

Human Service Center: Biannual Summary

1. Reporting Period: October 1, 2013 – March 31, 2014
2. RFA Number: TI023808
3. Project Director: Corey Campbell

Program at a Glance

What are the current technologies being utilized by the grantee?

Human Service Center's (HSC) Mobile Wellness and Recovery (MW&R) project uses (i) smart phone mobile applications, (ii) telephonic communication, and (iii) automated Internet-based computer programming to enhance in-person treatment and recovery options for adults with substance use disorders living in a rural 10-county region in central Illinois. Clients may access cognitive behavioral therapy (CBT) and recovery-based resources using any combination of modalities. HSC's Website is updated on a monthly basis.

Are there any notable changes this reporting period?

HSC is working to engage medical providers in their catchment area, but reports that provider engagement has been challenging and, consequently, client referrals are low. HSC recently hired a master-level clinician to work in a large primary outpatient facility. The program is also updating their marketing protocol to engage providers and clients in urban and rural centers. HSC proposed adding team members at the intake facility to boost client engagement efforts.

HSC noted that client enrollment is often delayed because engagement techniques (like motivational interviewing) may require several sessions before clients are ready to move forward. Additionally, clients involved in the criminal justice system are less likely to remain in care.

A large percentage of clients do not have access to the Internet or a smart phone, so HSC has adapted its protocols to account for these limitations.

The Sinnissippi Centers, Inc. (SCI) site was removed from the project in December, 2013. According to HSC, *"this was a planned departure as the agency had not provided a referral to the program in the prior 18 months and was no longer interested in being involved in the project."*

What are the grantee's GPRA rates?

	Target	Actual	Percent
Intakes (Baseline)	41	10	24%
6-Month Followup	107	63	59% *

* HHSC reported that they were unable to extract follow-up data specific to this reporting period.

They were only able to capture target (107) and actual (63) data over the life of the grant (59%).

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

As outlined in their grant application, HSC planned to enroll 120 individuals in year 1 and 165 in years 2 and 3 for a total of 450 clients. The program may have over-anticipated the number of clients they expected to serve when they originally set their goals.

HSC noted that GPRA follow-up rates decreased significantly as a result of losing participants who were involved in the criminal justice system.

HSC submitted an internal request on April 30, 2014 to provide staffing at its central intake facility to help recruit, engage, and retain clients in the program. HSC also plans to expand the program to other medical providers in the area.

HSC requested a no-cost extension to expand recruitment efforts at its OSF site.

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

Beyond the steps HSC has proposed taking, the program may need additional assistance with recruitment, engagement, and retention strategies to encourage providers and clients to participate in MW&R services.

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

HSC will likely not achieve their intake and follow-up goals unless providers generate an influx of referrals.