criminal history reports and make related employment decisions.
- (e) SACADA does not hire an individual who has not passed a pre-employment drug test that meets criteria established by the DSHS. This requirement does not restrict facilities from implementing random drug testing of its staff as permitted by law (personnel policy #1.13).
- (f) WORC has developed a job description which outlines job duties and minimum qualifications for all personnel.
- (g) SACADA maintains a personnel file for each employee, and all contractors, students and volunteers with any direct participant contact which contains documentation demonstrating compliance with this section.

**§448.402 Students and Volunteers.**

- (a) WORC ensure that students and volunteers comply with all applicable rules.
- (b) Students and volunteers are qualified to perform assigned duties.
- (c) Students and volunteers will receive orientation and training appropriate to their qualifications and responsibilities.
- (d) Students and volunteers are appropriately supervised.
- (e) Students and volunteers are required to obtain a criminal background check and drug screen.  
All information gathered about students and volunteers is kept by the Human Resource Department.

**§448.403 Training.**

- (a) Unless otherwise specified, video, manual, or computer-based training may be used by WORC. If video, manual, or computer-based training is used the supervisor of staff member will discuss and document the material covered with the staff person in a face-to-face session to highlight key issues and answer questions.
- (b) SACADA maintains documentation of all required training in individual participant personnel files, training checklist. Staff will provide certificates for all external and internal trainings.
- (c) SACADA verifies training received by:
  - (1) Documentation of all external training:
    - (A) date;
    - (B) number of hours;

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- (C) topic;  
(D) instructor's name; and  
(E) signature of the instructor (or equivalent verification).
- (2) SACADA maintains documentation of all internal training performed at SACADA. For each topic, the file includes:
- (A) an outline of the contents;  
(B) the name, credentials, relevant qualifications of the person providing the training, and  
(C) the method of delivery.
- (3) For each group training session, SACADA maintains on file a dated attendee sign-in sheet.
- (c) Prior to performing their duties and responsibilities, WORC will provide orientation to staff, volunteers, and students. This orientation includes information addressing:
- (1) WORC Screening, Intake and Admission Procedures  
(2) facility policies and procedures;  
(3) participant rights;  
(4) participant grievance procedures;  
(5) confidentiality of participant-identifying information (42 C.F.R. pt. 2; HIPAA);  
(6) standards of conduct; and  
(7) emergency and evacuation procedures.
- (d) The following initial training(s) are received within the first 90 days of employment and before the employee can perform a function to which the specific training is applicable. Subsequent training are completed as specified.
- (1) *HN*, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases. All personnel with any direct participant contact will receive this training. The training are based on the Texas DSHS on Alcohol and Drug Abuse Workplace and Education Guidelines for *HN* and Other Communicable Diseases.
- (3) 46 Hour Recovery Coach Training (for Recovery Coaches)

#### **§448.404 Recovery Coach Supervision and Documentation of Services**

- (a) WORC Project Coordinator will be responsible for supervision of up to 5 Recovery Coaches at one time. Project Director will assist with supervision at any time that Recovery Coaches exceed 5.
- (b) Supervision will include direct supervision of Recovery Coach providing services both online and in person coaching until supervisor feels the Recovery Coach has displayed confidence and professionalism. This supervision will be documented in Recovery Coach file including date, time and place of supervision.
- (c) All Recovery Coaches will document services they are providing on the Recovery Coach Service Documentation Form. This includes documentation of:
1. Client#
  2. Start/Stop time of recovery coaching
  3. How communication was made (e.g., web, phone, in person)
  4. Stage of Change participant is in
  5. Recovery Domains Addressed (e.g., assessment, recovery planning, housing)
  6. A narrative note
  7. Future sessions scheduled

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- (d) The Documentation of Services form will be used by supervisor to verify on-line contact and for payroll.
- (e) Recovery Coaches will cosign the evaluation consent form before any services can be provided to clients.
- (f) The Recovery Coach supervisors will periodically check to web site administrative access to ensure that services are being rendered at times and dates noted.

### **SUBCHAPTER D. PARTICIPANT RIGHTS.**

#### **§448.501 Participant Bill of Rights.**

(a) WORC will respect, protect, implement and enforce each participant right required to be contained in Participant Bill of Rights. The Participant Bill of Rights for all programs will include:

- (1) You have the right to accept or refuse treatment after receiving this explanation.
- (2) If you agree to recovery coaching, you have the right to change your mind at any time.
- (3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- (4) You have the right to be free from abuse, neglect, and exploitation.
- (5) You have the right to be treated with dignity and respect.
- (6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- (7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and are notified of the rules and policies related to restraints and seclusion.
- (8) You have the right to be told before admission:
  - (A) the condition to be treated;
  - (B) the proposed treatment;
  - (C) the risks, benefits, and side effects of all proposed treatment and medication;
  - (D) the probable health and mental health consequences of refusing treatment;
  - (E) other treatments that are available and which ones, if any, might be appropriate for you; and
  - (F) the expected length of stay.
- (9) You have the right to a recovery plan designed to meet your needs, and you have the right to take part in developing that plan.
- (10) You have the right to meet with staff to review and update the plan on a regular basis.
- (11) You have the right to refuse to take part in research but this will affect your ability to access a recovery coach.
- (12) You have the right not to receive unnecessary or excessive medication.
- (13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
- (14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which WORC is aware.
- (15) You have the right to receive an explanation of your treatment or your rights if you have questions while you are receiving services.
- (16) You have the right to make a complaint and receive a fair response from WORC Program Director or SACADA Executive Director within a reasonable amount of time.
- (17) You have the right to complain directly to SAMHSA.

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- (18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Project Director and SAMHSA.
- (19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

### **§448.502 Participant Grievances.**

- (a) SACADA has a written participant grievance procedure.
- (b) Staff will give each participant and consenter a copy of the grievance procedure within 24 hours of admission and explain it in clear, simple terms that the participant understands.
- (c) The grievance procedure tells participants that they can:
  - (1) file a grievance about any violation of participant rights or DSHS rules;
  - (2) submit a grievance in writing and get help writing it if they are unable to read or write; and
  - (3) request writing materials, postage, and access to a telephone for the purpose of filing a grievance.
- (d) The procedure also informs participants that they can submit a complaint directly to the DSHS at any time and include the current mailing address and toll-free telephone number of the DSHS's investigations division.
- (e) WORC will have a written procedure for staff to follow when responding to participant grievances. WORC will:
  - (1) evaluate the grievance thoroughly and objectively, obtaining additional information as needed;
  - (2) provide a written response to the participant within seven days of receiving the grievance;
  - (3) take action to resolve all grievances promptly and fairly; and
  - (4) document all grievances, including the final disposition, and keep the documentation in a central file.
- (f) WORC will not:
  - (1) retaliate against participants who try to exercise their rights or file a grievance; or
  - (2) restrict, discourage, or interfere with participant communication with an attorney or with the Project Director or SAMHSA.

### **§448.503 Abuse, Neglect, and Exploitation.**

- (a) Any person who receives an allegation or has reason to suspect that a participant has been, is, or are abused, neglected, or exploited by any person will immediately inform SACADA's chief executive officer or designee. If the allegation involves the chief executive officer, it are reported directly to SACADA's Board of Directors.
  - (1) The person will also report allegations of child abuse or neglect to the Texas Department of Protective and Regulatory Services as required by TEX. FAM. CODE ANN. § 261.101 (Vernon 2002 & Supp. 2004).
  - (2) The person will also report allegations of abuse or neglect of an elderly or disabled individual to the Texas Department of Protective and Regulatory Services as required by TEX. HUM. RES. CODE ANN. § 48.051 (Vernon 2001 & Supp. 2004).
- (b) If the allegation involves sexual exploitation, the chief executive officer or designee will comply with reporting requirements listed in TEX. CN. PRAC. & REM. CODE ANN. § 81.006 (Vernon 1997 & Supp. 2004).

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(c) The chief executive officer or designee will take immediate action to prevent or stop the abuse, neglect, or exploitation and provide appropriate care.

(d) The chief executive officer or designee will ensure that a verbal report has been or is made to the DSHS's investigations division as required in subsection (a) of this section.

(e) The person who reported the incident will submit a written incident report to the chief executive officer within 24 hours.

(f) The chief executive officer or designee will complete a written report within two business days after receiving notification of the incident. This report will include:

- (1) the name of the participant or participant and the person the allegations are against;
- (2) the information required in the incident report or a copy of the incident report; and
- (3) other individuals, organizations, and law enforcement notified.

(g) The chief executive officer or designee will also notify the consenter. If the participant is the consenter, family members may be notified only if the participant gives written consent.

(h) SACDA investigates the complaint and takes appropriate action. The investigation and the results are documented.

(i) The SACADA or its designee will take action needed to prevent any confirmed incident from recurring.

GJ SACADA:

- (1) documents all investigations and resulting actions and keep the documentation in a single, segregated file;
- (2) have a written policy that clearly prohibits the abuse, neglect, and exploitation of participants and/or participants;
- (3) enforces appropriate sanctions for confirmed violations; including, but not limited to, termination of personnel with confirmed violations of participant or participant physical or sexual abuse or instances of neglect that result in participant or participant harm.

### **§448.504 Program Rules.**

(a) WORC has therapeutically sound written program rules addressing participant behavior designed to protect their health, safety, and welfare. The rules are:

- 1) No smoking anywhere inside or outside of building including in cars except in designated smoking area.
- 2) If transported by family who are waiting, no smoking in cars. Please ask people to use designated smoking area.
- 3) No food allowed in individual or group counseling sessions.
- 4) No posting of sexual or inappropriate comments on the recover ytexas.org blog or forum.
- 5) No display of any gang dress or colors while at the WORC offices.
- 6) No clothing that displays or glamorizes alcohol, drugs, or tobacco use while at the WORC offices.
- 7) Females may not wear short shorts, miniskirts, tube tops, or any other type of clothing that can be considered inappropriate. If in doubt, check with your Recovery Coach.
- 8) Although we sometimes experience intense emotions when working with Recovery Coaches and on occasion will use strong language to express our feelings, no profanity outside of individual recovery coaching sessions.
- 9) Any drugs brought on facility grounds may result in discharge from program and/or calling of the police.
- 10) Any physical or verbal displays of aggression or fighting may result in discharge from program and/or calling of the police.

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11) Any theft or destruction of program equipment or building/grounds may result in discharge and/or calling of the police.

(c) At the time of admission, every participant are informed verbally, and in writing, of the program rules and consequences for violating the rules.

(d) WORC enforces the rules fairly and objectively and does not implement consequences for the convenience of staff.

### **§448.505 Participant Labor and Interactions.**

(a) SACADA will not hire or utilize participants to fill staff positions in the WORC program.

Former participants are eligible for employment as a WORC Recovery Coach but it is strongly encouraged they can document at least one year in active recovery.

(b) SACADA will not require participants to take part in any fund raising or publicity activities for WORC.

(c) SACADA and its personnel will not enter into a business or personal relationship with a participant, give a personal gift to a participant, or accept a personal gift of value from a participant until at least two years after services to the participant cease.

### **§448.506 Responding to Emergencies.**

(a) SACADA ensures that staff have the training and resources necessary to protect the health and safety of participants and other individuals during medical and psychiatric emergencies.

(b) SACADA has written procedures for responding to medical and psychiatric emergencies.

(c) Emergency numbers are posted by all telephones.

(d) SACADA has fully stocked first aid supplies that are visible, labeled and easy to access.

## **SUBCHAPTER E. SCREENING AND ASSESSMENT.**

### **§448.601 Screening.**

(a) To be eligible for admission to WORC, an individual will:

1. Register at the recoverytexas.org recovery coach chat web page.
2. Read and electronically sign the evaluation consent. This consent will then be verified and signed by recovery coach.
3. A Recovery Coach will be assigned or the Recovery Coach on-line at the time will assist the participant in completing required admission paperwork.

(b) All screening non-electronic documentation is maintained in the participant record

Documentation consists primarily of the consent to participate in the evaluation of the WORC program.

### **§448.602 Admission and Assessment.**

(a) A Recovery Coach will call the client or meet with client in person to conduct and document the CSAT-CDP-DCI Assessment as the first document completed by the participant as part of the admission process. This document will be given to the data manager who will enter data into the SAIS online data system.

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(b) Provide participant with guidance while they fill out:

- 1) Follow-up Contact Information Form
- 2) Commitment Form
- 3) Digital Literacy Assessment
- 4) Recovery Capital Scale.
- 5) Telephone Monitoring & Adaptive Counseling (TMAC) progress Assessment/support Questionnaire.
- 6) Unmet needs/Services needed-received

Evaluators are able to download 2-5 from their location without client identifying information.

(c) If the assessment identifies a potential mental health problem, WORC Recovery Coaches will seek supervision on referral of client for mental health assessment

### **§448.603 Recovery Planning, Implementation and Review.**

(a) The Recovery Coach and participant will work together to develop and implement an individualized, written Recovery Plan that identifies services and support needed to address problems and needs identified in the assessments. When appropriate, family will also be involved.

- (1) When the participant needs services not offered by WORC, appropriate referrals are made and documented in the participant record.
- (2) The participant record will contain justification when identified needs are temporarily deferred or not addressed during treatment.

(b) The recovery plan includes goals and "Recovery Capitol" to do list.

- (1) Goals are based on the participant's problems/needs, strengths, and preferences.
- (2) "Recovery Capitol" to do plans are individualized, realistic, measurable, time specific, appropriate to the level of change, and clearly stated in behavioral terms.

(g) The recovery plans are evaluated on a regular basis and revised as needed to reflect the ongoing reassessment and progress of the participant's response to recovery coaching.

(i) The recovery plan review may include:

- (1) an evaluation of the participant's progress toward each goal and objective;
- (2) completing an update Recovery Capitol Scale (will see progress in on-line chart); and
- (3) completing an update TMAC Questionnaire (will see progress in on-line chart).

(j) WORC staff document all recovery services (e.g., assessment, referral, Leisure, Wellness) on the service documentation form **within 72 hours**, including the date, nature, and duration of the contact, and the name of Recovery Coach providing the service.

### **§448.604 Discharge.**

(a) Recovery Coach encourage client to complete the Satisfaction Survey on-line.

(b) Recovery Coach will complete a final note in participants chart that reports:

- (1) Shall complete the CSAT-CDP-DCI
- (2) dates of admission and discharge;
- (2) summary of services provided;
- (4) assessment of the participant's progress towards goals (e.g., being and ending Recovery Capitol Scale Score);
- (5) reason for discharge (e.g., unable to locate, did not require any additional services); and
- (6) referrals and recommendations, including arrangements for recovery maintenance.

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**SUBCHAPTER F. WORC PROGRAM SERVICES.**

**§448.701 Requirements for WORC.**

- (a) The WORC Program is designed to provide recovery orientated services to Region #8.
- (b) WORCs Recovery Coaches ensures access to full continuum of care including substance abuse treatment. Intensity and content of services is appropriate to the participant's.
- (c) Recovery Support services include individualized recovery planning based on an assessment, and Recovery Coach guidance.
- (e) Each participant's determines their length and intensity of program participation and the program is voluntary.

**§448.702 Specialty Competencies of Recovery Staff Providing Services to Participants.**

- (a) WORC ensures that services to participants are age-appropriate and are provided by Recovery Coaches within their scope of practice and they have the following minimum knowledge, technical, and interpersonal competencies prior to providing services.

**(1) Knowledge:**

- (a) of the Stage of Change Theory, Motivational Interviewing, Contingency Management, and Cognitive Behavioral Techniques.
- (b) of behavioral problem solving techniques for addiction treatment
- (c) of principles of recovery from SUD or mental illness
- (d) of case Management activities and knowledge of community resources for social support
- (e) of mutual-help groups, their functions, values/beliefs and how to access.

**(2) Technical competencies:**

- (a) ability to perform age-appropriate assessments of participants; and
- (b) ability to formulate an individualized treatment plan and community support plan for participants;
- (c) basic computer skills in Word and Outlook;
- (d) 46 hours of training in peer coach/recovery training and to work 10 hours weekly.

**(3) Interpersonal competencies:**

- (a) ability to tailor interventions to the process of recovery for participants;
- (b) ability to tailor interventions with readiness to change; and
- (c) ability to engage and support participants who choose to participate in 12-step recovery programs.
- (d) If not in recovery, a non-judgmental attitude towards SUD or psychiatric disorders and willingness to learn a variety of approaches to recovery
- (e) demonstrated empathy, caring, and concern to bolster person's self-esteem and confidence

Documentation of all staff training will be maintained in staff personnel folder.

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### **§448.703 Recovery Services Provided by Electronic Means.**

**WORC currently does provide services by electronic means.** When WORC provides services by electronic means they will ensure criteria outlined in this section are addressed.

- (1) Services are provided to adult participants only; and
  - (2) Services are provided by trained Recovery Coaches.
- (b) All treatment sessions have two forms of access control as follows:
- (1) all on-line consent between a WORC and participants must begin with a verification of the participant through a name, password, and signature; and
- (c) All data, including audio, video, text and presentation materials are transferred using 128 bit-Encryption.
- (d) WORC maintains compliance with HIPAA and 42 C.F.R. pt. 2.
- (e) WORC will not use e-mail communications containing participant identifying information .
- (f) WORC ensures timely access to individuals qualified in the technology as backup for systems problems.
- (g) WORC maintains an e-mail and phone contact on site.
- (h) WORC will develop a contingency plan for participants when technical problems occur during the provision of services.
- (i) WORC will provide a description of all services offered.
- (j) WORC will provide develop criteria, to assess participants for appropriateness of utilizing electronic services (e.g., digital literacy test);
- (k) WORC will provide appropriate referrals for participants who do not meet the criteria for services.
- (l) WORC will develop a grievance procedure for filing a complaint when using recoverytexas.org including toll-free number.
- (m) Prior to participants engaging in Internet services, WORC will describe and provide in writing the potential risks to participants. The risks will address at a minimum these areas (found in consent):
- (1) clinical aspects;
  - (2) security; and
  - (3) confidentiality.

## **SUBCHAPTER G. FACILITY MANAGEMENT**

### **§448.801 Meals in WORC.**

- (a) WORC will not provide meals to clients.

### **§448.802 Exits.**

- (a) The WORC building has at least two well-separated exits on one story.
- (b) Every route of exit is free of hazards and obstructions, well lit, and marked clearly with illuminated exit signs at all times.
- (c) Rooms for 50 or more people will have doors that swing out.
- (d) No door may require a key for emergency exit. Locked facilities will have emergency exit door releases as described in the Life Safety Code and approved by the fire marshal.

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### **§448.803 Fire Systems.**

- (a) A fire detection, alarm, and communication system required for life safety is installed, tested, and maintained in accordance with WORC's occupancy and capacity classifications.
- (b) Quarterly fire alarm system tests are conducted and documented by facility staff.
- (c) Alarms are loud enough to be heard above normal noise levels throughout the building.
- (d) Fire extinguishers are mounted throughout WORC as required by code and approved by the fire marshal.
  - (1) Each walk-in mechanical room has at least one portable A:B:C extinguisher, and each kitchen will have at least one B:C fire extinguisher.
  - (2) Each extinguisher has the required maintenance service tag attached.
- (e) Management Agency conducts quarterly inspections of fire extinguishers for proper location, obvious physical damage, and a full charge on the gauge. This information is available at SACADA's request for audit purposes.

Juan Vargas, MSW - Project Director  
Jason Wagner, BA, PRSS - Project Coordinator  
Troy Golding, BA, Evaluation Data Management



## Web Oriented Recovery Care (WORC)

South Texas Centre  
AT&T Building  
7500 Hwy 90 West, Suite 100  
San Antonio, TX 78227

[www.RecoveryTexas.org](http://www.RecoveryTexas.org)

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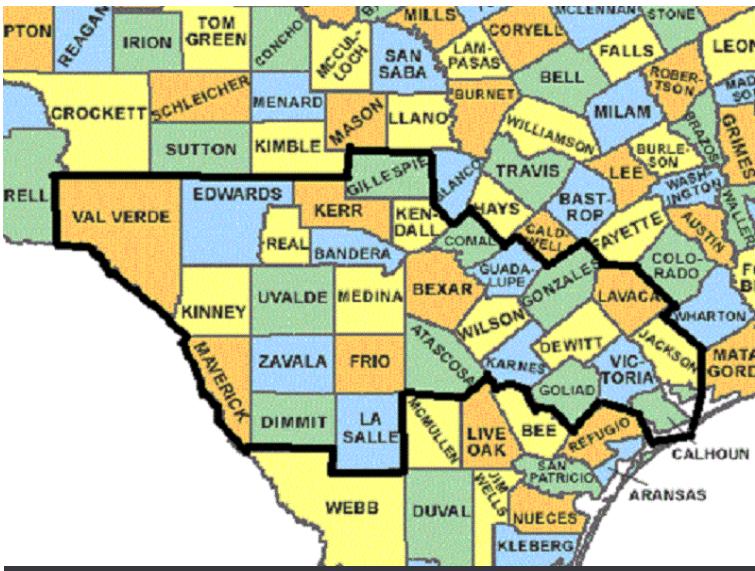
WEB ORIENTED  
RECOVERY CARE  
**WORC**

# What is the WORC Program?

- WORC is a web portal designed to enhance the ability of both providers and the public to connect to the culturally appropriate Recovery Capitol resources in their area including Recovery Coaches.
  - 150 participants yearly and 450 over course of grant. We are in the beginning of the second year.
  - Currently have trained and employ 9 part-time recovery coaches working through-out region.
  - Web –portal is HIPPA compliant

# Two parts to the website:

- Public side; has resources for general public.
  - Private side; clients are assigned a Recovery Coach, can chat anytime, and receives own password to log-in.



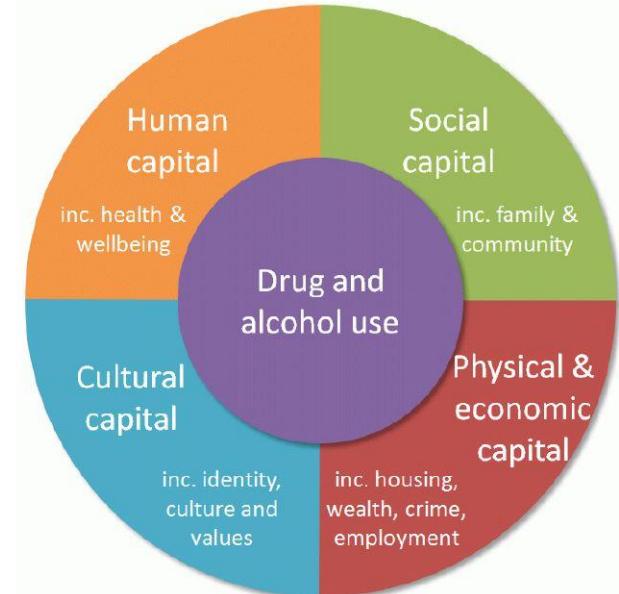
# Catchment Area

Region 8 which is 28 counties located in the south-central Texas area covering 31,637 square miles. Combined population of this area is over three million people.



# What is Recovery Capitol?

Recovery Capitol is the development of indigenous recovery support systems that facilitate individuals and families transition from professional/formal treatment realm into a life of self-autonomy and sustained recovery. (Archara, I., 2013)



# Getting the Word Out!

SACADA provided and continues to provide information about recoverytexas.org within the community by:

- Presentation to health care & behavioral health professionals
- Going to treatment centers and engaging clients
- Going to homeless shelters
- Visiting jails and prisons to engage individuals
- Doing presentations at drug courts, probation and parole departments



The landing page for RecoveryTexas.org features a large yellow header with the text "GETTING THE WORD OUT!" in white. Below the header is a green section with the text "NEED HELP WITH AN ADDICTION?" in blue. It includes two images: a woman sitting alone and a person standing with arms raised in a field. To the right, there's a list of "FOR MYSELF", "FOR A FAMILY MEMBER", and "FOR A FRIEND". The main content area has a large blue "GO ONLINE" button. To its right, text describes "The Web Oriented Recovery Care" and provides a link to [www.RecoveryTexas.org](http://www.RecoveryTexas.org). Below this, there's a "Chat Online with a Recovery Coach" section with a blue icon. At the bottom, the SACADA logo is shown with the text "San Antonio Council on Alcohol & Drug Abuse" and the phone number "(210) 225-4741". A QR code is also present.



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## Issues/Design Problems

- Change in design company after grant award & issues with website ownership and agency paying an annual fee for upkeep.
- Second company struggled with “our vision” of what the website should be. Later in first year changes were expensive.
- Site visit from SAMSHA in January 2013 helped us redesign home page to be more user friendly.
  - ✓ We learned early on any changes cost \$\$\$
  - ✓ Home page recreation in second year will allow us to control content without having to go through web design company. This cost \$\$\$.
  - ✓ Having control over content makes sustainability more feasible.
  - ✓ Small issues in design can cause large problems



Have a clear understanding of how you want the website to look and have somebody on your team who knows about web site design.

# What has worked on WORC?

GPRA's:

- We created and use an electronic GPRA. Made a PDF GPRA and created the fields using Adobe Acrobat Professional.
- Recovery coaches use iPads in the field; the GPRA is done on the iPad and emailed to the coordinator. You must have the app PDF Max Pro 3 to fill out the GPRA on the iPad.
- The electronic GPRA has saved on paper work and time. Allows for transmission of information across long distances.

Form Approved  
OMB No. 0930-0208  
Expiration Date 05/31/2015

## CSAT GPRA Client Outcome Measures for Discretionary Programs (Revised 06/01/2012)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

SAIS\_GPRA\_Client\_Outcome\_Instrument

v4.6



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# What has worked on WORC?

## Locating and Training Recovery Coaches:

- SACADA had already established links in the community related to recovery resources so identifying potential coaches was not difficult.
- Hiring staff in recovery encouraged more individuals in the recovery community to contact us.
- State of Texas developed 46 hours Recovery Coach training curriculum
- Project Coordinator, Jason Wagner is a trainer of Recovery Coaches
- State of Texas has created credentialing for Peer Recovery Support Specialists with eye on eventual insurance billing.

[www.RecoveryTexas.org](http://www.RecoveryTexas.org)



# What has worked in WORC?

The screenshot shows a mobile browser interface for the WORC website. At the top, there's a header bar with icons for signal strength, battery level (48%), and time (9:36 AM). Below this is the URL bar showing "worc.recoverytexas.org". The main content area features a blue header with the SACADA logo and "WEB ORIENTED RECOVERY CARE WORC". On the right side of the header are "MY PROFILE" and "LOGOUT" buttons. A vertical sidebar on the left contains links for "Home", "My Recovery Plan", "My Forms", and "Recovery Resources".

The central part of the page displays a green title "RECOVERY CAPITAL SCALE" above a line graph. The graph tracks points over time, with data points at various dates. A "New Form +" button is located below the graph.

Date	Points	Status	Action
09-11-2014 3:28 PM	109	Completed	<a href="#">View</a>
05-03-2014 11:44 AM	90	Completed	<a href="#">View</a>
02-07-2014 10:55 AM	126	Completed	<a href="#">View</a>
02-03-2014 8:51 AM	91	Completed	<a href="#">View</a>

recoverytexas.org

- The Recovery Capitol Scale and Recovery Plan allow the client to complete a self evaluation and identify their strengths and needs.
- Clients then develop a personalized Recovery Plan (see next slide)
- Both these documents can be updated as often as clients desires or at coaching follow-ups.



My Recovery Plan

My Forms

Digital Literacy

Recovery Capital Scale

TMAC

Unmet Needs

Satisfaction

Recovery Resources

# MY RECOVERY PLAN

## MY GOALS

[Add Goal](#) 

### ➤ ★ Get my Kids Back

25%

### ▼ ★ Get a Job

60%

## ACTION ITEMS

Check off any completed action items below.

- Work with recovery coach to get to CAM for work search.clothes.
- Have Recovery Coach take me to Crystalus Ministries for help with resume and bus pass.
- Develop work search plan with my coach.
- Complete 5 applications a day. Use public library computer for on-line applications.
- Identify 3 people I can use for references and get their contact information.

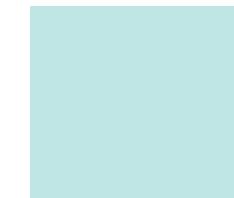
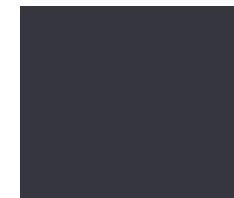
[Delete Goal](#) [Edit Goal](#) 

### ➤ ★ Take Care of My Medical Issues

67%

### ➤ ★ Stop Using All Drugs and Alcohol

75%



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CHAT WITH A COACH

## Evaluation Tools:

- Government Performance and Results Act (GPRA)
- Recovery Capital Scale
- TMAC Progress Assessment/Support Questionnaire
- Unmet Needs/Services Needed and Received
- Digital Literacy Assessment
- WORC Satisfaction Survey

## Evaluators

UT Health Science Center,  
Community Pediatrics

Dr. Nancy Amodei, PhD

Troy Golding, Data Manager &  
Technology Specialist

Demographic Characteristics (N=113)	Frequency	Percentage (Valid %)
Gender		
Male	37	32.7%
Female	76	67.3%
Race/Ethnicity*		
Are you Hispanic? (Yes)	38	33.6%
Anglo	81	71.7%
African-American	10	8.8%
Mixed	2	1.8%
Native-American	6	5.3%
None of the Above	13	11.5%
Age Group		
18-24	22	19.5%
25-34	37	32.7%
35-44	28	24.8%
45-54	18	15.9%
55-64	7	6.2%
65+	1	0.9%
Miscellaneous demographics		
Veteran (Yes)	8	7.1%
Children (Yes)	60	71.7%
In school/training Program (NO)	108	91.5%
12 <sup>th</sup> grade education or less	68	57.6%
Employed full or part-time	48	40.7%

# Demographics

- Demographics are gathered by evaluators directly off of the web portal and the SAIS system.
- Evaluators can directly access the results of all evaluation tools through the web portal eliminating much paperwork.

2

# Questions???

# Web Oriented Recovery Care (WORC)

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Abigail Moore, CEO

San Antonio Council on Alcohol & Drug Abuse



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