2014

Prestera TAC Project Outline and Evaluation Framework

Confidential

8/28/2014

“Evaluation of GPRA activities refers to assessments of program performance through the routine monitoring and analysis of data that explores changes in the performance measures. These analyses can also address specific questions posed by program managers about their programs. These types of evaluations are explicitly described and conducted within the GPRA framework.
On a rotating basis, program evaluations will be conducted to validate the performance data and to extend our understanding of the impacts of the activities on the adoption of best practices”.(GPRA)
CSAT’s GPRA STRATEGY

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Executive Summary

Prestera's Technology Assisted Care is a two pronged project which serves to address the behavioral health needs of rural, isolated and economically disadvantaged Appalachians by: 1- enhancing Prestera Center's Electronic Health Record System to include a Patient Portal and 2 - expanding Prestera's limited telemedicine capabilities to reach clients throughout the Center's 8 county catchment area. It is expected that at least 2,000 of Prestera Centers clients will access the Patient Portal over the 3-year life of the program. It is also expected that a minimum of 900 individuals will utilize the expanded telemedicine capabilities to manage their medications, access their care provider or receive specialty services which are otherwise unavailable to them.

Annual Report - Introduction

The Evaluation portion of the Technology Assisted Care (TAC) Project is being done by the Evaluation Team, in conjunction with Prestera IT personnel, Information Systems Director, and others who the grant administrators determine are necessary to meet the evaluation requirements spelled out in the grant, during the life of the grant project. This Annual Report is an overview of the past year of progress toward the grant outcomes and completion.

Overview of TAC Initiative

The first goal of TAC is to improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal. Through implementing a personal health record system (PHR), Prestera Center clients can access their specific behavioral health information, communicate with providers about their medications, set or adjust appointments, communicate with their provider regarding issues of concern, and access educational information that they need to cope with their illness.

The second goal is to improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients. By expanding the Center's existing telemedicine system, clients will obtain behavioral health treatment and specialty care without barriers such as transportation, lack of qualified provider, or stigma which may be inhibiting their access to care.

Outcomes will be shared among all Prestera Center providers engaged in the provision of care to clients through use of expanded telemedicine use, as measured by monthly utilization reports.

Program Goals& Objectives:

Goal 1 – TAC by implementation of Patient Portal

Goal 1	**To improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal.**
Through implementing a personal health record system (PHR), Prestera Center clients can access their specific behavioral health information, communicate with providers about their medications, set or adjust appointments, communicate with their provider regarding issues of concern, and access educational information that they need to cope with their illness.	
Objective 1-1: Promote wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site.	
Objective 1-2: Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.	
Objective 1-3: Increase treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Communication with provider and medication management will also be monitored.	
Objective 1-4: Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.	

Goal 2 – TAC through expansion of existing telemedicine system.

Goal 2	**To improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment**
By expanding Prestera Center's existing telemedicine system, clients will obtain behavioral health treatment and specialty care without barriers such as transportation, lack of qualified provider, or stigma which may be inhibiting their access to care.	
Objective 2-1: Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the three years of the program: 200 in Year 1, 300 in Year 2 and 400 in Year 3.	
Objective 2-2: Integrate the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use.	
Objective 2-3: Share outcomes among all Prestera Center providers engaged in providing care to clients through use of expanded telemedicine use, measured by monthly utilization reports discussed and documented during staff meetings.	
Objective 2-4: Improve health outcomes of clients, including those co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition measured by follow-up GPRA data collected.	

Project Outline and Evaluation Framework

The Sheba International evaluation team is in process of conducting all phases of the evaluation process using a multi-dimensional method (BERHIE, 2012) Formative, process and summative evaluation framework will be utilized. Based upon the results of quarterly evaluations, Sheba International will provide feedback and critical recommendations for changes that may be warranted to maximize successful outcomes.

▪ **Formative Evaluation** provides timely, useful, and actionable information about project planning via ongoing assessment of the implementation and progress measures so that Prestera Center can make programmatic adjustments as needed to enhance project success. Additionally, there will be a clear understanding among stakeholders of what needs to be done, when and how. This stage is crucial for the successful completion of the project.

▪ **Process/Monitoring Evaluation**During the Process Evaluation, the team will ensure the effectiveness, value, significance and replicability of results. Sheba international will continue to progressively monitor the data collection and performance improvements measures, and analyze the data for the purpose of reporting findings and conclusions in the form of monthly, quarterly, annual and final evaluation reports.

In order to provide accurate and reliable quarterly and annual reports, the evaluators need to ensure that each individual agency location is providing the data and information that are necessary for our successful performance. There may be occasions where it is necessary for evaluators to visit one or more agency site(s) to help facilitate the provision of necessary data elements. In addition to this, if Qualifacts is not currently providing certain information or content related to data stored in the EHR, the evaluators will have to have the means to communicate with Qualifacts regarding this.

▪ **Summative Evaluation**– has two key components: Outcome measures, consisting of costs, what was accomplished by the project, and all measurable outcomes of interest to the project; and, Impact – what effect did the project have on clients, society, etc. It will also be developed for the impact study in order to carefully measure the outcomes. To this end, Sheba International will design and carry out an assessmentof the model's outcomes and impact. The Multi-Dimensional Method Design will capitalize on the strengths and minimize the weaknesses of various types of data collection and analysis techniques to ensure that various stakeholders' perspectives are sought and to allow for triangulation of data.

Sheba International is responsible for developing and disseminating to key staff, quarterly rapid response summaries of Evaluation Findings and associated implications to be factored into the Prestera Center's model revision. This strategy, coupled with a minimum of quarterly meetings between Prestera Center project staff and the evaluator(s), recorded and transcribed to enable monitoring of data-based program decision-making, will help ensure that evaluation data are used to support continuous program improvement.

Finally, Prestera Center will require that Sheba International prepare formal ongoing, annual and final evaluation reports that summarize evaluation activities and findings for ongoing program use. The Sheba International Evaluation Team is committed to maintaining the integrity and confidentiality of the data at all times.

In the next sections Sheba presents a brief overviewof the grant progress and assesses the evaluation data for all process and outcome measures, including data submissions, summaries and reports requested by SAMHSA and key stakeholders for the project.

Section 1 - Formative Evaluation

The purpose of the formative evaluation is provide timely, useful, and actionable information about project planning via ongoing assessment of the implementation and progress measures so that Prestera Center can make programmatic adjustments as needed to enhance project success.

Implementation

Shortly after the TAC grant was awarded, PresteraImplemented “MyHealth Portal”, a secure, web-based Patient Portal linking clients to their electronic health record (EHR) through enhancement of Prestera’s existing QualifactsCareLogicEHR. This portal was implemented successfully in a timely manner, and has been made available to clients and their case workers.Further analyses in this second year will determine the effects of this Patient Portal on important treatment-related outcomes and identify additional enhancements needed to improve on this approach. Prestera also implemented the “OneHealth” portal as an online recovery community geared for recovery and wellness of clients; This portal is integrated into the Prestera company website.

Prestera implemented the LifeSlze UVC Clearsea/Multipoint bundle solution to improve access to care for people who live in remote areas or who, due to illness or mobility problems, can’t leave home. This enhances psychological services by allowing psychologists to support clients between visits. Medicare, Medicaid and other third-party reimbursement has been made available for psychologists who deliver such services via videoconferencing and follow specific guidelines. This solution includes the UVC 3300 server, 20 Clearsea ports and multiport conference pots, and this backend infrastructuresupports the deployment of iPads for use in these remote areas. This implementation has been accomplished in every county as stated in the grant application.

Prestera is strongly using the new TAC initiatives, but evaluators are waiting for the satisfaction data surveys regarding these initiatives.Upon their receipt, these surveys will be employed to determine whether clients find the expanded telemedicine and the Patient Portal easy to use, whether it leads to their providers having more accurate information about them, and it if will enable clients to feel more prepare for their forthcoming visits.

Data collection is beingmanaged through QualifactsCarelogic system; Prestera developed a TAAC program enrollment into their system adding the consumers served via Prestera’s telemedicine technologies. This allows the tracking and monitoring of TAC consumers progress. Initial test client information, test accounts, feedback and control changes to specific consumer records via the portal were instituted to ensure appropriate functionality prior to Go-Live Implementation date.

GPRA data is created on the Prestera's EHR as an electronic form to collect the data. This allows Prestera to run reports on the data collected within their native in addition to having access to data records and reports in the SAHMSA database. This information is directly uploaded into the SAHMSA GPRA database on a regular basis by Prestera IT personnel.

ImplementedEHRCharacteristics and Modifications

Hardware Description(Describe PHR – Web-based patient portal – Remote access – Video)

Hardware	Quantity	Specs	Cost per unit	Vendor	Installation location	Installation Date
Apple Ipad	10	32Gb w/WiFi	$609.90 includes shipping	PC Mall - best price on apple products.	Rt60 Huntington Pinecrest Lincoln county Wayne county Mason county 8th St Huntington Dunbar 511 Morris Clay county Boone county	By Nov 15, 2013
Stand and Mount components	10	Weighted caster carts, Ipad secure mount, and cable extension.	$297.37 plus shipping	TigerDirect - Preferred vendor	Rt60 Huntington Pinecrest Lincoln county Wayne county Mason county 8th St Huntington Dunbar 511 Morris Clay county Boone county	By Nov 15, 2013
D-Link Access Point	20	Plenum rated, dual band 802.11n	$226.48 plus shipping	TigerDirect - Preferred vendor	Rt60 Huntington Pinecrest Lincoln county Wayne county Mason county Putnam county 8th St Huntington Dunbar 511 Morris Clay county Boone county	By Nov 29, 2013
Lifesize UVC 3300 Server	1	Clearsea/multipoint server and maintenance	$8804.88 plus shipping	CDW-G - Preferred vendor for LIfesize equipment	RT60 Huntington	On November 4, 2013

Implemented Training

One of the most key components implemented has been the training of the staff. Prestera has provided information and training sessions to the clinicians specific to the TAC grant, requirements, and objectives. Training has also been provided to front desk personnel and users about how use the portal (sign the clients up, create accounts), input data, make data changes and run reports. Upon staff and personnel turnover, a distinct effort has been made to train all new staff to ensure continuity of knowledge and practice. Records of this training attendance and completion have been kept by Prestera.

Implemented Service plan

Intake for TAC clients is done within 3 days after the client enters the program. Clients also need a 6-month follow-up, and 12-month follow-up done with their case worker/clinician. If there have been repeated attempts at contact, and no client contact has been achieved for 30 days, then clients should be discharged.

Intakes

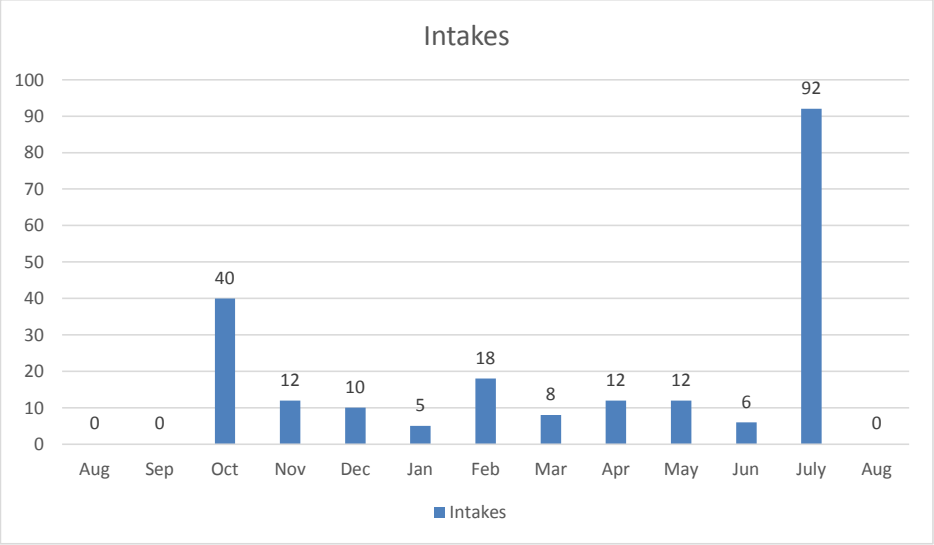

Figure 1

Historically across this first year of the TAC grant, the number of Intakes done in each month is highly variable (see Figure 1). Distinct effort should be made to ensure that the intakes are done in a timely manner to ensure client intake is counted in the month that they were accepted within the program. Additionally, if possible, number of client intakes and enrollment should ideally be balanced across months to make certain that each client is given an adequate and appropriate amount of attention given to each client during the intake process.

Follow-up Rate Report

Reporting Period	6-Month Follow-ups Due [1]	6-Month Follow-ups Received [2]	6-Month Follow-ups Rate
08/01/2013	87	42	48.3%

1 = The number of intakes for which 6-Month has passed.
2 = The number of completed 6-Month followup records to date.

Follow-ups with clients are crucial for the success of the TAC program. The 6-month Follow-up Rate is currently48.3%. We would definitely like to see an increase in this follow-up rate. It is possible that these 6-month follow-ups are being done by the staff, and yet have not been recorded within the system; this would be considered more of a data entry and/or staff training issue. Our recommendation would be to re-train staff, emphasizing the importance of a timely 6-month follow-up with each client, and a subsequent recording of that follow-up within the system.

Implemented Record Management and Collection of Additional Data

Prestera is currently keeping a record of each client's information in their QualifactsCareLogic system; Implementation of this record management has been successfully implemented.

Client information collected:

a. Initial diagnosis
b. Additional demographic data (Primary Language and Data Standard for Disability Status)
c. Daily treatment
d. Medication
e. After Care
f. Recovery Support
g. Other Treatment
h. Demographic data
i. Functioning
j. Stability in Housing
k. Employment & Education
l. Crime and Criminal Justice Status

m. Perception of care
n. Social connectedness
o. Reassessment status
p. Clinical discharge status
q. Service received.

SERVICE & QUALITY:

Prestera is currently keeping a record of each client's service information in their QualifactsCareLogic system, and is additionally tracking all client interaction with MyHealth and OneHealth Patient Portals. This tracking of service and quality has been successfully implemented by Prestera.

Service information collected:

a. Number of clients served
b. Number of clients "Sign in"
c. Number of Hits
d. Satisfaction level of the service
e. Increase technical assistance with high quality
f. Percentage of clients reporting change in abstinence at discharge
g. Right cost.

BEST PRACTICES

Prestera is currently keeping a record of best practices followed; tracking of these best practices has been successfully implemented by Prestera.

Best Practices information collected:

The number of individuals trained per year
The number of events held per year
Rate the quality of the events as good, very good, excellent
Shared any of the information from the events with others
Have used information from "Best Practice" to promote or effect change.

Section 2- Process Evaluation

Monitoring Data Collection

Through the implementation of the process evaluation check list (See Annexes 2 PROCESS EVALUATION CHECK LIST) Prestera and Sheba International Inc. will evaluate the quality of the data collected and report any gap refer to the data collection procedures,

technology, and information, including corrective and improvement actions. Sheba is working on reports evaluating the completion of all recorded information uploaded into SAMHSA online database which will include percentages of missing and "don't know" answers, which will be reflective of the staff/client interaction with and subsequent recording of client information.

Monitoring the Service

Based on EHR reports from Qualifacts, which have been uploaded to the SAHMSA online GPRA reporting portal, there have been the following progress toward goals and objectives.

Goal 1 - Objective Progress

Objective 1-1: Promote wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site.

Prestera Center is attempting to improve the service and connection with the clients. The illustration demonstrates that medical reviews, Prestera's patient portal (website) hits and the number of new user signups have increased since initiation of the program. (This data is the most recent received by the evaluator, and will be updated as soon as further information regarding MyHealth Portal is received.)

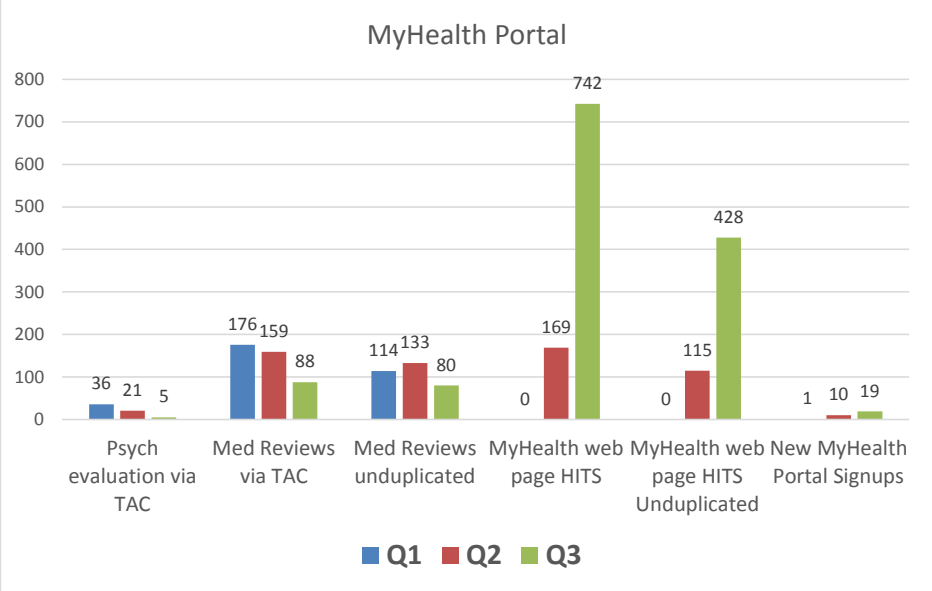

Figure 2

As shown in the above graph (Figure 2), there has been an increase overtime in New MyHealth Portal Signups. This is definitely encouraging, and is a positive indication of client

interest in their own health. The vast increase in web page hits is also indicative of the success in encouraging client investment in monitoring the MyHealth Patient portal. Prestera should be congratulated for these successes. However, when compared with the number of client intakes done, this number of New MyHealth Portal Signups seems low. We would recommend that clinicians and case workers make a concerted effort to encourage their clients to take an active role in their health and recovery process, making use of the information and tools made available to them through the MyHealth Patient Portal. We would additionally recommend that clinicians and/or case workers assist clients in signing up for this MyHealth Portal and show clients how to access and utilize the portal, thereby decreasing client hesitance and trepidation, and easing the potential learning curve for any technologically challenged clientele.

Additionally, there has been a decrease in Psych evaluations and Medical Reviews via TAC since the inception of the grant. This may be due to fewer clients needing psych evaluations and medical reviews in remote areas, but may also suggest that this functionality is not being used to full capacity. With Prestera following the recommendation of actively pursuing an increase in MyHealth Portal Signups for those clients located in more remote areas, this number of evaluations and medical reviews may also see some consequent growth.

Objective 1-2: Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.

The MyHealth Patient Portal has been made available to clients, and the vast increase in web page hits since grant inception is also indicative of the success in encouraging client investment in monitoring the MyHealth Patient portal. This investment in their own health supports client recovery and resiliency.Prestera should be congratulated for theirsuccess with these clients.

The OneHealth Portal is also desiged to support recover and resiliency, and has been much more successful. The following graph (Figure 3) shows the number of new members, their number of logins, and new communities, showing the progressive increase across the course of the grant to date. (This data is the most recent received by the evaluator, and will be updated as soon as further information regarding OneHealth Portal is received.)

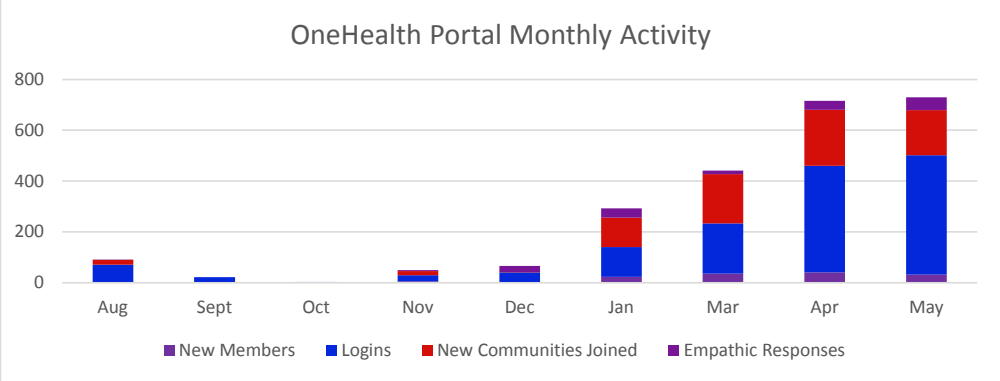

Figure 3

Objective 1-3: Increase treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Communication with provider and medication management will also be monitored.

Prestera data demonstrated a reduction in the the client no show rate from 22% to 20%, and an increase in attendance to appointments by 13%.

Objective 1-4: Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.

GPRA data shows that at the end of the first year, there has been a positive rate change of 28.6% in employment and education, a 7.1% positive rate change in housing stability, and a positive rate change of 100% in social connectedness.

Goal 2 - Objective Progress

Objective 2-1: Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the three years of the program: 200 in Year 1, 300 in Year 2 and 400 in Year 3.

The following chart (Figure 4) shows the number of client intakes across the course of each quarter in their first year.

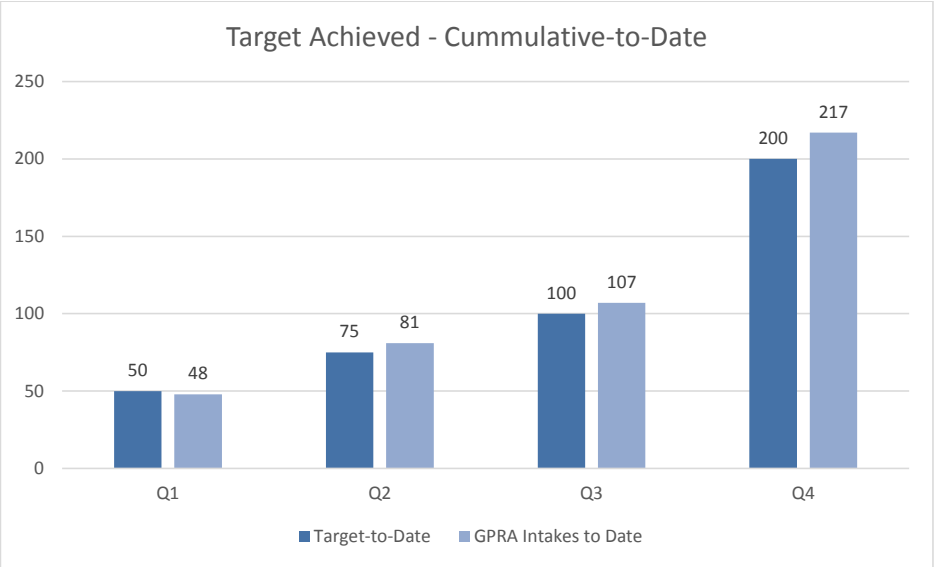

Figure 4

As shown by the above chart (Figure 4), Prestera is on task to accomplish their goal of 900 clients over the course of 3 years. The initial goal of 200 clients during the first year has been met; continual and progressive client intakes for the next year would be recommended with at least 75 new client intake during each quarter of the second year.

Objective 2-2: Integrate the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use.

Technology, portable equipment, and secure apps have been implemented and are in process of being integrated into client treatment. It is recommend that clinicians and case workers make a concerted effort to encourage clients to sign-up for the MyHealth Patient Portal, and have remote patients use the TAC for psychiatric evaluations and medication reviews.

Objective 2-3: Share outcomes among all Prestera Center providers engaged in providing care to clients through use of expanded telemedicine use, measured by monthly utilization reports discussed and documented during staff meetings.

Utilization reports have been created on a monthly basis; further evaluation and request of information pertinent to this objective is in progress.

Objective 2-4: Improve health outcomes of clients, including those co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition measured by follow-up GPRA data collected.

According to the active intake interviews entered into the system the following chart (Figure 5) shows the medical outcome of the clients served at intake as compared with 6 month follow-up. There are currently only 32 valid cases of clients with this information both at intake and 6 month follow-up. Out of these clients, we have seen the most significant improvement in the difficulty a client has in understanding, concentrating, or remembering. We have also seen a reduction in the number of clients who have attempted suicide. These are definite steps in a positive direction assisted by Prestera's efforts. Increasing the number of valid clients with a matched intake and 6-month follow-up may assist the outlook in some of these other Mental Health Outcomes. The evaluator's recommendation is that efforts be made to ensure that staff completely fill out mental health information at intake, and execute, fill out and record all mental health information for the 6-month follow-up.

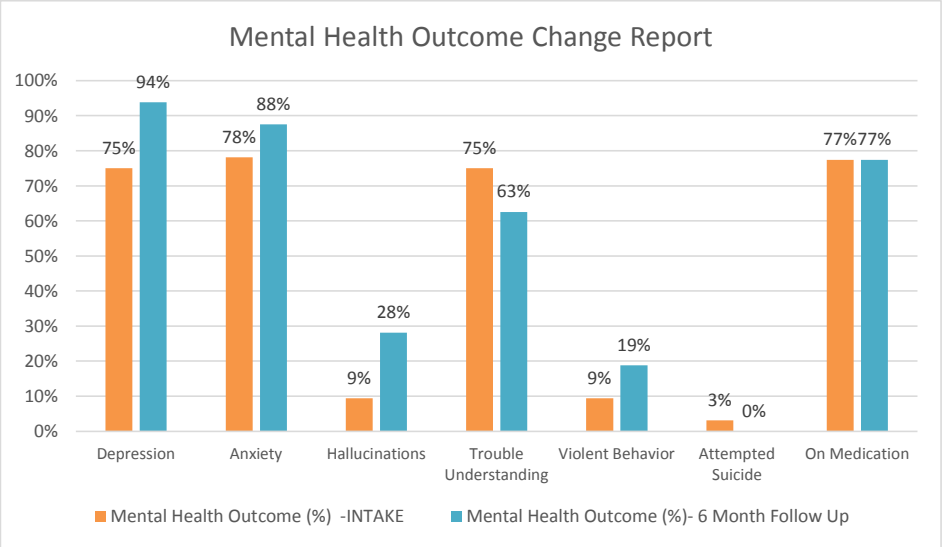

Figure 5

Monitoring Best Practices

Best practices monitoring primarily relied on training data, meeting minutes, internal/external memos and email communications and interviews that the evaluator team

will conduct to the clinicians, IT personnel, customer services personnel, the program coordinator, the clinical director and staff related with the project. Prestera is doing well at following best practices in these fields.

Section 3 - Summative Evaluation

This summative evaluation will be done upon completion of the third year of the grant. In this section Sheba International Inc. and Prestera will measure the outcomes, providing information about the real impact of the project and empirical based findings to support new systems changes, and improvement actions when indicated. (See Annexes 3 SUMMATIVE EVALAUTION CHECK LIST)

The summative evaluation will include a qualitative reports and a quantitative data analysis report. Sheba International, Inc. in collaboration with Prestera personnel will develop the qualitative report to demonstrate how the outcomes in best practices and sustainability had been achieved. In addition the evaluator team and Prestera will report quantitative data analysis to demonstrate how improve client treatment through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal and how improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment.

Conclusion

Upon review of this grant after the first year of its inception, we can see that significant progress is being made toward the grant outcomes. Continual efforts should be made to ensure consistent growth quarterly toward the goal of 900 clients served total over the three years. Additionally, these new clients added should be encouraged to sign up for the MyHealth Portal and monitor their health through the tools that have been made available, taking advantage of the Psych Evaluations and Medical Reviews via TAC.

Attachments

ADDENDUM 1 - FORMATIVE EVALUATION CHECK LIST

	Formative Evaluation Planning					
	Criteria		**Yes**	**No**	**Evidence/Observation**	**Follow up**
1.1	Counties to provide the service		✓		Review in each county infrastructure, management organization and medical or treatment services available, service providers.	
	Boone Cabell Clay Kanawha	Lincoln Mason Putnam Wayne				
1.2	Strategy 1 Enhancement of EHR functionality through the addition of a Client Portal (CP) and clients' access to a Personal Health Record (PHR): a. Developing a patient portal from which clients can actively participate in their care by having access to their personal healthcare information, b. Communicating with their behavioral health care provider, and c. Managing their own care from appointments to prescription refill requests		✓ ✓ ✓		Goal 1: To improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal. Prestera has to adapt the EHR to include PHR and the web-based PatientPortal, and providing remote access to caregivers, treatment professionals and medical staff through secure video teleconferencing.	

	Formative Evaluation Planning				
	Criteria	**Yes**	**No**	**Evidence/Observation**	**Follow up**
A	Promote wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to: a. Access services, b. Access information, and c. Access support measured by the types of hits made to the portal site	✓			
B	Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.	✓			
C	Increase treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Communication with provider and medication management will also be monitored.	✓			
D	Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.	✓			
1.3	Strategy 2: Enhancing access to behavioral health services through the expansion of telemedicine so that Prestera Center clients living in the remote areas of the service area receive the services they need at an accessible location by a provider capable of meeting their needs.	✓		Goal 2: To improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment.	
A	Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the three years of the program: 200 in Year 1, 300 in Year 2 and 400 in Year 3.	✓			

	Formative Evaluation Planning				
	Criteria	**Yes**	**No**	**Evidence/Observation**	**Follow up**
B	Integrate the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use.	✓			
C	Share outcomes among all Prestera Center providers engaged in providing care to clients through use of expanded telemedicine use, measured by monthly utilization reports discussed and documented during staff meetings.	✓			
D	Improve health outcomes of clients, including those co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition measured by follow-up GPRA data collected.	✓			
1.4	Management changes or improvements 1. Workflow 2. Partnerships 3. Training : "Essential Learning" 4. Additional Staff / consultants / suppliers	✓			
1.5	Legal Issues	✓		List of legal requirements applied to this project.	
1.6	DATA COLLECTION AND PERFORMANCE MEASUREMENT				
A	Training in GPRA instruments	✓			

	Formative Evaluation Planning				
	Criteria	**Yes**	**No**	**Evidence/Observation**	**Follow up**
B	**Data Collection Procedures, Proposed Measures and Variables:**				

	1. Baseline and Inputs, including EHR & PHR of entering participant (patient) characteristics, context, and the resources available. 2. Program Interventions, Patient follow up at 6-months and Patient discharge (30 days after no contact with the TAC program). **The evaluation primarily relies upon Prestera Center documents, data and records, through their certified EHR system to manage clinical information, using the CSAT GPRA instrument.** 1. PRESTERA documents, data and records for clients in the catchment area (8 counties): a. Demographic data b. Patient Data: Initial diagnosis and treatment - Daily treatment - After care - Recovery support and other treatment services c. Functioning d. Stability in Housing. e. Employment & Education f. Crime and Criminal Justice Status g. Perception of care: Satisfaction level of the service h. Social connectedness i. Reassessment status j. Clinical discharge status: Percentage of clients reporting change in abstinence at discharge k. Service Received l. Number of clients served	✓ ✓ ✓			

	Formative Evaluation Planning				
	Criteria	**Yes**	**No**	**Evidence/Observation**	**Follow up**
1.7	**Benefit-Cost Comparisons**		✓	There are costs associated with what each of the service providers do and in each aspect of project implementation, data	

				gathering, etc. It is therefore important that we consider these costs when determining what indicators we should include in the evaluation (e.g., counting how much time a psychiatrist spends doing A, B, or C with a patient); also, what instruments are already being used to collect project-specific data? What needs to be added or developed, etc.	

Keys to follow up : ((KELLOGG FOUNDATION, 2004)**)**

A. The majority of Prestera Center's clients fall between the ages of 25-44 (51%)
B. 80% of the clients served by Prestera Center receive either Medicaid or Charity Care for their behavioral health services
C. The focus of TAC will be on clients in the more remote portions of the service area, paying particular attention to the 1442 clients who have been identified as having a co-occurring substance use (that results in high risk for hepatitis) and bi-polar disorder, (a serious mental illness characterized by unstable mood, erratic and risky behavior and a high risk/degree of non-compliance with medical treatment).
D. Current infrastructure as a baseline for improvement: Qualifacts - Videoconferencing and telepsychiatry - "OneHealth" –Clinical trial – The partners in health Network.
E. Legal issues State law and 42 CFR part 2. (Consent treatment)
F. We will evaluate the impact of the project based in the following Criteria's:
    a. Implementation of a HIPAA compliant patient portal serves to enhance services by:

● facilitating the use of technology to promote, educate, monitor, and assist service recipients and persons in recovery to self-direct, manage their health goals and succeed;
● promoting quality services throughout Prestera's service area;
● improving engagement and adherence to treatment or treatment compliance;
● generating improvement in client outcomes, andincreasing client satisfaction with Prestera Center's service delivery system.

Expansion of Prestera Center's current secure, HIPAA compliant telemedicine system serves to improve services by:
● removing barriers to treatment (i.e. transportation, stigma treatment disparity), for the rural, medically underserved population located in some of the most remote areas of the state.
● improving access to care by being able to electronically connect clients in the rural areas of the state with clinicians or specialty providers at various Prestera Center sites.
● integrating care provided through the technology expansion into the clients' EHR; client has access to their records through the patient portal which will improve treatment adherence and individual client outcomes.
● providing additional billing opportunities through telemedicine which will assist in defraying the cost of maintaining the patient portal and expanded portable telemedicine after the three-years of funding has ended.

Ultimately, achievement of the goals will improve patient outcomes and position Prestera Center to become a health home (if West Virginia's State Plan Amendment is approved) and will facilitate full implementation of the ACA.

G. Performance assessment evaluation
- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- Responses to the process questions below will also be addressed:
- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

Source: Prestera Center Technology Assisted Care (TAC) grant proposal.

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE	
Formative Evaluation	
Sheba International Inc. will evaluate how Prestera includes CLAS into the EHR and the service	
1	**Does Prestera identify the population with:**
a.	**Diverse cultural Health Beliefs (describe the customer profile)?** Prestera's staff are culturally diverse. The Center's serves the most urban and the most rural areas of the State and the Center's practice is to make every effort to hire staff that represent the cultures being served. Characteristics of Appalachian culture include a "clannish" sense of membership and loyalty to extended family members, strong work ethic, strong ties to the land and a tendency to stay in one place, a strong sense of family and independence, a commitment that your word is your bond and there is no need for complicated written agreements, fundamentalist religions, and a desire to help themselves and one another without help from outsiders. Appalachian culture also has it's own music, dance, food and language. For additional information on the Appalachian culture, see "Culturally Appropriate Counseling and Human Services in Appalachia: The Need and How to Address It" white paper at http://counselingoutfitters.com/Ambrose.htm.
b.	**Diverse cultural health practices (describe the customer profile)?** The demographic profile for Prestera Center is estimated at over a half of a million people: 530,535, according to the 2013 US Census (see www.census.gov). The entire state of West Virginia's census is estimated at 1,854,304 (see www.census.gov). For the region, around 6 percent are under five years old; roughly 20% are under eighteen years old; and about 17% are age 65 and older. Eighty-nine percent of people living in the region report they are Caucasian, 7.5% identify as Black, 1.1% are Asian; 2.1% are 2 or more races and 1.1% are

	Hispanic or Latino. Around 2% of households report they speak primarily a language other than English. Between 69% (Clay County) and 87%(Kanawha County) have graduated High School. Eight percent of those in Lincoln, Clay and Logan Counties and 24% of those in Kanawha County have completed a Bachelor's Degree or higher. The median household income varies highly from county to county. In Kanawha County, according to the 2013 census estimates, median household income is $45,642 per year with 14.2% of households falling below the poverty level, while in Clay County, median household income is more than $10,000 less per year at $33,165 and 26.3% of households or one quarter of all households fall below the poverty level, all according to www.census.gov. The West Virginia Department of Education estimates the illiteracy rate ranges from 29% of adults in Clay and Mingo Counties to 14% of adults in Putnam County (see http://wvde.state.wv.us/abe/literacyestimates.htm). More than 6% of adults in Region 5 suffer from a serious mental illness(see county and regional profiles atwww.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/2014-County-Profiles.aspx).
c.	**Diverse of Languages and ability to understand English fluently (list the languages and the number of customer)?** The Center assesses primary language as part of the intake process. The primary language spoken by Center consumers is English, given that the primary culture is Appalachian. The two more urban areas are comprised or more culturally diverse populations, but English is the primary language spoken. There are three universities within Prestera's region. Should the need arise for languages other than English, the Center can draw on these universities, and can also contract for linguistic services through a number of vendors. The Center does employ with bi-lingual staff.
d.	**Health Literacy (define three literacy levels such as High: It is a person who understand a diagnosis and treatment instructions; and follow medical instructions. Low: It is a person who does not understand a diagnosis and treatment instructions; and do not follow medical instructions. Basic: It is a person who does not understand a diagnosis and treatment instructions; follow medical instructions and make questions.)?** Health literacy of the consumers served is diverse across the three literacy levels. A significant portion of our outpatients have moderate to high health literacy. The Center has a number of clients in its residential or supported living environments with low literacy. These individuals are fully supported by the Center staff.
2	**Does Prestera develop a CLAS Policy?** Prestera has a formalized Cultural and Linguistic Competency Plan and associated policies.
3	**Does Prestera develop specific procedures to attend CLAS customers?** Yes
4	**Does Prestera develop specific training plan and support to attend satisfactory CLAS customers?** All Prestera staff receive training on cultural and linguistic competency.

Comment [TB1]: Kim, will the reviewers have access to the county and regional profiles your reference here?

ADDENDUM 2 - PROCESS EVALUATION CHECK LIST

GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)
CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS
Evaluator Guide

	1. Section Service : General Overview				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
1.1	The provider completes the GPRA Intake/baseline for all the participants within 3 (for residential)/4(for nonresidential)/2-5 (for RCSP) days after the client enters the program?	✓		61CLIENTS 122%	
1.2	The provider completes the 3-months post-GPRA intake form? (required only for adolescent programs and some CSAT-designated programs)		✓		
1.3	The provider completes the 6-months post-GPRA intake form?	✓			
1.4	The provider completes the discharge forms 30 days after the client has had no contact with the program?	✓			
1.5	The provider follows the interview protocol and technique?	✓			

Guidelines:

- Review 100% of the clients
- If the program have more than 100 users do a random selection with minimum (50% +10) of the clients
- "For Screening, brief intervention. Referral, an treatment (SBIRT) Grants Only: Brief Treatment (BT) and Referral to treatment (RT) services are required to complete the GPRA sections as described above. Brief Intervention (BI) services are required to complete only Sections A and B at GPRA baseline/intake; sections A,B and I at follow-up and sections A, B, J, and K at discharge".
- Attend some interviews and verify how the provider follows the GPRA guide (pag.5)
- The window period for Follow-up interviews is one month after the (3 or 6 month) anniversary date. Those programs designated by CSAT as homeless programs are allowed a window period of two months before and two months after the 6-month follow-up anniversary date. The target follow up is 100% and minimum 80%. (pag. 6)

	2. Section Service : Record Management				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
2.1	Each client has an ID?	✓			
2.2	The Client ID for screening, Brief Intervention, Referral and Treatment (SBIRT) was assigned?	✓			
2.3	Are the clients identifying by category? Treatment client /Client in recovery	✓			
2.4	The provider identifies and completes the planned services?	✓			
2.5	a. by modality b. by treatment services c. by case management services d. by medical services e. by After care services f. by Education services g. by Peer-to-peer recovery support services				
2.6	The provider collects demographics data?	✓			
Guidelines: o Cliente ID Pag. 8 o Plammed services Pg 12 to 16 o Demographic data (pag 17 to 27)					

	3. Section Service : Drug and Alcohol Use				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
3.1	Does the program measure alcohol and other drug use in the past 30 days?				
3.2	Does the program record information about the client's recent alcohol and illegal substance use?	✓			
3.3	Does the program record the number of days in the last 30 that the client reported any use at all of a particular substance?	✓			
3.4	Does the program record information about the typical way in which the client administers the illegal drugs he/she uses?	✓			
3.5	Does the program record information about the client's recent illegal injection				

	behavior and record the client's response, even if there is evidence to the contrary?	✓			
3.6	Does the program record information about HIV/AIDS and other infectious disease risks associated with injection behavior in the past 30 days?	✓			
3.7	Verify Cross-Check items	✓			

Guidelines:

- Drug and Alcohol Use (Pg 29 – 35).
- B1a Any alcohol—Beer, wine, liquor, grain alcohol.
- B1b1 Alcohol to intoxication (5+ drinks in one sitting)—Refers to the client drinking five or more drinks in one sitting or within a brief period of approximately 1 to 2 hours. If a client reports drinking five or more drinks in one sitting or within a brief period and denies feeling the effects of the alcohol you should still count as alcohol to intoxication.
- B1b2 Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)—If the client drinks four or fewer drinks in one sitting and feels the effects of alcohol (i.e., getting a "buzz," "high," or drunk), it counts as alcohol to intoxication. If the client reports drinking four or fewer drinks in one sitting and not feeling the effects of alcohol, do not count it here. Illegal drugs—Unprescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of illegal drugs in item B1c, and coded under the appropriate generic category in item B2. Additionally, misuse of over-the-counter medications to get high should be counted as use of illegal drugs in question B1c and marked as "other" and specified under B2i. Misuse of over-the-counter products (rubber cement, aerosols, gasoline, etc.) which are sniffed, huffed, or otherwise inhaled to get high should be counted as use of illegal drugs in item B1c and coded under inhalants in B2h.

- Use of marijuana, whether prescribed or not, should be counted as the use of illegal drugs in item B1c and counted in item B2b. (Federal law does not recognize use of prescribed marijuana.) Marinol, which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner. Use of nicotine (i.e., cigarettes, cigars, chewing tobacco, snuff) by clients under the age of 18 years should be counted as the use of illegal drugs in item B1c, and counted as other illegal drugs in item B2i.
- B1d Both alcohol and drugs (on the same day)—Refers to the client using any alcohol and any illegal drugs on the same day.

- A drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor. (Retrieved April 10, 2006, from http://pathwayscourses.samhsa.gov/aaac/aaac_2_pg2.htm)

	4. Section Service : Family and Living Conditions				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
4.1	Does the program record information about the client's living situation in the past 30 days?	✓			
4.2	Does the program record the client's				

	feelings about how stressful things have been for them in the past 30 days, due to drug or alcohol problems?	✓			
4.3	Does the program keep record to determine if the client's use of alcohol or other drugs has caused him/her to reduce or give up important activities during the past 30 days?	✓			
4.4	Does the program keep record to determine if the client's use of alcohol or other drugs has caused him/her to have emotional problems during the past 30 days?	✓			
4.5	Does the program keep record to determine whether a client is currently pregnant?	✓			
4.6	Does the program record whether the client has any children, regardless of whether the children live with the client or not. Include all children except children for whom the client has never had legal custody or has never been legally responsible?	✓			
4.7	Does the program record the number of children the client has, even if they are not living with the client. Include all children except children for whom the client has never had legal custody or has never been legally responsible?	✓			
4.8	Does the program keep record to determine whether any of the client's children are living with someone else due to a protection court order? - *This would not include children who are living elsewhere due to any other reasons (including adoption [if voluntary surrender], family disputes, personal decision, voluntary surrender of parental rights, etc.)*	✓			
4.9	Does the program keep record to determine how many of the client's children are currently living with someone else due to a protection court order?	✓			
4.10	Does the program keep record to determine for how many children the client currently does not have parental				

	rights? - *This number should include all children for whom parental rights have been revoked by a formal court order (not voluntary surrender). If a client voluntarily gives up his/her child for adoption, that is not counted here. This includes all children, regardless of the child's age*	✓			
4.11	Verify Cross-Check items				

Guidelines:

- Family and Living Conditions (Pg 36 –44).
- Shelter—Count safe havens, transitional living centers [TLC], low demand facilities, reception centers, and other temporary day or evening facilities.
- Street/outdoors—Count living in cars, vans, or trucks as "street."
- Institution—Count hospitalization, incarceration, and correctional boot camp (especially for adolescents) as "institution."
- Housed—Count living in group homes, trailers, hotels, dorms, or barracks as "housed" and check appropriate subcategory. Probe clients if they indicate "group homes" to determine if it should be counted as a halfway house or residential treatment. Probe clients if they are living in dormitory/college residence.
- Own/rent apartment, room, or house—Count living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer.
- Someone else's apartment, room, or house—Count living in the home of a parent, relative, friend, or guardian, "couch surfing," and foster home. Adolescents living at home should be coded here if they are not paying a standard rental rate to the homeowner.
- Dormitory/college residence—Count living in a college or dormitory.
- Halfway house—Count living in a three-quarter house.
- Residential treatment—Count living in a residential facility that provides on-site structured therapeutic and supportive services.
- If the client has children, whether or not the children live with the client, the answer to this question should be "yes." This question does not include:
  - Children for whom the client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the grandparent).
  - Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor's children).
  - Foster children.

  However, this question does include:
  - Adult children of any age.
  - Adopted children.
  - Stepchildren for whom the client is legally responsible.
  - Deceased children

	5. Section Service : Education, Employment and Income				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
5.1	Does the program keep record to determine whether the client is currently	✓			

	involved in any educational or job training program? Full or Part Time?				
5.2	Does the program record basic information about the client's formal education? Never attended school # of grades completed College or university/# of years completed Bachelor's degree Voc/tech diploma	✓			
5.3	Does the program determine the client's current employment status?- Focus on the status during most of the previous week to determine whether the client worked at all or had a regular job but was off work. - Only legal employment -	✓			
5.4	Does the program record the amount of money received by the client in the last 30 days? - Do not count money earned by a spouse or other members of the household, only money earned by the client -	✓			
5.5	Verify Cross-Check items				

Guidelines:

- Education, Employment an Income (Pg 45 –50).
- Determining level for those who dropped out of school—If the client dropped out of high school in the middle of his/her junior year (11th grade), and he/she has not completed any other education programs, you would enter 10 as the highest level of education completed.
- Continued education following dropping out—Whether or not the client received a regular high school diploma or general equivalency diploma (GED) if he/she completed additional years in school, select the response associated with the highest year in school completed.
- Distance learning—If the client completed additional years of education via distance learning probe to obtain the grade level or year of distance learning completed.
- Wages—Money earned through legal full- or part-time employment. Payments made "under the table" to avoid wage garnishments, taxes, etc., if earned legally would be counted here, even if work is performed within a family business.
- Public assistance—Money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers;transportation money; or any other source of social, general, or emergency assistance funds. Additionally, money made from work fair or other programs within which clients work for assistance money should be recorded here.
- Retirement—Money received from 401K plans, Social Security, military retirement, or pensions.
- Disability—Money received from Supplemental Security Income, Social Security Disability, worker's compensation, or veteran disability payments.
- Non legal income—Count as non legal income any money received from illegal activities, such as drug dealing, stealing, fencing or selling stolen goods, panhandling (if banned), illicit gambling, or illegal prostitution. If a client has received drugs in exchange for illegal activity, do not convert to a dollar

amount.
- Family and/or friends—Count allowance and monetary gifts.
- Other—Money received legally from any other sources such as trust fund payments, recycling, gambling if from legal sources (lottery payments, casinos, etc.), alimony, child support, tribal per capita funds, death benefits, and stock options.

	6. Section Service : Crime and Criminal Justice Status				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
6.1	Does the program keep record to determine how many times the client has been formally arrested and official charges were filed in the last 30 days?- These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. When dealing with juvenile clients (those under age 18 years in most states) this information may be sealed.-	✓			
6.2	Does the program keep record to determine how many of the client's arrests have been related only to drugs? - Count the number of times the client has been arrested for a drug-related offense -	✓			
6.3	Does the program record information about whether the client has spent time in jail/prison in the last 30 days? - Count the number of nights that the client has spent in jail/prison -	✓			
6.4	Does the program record the number of times the client has committed a crime in the past 30 days, even if he/she was not arrested for any of the crimes committed?	✓			
6.5	Does the program record whether the client is currently awaiting some resolution for an arrest or crime for which he/she has been charged?	✓			
6.6	Does the program record whether the client is currently on parole or probation?	✓			
6.7	Verify Cross-Check items				

Guidelines:
- Crime and Criminal Justice Status (Pg 51 –55).
- Check WV laws about juvenile justice arrests.
- Drug-related offense—Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving

	while intoxicated; and public intoxication.				
	7. Section Service : Mental and Physical Health Problems and Treatment/ Recovery				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
7.1	Is the program measuring how the client rate his/her overall health?				
7.2	Does the program keep records to determine if the client received any inpatient treatment? a. Physical complaint b. Mental or emotional difficulties c. Alcohol or substance abuse (If Yes, How many **days**?)	✓			
7.3	Does the program keep records to determine if the client received any outpatient treatment? a .Physical complaint b. Mental or emotional difficulties c. Alcohol or substance abuse (If Yes, How many **times**?)	✓			
7.4	Does the program keep records to determine if the past 30 days, the client engages in sexual activity? (If Yes, altogether How many sexual contacts (Vaginal, oral, or anal?) (If Yes, altogether How many unprotected sexual contacts?) (If Yes, altogether, how many unprotected sexual contacts were with an individual who is or was: 1. HIV positive or has aids 2. An injection drug user 3. High on some substance?)	✓			
7.5	Verify Cross-Check Items				
7.6	Does the program keep records to determine whether the client has ever been tested for HIV? (If Yes, determine whether the client is aware of the results from his/her HIV test. Yes—Client indicates that he/she knows the results of HIV testing. No—Client indicates that he/she does not know the results of HIV testing.				

	If the client refuses to answer, "refused" should be written on the tool under the response categories)				
7.7	Does the program keep records and procedures to determine if in the past 30 days, (not due to your use of alcohol or drugs) how many days have the client: a. Experienced serious depression b. Experienced serious anxiety or tension c. Experienced hallucinations d. Experienced trouble understanding, concentrating, or remembering e. Experienced trouble controlling violent behavior f. Attempted suicide g. Been prescribed medication for psychological/emotional problem (If yes, how much have the client been bothered by these psychological or emotional problems in the past 30 days?)				
7.8	Does the program keep records and procedures to determine whether the client has ever experienced or witnessed violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief). (If Yes, a. The violence or trauma mentioned has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, whether these feelings led the client **to have nightmares or thoughts about them that were unwanted**? b. The violence or trauma mentioned has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings caused the client **to try hard not to think about them or to go out of his**				

	or her way to avoid situations that remind the client of the experiences? c. The violence or trauma related has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings caused the client **to be constantly on guard, watchful, or easily startled**? d. The violence or trauma mentioned has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings have caused the client **to feel numb or detached from others, activities, or his or her surroundings**?				
7.9	Does the program keep records and procedures to determine if the client has ever been hit, kicked, slapped, or otherwise physically hurt in the past 30 days? (If Yes, how often?)				

Guidelines:

- Mental and Physical Health Problems and Treatment/Recovery (Pg 56 –71).
- Sexual activity: **Not permitted to ask**—In cases where the project staff cannot ask this question of a client (i.e., the state or program does not permit sexual activity questions to be asked of an adolescent client), enter "not permitted to ask" as the response option. Projects that serve adolescents are not automatically excused from asking this question. In fact, many programs ask this question of all of their clients. If you are unsure, please speak with your grant's Project Director. Note: Refusing to ask the questions because it may be embarrassing to the client is not a reason for not asking the question.

	8. Section Service : Social Connectedness				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
8.1	Does the program keep records and procedures to measure whether clients have attended nonprofessional, peer-oriented self-help groups to assist in their recovery during the past 30 days?				
8.2	Does the program keep records and procedures to record whether, in the past 30 days, the client has attended any self-help groups or recovery groups that				

	are religious/faith-based and are focused on recovery?				
8.3	Does the program keep records and procedures to record whether the client has attended any meetings, activities, or events that support recovery, or self-help/recovery groups that were run or sponsored by an organization that is not focused on recovery in the past 30 days?				
8.4	Does the program keep records and procedures to measure whether clients have a social support network outside of a treatment or recovery support network?				
8.5	Does the program keep records and procedures to determine to whom the client most commonly turns when he or she is having trouble?				
Guidelines: o Social Connectedness (Pg 72 –76).					

	9. Section Service : Follow-up Status				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
9.1	Is the program documenting the client's status at the 6-month (and if required, 3-month) follow-up time point and the project's effort to complete the interview?				
9.2	Is the program recording whether CSAT-funded services are ongoing for the client at PRESTERA at the time of the follow-up interview?				

Guidelines:

- Follow-up status (Pg 77 –79).
- This section pertains to the client's status at the 3- or 6-month follow-up interview. This information is only completed at follow-up, and is **reported by the program staff without asking the client.**

	10. Section Service : Discharge Status				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
10.1	Does the program determine and record when the client was discharged from the treatment program, whether the discharge was voluntary or involuntary? (Verify date the client was discharged, not the date of the discharge interview)	✓			
10.2	Does the program determine the client's discharge status?	✓			
10.3	Does the program record whether or not the client was tested by this CSAT-funded program for HIV?				
10.4	Does the program record whether or not the program referred this client for HIV testing?				

Guidelines:

- Discharge status (Pg 80 –83).
- The information in this section pertains to the client's discharge status. This information is only completed at discharge. It is not asked of the client, but should be **filled in by the project staff.**

	11. Section Service : Services Received				
	Requirement	**Yes**	**No**	**Evidence/Observation**	**Follow up**
	Verify if the program establish records of the number of DAYS of services provided during the client's course of treatment/recovery.	✓			
	Treatment services : Number of sessions provided a. Screening b. Brief Intervention c. Brief Treatment d. Referral to treatment e. Assessment f. Treatment/recovery planning g. Individual counseling h. Group counseling i. Family/marriage counseling j. Co-occurring treatment/recovery services k. Pharmacological interventions l. HIV/AIDS Counseling m. Other Clinical services				
	Case Management Services a. Family services b. Child care c. Employment services d. Individual services coordination e. Transportation f. HIV/AIDS service g. Supportive Transitional Drug-free Housing services h. Other care management services				
	Medical Services a. Medical care b. Alcohol/Drug testing c. HIV/AIDS Medical support & Testing d. Other medical services				
	After Care Services a. Continuing care b. Relapse prevention c. Recovery coaching d. Self-help and support groups e. Spiritual support f. Other after care services				
	Education Services a. Substance abuse education				

	b. HIV/AIDS Education c. Other education services				
	Peer-to peer recovery support services a. Peer coaching or mentoring b. Housing support c. Alcohol and drugs free social activities d. Information and referral e. Other peer to peer recovery support services				

Guidelines:

- Services Received (Pg 84 –89).
- Identify the number of days and sessions of service provided to the client during the course of treatment. Services recorded in this section should only include those funded by this CSAT grant. The number of days refers to the number of days that the client is enrolled in the program. This information is not asked of the client, but filled in by program staff. (Count total number of days of intake to the date of discharge.)

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE	
Process Evaluation	
Sheba International Inc. will evaluate how Prestera implement CLAS into the EHR and the service	
1	**Does Prestera communicate and implement the CLAS policy? yes**
2	**Does Prestera implement CLAS Procedures including: Communication, Language Assistance and others? yes**
3	**Does Prestera implement and evaluate the quality of the training? yes**
4	**Does Prestera evaluate continuously the service and implement corrective and improvement actions? yes**
5	**Does Prestera keep records of the service in the EHR system? Evaluation of CLAS is done externally from the EHR.**

ADDENDUM 3 - SUMMATIVE EVALUATION CHECK LIST

Goal 1	**To improve client treatment outcomes through the use of technology assisted care by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA /HITECH compliant Patient Portal.**		
Objective	Criteria	Evidence / Observation	Follow up / Conclusion
1-1	Promote wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site.		
1-2	Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.		
1-3	Increase treatment compliance as evidenced by a reduced no show rate from the current 22% to 12%; and by a minimum of 60% attendance to appointments. Communication with provider and medication management will also be monitored.		
1-4	Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition.		

Goal 2	**To improve client treatment outcomes through the expansion of Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment**		
Objective	Criteria	Evidence / Observation	Follow up / Conclusion
2-1	Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the three years of the program: 200 in Year 1, 300 in Year 2 and 400		

	in Year 3.		
2-2	Integrate the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence. Prestera Center's certified electronic behavioral healthcare system (EHR), CareLogic by Qualifacts, will support the Patient Portal and will be used to document telemedicine use.		
2-3	Share outcomes among all Prestera Center providers engaged in providing care to clients through use of expanded telemedicine use, measured by monthly utilization reports discussed and documented during staff meetings		
2-4	Improve health outcomes of clients, including those co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their condition measured by follow-up GPRA data collected.		
CLAS	Does Prestera provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs		