

Service Design Site Visit Report

Fountain House
New York, New York



Date of Site Visit: March 27–28, 2014

◆ Targeted Capacity Expansion Technology-Assisted Care ◆

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Fountain House

Grantee Name	Fountain House
Address	425 West 47th Street, New York, NY 10036
Site Visit Dates	March 27–28, 2014
Program Name	Electronic Application for Continuous Care and Expanded Sobriety Support
Grant TI Number	TI 024737
SAIS Number	3905
Grantee Contact Person	Joseph Shaffer, M.S.W.
Government Project Officer	Danielle Tarino
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Joe Shaffer

Grantee Project Sites Visited

Fountain House
Adam and Peter B. Lewis Wellness Center

425 West 47th Street, New York, NY 10036

Executive Summary

In 2013, Fountain House launched the Electronic Application for Continuous Care and Expanded Sobriety Support (E-ACCESS) program as part of the Substance Abuse and Mental Health Services Administration's Targeted Capacity Expansion, Technology-Assisted Care (TAC) grant. The New York City-based program intends to supplement in-person recovery support for those with serious mental illness and co-occurring substance use disorders by offering e-technology recovery-oriented services. E-ACCESS uses a customized mobile application developed specifically for Fountain House members that offers enhanced access to recovery support tools. Each participant will receive a free Samsung smartphone that is preloaded with the E-ACCESS app. The E-ACCESS program will demonstrate its ability to maximize engagement of high-risk, hard-to-reach clients into clubhouse services (described below) and improve outcomes among marginalized populations whose socioeconomic status and mental health issues would otherwise inhibit opportunities to receive care.

Fountain House has built a community of support since 1948 for those living with mental illness in New York City. Fountain House opened its doors after six former psychiatric patients and two social work volunteers started a group called "We Are Not Alone." True to that name, Fountain House soon became a recognized leader in helping people with mental illness develop a sense of belonging and worth. At Fountain House, "members are partners in their own recovery, rather than the passive recipients of treatment." Its care model has evolved into a working community in which members are actively involved in running the facility's units dedicated to communication, culinary arts, education, employment, horticulture, housing, reception and membership, research, and wellness. Today, approximately 1,300 active members are served at Fountain House's New York City facility, with nearly 280 members coming through its doors each day. More than 2,000 people have sought training from Fountain House to learn how to replicate its evidence-based clubhouse model.

A team from JBS International's TAC portfolio conducted a site visit to Fountain House on March 27–28, 2014, to review program accomplishments and identify potential areas where technical assistance may enhance achievement of program goals. The site visit team focused on understanding existing implementation and service delivery strategies. After receiving a brief overview of the E-ACCESS program from program director Joe Shaffer, the team participated in a tour of the facility led by a Fountain House member and learned about the units that support the organization's daily operations. The team then received an in-depth look at the newly completed E-ACCESS mobile application. Two Fountain House members joined the discussion later in the day to provide their thoughts on the app's utility and to highlight issues around member engagement and training. The team talked extensively about strategies to organize and prioritize program implementation issues, including developing a governance body to ensure that the E-ACCESS app and other technologies are adequately supported in the context of Fountain House's short- and long-term goals. The visit concluded with a discussion about Fountain House's approach to support quality improvement and sustainability activities driven by the Affordable Care Act. The team also considered data collection strategies to inform next

steps and demonstrate the impact of technology in improving engagement, treatment retention, recovery support, and other health outcomes.

The JBS implementation site visit came at a time when Fountain House staff were preparing to launch their E-ACCESS mobile application and making important decisions about how they can work with the app developer—NYC Web Design—to most effectively meet program objectives. While the program is still in the early design and implementation stages, it is essential for staff to understand how members will use the app, incorporate member feedback on potential enhancements to the technology, and determine how the product developer will respond to the program's evolving needs. Among the various strategic elements discussed during the visit, the following appear most critical:

- ▶ The success of the TAC program has organization-wide implications for Fountain House, particularly as the clubhouse considers an integrated technology strategy for the next several years. The TAC grant has the potential to inform future technology capacity within Fountain House and to impact its various working units.
- ▶ It is necessary to form a technology governance process in which leadership, administrators, and unit support staff are actively involved in identifying and setting priorities for Fountain House's use of technology, including ongoing modifications to the E-ACCESS mobile application.
 - A governance group that has cross-functional representation from across the organization will help to prioritize decisionmaking around the selection, integration, and use of technology and develop strategies to determine how technology will complement existing client services and secure Fountain House's foothold in the evolving health care environment.

The E-ACCESS mobile application consists of several features including a meeting finder, sobriety calculator, literature link, video portal, text hotline (i.e., panic button), group support link (i.e., discussion board), motivational quote repository, check-in option (e.g., Foursquare), and participation scoreboard. To encourage member involvement, app users will receive points as a way to acknowledge and reward engagement with the tool. A review of the E-ACCESS app during the consumer discussion revealed that while it has many positive functions, there is room for additional short- and long-term enhancements that could improve the overall user experience. Clubhouse members offered several helpful suggestions including syncing meetings to their personal calendars and creating a resource directory to learn about opportunities centered on education, housing, child care, and career development, among other topics. They also suggested keeping member-driven posts current and dynamic by organizing the page into an ongoing discussion stream instead of grouping posts by topic.

Joe Shaffer emphasized that each member will approach technology and the use of the E-ACCESS app differently. One member, for example, was enthusiastic about using the app as a tool to enhance her recovery when she is unable to attend group meetings offered at Fountain House or elsewhere in the community. Another member liked the idea of accessing the phone

so that he could reach his support network but was concerned that using the app would compromise his anonymity. It was suggested that Fountain House conduct additional focus groups to solicit feedback on future iterations of the app and expand technology support options, including the use of peer navigators and video tutorials, to help users maximize the product's potential. The program team should draw from consumer findings when negotiating app changes with the vendor.

The E-ACCESS program will also benefit from a strategic marketing campaign to promote the technology to members. Instead of presenting it as merely a free phone opportunity, staff could generate simple business cards that explain the benefits of the E-ACCESS app and/or feature member testimonials in Fountain House's daily and quarterly newsletters. Program staff could also negotiate reduced price contracts with phone service providers based on feedback from members who have benefited from accessing smartphones with app capabilities.

Establishing a program workflow informed by a solid project management plan and access to meaningful data will be essential to Fountain House's success. The plan should include setting expectations for the app's functionality, prioritizing the rollout of features, and identifying a budget and timeline. Now that the first version of the E-ACCESS app is operational, Mr. Shaffer could benefit from additional staff support to manage the expanding workload as the project transitions from the design stage to the implementation stage. Fountain House intends to hire another social worker to respond to E-ACCESS needs; however it may be more effective to create a cross-functional team that taps into the expertise of multiple support staff. A well-informed plan will outline staff responsibilities so that Mr. Shaffer can address the program's long-term goals while ensuring that implementation-related activities are addressed. The program will need to continue to adjust workflow assumptions and assess priorities for application enhancements as guided by staff and members.

The site visit team noted that program staff and leadership have a firm understanding of technology's role in the changing health care landscape and are mindful of long-term strategies to support program success. Fountain House president Kenn Dudek mentioned that the timing of the E-ACCESS program coincides with expansive shifts in health care coordination and technology-related changes occurring throughout the State and among Fountain House partners like the Sidney Baer Center (a psychiatric and primary care center) and Phoenix House (a targeted substance abuse treatment and prevention facility). The need to share information and communicate across systems of care will become increasingly important for organizations delivering health services.

Technology is seen as essential for securing the organization's future. Fortunately, Fountain House's leadership treats technology as an investment that can enhance service delivery and support organization-wide sustainability efforts. The program has access to internal information technology expertise and research teams to help facilitate Fountain House's current and anticipated needs. SAE & Associates, the program evaluator, should consider developing a dynamic and flexible evaluation strategy that helps guide program design and can identify how the app is impacting member engagement and service utilization and supporting recovery

efforts. As the project matures, there will be opportunities to use the collected data to predict the features that will appeal to specific members and to understand how the E-ACCESS app can motivate behavior change and improve health outcomes.

The Fountain House site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the E-ACCESS team to enhance productivity and plan for the future.

Grantee Overview and Environmental Context

Fountain House revolutionized mental health care in the United States. Headquartered in New York City, Fountain House has served more than 20,000 men and women suffering from severe mental illness (SMI) (e.g., schizophrenia, bipolar disorder, major depression, other psychoses) in the boroughs of Manhattan, Queens, Brooklyn, Staten Island, and the Bronx. Its recovery model was first recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1979. Since then, the Fountain House model has expanded to approximately 300 programs in the United States and nearly 40 countries across all the continents. The groundbreaking “Clubhouse” (or International Center for Clubhouse Development [ICCD] model [described in section 2] is recognized as an evidence-based practice by SAMHSA’s National Registry of Evidence-Based Programs and Practices.

Since 1948, Fountain House has been dedicated to supporting the recovery of clients living with mental illness. It was built on the philosophy that “people with mental illness are capable of helping each other.” By working to improve their members’ quality of life and eliminate stigma, Fountain House hopes to foster a society in which “people with mental illness everywhere achieve their potential and are respected as co-workers, neighbors, and friends.”



Five New York Boroughs

employment, horticulture, reception and membership, research, and wellness.

Each year Fountain House supports the recovery journey for close to 1,300 “members” who are diagnosed with an SMI. The member designation reflects a community model in which individuals are “partners in their recovery,” contributing to the success of personal and collective healing. Members are actively involved in a number of activities associated with operating the organization including building maintenance, program development, policy advocacy, and board service. Fountain House’s **work units** are also an opportunity for members and staff to contribute to the needs of the community in the following areas: communication, culinary arts, education,



Wellness Center Gym



Educational Placement Board



Transitional Employment Board

Fountain House's holistic approach to care means that members can receive integrated physical and behavioral health care from the Sidney Baer Center and participate in wellness activities at Fountain House's Peter B. Lewis and Adam Lewis Wellness Center. The Baer Center acts as a medical health home that actively provides psychiatric services to 300 Fountain House members and primary care to 500. In addition, members in need of acute substance abuse addiction services can seek care offered by nearby Phoenix House. According to the Fountain House Web site, "*For the cost of a two-week hospitalization (\$28,000), Fountain House can provide housing to a person for one year with a full complement of community support services and opportunities for employment, education, and socialization.*"¹

For the purpose of the TCE-TAC grant, Fountain House will focus on providing care to a subset of the 60 percent of its New York City-based members (i.e., 300 individuals out of nearly 780) who have a co-occurring disorder (COD) (i.e., mental illness and substance use dependency). Ninety-five percent of Fountain House members take psychotropic medication(s) to treat their mental illness. Members most commonly reported a history of using alcohol in combination with marijuana, crack cocaine, or opiates. Substance use typically exacerbates symptoms related to their mental illness.

Fountain House's membership is multiracial—approximately 45 percent of members are Caucasian, 32 percent are African American, 14 percent are Hispanic, 5 percent are Asian, and 3 percent identify as other. A majority of members (60 percent) are male, and 50 percent are between 21 and 50 years of age. Most members (80 percent) are chronically homeless. Fewer than 10 percent have stable employment, which fuels an exceptionally high poverty rate among Fountain House members (34 percent). Due to low average yearly incomes (approximately \$8,000), nearly all members receive some form of public assistance. Unconfirmed data suggest that 90 percent of members have been involved in the criminal justice system.

Fountain House members face significant barriers to addressing their COD. Psychosocial and socioeconomic issues exacerbate risk. As a result of an inherent distrust of health care providers, stigma, financial constraints, and transportation challenges, member engagement and retention in traditional services are low. Barriers like poverty, homelessness, and incarceration can magnify COD,² and members do not readily seek care to treat their symptoms.

In light of the growing need to address COD, Fountain House's E-ACCESS project is committed to using technology to engage and retain individuals in treatment and recovery services who might not otherwise have the ability to access and/or remain in care.

¹ Retrieved from the Fountain House Web site on April 6, 2014: <http://www.fountainhouse.org/content/facts>

² Smith, T., & Burgos, J. (2010). Best Practices for improving engagement of consumers in a clinic setting. *Psychiatric Services*, 61, 343–345.

1. Site Visit Overview

A team from JBS International's TAC portfolio conducted a site visit to Fountain House on March 27–28, 2014, to review program implementation progress and identify potential areas where technical assistance may enhance program goals. Day 1 of the visit began with a meeting between the JBS team and E-ACCESS program director Joe Shaffer to learn how the newly developed mobile application technology aligns with Fountain House's clubhouse model. After a tour of the facility's work units, the team received an indepth overview of the E-ACCESS app and discussed general implementation and service delivery strategies. The team then met with two Fountain House members to discuss their views on using technology and the kinds of resources and functionality that would be most beneficial to engage members interested in using the app. The team ended the day by reviewing short- and long-term program evaluation and data collection strategies and the importance of forming a cross-functional and representative governance group to prioritize decisions about deploying the first iteration of the app, managing additional enhancements, and integrating technology into a larger framework that supports the organization's mission.



On day 2, the site visit team continued to re-explore ways in which Fountain House can effectively coordinate future iterations of the E-ACCESS app with the product developer, including creating a project management plan informed by the governance group. The team also spoke with Fountain House president Kenn Dudek about the role of technology in Fountain House's business model and how health information technology and the availability of actionable data can support quality improvement and sustainability activities necessitated by the Affordable Care Act (ACA). The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer Danielle Tarino to recount the team's overall observations and recommendations.

2. Program Vision and Design

The E-ACCESS program will enhance and expand recovery and treatment services to a subset of Fountain House members with COD by offering technology in the form of smartphones, a mobile application, Web-based virtual recovery group sessions,* and virtual education and intervention resources.*³ E-ACCESS is intended to improve member access to recovery-oriented substance abuse treatment and support services and to integrate primary and behavioral health care by using technology to virtually connect members to recovery resources. The tools used by the E-ACCESS program will supplement services members receive at Fountain House or partner sites like the Sidney Baer Center and Phoenix House (described in section 5).

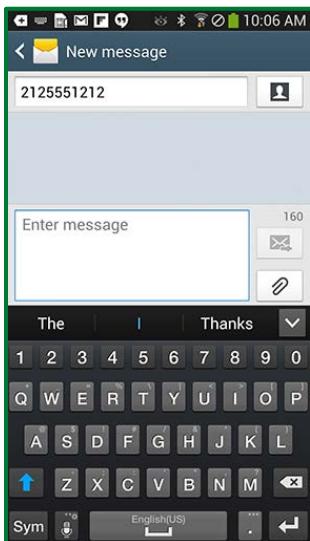
³* represents long-term goals for using technology. These virtual opportunities have not yet been developed.



E-ACCESS home screen shot

Fountain House will facilitate access to care by allowing participants to use program-issued Samsung smartphone technology preloaded with the E-ACCESS mobile application (designed by NYC Web Design). By creating a “virtual clubhouse,” members will receive “*support wherever [they] want it, whenever [they] need it.*” With the touch of a button, comprehensive recovery support will be offered around the clock, providing members with continuous access to peer support, print and video resources, a meeting locator, a sobriety calculator, and motivational quotes. If members are in crisis, they can use the text hotline to receive immediate text support from

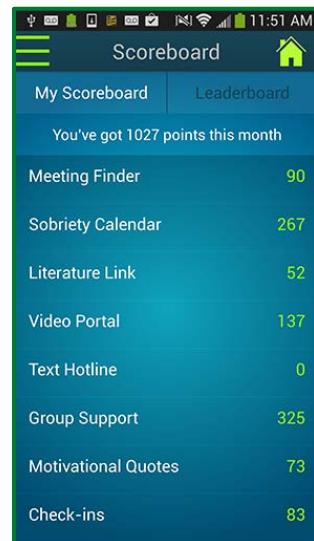
a Fountain House staff member. App functions will be assigned a point value, and although Fountain House does not believe in providing artificial rewards for participating in the program, it will post de-identified user scores on the app’s leaderboard to help members measure their level of activity and compare it to others in the program. See attachment A for detailed descriptions of each app function.



E-ACCESS text hotline screen shot



E-ACCESS sobriety calculator screen shot



E-ACCESS scoreboard screen shot

According to the E-ACCESS Project Overview Policies, Procedures, and Protocol document (attachment B), Fountain House identified the following global outcomes related to implementing the E-ACCESS program. Exhibit 1 outlines E-ACCESS goals and objectives in greater detail.

- ▶ Share effective treatment models and results among providers
- ▶ Increase engagement of persons in treatment and in their overall health care
- ▶ Increase tracking of the health status of individuals
- ▶ Improve recovery and resiliency rates

- ▶ Disseminate information about the model for replication

Exhibit 1. Fountain House Project Goals and Objectives

Goals and Objectives
Goal 1: Engage individuals with COD not presently accessing services.
<p>Objective 1.1: Improve engagement in recovery-oriented substance abuse services by expanding support resources to include access to clinical/educational substance abuse treatment from partnering organization Phoenix House (described in section 5).</p> <p>Objective 1.2: Deliver consumer-driven support services resulting in increased participant satisfaction with treatment and services.</p> <p>Progress Update: Development of the E-ACCESS mobile application is nearly complete. The system has been integrated into a centralized Web-based portal system that has the capacity to provide support resources and data monitoring functions.</p> <p>Fountain House is confident it will enroll 100 clients during year 1. The program restructured its Government Performance and Results Act (GPRA) intake process so that three part-time peer intake coordinators can administer the tool.</p>
Goal 2: Demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach members.
<p>Objective 2.1: Increase the ability to track the health status of individuals because of centrally located coordination of medical, substance abuse, and psychiatric services.</p> <p>Objective 2.2: Develop individual, customized EHRs that include treatment plans for co-occurring substance abuse, psychiatric, and medical health issues.</p> <p>Objective 2.3: Provide access to existing employment, education, housing, and case management support services in accordance with Fountain House's holistic approach to recovery.</p> <p>Progress Update: Beta testing for the mobile application is underway to ensure that the above objectives are met before members are enrolled in the program. Staff are also working to ensure that the Web-based system is operational.</p>
Goal 3: Demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS.
<p>Objective 3.1: Increase early detection and crisis care prevention services.</p> <p>Objective 3.2: Reduce the relapse rate for participating members.</p> <p>Objective 3.3: Improve recovery and resiliency rates among the target population, particularly an increase in measures of social connectedness.</p> <p>Progress Update: The evidence-based practices utilized by Fountain House and its partners positively impact the quality of life and functionality of program participants.</p>

As a result of using technology, Fountain House anticipates achieving the following outcomes:

- ▶ Enhanced information sharing among providers and the development of individualized treatment plans connected to the electronic health record (EHR)
- ▶ Increased engagement of members in recovery and other health-related services
- ▶ Expanded health monitoring and tracking capabilities

- ▶ Improved recovery, resiliency, and social connectedness
- ▶ Demonstrated cost-effectiveness as a result of fewer relapse episodes and emergency department visits
- ▶ Increased member satisfaction and improved physical and mental health outcomes

Fountain House is committed to integrating evidence-based practices into the E-ACCESS program design. The organization is mindful of selecting interventions that have been shown to be effective after rigorous evaluation. The main tenets of the program are based on the recovery-oriented system of care (ROSC) model and the ICCD Member Clubhouse intervention.

The ROSC model is an evidence-based strategy for treating and promoting recovery among those with substance use disorders. ROSC is an integrated, person-driven approach that emphasizes the strength and resilience of individuals, families, and communities to support the steps necessary to prevent, intervene in, and treat substance use disorders and to address stage-specific needs spanning an individual's recovery journey. In keeping with the ROSC model, Fountain House has developed a user-friendly mobile platform that serves as a one-stop shop for member resources (e.g., chat, videos, meeting locator, and calendar).

The ICCD Member Clubhouse intervention is based on an outpatient community center model that provides individuals with mental illness the opportunity to engage in employment, education, and social activities to support their recovery and resiliency. The clubhouse model includes "members" who have shared ownership and responsibility for the organization:

Clubhouses are built upon the belief that every member has the potential to sufficiently recover from the effects of mental illness to lead a personally satisfying life as an integrated member of society. Clubhouses are communities of people who are dedicated to one another's success, no matter how long it takes or how difficult it is. Clubhouses are organized around a belief that work, and work-mediated relationships, are restorative and provide a firm foundation for growth and important individual achievement, and the belief that normalized social and recreational opportunities are an important part of a person's path to recovery.⁴

Fountain House staff receive training and conduct ongoing quality reviews to ensure fidelity to established practice models. Other evidence-based practice approaches used by Fountain House include the following:

- ▶ Comprehensive case management for substance abuse treatment
- ▶ Cognitive behavioral therapy
- ▶ Illness management and recovery

⁴ Retrieved from the Clubhouse International Web site on March 2, 2014: <http://www.iccd.org/whatis.html>

- ▶ Motivational interviewing
- ▶ Seeking Safety

The 3-year project will enroll 300 unique adults (year 1, 100; year 2, 100; year 3, 100). To date, E-ACCESS has enrolled one member. An additional 12 members have been wait-listed but are prescreened and will begin orientation once beta testing is complete. Approximately 70 other members have been targeted for enrollment.

3. Grantee Leadership

Fountain House program staff have years of direct service experience in social work and program management and a clear understanding of the value of technology to enhance treatment outcomes. Fountain House leadership is keenly aware of technology's role in the future of health care and is invested in adapting its strategies to comply with changes anticipated by ACA and other developments (e.g., a recent local hospital system merger). When speaking with Fountain House president Kenn Dudek about opportunities for the organization to build on existing technology, it was apparent that Fountain House would like to expand traditional point-to-point service delivery models and offer members easy and cost-effective ways to remain engaged in their recovery outside of the time spent with providers and in-person peer networks.

As the E-ACCESS program grows, it will become more important to form a governance group to help prioritize short and long-term program activities, particularly related to enhancements designed to increase the use of technology. The governance group—composed of key administrators, policymakers, and program staff—can develop strategies to determine how technology will complement client services and enable the organization to compete in the rapidly evolving health care environment. The E-ACCESS grant will help to define the organization's starting point for additional technology capacity building. Data collecting/sharing instruments and other technology-related opportunities are essential components to any organization's informational strategy.

The E-ACCESS program also plans to establish a peer advisory committee that will be comprised of five Fountain House members who are responsible for reviewing policies and procedures and representing the interests of program participants. Committee members will serve voluntarily and convene quarterly, although initially it may be valuable for the groups to meet more frequently. Meetings will be facilitated by select program staff.

Fountain House remains flexible in its design and implementation strategies, recognizing there is no one-size-fits-all approach to service delivery. The team is amenable to adapting the program as needed to address challenges and considerations beyond implementation—including sustainability and readiness for ACA.

4. Implementation Plan

As reported in the grant application, E-ACCESS program staff developed the project timeline shown in exhibit 2. Due to technology production delays (explained below), timelines may need to be adjusted.

Exhibit 2. Fountain House Project Timeline

Tasks	Month	Responsible Personnel
Develop E-ACCESS technology and tools	1–3	Project director IT consultant
Set up evaluation database, file system, and consent procedures	1–3	Project evaluator
Hire and assign e-technology treatment team	1–3	Project director
Train appropriate staff for EBPs and e-technology methodology	3–4	Project director
Train all E-ACCESS staff on GPRA administration	3–4	Project evaluator
Present E-ACCESS to project partners and prospective participants	2 and ongoing	E-ACCESS staff
Complete all assessments on potential participants; enroll first E-ACCESS participants	4 and ongoing	Project director Care coordinator
Deliver illness management and recovery protocols	4 and ongoing	E-ACCESS staff
Deliver case management, substance abuse treatment, wellness services, and other needed services	4 and ongoing	E-ACCESS staff
Monitor delivery of service including adherence to interventions and fidelity to project model	4 and ongoing	Project evaluator
Enroll first client and input GPRA data into the Services Accountability Improvement System (SAIS)	4	Project evaluator
Provide GPRA followup training to project staff	5	Project evaluator
Begin GPRA 6-month followups	8 and ongoing	E-ACCESS staff
Input GPRA and local instrument scores on SPSS	5 and ongoing	Project evaluator
Convene Project Advisory Board	6 and semiannually	Project director
Commence discharge GPRAs detailing number/types of services rendered	9 and ongoing	Project evaluator
Submit reports to SAMHSA	Biannually	Project director Project evaluator
Attend SAMHSA grantee meetings	Annually	Project director Project evaluator Clinical supervisor

Tasks	Month	Responsible Personnel
Provide booster training sessions in EBPs and GPRA administration	As needed	Project director Project evaluator
Conduct client focus groups and satisfaction surveys and integrate findings into biannual report	Annually	Project evaluator
Analyze all data and present reports to advisory board and SAMHSA as requested	Ongoing	Project evaluator

E-ACCESS program implementation was delayed because mobile application development costs were higher than expected, and it took longer than anticipated to identify a vendor that could satisfy technology functionality requirements within the program's budget and timeline. Mr. Shaffer vetted several companies before contracting with NYC Web Design to complete the task. The vendor finalized the preliminary version of the E-ACCESS app in late March and is completing beta testing. Discussions with the site visit team and Fountain House members generated ideas about additional features that could enhance the user experience in future iterations of the tool.

The E-ACCESS program will be implemented as follows: Prior to enrolling in the program, prospective Fountain House members will be carefully screened by intake coordinators to assess their ability to learn e-technology, utilize the device effectively, and safely store their smartphone. Members will first complete the brief Addiction Severity Index (ASI) assessment to determine the existence of a substance use disorder. Next, members will complete a more comprehensive assessment to identify their risk and protective factors (details that can also be reviewed in their EHR). They will also complete the baseline GPRA intake and locator forms with the E-ACCESS intake coordinator. Members will then review the goals, objectives, and expectations of participating in the program.

Training materials will be developed in English and Spanish and adapted for different literacy levels to help members navigate the E-ACCESS mobile application. The site visit team also recommended producing brief video tutorials to facilitate technology adoption. Member-assigned smartphones will be equipped with safety features like a passcode, locking function, and geo-locator. Members who already own a smartphone and/or have access to a computer will receive a personalized link to the E-ACCESS application. Aided by peer champions, members will learn how to interact in chat rooms and tailor their personal settings to maximize the user experience. The site visit team recommended generating brief video tutorials to serve as reference tools.

To facilitate the decisionmaking process related to future versions of the E-ACCESS mobile application and other technology implementation goals, Fountain House is encouraged to form a governance group (described in section 3) to help prioritize program activities while also being mindful of clinical, financial, and technological issues that affect the entire organization. The group's input will be particularly helpful when negotiating with vendors and will contribute to long-term sustainability.

Successful implementation requires developing a project management tool to organize and prioritize the short and long-term tasks identified by the governance group, E-ACCESS staff, and app users as the program gets underway. The site visit team recommended that Mr. Shaffer develop an implementation plan that charts program objectives, completion timelines, budget, and progress toward achieving goals. There are many free online resources to reference. The Journey Map for grantees (featured on the Ideas Exchange) includes tips on creating a work plan and establishing an advisory board. Designing a project management tool will help maintain accountability among staff and external partners and break complex steps into manageable action items. Organized, clearly defined, and well-communicated tasks will improve overall program implementation processes at all stages of the grant cycle.

5. Community Linkages, Partners, and Participation

According to the Fountain House Web site, “*Success depends upon our ability to inspire partnerships between members, staff, board members, corporate partners, medical providers and the larger community.*” The success of the E-ACCESS program is facilitated by several partnering organizations. These groups work hand in hand to provide comprehensive bidirectional support and referral opportunities to individuals living with mental illness and addiction. Recent shifts in technology adoption, spurred by ACA and health system mergers, may serve as opportunities to expand information sharing and service delivery capacity between the organizations.

Phoenix House collaborates on the E-ACCESS project, providing Fountain House members with a broad spectrum of substance use treatment and recovery services. Phoenix House opened its doors in 1967 and is licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to deliver short- and long-term residential and outpatient treatment services, detoxification services, and primary and mental health care to nearly 2,000 adults and adolescents. Phoenix House manages more than 20 residential and outpatient addiction programs in the State, including locations in New York City, upstate New York, and Long Island. Phoenix House’s “*treatment philosophy is based on the understanding that addiction is a chronic disease not a moral failing. Individuals suffering from substance use disorders deserve evidence-based treatment in settings that offer privacy and dignity.*”⁵

The nearby Sidney Baer Center serves as Fountain House’s “health home.” The Baer Center offers psychiatric and primary health care services that complement the community-based recovery activities provided at Fountain House’s Peter B. Lewis and Adam Lewis Wellness Center (e.g., support and sobriety groups Friends for Change, Double Trouble, and the Rose;

⁵ Retrieved from the Phoenix House Web site on March 2, 2014: <http://www.phoenixhouse.org/locations/new-york/#treatment-approach>

smoking cessation classes; a weight program; lunchtime lectures; and community-supported agriculture projects).

Within Fountain House, each work unit acts as a corporation to serve the needs of participating members. *“Unified by common goals, members and staff build relationships in fulfilling the work of the unit.”*⁶ E-ACCESS stands to benefit the entire organization by serving as a cross-functional collaborative tool. The program will gain additional momentum by partnering with Fountain House’s other internal groups—research, communication, education, and employment units—to share information and resources, market the technology, and participate in evaluation activities.

Because familiarity with different forms of technology may vary among Fountain House partners, E-ACCESS intends to develop a training protocol for new staff, including support documents and video tutorials. Peer mentors will play a critical role in working with community partners and members to facilitate technology adoption.

As discussed during the site visit, support for the project must be top-down and bottom-up. Identifying champions in the community and advocates from within Fountain House will be particularly important to assist with program sustainability efforts.

6. Client Outreach, Recruitment, and Referral

E-ACCESS will soon begin accepting referrals from partner sites and actively recruiting members to participate in the program. Individuals with co-occurring substance abuse and mental illness will be recruited from Fountain House, Phoenix House, and the Baer Center by providers and unit social workers. Members may even self-select into the program. The pool of eligible participants has expanded. Many more members from Phoenix House are now eligible to receive services at Fountain House. Previously, prospective members had to be clean and sober for at least 90 days before they could join Fountain House, but that requirement has been lifted.

The E-ACCESS program has not yet launched; however, there is already buzz among members about the “free phone program.” Staff may want to consider developing write-ups about the program for the Fountain House communication unit to publish in its newsletters and Web site. They may also create brief information cards to share with members. The site visit team recommended producing short videos that provide an overview of the program and explain how the technology is used. The videos will serve a multipurpose function as promotional tools and tutorials that may have long-term value for the program.

⁶ Retrieved from the Fountain House Web site on March 2, 2014: <http://www.fountainhouse.org/content/units>

E-ACCESS will target members who have previously used clubhouse services but whose engagement is limited or who may have disengaged from care because of their substance use. The program is also interested in helping newly enrolled Fountain House members become engaged in the various opportunities available to them. Peer mentors will help members navigate the technology and encourage continued participation. Engaging E-ACCESS champions will further boost the program's outreach, recruitment, and referral potential.

As mentioned in section 4, prospective participants will meet with E-ACCESS intake coordinators to receive an overview of the program and complete the ASI assessment to determine their level of substance use, followed by additional screenings to assess service needs and other risk/protective factors. If program participation is deemed appropriate, enrolled members will develop a care plan to guide their recovery objectives. E-ACCESS participants will receive the necessary support to facilitate their use of technology and are encouraged to participate in e-technology support groups (once formed). Members in need of continued mental health and substance abuse treatment services who prefer traditional treatment modalities (i.e., in-person care) will be referred directly to the Baer Center and/or Phoenix House.

7. Affordable Care Act Readiness

Fountain House is in the design and implementation stages of program development; however, E-ACCESS program staff and leadership are mindful of the changes necessitated by the ACA, particularly with regard to technology use and increased focus on quality metrics. Fortunately, the E-ACCESS program is part of a broader, organization-wide strategy to meet meaningful use data standards established under the Health Information Technology for Economic and Clinical Health (HITECH) Act and ACA. Predicting and managing financial and population health outcomes and cost offsets will be an essential part of ACA quality expectations, and data collected by this project will help to tell the story.

At this time, Fountain House does not have an EHR system that is capable of sharing member information across partner sites, although leadership is exploring this option. Fountain House currently uses the certified [Awards](#) EHR platform developed by Foothold Technology. Phoenix House has contracted with [Welligent](#), a widely used system that is compliant with meaningful use stage 2.⁷ The Baer Center is switching to the [Epic](#) platform. Expanding communication and information sharing capacity between Fountain House, Phoenix House, and the Baer Center will have important implications for the future, especially since the three groups engage in bidirectional member referrals and efforts to coordinate care. Developing a shared plan for wellness among the organizations will help to boost medication and treatment adherence and other wellness-related health outcomes for the members they serve.

⁷ The Welligent system meets the requirements of the Office of the National Coordinator for Health Information Technology-Authorized Testing and Certification Bodies.

Health care services in New York are shifting. The State is undergoing changes to its Medicaid model, and a major clinical network (Mt. Sinai Health System) recently merged its academic medical center with Continuum's community-oriented hospitals to form Mount Sinai-Continuum Health Partners.⁸ Additionally, the State has invested considerable resources into building its health information infrastructure.⁹ It has developed an information exchange (operated by the New York eHealth Collaborative) called the Statewide Health Information Network of New York (or SHIN-NY), making it "*the first large state in the country to build a public network of interconnected electronic health records of this kind.*"¹⁰ Fountain House leadership is acutely aware of the changing health care landscape and is assessing how it will position itself for the future.

The site visit team encouraged the E-ACCESS program to develop a strategic plan that aligns with ACA requirements to guide the organization's technology use and future investments. The plan should be comprehensive, aligned with the broader organization, and meet clients' needs. Offering technology to supplement treatment services is a strong leveraging tool for organizations to compete in today's health care environment and represents the future of health care. A solid outcomes-based, data-informed strategy will help E-ACCESS secure Fountain House's role as a leader in technology-supported behavioral health care.

8. Sustainability Planning

Fountain House has a global perspective on how technology enhances client care, which is essential for program sustainability. While implementation has been E-ACCESS' primary focus, staff have considered the importance of developing a long-term sustainable practice model. Notably, the involvement of leadership in technology enhancement and sustainability discussions, investments, and planning will further enhance buy-in opportunities. Technology will influence most of the domains of the organization's operations as Fountain House addresses payment reform, data management, information integration, workflow, and culture shifts (for clinical staff and members). A technology-informed strategy will outline how Fountain House intends to address these changes internally and among its partners.

The E-ACCESS mobile application is a dynamic tool that will continue to evolve as the program matures. The site visit team spoke extensively with Mr. Shaffer about developing a project management plan that prioritizes and actively manages modifications to the app. It will be particularly important for Fountain House and NYC Web Design to enter into an agreement

⁸ Retrieved from the New York Daily News on March 3, 2014: <http://www.nydailynews.com/new-york/mount-sinai-continuum-complete-health-system-merger-article-1.1472091>

⁹ Retrieved from the New York State Department of Health Web site on March 3, 2014:
<http://www.health.ny.gov/technology/>

¹⁰ Retrieved from the New York eHealth Collaborative Web site on March 3, 2014:
<http://nyehealth.org/>

related to future product adaptations (i.e., expectations for managing enhancements and budget considerations that fall outside of the current scope of work).

Once fully operational, Mr. Shaffer anticipates that program costs associated with maintaining the app will be manageable. Additional staff support, preferably cross-functional assistance that draws on the expertise of staff and members from across Fountain House units, will build an in-house knowledge base that can help the program thrive long term. This will also allow Mr. Shaffer to focus on development opportunities, like pursuing corporate sponsorship to assist with ongoing maintenance costs and the provision of cellular access for members. Fountain House may also want to negotiate with mobile carriers to provide members with inexpensive data plans. Positive member testimonials will help make the case to vendors about why they should continue to support E-ACCESS participants at a price that members can afford once they graduate from the grant-funded program. The site visit team believes that Fountain House's E-ACCESS program could become a self-sustaining operation once initial design, implementation, and evaluation phases are underway.

9. Grantee Evaluation

The E-ACCESS program is not fully operational and does not have robust evaluation data to report at this time. Once available, data will examine (1) E-ACCESS mobile application utilization rates, (2) service entry and completion rates, and (3) outcomes as determined by GPRA intake and 6-month followup results and other factors like social connectedness, use of emergency services, and changes in health outcomes. The program anticipates enrolling 100 members each year over the course of the 3-year grant.

SAE & Associates, LLC—led by Dr. Maureen Miller and Carrie Muchow—will complete program evaluation, fidelity monitoring, compliance checks, and other related services. The evaluators intend to meet regularly with E-ACCESS staff and other appropriate representatives to confirm member intake diagnoses, report outcome results, and track progress toward other identified benchmarks. Statistics on the app features members are accessing will be collected over the course of their involvement in the program. The use of data to predict next steps in the program's design will be important. Beyond entering GPRA data (i.e., baseline, discharge, 6-month followup) in SAIS, program staff may develop an E-ACCESS satisfaction survey for members to assess the overall benefit of using e-technology services to help inform future iterations of the mobile application.

The primary measures of program effectiveness will be individual and aggregate utilization rates of each E-ACCESS app tool (i.e., the feature used and duration of use) and how the tool worked in conjunction with the clubhouse model to improve engagement, treatment, and recovery outcomes (as assessed by changes in GRPA measures over time). Data will support ongoing efforts to (1) improve implementation, (2) improve outcomes, (3) increase cultural competency, (4) ensure cost effectiveness, and (5) strengthen Fountain House's capacity to

deliver e-technology services. The program's advisory board (when formed) will convene on at least a biannual basis to review program status and confer on program direction.

Fountain House has several internal supports to help build the E-ACCESS' evidence base. First and foremost, Fountain House has a work unit dedicated to collecting information that can be used to *"strengthen its programs and better meet the needs of its members."* The research unit already works closely with members and staff on several projects to evaluate Fountain House activities. Including the research unit as part of the E-ACCESS evaluation model will help to foster organizational support for the program. In addition, it may be possible to adapt the Awards EHR platform (housed in the research unit) to collect and/or link participant data extracted from the mobile application.

The E-ACCESS grant program will help Fountain House consider technology's broader role for the overall organization. A successful evaluation strategy will inform technology's ability to add value to the management of health outcomes and effectively demonstrate its return on investment. The plan must be dynamic, focused, and account for global system changes (e.g., the changing technology landscape outside of Fountain House). These factors will be particularly helpful to garner stakeholder buy-in and support future expansion efforts.

Summary

Fountain House's E-ACCESS program provides technology-assisted care to a specialized population in recovery—individuals managing mental illness and substance abuse. The E-ACCESS mobile application will help to expand recovery opportunities *"for persons who may not have access due to socioeconomic and or psychosocial issues."*

The E-ACCESS app is nearly ready for release. To more effectively manage future iterations of the product, the site visit team recommended that program staff solicit member feedback and assemble a governance group to facilitate decisionmaking, establish timelines, and prioritize activities. The collective input of members and the governance group will guide the development of a project management tool that can be used to coordinate activities with the technology vendor.

Although design and implementation considerations are most critical at this juncture, Fountain House has also considered how the E-ACCESS program can yield long-term benefits for the entire organization. The program will benefit from strategies to shape evaluation so that it can demonstrate the cost-benefit and value of using technology to improve health outcomes and comply with changes necessitated by the ACA. With strong leadership and organization-wide support, the E-ACCESS program has positioned itself to influence meaningful change in members' lives.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- Fountain House has a long-term vision for incorporating technology into recovery services for members.
- Fountain House has a history of successful program implementation, including a federally funded research grant for a youth and young adult cognitive behavioral intervention.
- Fountain House intends to conduct member focus groups to obtain feedback on the utility of the mobile application.
- Fountain House members will be actively involved in determining how technology will support their recovery. Members will serve on an advisory committee to provide feedback on program strengths and challenges.
- Fountain House has in-house expertise across several specialties and content areas that can support program development needs.

CHALLENGES

- The social worker assigned to work on the E-ACCESS program is no longer with the organization. Mr. Shaffer could benefit from additional staff support to assist with program design and implementation tasks.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider expanding content to include resources that benefit clients' lives, such as information related to employment, dealing with emotions, child welfare, or housing.	X		
2	Adapt the E-ACCESS mobile application with the end user in mind. Consider the user experience to achieve the greatest potential and minimize frustration. Conducting additional and routine focus groups may help guide decisionmaking.	X		
3	In addition to utilizing Fountain House's onsite IT expertise, consider having members who are actively using the mobile application lead technology support groups and education efforts.	X		

Program Vision and Design

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	To best meet the needs of members using the app, consider having Fountain House's research unit conduct a query to determine members' access to and familiarity with technology.	X		
5	Draw on the skillsets of other Fountain House units to build a cross-functional support team to strengthen the platform's content and functionality.	X		

Grantee Leadership

STRENGTHS

- Fountain House's leadership believes in the value of technology to support member outcomes.
- The E-ACCESS program staff demonstrates passion and drive to achieve goals.

CHALLENGES

- In the absence of a technology governance group, tasks associated with technology implementation are not prioritized, and effective implementation processes are threatened.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Fountain House will benefit from forming a governance group to help prioritize enhancements designed to increase the use of technology.	X		
2	Fountain House may wish to identify champions from within the organization and among members to promote the value of using technology to enhance substance abuse treatment services.	X		

Implementation Plan

STRENGTHS

- E-ACCESS program staff have remained flexible in their implementation strategy and are willing to adapt delivery mechanisms as needed.
- Fountain House has a multimedia department with the expertise to develop high-quality videos and other graphics-related materials that could be beneficial for program implementation.
- The smartphone and mobile application are considered tools for members' recovery toolboxes. Members are encouraged to use the technology in ways that support their individual recovery needs.
- Staff plan to offer a biweekly technology support group to help members navigate the E-ACCESS app.

CHALLENGES

- Implementation was delayed because Fountain House had difficulty identifying a technology vendor that could satisfy functionality requirements within budget. The budget and timeline shifted as a result.
- Coordinating and prioritizing next steps for the E-ACCESS program will require a detailed project management plan guided by the governance group.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Solicit client input at intake to better determine access to and preference for different types of technology. JBS provided sample questionnaire language that can be incorporated in the client intake forms.	X		
2	Consider having members sign a contract that outlines their expectations for using the smartphone and mobile application. This may assist with member accountability and engagement.	X		
3	Recruiting peer navigators will help to maximize the user experience and increase recruitment and engagement opportunities.	X		
4	Developing brief video-based tutorials and member testimonials will assist with implementation and engagement efforts, particularly when in-person help is not available.	X		

Implementation Plan

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
<p>Immediate and longer term adaptations to the E-ACCESS mobile application were recommended during the program overview and consumer discussions. Below is a section-specific summary of suggested edits:</p> <p>Home Screen</p> <ul style="list-style-type: none"> Include a Fountain House news icon that links to activities and events hosted on the Web site <p>Meeting Finder</p> <ul style="list-style-type: none"> Make meetings searchable by type (e.g., Alcoholics/Narcotics Anonymous) Link meetings to a mapping function Link meetings to personal calendars to help members plan their time <p>Sobriety Calculator</p> <ul style="list-style-type: none"> Recognize important member anniversaries <p>5 Video Portal</p> <ul style="list-style-type: none"> Include brief video tutorials Allow members to rate content (e.g., thumbs up/down or stars) Link to video content posted to the Fountain House Web site <p>Group Support</p> <ul style="list-style-type: none"> Include a flag icon to indicate inappropriate content Instead of grouping entries, organize content into an ongoing stream Identify someone to monitor content and direct members to relevant resources Have individuals from each Fountain House unit available to respond to questions <p>Motivational Quotes</p> <ul style="list-style-type: none"> Send members daily motivational quotes (e.g., <i>Today I Will Do One Thing</i> daily) 		X	

	<p>motivational/reflection guide)</p> <p>Check-Ins</p> <ul style="list-style-type: none"> Include other wellness meetings and activities as part of the check-in function <p>Scoreboard</p> <ul style="list-style-type: none"> Consider calling participating members something other than “user” <p>Other</p> <ul style="list-style-type: none"> Allow members to set goals and objectives and link their intentions to a calendar 			
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Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
6	Establish a detailed project management plan to help set expectations for the app’s functionality, prioritize the adaptation and rollout of features, and identify a budget and timeline.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- Fountain House understands the importance of identifying early adopters and champions to help move initiatives forward. It has already secured partners interested in advancing technology-based services.
- Fountain House has a longstanding presence in the community and established partnerships with other provider groups including Phoenix House and the Baer Center. Its reputation and voice in the community facilitate partnership opportunities.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	A detailed work plan may help capture best practices for streamlining staff workflow and continuity of care strategies for members who are transitioning to different service providers/agencies.	X		
2	Collect qualitative and quantitative data to share with potential partners about the program’s value and effectiveness.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- Fountain House has an extensive partner and referral network from which to identify and engage members in service.
- There is already considerable buzz about the “free phone program.”

CHALLENGES

- It may take time for members and partners to feel comfortable transitioning from more traditional recovery modalities. Understanding member preferences for and access to different technologies will assist in outreach, recruitment, and retention efforts.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a strategic marketing campaign that uses technology (e.g., brief videos) to market technology’s potential to improve client health outcomes.	X		
2	Develop simple informational cards to promote the E-ACCESS program and encourage cross-collaboration by presenting at unit meetings.	X		
3	Texting may serve as an effective marketing mechanism to spread the word about Fountain House and to complement other outreach activities. Consider incorporating “thought-of-the-day” or other motivational messages as part of engagement and retention strategies.	X		

Affordable Care Act Readiness

STRENGTHS

- Fountain House leadership is knowledgeable about the effects ACA will have on health care delivery systems. The organization is actively preparing to meet meaningful use requirements.
- Fountain House understands the value of technology as a tool to improve member outcomes and appreciates the role technology will have in the future of health care.
- Fountain House has an established electronic health record system.

CHALLENGES

- At this time, partner sites do not have a fluid way of sharing information. Each organization uses a different EHR system.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Technology will serve as the currency of health reform. Consider using the E-ACCESS program as a way to demonstrate technology's effectiveness in improving health outcomes for members outside of static clinical settings. This may help make the case for needed reimbursement reform.	X		

Sustainability Planning

STRENGTHS

- While program design and implementation have been the primary focus, staff are mindful of the importance of sustaining the project beyond the grant.

CHALLENGES

- As the program grows, there will be increased demands on staff, which may affect their ability to meet program requirements.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Sustainability planning should begin early and include a focus on workforce and financial strategies that can support the program beyond the life of the grant. Develop a strategic plan for the next several years with a focus on how the program will adapt to the technology requirements outlined under ACA.	X		

Sustainability Planning

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	Demonstrate the value of technology in supporting broader Fountain House initiatives by showcasing the program's cost-benefit and savings potential.	X		
3	Identify stakeholder champions and create a mechanism to produce data-driven results to assist in making the case for expanding funding mechanisms.	X		
4	Incorporate a train-the-trainer model to hone in-house expertise and reduce staff time needed for education and troubleshooting issues.	X		

Grantee Evaluation

STRENGTHS

- Fountain House utilizes an objective, independent program evaluator to support data collection and assessment efforts.
- Fountain House is motivated to build technology-related questions into the evaluation model to make the case for how technology-based practices enhance client outcomes. This will be an asset for future sustainability efforts.
- Fountain House has an in-house research unit that can assist with evaluation.

CHALLENGES

- The E-ACCESS program is in the early design and implementation stages and does not yet have robust evaluation results to draw from.
- Program workflow may need to be adjusted to accommodate the collection of GPRA and other data.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Fountain House may wish to consider developing simple inquiries that are routinely collected to gauge the technology features that are most useful to its users.	X		
2	Fountain House may wish to streamline GPRA data collection strategies to ease respondent fatigue. Organizing the progression of questions, using skip patterns, and linking responses to tailored resources may increase completion rates.	X		

Grantee Evaluation

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	Outcomes data are essential to diversify funding. Collect evidence of program effectiveness to demonstrate why funders should reimburse for distance treatment services.	X		
4	Incorporate existing resources and expertise by tapping into in-house support available from the Fountain House research unit.	X		

Abbreviations and Acronyms

ACA	Affordable Care Act
ASI	Addiction Severity Index
COD	Co-occurring disorders
EHR	Electronic health record
E-ACCESS	Electronic Application for Continuous Care and Expanded Sobriety Support
GPRA	Government Performance and Results Act
ICCD	International Center for Clubhouse Development
HITECH	Health Information Technology for Economic and Clinical Health Act
OASAS	Office of Alcoholism and Substance Abuse Services
ROSC	Recovery-oriented system of care
SAIS	Services Accountability Improvement System
SAMHSA	Substance Abuse and Mental Health Services Administration
SMI	Severe mental illness
TAC	Technology-assisted care
TCE	Targeted capacity expansion

Attachment A

Fountain House E-ACCESS

App Screenshot Pamphlet

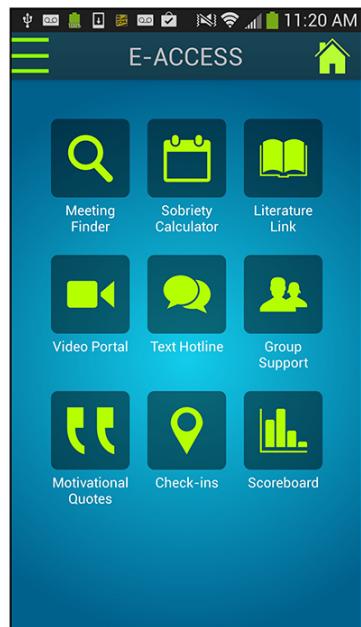
E-ACCESS

Electronic Application for Continuous Care and
Expanded Sobriety Support

Support Wherever You Want It,
Whenever You Need It

Targeted Capacity Expansion:
Technology Assisted Care
(TCE-TAC)

Grant # 1H79Tl024737-O1



HOME SCREEN

- EACCESS Opens to this screen
- Each Tool can be opened by touching the appropriate icon
- Appealing color scheme
- Menu in upper left corner provides for easy navigation between tools (will appear on all tools)
- Home button in the upper right corner allows users to easily return to this home screen (will appear on all tools)



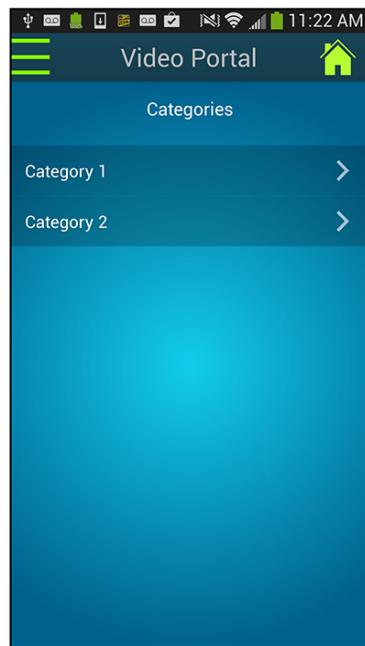
MEETING FINDER

- Enables users to find meetings that are closest to them utilizing the GPS in the phone
- Description includes the name and type of meeting
- Distance is highlighted in Green
- Users can scroll through meetings until they find the one they want
- Touching a specific meeting will take the user to a map that will provide directions on how to get there from their current location



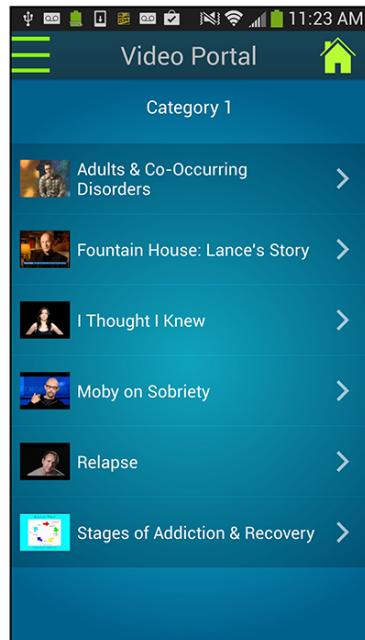
SOBRIETY CALCULATOR

- Enables users to see how long they have been clean from substance abuse
- Each day they remain clean is checked off on the calendar and added to their total so they quickly and easily know how long they have been sober
- If they relapse they have to save a new date
- When a new sobriety date is entered the user will receive a motivational pop-up message and the program staff are automatically notified



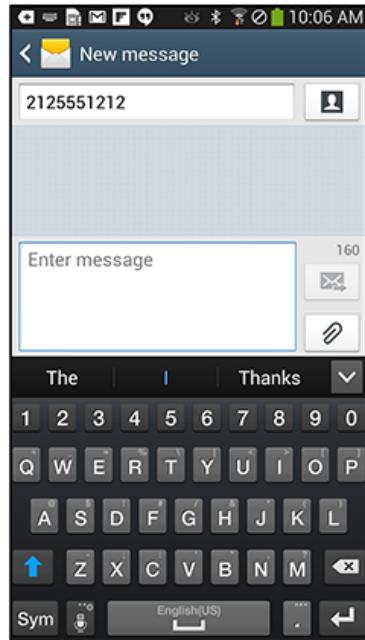
VIDEO PORTAL

- This tool stores video clips that users can view. Videos will have different formats and purposes: educational, inspirational, thought-provoking, etc.
- When this tool is selected the user is initially brought to this screen
- Videos will be sorted into various categories: Member Testimonials, Psychoeducational (provided by partner organization Phoenix House), Inspirational, Video Diary Examples, Celebrity Stories, Fountain House Supports, etc.



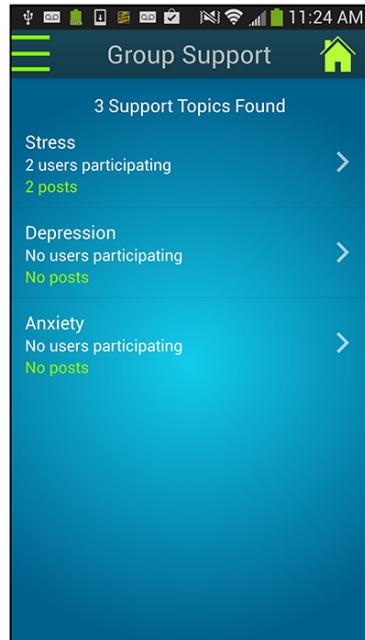
VIDEO PORTAL_2

- Once a user has selected a category all of the videos within that category will appear
- They will be catalogued in order of the most recent post
- Included in the video list within each category will be the Title of the video along with a screen image from the video to give the user an idea of what is featured
- When a video is selected it automatically opens within the phone and users can easily go back to the video list



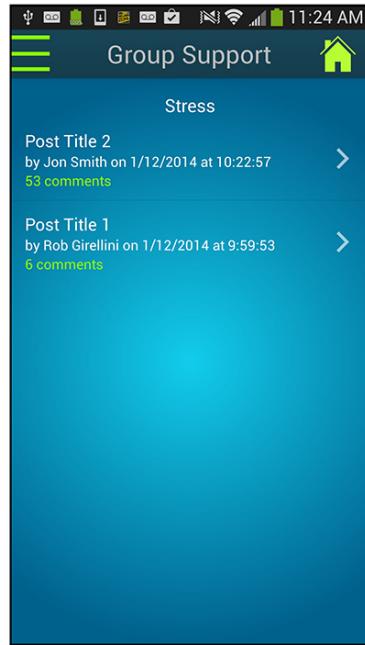
TEXT HOTLINE

- This tool enables users to receive immediate support 24 hours a day, 7 days a week in the form of a text message conversation
- When they select the text hotline tool an SMS message automatically opens up and they can begin sending a message for support
- The text is received by a program staff worker who will respond with messages of support and offerings of advice or suggestions
- Through our administrative website we have control over who (which phone number) receives the messages at which times
- All program staff have been trained in emergency protocol and procedures, if necessary.



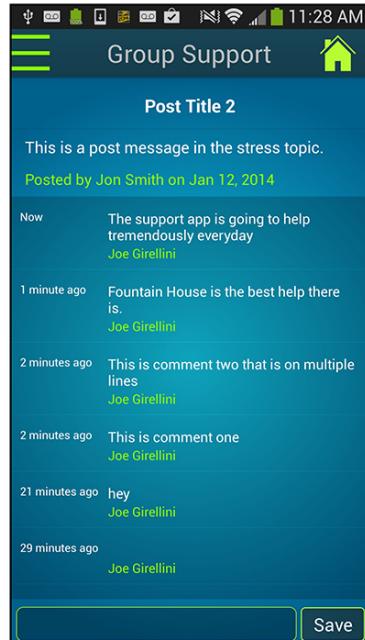
GROUP SUPPORT

- This tool provides a forum for anonymous group support in a blog format
- Program staff will create specific topics that are relevant to the majority of users (e.g. stress reduction, identifying triggers, support networks, motivation, etc.)
- Program staff will also listen to and incorporate suggestions from users for new topics either through direct feedback or focus groups



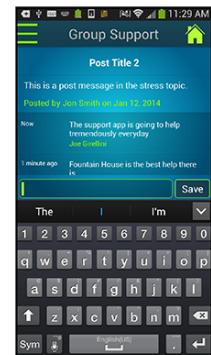
GROUP SUPPORT -2

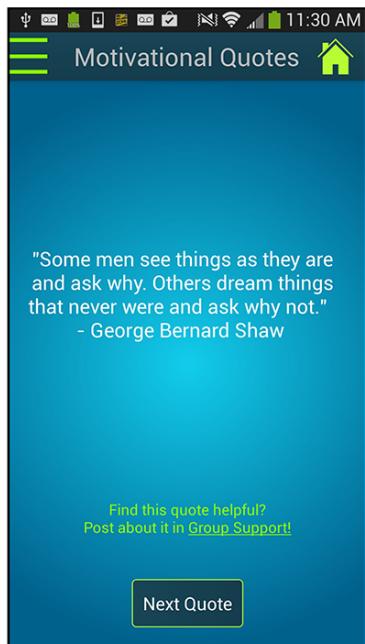
- Once a user selects a specific topic (e.g. Stress) they are brought to this screen to see the title of different posts that users have made about this topic
- Users can scroll through the different posts and select which one(s) they want to respond to.
- They can also create their own post within this frame which other users can then respond too.
- This screen also shows how many comments have been made on each posting



GROUP SUPPORT -3

- When a user selects a Post they are brought to a separate page where they can read the entire post and all of the comments made by other users, starting with the most recent.





MOTIVATIONAL QUOTES

- This tool provides a continuous supply of quotes meant to inspire users and provide hope
- Some of the quotes will be specific to substance abuse recovery or co-occurring disorders, but most will be about determination, choice, resiliency, etc.
- At the bottom of the screen is a tab linking directly to the group support tool where a user can post a comment about how a specific quote struck a chord with them
- Also within this tool at the bottom is a button to go directly to the next quote so a user is able to see several quotes consecutively



CHECK-INS

- The check-in tool allows users to indicate that they are attending a certain meeting.
- Users will be able to check-in at about 6 different types of meetings (e.g. Fountain House Support Meeting, Phoenix House Group Meeting, Outside group type, etc.)
- Other users will receive a pop-up notification when someone "checks-in" which may motivate them to attend as well

Scoreboard	
My Scoreboard	Leaderboard
You've got 1027 points this month	
Meeting Finder	90
Sobriety Calendar	267
Literature Link	52
Video Portal	137
Text Hotline	0
Group Support	325
Motivational Quotes	73
Check-ins	83

SCOREBOARD

- Each of the tools within the EACCESS app will be assigned a specific point value which users will accrue each time they use that specific tool
- Point totals will be reset at the beginning of each month
- At any point during the course of the month a user may select the scoreboard tool to see how many total points they have accrued
- The personal scoreboard also gives them some immediate feedback on which tools they are using more than others or which tools they may want to try more for the following month

Scoreboard	
My Scoreboard	Leaderboard
User 344343	103 pts
User 409837	90 pts
User 328734	84 pts
User 298723	77 pts
User 885983	56 pts

SCOREBOARD_-2

- Within the scoreboard the user will be able to toggle back and forth between their personal scoreboard and the program Leaderboard
- This allows them to measure their own use of the app versus other program participants
- The administrative website allows program staff to have control over how many points are awarded for each tool. This enables the value of each tool to change which may encourage participants to try a tool that they may not have used much in the past

Attachment B

Fountain House E-ACCESS Project Overview, Policies, Procedures, and Protocol

E-ACCESS

Project Overview, Policies, Procedures, & Protocol

Version 1

Updated December 10, 2013

I. Overview of Project-Summary Statement

The Fountain House E-ACCESS Project will enhance and expand access to recovery support and treatment services for those with co-occurring substance use and mental health disorders (COD) in NYC via Smartphone e-technology services, including access to personal electronic health records, e-apps, web-based virtual recovery group sessions, and virtual substance abuse education and intervention. The project will issue smartphones to a pre-selected population of clients who have been recruited, screened and oriented to the E-ACCESS goals and objectives; and to provide support for e-sessions with our partner provider, Phoenix House, to provide electronically delivered educational services to 300 clients (100 per year) to better support clients enrolled in care by providing more frequent and off-hour contact with clinicians. Permanent staff has all been hired and has already been trained on the evidence based programs outlined in the grant proposal, as well as on GPRA administration. There was a delay in the technology development due to difficulties in identifying a technology company/app developer willing to satisfy requirements for functionality and ease of use within our budgetary constraints.

Ultimately, technology costs were greater than anticipated. Therefore, there has been a change in budgeting. Additional resources will now be directed toward technology and taken from personnel. Instead of a full time intake coordinator, we are hiring three peer intake coordinators who will be paid at an hourly rate. A separate budget modification is being filed. The delay in technology development has slightly delayed active program enrollment. To date, one person has been enrolled, 12 have been recruited, screened and are ready to begin E-ACCESS orientation, and an additional 70 clients have been identified for enrollment. Technology development begun in November is almost ready for beta testing. We anticipate the ability to fully enroll participants beginning February 1 and are confident that we will meet our goal of enrolling 100 clients during year 1 because of a high level of interest among clients.

II. Project Goals/Objectives:

Goal #1: To engage individuals with COD not presently accessing services

Objective 1.1: Improve engagement in recovery-oriented substance abuse services by expanding support resources to include access to clinical/educational substance abuse treatment from our partnering organization Phoenix House.

Objective 1.2: Deliver consumer driven support services resulting in increased participant satisfaction with treatment and services

Progress: Despite a delay in technology development, there has been a great deal of interest in the program by the clients at Fountain House. The app is almost fully functional and well integrated with an easy to use centralized web-based system that provides both support resources for individuals and data for monitoring the support resource preferences, as well as the frequency, timing and duration of use. We anticipate no difficulty in enrolling 100 clients during year 1. We have also restructured our intake process. Instead of one dedicated intake coordinator, we will now have three part time peers, trained on GPRA administration, available to enroll the large number of individuals we plan to engage beginning in February. All permanent project

staff has been hired. GPRA training will be completed for the peer intake coordinators by the end of January.

Goal #2: To demonstrate the benefits of technology-assisted care among high-risk, hard-to-reach clients

Objective 2.1: Increased ability to track the health status of individuals because of centrally located coordination of medical, substance abuse and psychiatric services.

Objective 2.2: Development of customized EHRs to include treatment plans for co-occurring substance abuse, psychiatric and medical health issues.

Objective 2.3: Access to existing employment, education, housing, and case management support services in accordance with Fountain House's holistic approach to recovery.

Progress: The app is in the final stages of development. Beta testing is scheduled to begin in January to ensure that these three objectives will be met for all individuals enrolled in the program. We are interested in the continued expansion and upgrading possibilities of the app. We are working hard to ensure that the web-based system is flexible, secure and accurate.

Goal #3: Demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS

Objective 3.1: Increase early detection and prevention of crisis care.

Objective 3.2: Reduce the relapse rate for participating members.

Objective 3.3: Improvement in recovery and resiliency rates among the target population, particularly an increase in measures of social connectedness.

Progress: The evidence based practices utilized by Fountain House and Phoenix House have consistently been shown to impact the quality of life and functionality *for those who participate and adhere to program goals*. The objective of E-ACCESS project is to ensure that a high risk, harder to reach and retain population is also able to benefit through their continued virtual engagement.

III. Recruitment, Enrollment, & Retention

Recruitment and Assessment for COD: Enrollment into the E-ACCESS Program will begin with presentation of the E-ACCESS Program to the staff at both Fountain House and Phoenix House, and to the individual members. Potential participants may be referred by their social worker at Fountain House, the Supported Sobriety Program Coordinator, or directly from Phoenix House. Some participants may refer themselves and will then be assessed for appropriateness for the program. All project participants will have a COD, with or without presenting medical concerns. E-ACCESS project staff will include a Social Worker who will evaluate clinical assessment(s) and assist with case monitoring. Fountain House members all

receive a psychiatric assessment as part of their intake process and this information will also inform the appropriateness of inclusion in E-ACCESS. Clients found to have a SUD can be referred to our treatment partner Phoenix House for care and will remain with Fountain House for continued participation in the E-ACCESS Program. Fountain House members are routinely provided with a plan of care including recommendations for medication compliance and recovery-oriented skills development. This information forms the basis of the clients personalized EHR that will be part of this e-technology project. If screened and found appropriate, the participant will meet with the Project Director for outlining service needs; risk assessment; living situation; and any other factors that might impede their ability to fully participate in the E-ACCESS Program. This includes, but is not limited to, a review of clients' existing EHR that includes a psychiatric assessment and diagnosis; overall health screening; and a progress plan of goals and objectives for the client to achieve throughout this/her contact with Fountain House. The Project Director will then arrange for enrollment with one of the Intake Coordinators.

Enrollment in Program and Obtaining and Tracking Consent: The E-ACCESS Project Director has policies and procedures to ensure that, for disclosures of information that occur on a routine and recurring basis, reasonable efforts are made to limit disclosures to the minimum necessary to accomplish the intended purpose of the disclosure, including developing criteria designed to limit the information it discloses to the information reasonably necessary to accomplish the purpose for which disclosure is sought. These policies and procedures will ensure that requests to other entities subject to the Privacy Rule for information are limited to information which is reasonably necessary to accomplish the purpose for which the request is made. Part 2 requires programs to maintain reasonable and appropriate administrative, technical and physical safeguards to protect the privacy of clients' records whether paper or electronic. The issue of security has been addressed in more detail through a separate Security Rule issued by HHS on February 20, 2003 that established the physical and technical security standards required to guard the integrity, confidentiality and availability of confidential information that is electronically stored, maintained or transmitted. Fountain House will be in compliance with this regulation, working with their IT provider to provide for electronic safeguards such as firewalls and passwords. Fountain House's partner in care, Phoenix House, will provide similar compliance with Part 2 as they have extensive experience with protecting patient confidentiality and being in compliance with the HIPAA Privacy Rule.

E-ACCESS clients will be screened for eligibility and enrolled into the E-ACCESS via a face-to-face interview with an Intake Coordinator. At this time, the goals and objectives of the E-ACCESS Program will be explained including participant involvement and benefits; potential risks and discomfort; confidentiality issues and personal information sharing and storage; and consent to participate. The participant will then complete a locator form to ensure that E-ACCESS Program Staff will be able to contact them for follow-up, with the understanding that the simplest and most effective way to contact them will be on the phone itself. The Locator Form was designed for tracking purposes, and its use has resulted in meeting and exceeding SAMHSA follow-up requirements of 80%. The Intake Coordinator will then administer the GPRA assessment following the instructions provided in training sessions.

The E-ACCESS staff and participant will establish a time for the six month follow-up during the baseline interview. These interviews will be scheduled at a time and location that is convenient

to the participant. Subsequently the participant will be issued their smartphone. As part of enrollment, each E-ACCESS participant will receive a one-on-one tutorial on the use of the phone itself and the E-ACCESS app that has been developed for this project.

Intake Coordinators will securely transmit the GPRA information for each individual participant to the Independent Program Evaluator for input into the CSAT SAIS database and the local evaluation information into an SPSS14 database. GPRA data will be input into the CSAT SAIS database within seven business days after each interview. Once collected, paper copies of the data will be stored in locked file cabinets within a secure office. Identifying information, such as signed consent forms, will be stored in a separate locked cabinet. Electronic data will be stored in password-protected files accessible only by authorized program staff. All data will be stored under conditions that maintain participant confidentiality via HIPPA regulations. The Evaluator will analyze all data to determine project efficiency and effectiveness.

Every effort will be made to protect confidentiality. All data collection instruments will be encoded by number and will contain no other identifying information. Written materials will be maintained in locked filing cabinets, and any computer spreadsheets or electronic medical records will be saved in password protected files. Fountain House as well as their treatment partner, Phoenix House, complies with all federal and state regulations for ensuring proper and safe handling of all potential risks to client safety including medical and psychiatric emergencies, allegations of child abuse and/or neglect, client grievances, record keeping and client confidentiality. Both Fountain House and Phoenix House are HIPAA compliant, and staff receives annual training on these procedures immediately upon hire and periodically thereafter. The only potential risk to client confidentiality that the E-ACCESS presents to participants is in conducting intervention, referral and virtual group practice directly in the community. All efforts will be taken to maintain confidentiality standards established by state licensing authority governing the provision of assessment and treatment services. Fountain House staff, including E-ACCESS staff, are first and foremost client advocates and will be well versed in contingency planning in the event that any adverse effects appear as a result of a client's participation with the E-ACCESS Program. Staff has at its disposal a wide range of services including: social services, mental health, emergency shelter, legal and medical resources to address any potential harmful situation that may occur.

IV. Data Collection and Reporting, Feedback, & Evaluation

Meaningful and Relevant Results: The use of technology, including web based services, smart phones, and behavioral health electronic applications (E-ACCESS), will expand the ability of Fountain House to effectively communicate with persons in treatment and to track and manage their health care to ensure treatment and services are available where and when needed; facilitate referrals to needed services; and allow for expanding the resources available to those beginning their recovery process from SUD.

Expected outcomes:

1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in recovery and in their health care overall.
3. Increased monitoring and tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Cost-effectiveness in terms of less use of the ER because of fewer crises.

Member (Client) Input: The members (clients) of Fountain House have always been an integral part of developing, implementing, and evaluating every project and program at Fountain House. Working with their clinicians, and with e-therapy tools, persons in treatment will become active partners in enhancing the effectiveness of their care. For example focus groups of clients pointed out the need for e-technology to increase and maintain member involvement while highlighting the increased e-technology knowledge base of its members. In addition, an E-ACCESS Peer Advisory Committee will be created to review project policies and procedures and ensure that client interests are being best represented. This Advisory Committee will make recommendations for effective utilization of project resources and provide direct feedback regarding the strengths of the e-technology and the areas where it could be improved or further developed. In addition, an E-ACCESS Client Satisfaction Survey will be conducted annually, seeking both a review of e-technology access and innovations and also the overall benefit that clients' perceive. The results of this survey will be included in future bi-annual reports to the funder and will be reported to the Program Director, the E-ACCESS Program staff, and the Peer Advisory Committee.

Data Collection, Management, Analysis and Reporting: The aim of the E-ACCESS evaluation is to document the successful accomplishment of the three major goals that Fountain House hopes to achieve as a result of expanding their ability to deliver e-technology services: 1. To engage Fountain House members with COD not presently accessing services; 2. To illustrate the benefits of technology-assisted care among high-risk, hard-to-reach clients; and 3. To demonstrate quality of life and overall functionality improvements as a result of the use of E-ACCESS Program of expanded care. To document the attainment of these three goals, data will be collected in three domains: 1. Use of each element of the newly designed E-ACCESS smartphone application, 2. Increased participation (and completion of services) at Fountain House and/or Phoenix House; and 3. Improved functionality as evidenced by changes in baseline and six-month follow-up GPRAs for current substance use; degree of social connectedness; use of emergency rooms for care (in the last 30 days); mental health symptoms, etc.

E-ACCESS will employ an objective, Independent Program Evaluator who will provide training and support to project staff who will collect the assessment data and enter it into the SAIS database and an SPSS database to manage, analyze, and report information that can be used by the project to make continuous improvements. GPRAs will be collected by an Intake Coordinator who, in addition to receiving training and support from the Evaluator, will also attend necessary training sessions provided by CSAT.

Each E-ACCESS activity with each patient will be quantified. Using this database, participation statistics may be obtained for various units of analysis (per patient, per type of service, etc.). For any individual client, key statistics, such as numbers of service referrals, visits to “chat rooms,” attendance at virtual groups, linkages to services, advocacy phone calls, etc., will be collected and monitored throughout the duration of the client’s engagement in the program. Occurrence of all such activities and time spent on them will be logged into the computerized record. This process will enable the Evaluator to calculate various key participation statistics for each client from this raw data, including length of course in each service; intensity of service; participation status (e.g., referral only; ongoing participation; drop out, as defined by the service provider); and others. It will also be possible to categorize individual clients’ patterns of (non) participation in each service (e.g., as early attendee/late absentee; early absentee/late attendee; consistent attendee, etc.). This database will enable the project team to obtain aggregate statistics on clients in key categories by type of service, by client characteristic, or by other factors.

In order to assess the extent of client (dis)satisfaction with the project and to ensure that the project addresses the cultural values, norms, and beliefs of our population, clients will be asked to complete an annual client satisfaction survey to rate perceptions of helpfulness and cultural appropriateness of services they are receiving at least every six months. The fidelity of the project will be conducted by two independent audits using a Fidelity Scale consisting of ratings of implementation levels (from 5=full implementation to 1=no implementation) for each of the project components. All outcome and process evaluation findings will be enumerated in a performance assessment report, which will be submitted as part of future, semi-annual report to CSAT. Results will also be disseminated to all stakeholders and interested parties. In addition to collecting the CSAT-required GPRA data and that related to client satisfaction, the E-ACCESS staff and Evaluator will have access to the participants’ EHR and will be able to note participants’ mental health and substance abuse diagnoses, presenting symptoms, any past or current crisis situation, and current status of the SUD. This data will also be collected and entered into the SPSS database for further analysis. The Evaluator will analyze these data to examine treatment efficiency and effectiveness.

The primary measure of efficiency will be individual and aggregate utilization of each tool of the E-ACCESS app (indicated by reporting measures that annotate the type of technology used and duration of use) and the resultant extent to which participants received the elements of the Evidence-Based Practice, i.e. the “clubhouse” model at Fountain House and those provided by Phoenix House as well. Descriptive data will provide information on the types of e-technology services that were used, and chi-square analyses will be conducted to identify the demographic and psychosocial variables that are significantly associated with the likelihood of utilizing each type of e-technology service. Treatment entry for an SUD will be documented through review of clients’ EHR, where treatment services and treatment planning are annotated. Clients’ improved functionality will be assessed by changes in the GPRA outcome measures for current substance use, degree of social connectedness, accessing emergency rooms for care (in the last 30 days), and presence and severity of mental health symptoms, from baseline to six-month follow-up using t-tests with dependent samples. The Evaluator will prepare monthly reports that include the analyses of outcome and process findings. This information will be presented to the E-ACCESS Peer Advisory Committee and the E-ACCESS Project Director and staff. The

Advisory Committee will review the reports to ensure that evaluation data is presented in a culturally competent manner. This information will be used to provide feedback that the project staff can use to improve the project in the following ways: 1) *Improve implementation* – compare projected number of participants and their amount of service they have received with the actual number and level of service, and make adjustments as needed. 2) *Improve outcomes* – compare the actual outcomes in the targeted areas with the project's goals and objectives, and make modifications as needed. 3) *Increase cultural competency* – compare the evaluation data for participants of varying races, ethnic backgrounds, and ages, to identify differences between subpopulations, and make adaptations or modifications as needed to ensure positive outcomes for all participants. 4) *Ensure cost effectiveness* – monitor the cost per participant to ensure that it does not exceed SAMHSA cost bands. 5) *Strengthen capacity of Fountain House to deliver e-technology services* – monitor number of e-technology tools used and client participation in e-technology trainings.

V. Impact and Next Steps

Fountain House is excited at the prospect of integrating technology assisted care directed toward recovery from substance abuse for their SMI population, thus expanding treatment opportunities for persons who may not have access due to socioeconomic and or psychosocial issues. This is an innovative method of assisting a currently underserved population of clients in need who have been absent from the traditional treatment and recovery milieu. A key component of this project will be Fountain House's ability to document the process and outcome measures, allowing for replication. The technology assisted care model is a unique and has the potential to vastly improve recovery for all substance abusing clients. Technology assisted care, including access to personal health records and related e-therapy tools like virtual groups or web-based applications that can accessed from smartphones, home, or elsewhere in the community, is an ideal approach to address the needs of hard to reach populations who are inherently marginalized and often disconnected from care. This is particularly true for the seriously mentally ill substance abuser.

Globally, as a result of implementing the E-ACCESS, the expected outcomes are:

1. Sharing of effective treatment models and results among providers.
2. Increased engagement of persons in treatment and in their overall health care.
3. Increased tracking of the health status of individuals.
4. Improvement in recovery and resiliency rates.
5. Dissemination of information about the model for replication

Specifically, E-ACCESS will:

- Increase access to behavioral health (substance abuse and mental health) and physical health services by expanding Fountain House's capacity to deliver web-based clinical care to an additional 100 people annually over the life of this project;
- Make e-technology clinical services available to a sample of Fountain House clients who
 - are diagnosed with co-occurring mental health and substance abuse disorders;

- Expand the Fountain House recovery model and support programs to include people referred from Fountain House's substance abuse treatment partner, Phoenix House, who will provide web-based clinical/educational substance abuse treatment and/or evidence-based interventions;
- Enhance participants' ability to fully participate in all aspects of Fountain House's service delivery model despite disabilities that might prevent them from using "brick and mortar" facilities;
- Facilitate person-centered treatment planning and decision making by proving providing easy access to EHR;
- Monitor clients' progress, use of e-technology and issues that might affect their care and recovery;
- Thoroughly evaluate the model of care and make adjustments as needed to the methodology;
- Integrate this high-quality, patient-centered, cost-effective model into the changing landscape of funding for health care.

As a result we anticipate the following objectives/outcomes:

- The development of individual, customized EHRs that include treatment plans for substance abuse, psychiatric, and medical health issues;
- Reduction in both clients' rate of relapse and length of hospital stays;
- Documented improvement in the physical and mental health of all participants;
- Provision of consumer driven support services resulting in increased participant satisfaction with treatment and services;
- Improvement in members' social interaction demonstrated by social connectedness measure and utilization of e-technology measures.