Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-11-0023830

CSAT QUARTERLY PROGRAMMATIC REPORT

Program Reporting Period:

July 1, 2014- September 30, 2014

Instructions for Completing this Report

1.   Save the report to your computer.

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

3.   Save your completed survey BEFORE returning it.

4.   Return the completed report by email to: granteereports@jbsinternational.com
     Copy SAMHSA Grants Management Specialist, Doug Lees (doug.lees@samhsa.hhs.gov),
     and your Government Project Officer to the email

5.   Save the confirmation receipt of your submission.

1. Reporting Period: July 1, 2014- September 30, 2014

2. RFA #: TI-11-0023830

3. Grantee: Buffalo Valley, Inc.

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Buffalo Valley, Inc,.	501 Park Ave. South, Hohenwald, TN 38462	Deborah A Hillin	615-975-0196 DebbieHIllin@buffalovalley.org

5. Project Director: Deborah A Hillin

6. Project Director Phone/Email: 615-975-0196/ DebbieHillin@buffalovalley.org

7. Evaluator: Randy Jennings

8. Evaluator Phone/Email: 904-387-4661/ rjennings@gatewaycommunity.com

9. Signature _____ _____

                Project Director Signature   Date

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

No changes were made to key staff members during this reporting period.

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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.

Buffalo Valley Inc. will use new electronic technology services to help almost 900 residents of its primarily rural 19-county geographic area to address their substance abuse and co-occurring substance use and mental health disorders, beginning July 1, 2012. *BVI Connect* will be used as emerging health information technology to provide effective health care by staff through web-based outreach, smart phones and other emerging electronic applications. *BVI Connect* will treat and support 230 residents in its first year, 290 in year 2, and 360 in year 3. *BVI Connect* makes it possible for individuals with alcohol and drug problems to immediately communicate over the Internet with staff about substance abuse, discussing and exploring their concerns on line, by telephone and through other electronic avenues, working closely with staff trained to deliver effective care through the web.

   In a concerted effort, on July 1, 2012, Buffalo Valley, Inc. (BVI) developed and executed an efficient and innovative technology service to reach their broad disseminated geographical area encompassing nineteen counties and serving nearly 900 residents in need of services: mental health, substance abuse, and co-occurring disorders. In fact, *BVI Connect* has emerged into a health information technology center capable of providing cost effective healthcare to hundreds of individuals who otherwise would not be served via the web, and by utilizing smart phones with applications when possible. *BVI Connect*'s goal during its first year was to support 230 residents, in its second year 290 residents and 360 in year three. *BVI Connect* has since revolutionized the delivery of mental health and substance abuse treatment in one-year by reaching and serving individuals in need immediately, simply by communicating with them via telephone, phone applications, and/or by other electronic means. Staff work quickly and efficiently to deliver cost effective care. When an individual in need of services makes the decision, we want to be there when they do.

   Phases include self-assessment of their drug and/or alcohol use, outreach treatment services will be delivered on-line to both individuals and groups in a structured format, it will provide ongoing on-line and telephone support for those who have completed treatment, will be used in conjunction with AA/NA meetings and other support groups, etc. *BVI Connect* will develop a number of useful educational tools related to alcohol, drug use and mental health disorders for the general public, including a educational presentations on recognizing alcohol and drug addictions 12-step programs; managing stress and anger; developing a personal plan for recovery from addictions; Substance abuse 101 for Families, and others.

PROJECT IMPLEMENTATION

Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technologies.

Goal: Expand, strengthen and maintain BVI technology-based access to substance abuse and co-occurring disorder services.

Status: At this time the participants have the ability to use the website via their login information to begin the admission paperwork as well as utilize other resources. There are currently two different logins, one allowing for access to clinical resources, homework assignments, and external links. The second log in allows for direct access to direct clinical services such as individual, group and continuing care sessions. All initial internal sites continue to be compatible and running well. In addition staff continues to seek

funding opportunities through existing grants and new grants for funding. We continue to meet with drug courts, insurance companies, and other 3rd party payers to discuss BVI Connect.

Goal: Use multiple health information technologies to reach out to develop a therapeutic relationship with individuals who have requested substance abuse services but have been placed on a wait list because of agency resource constraints, individual time constraints and/or geographic remoteness (Phase 1: Outreach).

Status: HIT staff has put on-line self-screenings on the new website, as well as tutorials and other informative resource links. This has decreased the time in which it takes for the admission process as well as providing resources to begin motivational modality of treatment while waiting to be placed with a specified counselor. In addition the HIT program continues to add videos / educational presentations as well as assessment capabilities. At this time BVI currently has numerous videos uploaded on the website and also provides pre-post-testing for each video. Educational links and articles are also uploaded on the website as well as onto Facebook for the participants to access.

Goal: Provide evidence-based services to individuals seeking substance abuse treatment and services who have been placed on the BVI waiting list (Phase 2: Outpatient Treatment).

Status: BVI's TIERS program has been fully implemented. During inception of the TIERS program there was difficulty with the ASI-MV and the ROSIE program not syncing with the TIERS program. The PI/Project Director presented at the Netsmart Connection conference on this innovative integration of uploading the ASI-MV directly into TIERS. At this time ROSIE has been integrated with TIERS. HIT staff TIERS program has been fully implemented. Last reporting period there was difficulty with the ASI-MV and the ROSIE program not syncing with the TIERS program. The PI/Project Director presented at the Netsmart Connection conference on this innovative integration of uploading the ASI-MV directly into TIERS. At this time ROSIE has been integrated with TIERS. Staff will continue to work with administrators of various programs in order for the clientele to complete an admission ASI via telehealth services, to provide evidence based services.

Goal: Maintain healthy, functional and informative relationships with individuals who participated in all phases of *BVI Connect* to support the individual's recovery process. (Phase 3: Recovery Aftercare).

Status: At this time BVI counselors do provide a list of free smart phone applications similar to the "call your sponsor" applications. In addition BVI HIT staff provided relapse prevention / recovery aftercare services to individuals enrolled in the program and specifically has online group times set up for the participants in this phase of treatment.

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.

At this time all goals and objectives have or currently being met. Also the expected 80% enrollment and follow up rates are currently being exceeded. After consulting with the evaluators, enrollment was readjusted and enhanced case management's follow-up procedures with regard to GPRA percentage. At this time the follow up rates have exceeded the expected 80%.

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.

No goals or objectives were changed during this reporting period.

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.)

There are no anticipated changes to be made to the goals or objectives.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Program Manager	Sherri Allen	0.80
Counselor	Rusty Graves	0.40
Counselor	Greg Masterson	0.60
Counselor	Andy Buckner Jr.	0.90
Case Manager	Amanda Klein	.16
Case Manager	Shirley Russell	0.40
Outreach	Koby Bullard	0.80
IT Specialist	Justin Barber	0.67
IT Specialist	Jessee Kvapil	0.40
Outreach & VA	Gerald Herring	0.10
Outreach/Admin	Jackie Vickers	0.80
Outreach & VA	John Smith	0.10
Prinicipal Investigator/Program Director	Deborah A Hillin	0.28- In kind
Executive Director BVI	Jerry Risner	0.30- In kind
Psychologist	Dr. Mark Seigler	0.16- In kind
Nurse		0.10- In Kind

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

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

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

No changes were made to staff during this time.

negative impact.

Since no staff changes were made during this reporting period the program was not negatively impacted.

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

There were no vacancies to be filled during this reporting period.

Partnerships

List each of the partner organizations.

Partner
TN Department MHSAS
Veteran Affairs Housing
Department of Corrections
Supervised Probation Offender Treatment (SPOT) program
Scott County Drug Court

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

At the start of the grant, individuals in the Federal Block Grant were the main referral stream. However over the course of the program HIT staff also created referral streams with VA Housing clientele as well as the Department of Corrections. At this time the Supervised Probation Offender Treatment (SPOT) program for individuals with both misdemeanor and/or felony records, has partnered with the HIT program for their clientele to participate in telehealth services. Currently the program is working with the Department of Corrections to pay for telehealth Intensive Outpatient (IOP) services provided by HIT. In addition the program is collaborating with the Scott County Drug Court for their participation in HIT. This would allow for future sustainability efforts for the continuation of HIT services after funding subsides. Due to different avenues utilized for Outpatient services this program has significantly expanded the program's capacity.

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
Criminal Justice Presentation	7-8-14	100	State of TN Dept MHSAS
SSVF Shared Geography Meeting	7-9-14	12	Centerstone
Bi-Weekly TAC Conf Call	7-17-14	?	SAMHSA / JBS
Staff Training on Bi-weekly call	7-21-14	10	Debbie Hillin
Blue Care	7-29-14	6	BCBS
Bi-Weekly TAC Conf Call	7-31-14	?	SAMHSA / JBS
Middle TN Crisis Services	8-5-14	25	State of TN
Regional V Planning Council	8-7-14	20	Debbie Hillin
Staff Training Updates	8-8-14	14	Debbie Hillin
VA Summitt	8-13-14	100	VA

Staff Development Activity	Date	Number of Participants	Training Provider
Bi-Weekly TAC Conf Call	8-14-14	?	SAMHSA / JBS
HNM Steering Committee	8-15-14	18	Debbie Hillin
SBIRT – Steward County Health	8-18-14	15	Debbie Hillin
BRASS TACS	8-22-14	10	State
BVI Board Annual Training	8-23-14	20	Debbie Hillin & Jerry Risner
SSVF Regional Meeting	9-4-14	40	VA
Bi-Weekly TAC Conf Call	9-11-14	?	SAMHSA / JBS
SAMHSA PTSD & Suicide Prevention Academy	9/15-17/14	75	SAMHSA
Staff Training Updates	9-24-14	15	Debbie Hillin

If you received technical assistance from a SAMHSA TA provider, describe it.

> No technical assistance received during this reporting period.

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

> At this time there is no anticipated TA activities scheduled for the next reporting period.

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: 12/21/2014

	Target Reporting Quarter	Actual Reporting Quarter	% Reporting Quarter	Target Cumulative	Actual Cumulative	% Cumulative
Intake (Baseline)	30	50	144.7	278	309	111.2
6-Month Follow-up	50	46	92	300	250	83.3

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

> At this time the program has an enrollment rate of 100.0% for the 2014 fiscal year, well above the expected 80%. Currently there are 50 follow-ups due with 46 being received for a follow-up rate of 92% at this time. In the past the enrollment rate for the program has been elevated with a follow-up rate below the expected 80%. The evaluation team is worked closely to monitor the program rates to ensure the capacity to locate the specified number of participants at the time of the follow-up. The procedures

> for tracking and conducting follow-ups were reviewed and revised as a request both enrollment and follow-up rates have regulated and the program is meeting the 80% expected for both rates. The program had to reduce the amount of individuals enrolled which is why the target numbers were not met for the 3rd quarter of the 2014 fiscal year. This also prioritized the need to locate participants for follow-up data and increased the overall follow up rate.

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.

> No discrepancies found.

Evaluation

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

> The Evaluation team from Gateway Community Services has been available to program staff on a consistent basis. Program Staff has contacted the Evaluator for implementation questions and procedural strategies throughout the course of this reporting period. For the purposes of evaluation, the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measure will be administered to every program participant under this grant at intake, six months, and discharge. At this time the program procedures are in place which ensures an 80% enrollment and follow-up rate is met.
>
> Evaluation staff and the program administrator continuously monitored intake rates to ensure correct budgeting is allocated for each client served. In addition the program administrator at this time can monitor trends with specific clientele to ensure the program is enrolling participants who will benefit most from the services provided. The GPRA data is also being monitored by the evaluation team to confirm accurate program implementation. Currently at this time the evaluation team is working with the program director and program manager to work on an action plan to begin sustainability efforts. Sustainability efforts will remain a priority for evaluation activities during the remainder of the program.

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

> No changes were made to the evaluation plan during this reporting period.

Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

> There are no new evaluation findings from this reporting period.

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.

No problems encountered.

Discuss how evaluation findings were used to improve the project.

At this time the evaluation findings were used to discuss future plans on the most beneficial ways in which to utilize this program for future sustainability efforts. In addition how the agency is currently utilizing the data to expand other areas of service which it provides.

For the purposes of this program the information will be used to evaluate the effectiveness of meeting the goals and objectives. Also it should be used by the program administrator to determine if any changes need to be made to the services which are currently being provided. The information should be used by the program as a guide for where clinical focus may be needed for future clients.

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

Nothing at this time.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

- Double click on the worksheet to activate the Excel function
- The spreadsheet has been pre-formulated, but you must first enter (1) your total grant award, (2) all direct costs, and (3) total indirect costs
- Once you have entered the requested fields, click outside of the spreadsheet to exit

Note:

- Please report total expenditures (not obligations) on the budget worksheet
- Include all expenses accrued since the last reporting period <u>and</u> cumulative expenses accrued over the course of the grant period
- In the 'Total Grant Award' cell, please enter the total amount of grant funding you have received since the initiation of the grant
- The 'Remaining Balance' cell will automatically subtract total cumulative expenditures to date from the total funding amount

Total Grant Award:	$ 280,000.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**
Direct Costs:		
Staff Salaries	$ 39,127.00	$ 39,127.00
Fringe Benefits	$ 10,955.00	$ 10,955.00
Contracts	$ 10,920.00	$ 10,920.00
Equipment	$ -	$ -
Supplies	$ -	$ -
Travel	$ 2,698.00	$ 2,698.00
Facilities	$ -	$ -
Other Direct Costs: (please identify below)		
Communications	$ 18,476.00	$ 18,476.00
	$ -	$ -
	$ -	$ -
Total Direct Costs:	$ 82,176.00	$ 82,176.00
Total Indirect Costs:	$ 10,304.00	$ 10,304.00
Total Expenditures (Sum of Direct and Indirect Costs):	$ 92,480.00	$ 92,480.00
Remaining Balance (Based on Total Grant Award):		$ 187,520.00

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.

Nothing to note at this time.

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

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.

There have been no publications/ presentations since the last reporting period.

LIST OF ATTACHMENTS
List each attachment separately here and attach to the back of this report.
Attachment 1:
Attachment 2:
Attachment 3:
Attachment 4:
Attachment 5: