Grants to Expand Care Coordination Through the Use of Technology Assisted Care in Targeted Areas of Need

(TCE-TAC)

RFA # 5H79TI023797-03

Central Oklahoma Family Medical Center

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

April 1, 2014 to September 30, 2014

Instructions for Completing this Report

1. Save the report to your computer.

2. Click on the darkened box next to each item to fill in your response.

3. Save your completed survey BEFORE returning it.

4. Return the completed report by email to:
   granteereports@jbsinternational.com

5. Save the confirmation receipt of your submission.

1. Reporting Period: April 1, 2014, to September 30, 2014

2. RFA #: 5H79TI023797-03 (1H79 TI023797-01)

3. Grantee: Central Oklahoma Family Medical Center

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
COFMC	527 W. 3rd, Konawa, OK	Amanda Lawhorn	Amanda.lawhorn@cofmc.org

5. Project Director: Amanda Lawhorn

6. Evaluator:

7. Evaluator Phone/Email:

8. Signature _Ann Lail, LCSW_   _10/30/14_
           Project Director Signature   Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Jennifer Cody	Add	5/19/14	Jennifer.cody@cofmc.org	580-925-3286

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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.

Central Oklahoma Family Medical Center (COFMC) primary objective as listed on the initial application was to leverage technology to enhance the capacity of COFMC to serve the rural population in the six counties of the service area. COFMC anticipated 500 clients per year based on population density and estimates of persons referred to treatment by the legal system. Given that within the designated service area only a handful of other outpatient treatment facilities provide comparable services, COFMC anticipated serving a minimum of 1500 clients over the three year project period. COFMC intended to integrate web-based services, Nextgen (EHR system being utilized by COFMC), and other technological advances (text and instant messaging, teleconferencing via web platforms) to increase treatment and intervention opportunities for clients seeking treatment for substance abuse problems.

Since the initial application and the completion of years one, two and three, technological advances that have been integrated into substance abuse treatment as offered by COFMC include the use of Nextgen in collaboration with the newly established patient portal, motivational text messaging, and instant messaging. The recent purchase of IPad has also allowed workers to meet with clients, who lack transportation, to be coordinated with services in their own homes (based on location of home and other special circumstances and conditions). Due to not all original goals and objectives listed on the initial application not having been yet at the close of year three, an extension was requested and approved to extend the project into year four.

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: Hire Program Coordinator and LADC's

Status: A program coordinator was hired in August 2013 after a change in key staff occurred in July 2013. During years two and three, recruitment efforts were feeble; therefore, COFMC began placing interns within the program. As a result, COFMC now has a graduate student who has expressed intent to remain with the department after graduation, which will allow for the expansion of more services.

Goal: Initiate web design to allow patient access to EHR portal.

Status: In January 2014, www.COFMC.com was launched and encompasses all services offered by COFMC. It also provides useful links to other services, community resources, and the newly established patient portal.

Goal: Begin Service Delivery

Status: During the initial stages of the project, it was reported that the primary form of services being delivered was via telephone. Service delivery shifted from telephone contact to primarily face to face, with all services rendered being documented in the EHR system to allow for client use of the patient portal. The same modality is still in practice now but service delivery also includes motivational text messaging, instant messaging, and some face to face services in the field depending on the circumstances (use of IPad to document all activities rendered and to assist clients in researching material that may not have access to the internet in their own home).

Goal: Enroll clients in technology-based substance abuse treatment

Status: To date, this goal has yet to be reached. Although the technology is present to allow for this form of treatment, COFMC has had to work with patients on how to use technology before introducing treatment modalities. This goal is expected to be reached during year four.

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.

During year 1, the program failed to reach some of its goals due to the delay in establishing the website, the patient portal, and online treatment modules. A plan was put in place during year 2 to resolve those issues; however, during year 2, a major discord occurred in the COFMC Behavioral Health department that resulted in a loss of staff and legal litigation. Therefore, the program went unattended to for a large portion of time. New staff was integrated in August 2013 and the level of work was changed for the new director to 50% to ensure grant and program compliance during year 3. During year 3, many of the programs' initial goals and objectives were met with the exception of meeting the original target goal of servicing 500 clients per year. Therefore, the program goal was reduced to 300 (approval was received by the grants administrator). In addition, the project has yet to reach the desired number of follow-ups; therefore this goal will extend into year 4.

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.

On July 30, 2014, a written request was made for a "No Cost Extension" allowing for project continuance for another year (through 2015). The request was approved on July 31, 2014.

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.)

For the next reporting period, there have not been any identified changes that will be requested.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Program Director	Amanda Lawhorn	50%
Program Coordinator	Lindsey Clark	100%
Program Assistant	Ashley Yerby	100%

Position Title	Incumbent Name	Percent Time
Data Entry Clark	Jennifer Cody	100%
Contract Therapist	Vacant	50%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Jennifer Cody, Data Entry Clerk	100%	May 2014	Addition

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

COFMC added the position of Data Entry Clerk at the rate of approximately 12 hours per week to assist with the collection of data and entering into GRPA. The position also provides back up assistance in conducting substance abuse assessments as ordered by COFMC medical providers. The addition of this position helped to ensure that data is entered in timely manner to help ensure that services provided are not under reported.

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

The program has stopped advertising for contract therapists and anticipates hiring a graduate intern upon graduation in May of 2015. After that time frame, that individual will be able to provide some services after beginning clinical supervision for licensure. To date, the program director is providing the majority of all substance abuse treatment offered by COFMC.

Partnerships

List each of the partner organizations.

Partner
Area IV Systems of Care

Partner
Department of Human Services (five surrounding counties)
Residential Care Facilities (partnered with three in different locations)

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

With regards to the current reporting period, no significant changes have occurred in the established working relationships. COFMC BH continues to increase its efforts to establish more community relationships and to be more active in community organizations.

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
Ongoing Continuing Education	Ongoing	3	Relias Online Training

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
Conference Calls		TA	JBS International	None

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

> No training or TA activities are presently planned for the next reporting period. This is subject to change contingent on program circumstances and/or need.

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: October 30, 2014

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	*Example: 10*	15	*150%*	*1300*	300	*23.07%*
6-Month Follow	*Example: 0*	0	*0%*	48	7	14%

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

> COFMC continues its efforts to recruit more clients; however, due to the rural location of the facility and client's lack of transportation and/or reliable communication, recruitment efforts are slow and have not met the expectations as outlined in the original grant proposal. During Year 3, COFMC did request a decrease in the target number of intakes from 500 to 300; however, due to a disruption in services that occurred during year 2, COFMC continues to have a hard time re-establishing itself as a substance abuse provider within the community. Outreach efforts continue and retention numbers are good (i.e., the number of clients whom continue to receive services from COFMC BH after their initial assessment/intake are high and remain ongoing with often co-occurring disorders being treated).

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.

The number of intakes reported on GRPA are actually less than what has been conducted. This is due time frame in which the interviews are conducted vs. when the information is set to be recorded in GRPA. During year 3, there were a few occurrences in which COFMC could not enter data into GRPA due to technical difficulties.

Evaluation

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

The program is currently utilizing treatment plan progress, consumer surveys, information gathered at treatment intakes, and treatment team meetings as the evaluation process. Previously, follow up information was not being collected due to the change in staffing and the loss of most of the treatment clients to another facility. However, follow up interviews are have been initiated and are a central goal of year 4.

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

No changes in the evaluation activities occurred for this period.

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.

Outside of GRPA, there are no findings to report. A treatment review is conducted for each individual client but a comprehensive data analysis has not been conducted on the clients as a collective whole outside of GRPA.

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.

Evaluations are not deemed effective or reliable at this time given that most of the clients involved with the project are new and services have been rendered for only a short time.

Discuss how evaluation findings were used to improve the project.

Information received from consumer surveys were utilized to determine what treatment materials, group topics, and method of delivery was to be offered.

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

No written evaluation reports were received during this period.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Report expenditures, not obligations. For instance, if you have a contract with an evaluator for $50, 000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since tile 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*: $690,193.00		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	$58,072.04	$326,457.76
Fringe		$750.00
Contracts	$9,516.64	$62,584.31
Equipment		
Supplies	$5,174.77	$18,087.08
Travel	$1,236.55	$16,446.43
Facilities		$8,000.00
Other		$8,000
Total direct expenditures	$74,000	$440,325.58

Indirect costs		
Total expenditures	$74,000	$440,325.58
Remaining balance		$249,867.42
*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.

> For the current reporting period, no notable project activities, events or other issues occurred.

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

> Presently, new policies and procedures are still being developed for the entire COFMC BH department. Upon finalization, a copy will be sent to the Grant's Program Officer.

Attach copies of any publications in professional journals or presentations about your project during the reporting period. Indicate if there have been no publications or presentations since the last reporting period.

> No publications or presentations about the project have occurred since the last reporting period.

LIST OF ATTACHMENTS

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

Attachment 1:

Attachment 2:

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: