

Randolph County Community Caring Partnership: Biannual Summary

1. Reporting Period: March 1, 2014 – August 31, 2014
2. RFA Number: TI024762
3. Project Director: Lorna Miles

Program at a Glance

What are the current technologies being utilized by the grantee?

Randolph County Caring Community Partnership's (RCCCP) Client Access and Services Exchange (CASE) project engages uninsured and underinsured clients living in central Missouri's Randolph, Saline, Pettis, Lafayette, Boone, and Cooper counties in pretreatment, treatment, and recovery services via several technology-based outlets – namely a client portal called Mobile CASE which is linked to an electronic health record (EHR) system that is certified for meaningful use and known as Community Connection Missouri (CCMo). These platforms were adapted from First Call Alcohol/Drug Prevention and Recovery, Inc. in Kansas City, Missouri.

The CCMo EHR and Mobile CASE portal contain several useful features, including the capacity to refer clients to wraparound services offered by partner agencies, encrypted email messaging, appointment scheduling, and the option to complete online screening and assessment tools and enrollment forms. RCCCP has also incorporated the Virtual World Counseling 3-D program (developed by Preferred Family Healthcare) to supplement peer-to-peer treatment activities using an avatar platform similar to the Second Life social network. Finally, RCCCP uses Iconic Health's Homepsych system, designed primarily to complete psychiatric assessments.

Are there any notable changes this reporting period?

The CASE program is fully operational, and its technology platforms are in place. The program identified a greater demand for services than anticipated and is need of assistance to manage workflow. The CASE site review notes (attached to the back of the report) provide a candid overview of program performance to date, including (but not limited to) the following issues:

- Lengthy intake documentation processes
- Lack of effective marketing and communication
- Disconnect between 'conceptual expectations' and 'implementation reality'
- Poor client followup protocol

What are the grantee's GPRA rates?			
	Target	Actual	Percent
Intakes (Baseline)	71	75	95%
6-Month Followup	11	2	18%
If intake or followup is below 80 percent, has the grantee described its plan to increase GPRA rates?			
<p>RCCCP is meeting GPRA intake goals; however, they are falling short of meeting follow-up targets. The program noted they are working to improve their follow-up rate by having case managers locate clients by conducting home visits and calling relatives. It may be helpful for RCCCP to consider other tracking strategies, including use of email, text, or mail to identify client whereabouts.</p>			
Does the grantee need technical assistance? If yes, does the grantee have a request in SAIS?			
<p>RCCCP noted that they intend to open a technical assistance request to assist with workload challenges. The program consists of a small team that has identified considerable need in their community for services. Program director Lorna Miles requires assistance to effectively manage/coordinate responsibilities.</p>			
Are there any areas of concern in the report that require GPO attention?			
<p>RCCCP plans to request a change to their GPRA enrollment totals in Year 2 from 100 clients to 50 due to the "amount of high need clients... admitted into CASE in Year 1. Year 1 clients consist of a high level of self-injury, severe trauma, emotionally disturbed individuals that... need more intense treatment to help them maintain sobriety."</p> <p>The program management issues identified in the CASE site review notes point to the need for immediate followup with staff to help move them in the right direction. A call with Lorna Miles should be scheduled to better understand the extent of their needs and how technical assistance can improve program goals/objectives.</p>			