

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

**RFA #**

**CSAT BIENNIAL PROGRAMMATIC REPORT**

**Program Reporting Period: 2/1/2014 –**

**7/31/14**

### **Instructions for Completing this Report**

1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to:  
[granteereports@jbsinternational.com](mailto:granteereports@jbsinternational.com)
5. Save the confirmation receipt of your submission.

**TCE-Technology Assisted Care (TAC)  
SAMHSA/CSAT  
1 Choke Cherry Road, Room 5-1055  
Rockville, MD 20850**

1. Reporting Period: 2/1/14-7/31/14
2. RFA #: 1H79TI024740-10
3. Grantee: Community Health Center, Inc
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Community Health Center, inc	675 Main Street Middletown, CT 06457	Kasey Harding	860-347-6971 X3914

5. Project Director: Kasey Harding
6. Evaluator: Ianita Zlateva
7. Evaluator Phone/Email: 860-347-6971 X 3754
8. Signature \_\_\_\_\_

Project Director Signature                      Date

9. List any changes in key staff contact information here: None

Staff Member	Add/Loss	Effective Date	Email	Phone



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## BACKGROUND

Provide the abstract from your grant application. Specify all technologies being used in the project and any changes from the initial application.

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## 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.

<p><b>Goal:</b> To utilize novel videoconferencing technology to help educate, train, guide, and support providers in BMT thereby increasing access and access points for patients in all communities served by CHCI</p>
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<p><b>Status:</b> CHCI currently has 10 primary care providers participating in Project ECHO BMT and 4 faculty providers who are responsible for the recommendations and guidance of providers. In total the providers are currently prescribing Buprenorphine to 347 patients across 12 sites. TEACH BMT has become a main recruitment tool for CHCI to ensure a revolving number of providers who are participating in Project ECHO.</p>
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<p><b>Goal:</b> To design and implement an innovative program which integrates BMT with primary care, behavioral health and wrap-around support services. Patients who participate in CHCI's program will improve their treatment outcomes related to both their substance abuse as well as their primary health care.</p>
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<p><b>Status:</b> CHCI is in the process of continuously enrolling patients in care for BMT with an emphasis on providing comprehensive care to all patients including primary care, mental health care and other services such as nutrition, podiatry and dental services. All patients currently enrolled in BMT have been screened for chronic health conditions and the need for referrals to other specialties. CHCI is monitoring all BMT patients for other health needs and collecting information on SA success but also improvements in overall health. Patients who are prescribed Buprenorphine by the PCP generally have better outcomes than their counterparts who are prescribed opiate replacement therapy outside of primary care.</p>
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**Goal:** To engage in a unique multidisciplinary model of substance abuse care through the participation of a comprehensive healthcare team consisting of not only the buprenorphine-prescribing medical provider but also the nurse, medical assistant, and behavioral health specialists involved in the patients' care in an effort to increase the agency-wide understanding of and reduce stigma surrounding BMT

**Status:** CHCI has a faculty made up of providers from all disciplines of care with relationship to BMT. There are primary care providers, BH specialists, nurses, medical assistants and case managers all with experience in treating and dealing with the population served by our TEACH BMT grant. The providers who participate in Project ECHO attend the sessions as a team with nurses, medical assistants and other staff to ensure that all members of the interdisciplinary team have the opportunity to learn and get recommendations from the faculty.

**Goal:** To provide wrap-around support services to patients who participate in BMT at CHCI in an effort to assist them in remaining engaged in care

**Status:** CHCI is striving to retain patients in care and to this end we are working with community partners and social service agencies to eliminate barriers to care for all TEACH BMT patients. Some of the barriers experienced by patients are lack of transportation, lack of childcare, housing and insurance. CHCI works with the community partners and other resources to ensure that patients are able to make appointments and participate fully in their care.

## 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.

CHCI has a goal of reaching 300 patients in the first year of the grant. Although we are well on our way to reaching this goal we did experience one challenge which is preventing us from reflecting our success in the data we submit. A key position in the program is the TEACH BMT Care Coordinator. This person is responsible for working with clients to ensure consent for participation and for coordinating services and care for patients enrolled in the TEACH BMT Program. We now have a staff person hired and trained who is doing an outstanding job but the position was vacant for the first 5 months of the grant which has prevented us from enrolling the patients from that period in the study. The second year of the study promises to go more smoothly with CHC being on target to reach our overall goal and our 2<sup>nd</sup> year goal.

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.

CHCI added a goal of providing Buprenorphine care to patients through telemedicine in an effort to provide no interruption in care to patients whose provider was leaving on maternity leave. The telemedicine coverage for an absent provider was recommended at a site visit in May. We quickly worked on the infrastructure and trial period for it and it has been working out wonderfully. More information will be available via the evaluation for the 1<sup>st</sup> year of the grant in November.

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.)

N/A

## ORGANIZATION AND MANAGEMENT

### Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Kasey Harding	10



Position Title	Incumbent Name	Percent Time
Care Coordinator	Traci Norman	100
Project ECHO Coordinator	Agi Erickson	30
Data/technology coordinator	Lauren Bifulco	40
Evaluator	Ianita Zlateva	

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss

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

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

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### Partnerships

List each of the partner organizations.

Partner
Rushford Substance Abuse Facilities

Partner
Middlesex Hospital
Hospital for Special Care
Hospital of Central Connecticut.

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

N/A
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### 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
Telemedicine outcome measures	6/21/14	21	Marwan Haddad, MD
Care Coordination Strategies	5/6/14	21	John Turner, RN
SA and MH comorbidities	3/30/14	22	Richard Feuer, MD

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
Site Visit	5/14	TA	Iris Chai	Follow Up

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

No plans for TA

## 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:

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i> 100	<i>15</i> 0	<i>150%</i> 0	<i>0</i> 100	<i>0</i> 35	<i>0%</i> 35%
6-Month Follow	<i>Example: 0</i> 150	<i>0</i> 0	<i>0%</i> 0%	<i>0</i> 50	<i>0</i> 3	<i>0%</i> 6%%

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

Our intake and follow up numbers are well below anticipated due to the slower than anticipated ramp up of the project. That being said, we have worked hard to make up for it in the 2<sup>nd</sup> half of the year and fully anticipate being able to make up those numbers in the next two years of the grant.

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 in our GPRA report is off by only 1 and this is a person who dropped out after one week.

## Evaluation

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

CHCI has already begun to put together the evaluation of the 1<sup>st</sup> year of the grant using the metric that we established when we applied for the grant. Some challenges to completing the evaluation have been resistance on the part of providers to participation in surveys and focus groups. Patients utilizing telemedicine, groups, Project ECHO and patient education tools newly developed are more than happy to participate and provide feedback but our own providers are not.

CHCI has already compiled data which shows that in the first year of the program we were able to open access at 7 additional sites via Project Echo and provide care to an additional 117 patients who would be served without Project ECHO. IN addition CHCI can report that patients who are receiving Opiate Replacement therapy through their primary care providers have shown a high level of commitment to appointments in primary care, SA and BH. Patients in our focus groups report a high level of satisfaction with the care they receive for the opiate addiction.

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

N/A

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.

N/A

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.

N/A

Discuss how evaluation findings were used to improve the project.

Evaluation findings have helped us to determine where the benefits of the program mainly lie with patients. We find that access to providers is more important than seeing a provider in person rather than via telemedicine. We have found that patients are more likely to adhere to primary care appointments when their Buprenorphine script is tied to the appointments. Patient education on topics such as harm reduction and nutrition were better received in terms

of participation level when they were offered early in the morning or in the evening. Lunch time groups and education were not as successful.

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

No new evaluation reports.

### Interim Financial Status

Attach an updated program budget and any budget modifications.

*Report expenditures, not obligations. For instance, if you have a contract with an evaluator for \$50,000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.*

Total Funding*: \$837,175		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$131,213	\$213,040
Fringe	\$ 32,276	\$ 50,278
Contracts	\$ 552	\$ 552
Equipment	\$ 0	\$ 0
Supplies	\$10,049	\$10,049
Travel	\$ 2,970	\$ 3,289
Facilities	\$ 0	\$ 0

Other	\$ 0	\$ 0
Total direct expenditures	\$177,060	\$277,208
Indirect costs		
Total expenditures		
Remaining balance		\$559,967
*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.

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

N/A

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

None at this time

### 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: