

Division of Services Improvement, Clinical Technical Assistance Project
Technology-Assisted Care
Fountain House
Call Summary
September 2, 2014 • 10:00 a.m. ET

Submitted to: Danielle Tarino and Joe Shaffer

Date of Submission: September 2, 2014

Attendees:

Substance Abuse and Mental Health Services' Administration (SAMHSA): Danielle Tarino

Fountain House (FH): Joe Shaffer

JBS International (JBS): Dave Wanser, Iris Chai, and Leslie McElligott

Meeting Purpose

The purpose of the call was to discuss Fountain House's progress following the March 2014 implementation site visit.

Discussion

Technology Implementation and GPRA Enrollment

Joe Shaffer (FH project director) reported that the *Electronic Application for Continuous Care and Expanded Sobriety Support* (E-ACCESS) program had intentionally delayed client enrollment to coincide with the launch of the E-ACCESS smartphone mobile application (introduced in April 2014). Now that the technology is fully operational, Joe is catching up to meet their GPRA enrollment goals.

FH restructured the enrollment process so that paperwork (e.g., consents, GPRA interview) and an orientation session on the apps' functionality were completed at one time. Joe found that clients preferred meeting individually to talk about the app (compared to group sessions).

FH currently offers weekly tech-support sessions. Clients have responded so favorably to the sessions that FH plans to host twice-weekly meetings to cover basic questions/issues and to address specific app features.

The E-ACCESS app developer has been responsive in addressing bugs/glitches. Some issues have been resolved in a matter of hours. Others have taken a little slightly longer when it was necessary to adapt the code.

In organization-wide developments, FH's Clubhouse membership will open up to allow for expanded referral opportunities, especially for dually-diagnosed clients. FH leadership are interested in seeing how enrolling people in the E-ACCESS program could be correlated with participation in the general program because they feel more supported and connected.

Evaluation

Client feedback about the E-ACCESS program has been positive. They generally feel more supported because of the app. The take-away message is that clients are using the app in ways that supplement the recovery services they are receiving. In some cases, the app may serve as their primary source of support.

Overall user-behavior varies. Some clients utilize 2—3 app features while some use all 9. The group-support feature has been particularly popular. It has been encouraging to see clients interact with others in recovery via the discussion board.

Joe would like to use the 6-month follow-up period to elicit more information about how clients are using the E-ACCESS app. He plans to develop a brief survey to determine the features that clients find useful and how the app has supported their recovery. Some clients may not readily vocalize their thoughts about the tool, so the survey will provide an additional outlet to express ideas about the content/functionality that works for them. This kind of information will better inform the project and help make the case for future iterations.

E-ACCESS is using Web analytics to track site activity. Joe plans to meet with FH's lead evaluator in early October to discuss the elements they want to measure. Dave Wanser (JBS) provided ideas of metrics that might be helpful to track: What features are clients viewing? When are they accessing the tool? How long are they staying? What areas have the most/least popular functions?

Dave referenced the questions that the TAC Evaluation Workgroup created to measure the efficacy (satisfaction), dosage, and impact of using technology to support client treatment and recovery efforts. The questions they developed (see attached) are beyond the scope of what GPRA captures. One possible hypothesis is that clients that feel empowered using the technology may have improved overall recovery outcomes.

Continuation Strategy

Joe would like to start thinking about the client discharge process. Specifically, he is interested in working with Sprint (smartphone provider) to offer low-cost plans to clients so that they can continue to use the E-ACCESS app. FH provides budgeting tips, but many clients may not be able to afford the full cost of a data plan.

FH should utilize their buying power to work with Sprint to negotiate a reduced-priced plan. Susie Mullens (First Choice Services: susie@1stchs.com; 304-614-7177) was able to work with local cell-phone provider, nTelos, to provide a low rate for clients to continue to use the A-ACCESS app on their smartphone devices. It may be worthwhile for Joe to connect with Susie to learn how she made this possible.

Governance Process

FH is open to client suggestions to improve the E-ACCESS app. Dave said that it is essential to have a written plan to effectively manage feedback and act on it, as appropriate.

Dave emphasized the importance of developing an information strategy to address scale. Managing client activity will be easy in the beginning, but as the number of users increase, coordination efforts will become more difficult.

Joe does not want to drastically expand the app's functionality in phase 1, which is why it is important to have an information strategy to serve as a roadmap for the app over the next 2—3 years.

A governance group can meet on a biweekly basis to manage and prioritize requests based on time, money, and other variables. There will be a long list of improvements to track, but clients will appreciate knowing that there is a process in place to act on their suggestions in an organized manner.

Next Steps

Peer Collaboration

Dave encouraged Joe to visit the Ideas Exchange. The site has a variety of resources that may help with inform next steps on the project.

Dave encouraged Joe to participate on the biweekly TAC grantee calls (every other Thursday at 1:00 pm ET) to learn about peer experiences using technology.

Dave encouraged Joe to reach out to Danielle Tarino (SAMHSA) or JBS with any questions he might have.