Grants to Expand Care Coordination

Through the Use of Technology Assisted

Care in Targeted Areas of Need

(TCE-TAC)

RFA # TI-13-008

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

February 1, 2014 to July 31, 2014

Instructions for Completing this Report

1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
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TCE-Technology Assisted Care (TAC)
SAMHSA/CSAT
1 Choke Cherry Road, Room 5·1055
Rockville, MD 20850

1. Reporting Period: 2/1/14 - 7/31/14
2. RFA #: TI-13-008
3. Grantee: Boston University (Charles River Campus); PI: Jordana Muroff, PhD
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Casa Esperanza	245 Eustis Street Roxbury, MA 02119-2826	Emily Stewart	(617) 445-1123 ext. 314

5. Project Director: Principal Investigator: Jordana Muroff, PhD
6. Evaluator: Principal Investigator: Jordana Muroff, PhD
7. Evaluator Phone/Email: (617) 358-4661
8. Signature Jordana Muroff, PhD Digitally signed by Jordana Muroff, PhD DN: cn=Jordana Muroff, PhD, o=Boston University, ou, email=jmuroff@bu.edu, c=US Date: 2014.08.28 02:01:50 -04'00'

   Project Director Signature Date
9. List any changes in key staff contact information here:

Staff Member	Add/Loss	Effective Date	Email	Phone
Grace Furtado	Loss	4/15/14	N/A	N/A
Claudia Guauque	Add	4/15/14	cguauque@casaesperanza.org	617-455-1123 ext. 310

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BACKGROUND

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

The Smartphone Technology to Reduce Relapse Among Latinos with Mental Health and Substance Abuse Disorders project is a three-year program effort to provide expanded care coordination using Health Information Technology, specifically the A-CHESS application for Smartphones to Latino drug users with co-occurring mental health disorders who are in recovery. This Technology is proposed to respond to the needs of 120 male and female Latino/a participants, assessed as having an alcohol and/or other drug (AOD) and mental health disorders (MHD), age 18+, and completing residential treatment at Casa Esperanza. The proposed project seeks funding to purchase Smartphones and equip them with the Addiction Comprehensive Health Enhancement Support System (A-CHESS), a promising evidence based practice developed by the Center for Health Enhancement Systems Studies at the University of Wisconsin, Madison. Initial funds will be used to adapt the existing A-CHESS technology into Spanish and add a medication adherence component. A-CHESS may be especially appealing to a Latino sample, given the higher rates of Smartphone use among Latinos, exceeding that of Whites (45% vs. 30%), and Latinos report being very open to mobile health interventions. Clients with co-occurring disorders who completed Casa Esperanza residential treatment and Casa Esperanza staff will receive training in the use of smartphones and A-CHESS. The project will distribute Smartphones with A-CHESS to 40 Latina/o drug users who have successfully completed treatment for co-occurring AOD and MHD at Casa Esperanza each year for three years. A case manager and peer specialist will be available through the smartphone 24/7 to respond to immediate requests from clients using the smartphone technology throughout this project time. The case manager will work with the client to develop a discharge plan which includes the use of A-CHESS. The Peer Specialist will provide peer-to-peer recovery support through A-CHESS to all clients in this project. The BU CARS team is experienced with technology, adapting interventions for Latino dual diagnosis patients, and with conducting SAMHSA funded evaluations. They will conduct a local process and outcome evaluation in addition to GPRA performance assessment. The outcome evaluation will include a comparison group of Latina/o treatment completers with AOD and MHD who will not use A-CHESS. A-CHESS has been tested with participants with alcohol and/or drug dependence in residential treatment and in Drug Court. Key limitations of these prior projects are that the clients are predominantly White and have lower rates of dual diagnosis. This project will include a sample that is at least 95% Latino, at least 40% Spanish–speaking only, and only those with a dual-diagnosis. The evaluation will examine if the project reached the following outcomes: (1) reduced risk of alcohol/drug relapse, (2) increased medication adherence, (3) improved mental well-being, (4) improved social connectedness and (5) independent living post treatment graduation. Data will also be collected and analyzed on the use of specific A-CHESS features.

PROJECT IMPLEMENTATION

Project Goals and Objectives

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

Goal 1: Adaption of the A-CHESS application: By Dr. Muroff the Principal Investigator (experienced with implementing behavioral health technology) and Dr. Lopez (experienced with adapting behavioral health interventions to Latina/os) directing and overseeing the adaptation of the A-CHESS application (to be called CASA CHESS) by University of WI staff to be user-friendly to a Latino bi-lingual population, and include a component that promotes medication adherence; the A-CHESS technology capacity to respond to the needs of the target population will be improved.
Status (Progress) (Objective 1): Translation, cultural adaptation, development and programming of CASA CHESS was completed at the end of December 2013; at that time it was ready for launch. Since Jan. 1, the Casa clients and case manager PI have been getting trained and using the CASA CHESS features (e.g., weekly surveys, medication adherence surveys, discussion board, discussion board etc.) The BU PI, Cultural Competence Expert, and Graduate Research Assistant student with additional input from Casa Esperanza staff and Casa CAB (Community Advisory Board) have been developing additional materials to be added to CASA CHESS. Weekly meetings with Casa Esperanza included gathering relevant cultural information to inform the adaptation or be integrated into the app, inform the development of medication adherence component, set up policies regarding expectations, usage, support for the CASA CHESS application. BU PI communicates regularly with University of Wisconsin staff regarding technology based issues. Twenty-six Casa Esperanza clients received a smartphone with CASA CHESS.

Goal 2: Training on the A-CHESS (newly developed CASA CHESS) app and provision of smartphones: By Dr. Muroff and Dr. Lopez providing initial and ongoing training and support to clients who complete residential treatment at Casa Esperanza and Casa Esperanza staff on CASA CHESS smartphone app these groups will be able to use this tool effectively after clients transfer to independent living.
Status (Progress): (Objectives 1-3) Ongoing support was provided in the following formats: • BU PI Jordana Muroff provided multiple trainings (> 20 hours) to new key Casa Esperanza staff (e.g., case manager) and CARS staff on CASA CHESS Smartphone application and selected Droid phone. Training provided to Casa Esperanza by BU PI and staff included steps to finalize a client's profile, 'train the trainer' techniques so that Casa Esperanza staff would be able to demonstrate app features to clients (how to edit profile, post messages to discussion board, use the calendar to set up appointments, respond to automated messages to provider regarding weekly surveys and medication adherence surveys, review of the use data charts, etc), and reviewed project expectations around regular participation. • BU PI and staff developed paper and electronic training guides for how to set up the Smartphone with the phone app, etc. which included phone screen shots and tutorials in

Spanish. Cultural Competence Expert, Graduate Research Assistant, and PI translated tutorial documentation about how to orient CASA CHESS clients to the phone. These materials were distributed, as was information about the Panic Button sequence, how to set up email addresses, and a clear description of CASA CHESS button icons (one-sentence operationalization, with screen shots illuminating features).

- BU team collaborated with Casa staff to develop a comprehensive CASA CHESS timeline (status towards client graduation, identification of potential CASA CHESS clients vs. controls, tracking of this information, ordering phones, phone set up). Casa staff and BU review the timeline together each week.
- Training logs for each client were developed by Casa and BU staff.
- Participants receiving the smartphone and CASA CHESS app and clients in the control group that completed residential treatment sign a program participation consent form. The 26 clients receiving the Spanish version of CASA CHESS with the additional medication adherence component also signed a Client Agreement outlining expectations regarding CASA CHESS app and Smartphone usage and participated in a CASA CHESS training with the Casa Esperanza case manager, Graduate Research Assistant, and/or PI. During the two weeks prior to clients' completion of residential treatment and leaving Casa, the case manager met with the clients multiple times to discuss app practice and address any concerns.
- BU staff and Casa case manager have been training peer recovery coaches in CASA CHESS.

Goal 3: Intensive Case-management (ICM) services: 1 FTE case manager will provide intensive outpatient case management services to all clients in this project effort. In addition to providing case management support at discharge from residential treatment, the case manager will be available through the smartphone to respond to immediate requests from clients using the smartphone technology throughout this project time.

Status (Progress): Casa Directors identified a bi-cultural bi-lingual lead case manager and supervisor responsible for providing case management support for graduates of residential treatment. This case manager has a dedicated Smartphone that contains the CASA CHESS app. Policies have been amended over time to address ongoing CASA CHESS needs including the case manager's monitoring and responding through CASA CHESS (e.g. weekly surveys, medication surveys), CASA CHESS activity and engagement (e.g., discussion board, events, resources), etc. We experienced a transition, whereby the case manager on the Project had left Casa and another case manager replaced her. The Casa case manager new to this project was trained by BU PI in how to set up each Casa client's CASA CHESS profile, setting, contacts, etc. Before graduating, all participating clients meet with the case manager multiple times to discuss case management support post-graduation. BU PI and staff set up phones and download the app in advance and then give the phones to the case manager to provide to the clients. The Casa Esperanza supervisor provides direct supervision to the case manager and manages the integration of CASA CHESS services into the agency.

Goal 4: Peer-to-peer Recovery Support: Peer specialists provide Peer-to-Peer Recovery Support to all clients at Casa Esperanza as part of their standard services so it is not included in the project effort. Peer recovery coaches in combination with the case-manager will be available to respond to requests from clients using the smartphone technology throughout this project period.

Status (Progress): Graduating clients have met with the Peer Recovery Coach. The Peer Recovery Coaches have been receiving training in CASA CHESS and been working with the case manager to engage clients on CASA CHESS and provide information about events, resources, etc. We will continue to integrate peer-to-peer support through the CASA CHESS app.

Goal 5: Local evaluation of the EBP: The local evaluation team (under the supervision of Dr. Muroff and Dr. Lundgren) will use a formative evaluation model, provide ongoing supervision, training, and technical assistance to Casa Esperanza staff, collect comparison group data (n = 20 in Y01, n = 60 by Y03) and have ongoing weekly contact with Casa Esperanza staff. These efforts are aimed to increase the likelihood that the CASA CHESS application will be implemented with fidelity with Latinos with co-morbid AOD and MHD, thereby promoting sustainability and replication of this effort, and promoting GPRA adherence to be 100% at base-line and a minimum of 80% at 6 and 12 month follow-up, as in other SAMHSA efforts.

Status (Progress): Objectives 1-4; (Objective 1) As of August 1, the end of the reporting period, the program have just about met its intake and exceeded its follow-up targets: 96.7% intake rate with 29 intakes completed, and 11 follow-ups completed of 10 currently due, for a 110.0% follow up rate. Evaluation activities for this reporting period include: collaborative discussion of how to manage a control group; ongoing support for intake and follow up interviews including tracking when six month follow-up interviews are due, data management, data entry and data analysis (including tracking app usage data); IRB amendments and continuing review; a process evaluation focus group with clients; weekly team meetings with Casa Esperanza and BU staff which includes discussion of fidelity to the proposed program and use of the CASA CHESS application.

Please see tables below which describe the 29 clients currently enrolled in the program and the 11 individuals who have completed 6 month follow-up interviews. In addition to comprehensive demographic information, the tables provide descriptive statistics on current and past drug use and drug treatment, mental health characteristics, self-report measures of medication adherence, and expectancy measures about the use of CASA CHESS. In addition, we have included information about whether clients had their own phones, and for follow-up clients using CASA CHESS, an evaluation measure about their experience using CASA CHESS as part of their participation in the program.

As part of the formative evaluation model we continue to have weekly conference calls with the Casa Esperanza Case Manager and her Supervisor (Casa Esperanza Director of Behavioral Health). We continue to discuss project implementation protocols, review phone usage by clients (weekly surveys, panic button use, app engagement, medication survey use, discussion board posts, among other phone features), track graduation flow of clients, address any

technology-based issues, discuss engagement strategies, discuss CASA CHESS data and service integration. We also review established policies and procedures around phone access, trainings, and track entry/exit dates around phone and CASA CHESS access.

Status Toward Goals

If you are falling short in meeting any project objectives, please explain and provide your plan for catching up. Include anticipated date of resolution.

Timeline for Project Implementation

Difficulties/Problems in Achieving Planned Goals and Objectives

Barrier: Randomizing participants to a control group or CASA CHESS in a small cohort ratio (e.g., 5:5). Despite efforts to not "split" graduating cohorts into those that receive the phone with CASA CHESS and those that do not, we have found that the cohorts need to be separated by long periods of time (e.g., several months). Cultural factors and limited resources in the community being served havemade it even more critical not to create "have" vs "have nots" within this project. Actions to overcome the barrier: Amended the randomization schedule so that the cohorts receiving CASA CHESS and those in the control group are separated by longer time periods.

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

Meeting the goal of 40 phone recipients and 20 controls in Y01. The first five months of the grant were focused on technology development. Given that the client participation was initiated during January, the BU PI requested by email an adjustment to the numbers for Y01. Our Program Officer at the time Kathryn Wetherby approved this request by email on March 4, 2014. The goal was changed to 30 clients.

If <u>you intend</u> to request approval of changes in any project goals or objectives during the next reporting period, state the changes and the reasons for wanting to make them. (Remember that you need prior approval from SAMHSA to make these changes.)

NA

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Casa Esperanza Executive Director	Emily Stewart	3%
Casa Esperanza Deputy Director	Diliana De Jesus	10%
Casa Esperanza Director of Behavioral Health	Susan Dargon-Hart	20%
University of Wisconsin Principal Investigator	Kimberly Johnson	3% effort
UW Consortium Director and Technical Core Leader	Susan Dinauer	10% effort
UW Senior Programmer	Haile Berhe	14% effort
Student	Christian Wood	4% effort
Research Specialist	Klaren Pe-Romashko	15%
Boston University PI	Jordana Muroff	14.3%/ 9 mos 12%/ 3 mos
Boston University Student Research Assistant	Erika Gaitan	15 hrs/wk
Boston University Data coordinator/ analyst	Deborah Chassler	15%
Boston University Cultural expert	Luz Lopez	5%/ 9 mos; 15%/3mos
Boston University Evaluation expert	Lena Lundgren	5%/ 3 mos

Position Title	Incumbent Name	Percent Time

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Graduate Research Assistant Erika Gaitan			add
Graduate Research Assistants – Christina Rios and Alheli Lopez			loss

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

The changes were made to enhance project progress. Christina Rios completed her graduate studies. Additional time and support was dedicated to the case manager position to enable the case manager to respond to CASA CHESS and control group participants. Given the focus of the grant on "graduates" of the residential program, an outpatient/ aftercare case manager was hired instead of hiring the residential case manager. A bilingual bicultural graduate research assistant provides program support at Casa Esperanza on a weekly basis.

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

N/A

Partnerships

List each of the partner organizations.

Partner
Casa Esperanza

Partner
Center for Health Enhancement Systems Studies at the University of Wisconsin, Madison

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

N/A

Training and Technical Assistance (TA)

Describe staff development activities, including orientation and training for this reporting period.

Staff Development Activity	Date	Number of Participants	Training Provider
CASA CHESS phone and app training with Case manager	2Xs wk for 6 weeks (April and May 2014) 2Xs in June 2014	1	Jordana Muroff Erika Gaitan
CASA CHESS phone and app training with Research assistant	May 2014	1	Jordana Muroff
CASA CHESS phone and app training with clients	Avg days of training per client = 2-3 (Feb-July 2014)	26	Jordana Muroff, Claudia, Erika

Staff Development Activity	Date	Number of Participants	Training Provider
Trainings in GPRA Administration and Outcome Evaluation Questionnaire	April 2014	2	Deborah Chassler
TCE/TAC Bi-weekly webinars on Ideas Exchange	Feb 13, Feb 27, Mar 13, Mar 27, Apr 10, Apr 24, May 8, May 22, Jun 5, Jun 19, July 17, July 31	40	JBS International

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

Site visit from JBS International's TCE-TAC portfolio:

JBS International visited Casa Esperanza and the BU team April, 14-15, 2014, to review project accomplishments and discover possible opportunities for program enhancements, focusing on implementation and service delivery. During their two-day visit, the JBS team spoke with program staff, clients, clinicians and a recovery coach to learn more about the app's ecological validity. Discussion focused on implementation, engagement, and integration. Staff and clients discussed the app's perceived benefits and identified opportunities for improvement, with topics including: app features, recovery support, client engagement, treatment adherence, and health outcomes. JBS International accentuated the import of applying data and analytics to guide future steps regarding the CASA CHESS app and other organizational goals and decisions.

Site visit activities included:

- A tour of Casa Esperanza: with Casa Esperanza Executive Director, Deputy Director, Program Director, and Case Manager, BU Principal Investigator, Site Visit Team, other program staff
    - Overview of history of program/orientation to program services

- Discussion of strengths, challenges, and lessons learned with senior staff: with Casa Esperanza Executive Director, Deputy Director, Program Director, and Case Manager, BU PI and Data Coordinator/Analyst, Site Visit Team
- Lunch with Casa Esperanza Executive Director, Deputy Director, Program Director, and Case Manager, BU PI, Site Visit Team
- Consumer discussion group: with Casa Esperanza Consumers (CASA CHESS participants), Program Director, and Case Manager, BU PI, Site Visit Team
- Discussion of strengths, challenges, and lessons learned with program staff: with Casa Esperanza Program Director, Case Manager, Outpatient Staff, Recovery Coach, other program staff, BU PI, Site Visit Team
- Overview of evaluation activities/findings: with Casa Esperanza Program Director, BU PI and Data coordinator/analyst, Site Visit Team
- Overview of technology and satisfaction with its use: with Casa Esperanza Program Director, BU PI, Site Visit Team
    - Discussion of future direction of program and sustainability
- Site visit debrief with Casa Esperanza Program Director, BU PI, Site Visit Team, SAMHSA Program Officer.

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue
Conference calls	6/2/14 6/30/14	discussion regarding publication of tech-based research	Beda Jean-Francois, Minnjuan Flournoy Floyd, Center for Behavioral Health Statistics and Quality	

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

N/A

PERFORMANCE INFORMATION

GPRA Performance

As close to the last day of the reporting period as possible, check your official GPRA statistics on the SAIS webpage. Complete the table below. Enter the cumulative numbers (from beginning of the grant) from the SAIS reports.

Date on which reporting quarter data was obtained: Aug. 1, 2014

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	30	29	96.7%			%
6-Month Follow	10	11	110.0%			%

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

NA

If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ from those shown in your GPRA report, specify and account for the differences. Identify steps taken to seek assistance, if needed, to remedy the discrepancy.

Evaluation

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

Evaluation activities include the creation of an Outcome Evaluation Questionnaire (OEQ) which includes questions which address proposed outcomes: (1) reduced risk of alcohol/drug relapse, (2) increased medication adherence, (3) improved mental well-being, (4) improved social connectedness and (5) independent living post treatment graduation. The questions are included in a combined GPRA/OEQ. It is available in both Spanish and English. Data is also being collected and analyzed on the use of specific CASACHESS features.

Upon intake, there were 23 males and six females. Among clients (N=28) who identified as Hispanic/Latino, 79.3% Puerto Rican, 6.9% Dominican, 6.9% Portuguese, and 3.4% Central American. The average age of participants was 41.76 years old, while 71.4% of clients considered themselves homeless. All 29 clients had a co-occurring disorder and 11 (37.9%) had been diagnosed with HIV. Twenty-four clients (82.8%) had previously been to detox, while 28 (96.6%) had been to outpatient treatment for substance abuse.

Evaluation activities also include continuing use of an excel spreadsheet to log booklets, and continuing use of the filing system for all paper materials related to data collection (consent forms, client phone use agreements, intake and follow-up booklets). The log includes formulas for the six-month follow up windows, when they open, the six-month anniversary of the intake interview, and the date the window closes, as well as information for the proposed 12 month follow-ups. This information is shared on a weekly basis with Casa Esperanza, and we have provided the formulas for their timeline spreadsheet, as well. The team developed a SPSS database for outcome evaluation data and created coding for instrument scores as needed.

As part of formative evaluation activities we provided a weekly update to all program staff at Boston University and Casa Esperanza to keep everyone abreast of all activities, important developments, and announcements.

Seven CASA CHESS clients participated in a process evaluation, covering topics: Training, Features, Frustrations, Well-being, Connectivity, Ideas, and Questions Presented. Participants reported that the training was adequate. Some questions/issues remained (e.g., confusion around survey scale anchors, too busy to attend further training). Clients indicated overall satisfaction with availability of Casa staff to answer their questions. CASA CHESS clients also stated that fellow CASA CHESS users were a good training resource. Clients were impressed with CASA CHESS features; clients endorsed that the tracking of their medication and number of sober days felt helpful and motivating. Clients also liked ‘thoughts of the day’, messaging services, and recovery stories. Some clients inquired about how to access certain existing features.

Users also expressed some frustrations in using CASA CHESS referring to curtailed access on weekends while still in residential treatment, and times when the app “froze” or “doesn’t work”. Some users indicated issues around privacy including seeking reassurance that their identifiable information was not publicly viewable within the app. Other users reported that jealously from Casa clients who are not [yet] CASA CHESS users. Still, CASA CHESS clients appreciated that

the app provided them with a ubiquitous, supportive learning environment (e.g., app features, access to peers and Casa staff), and that the app acted as mirror of their current functioning, which cued "honest" client reflection.

Regarding connectivity, most clients expressed valuing the phone for access to case management services, while a smaller number used the technology to "make peace", "contact those [they had] wronged", and to "fix relationships [they had] damaged".

TABLE 1. DEMOGRAPHICS AND PHYSICAL HEALTH	**Intake (N=29)**		**Follow Ups (N=11)**	
Average Age	41.76 years		40.73 years	
Gender	**N**	**Valid %**	**N**	**Valid %**
• Male	23	79.3%	6	54.5%
• Female	6	20.7%	5	45.5%
Race/Ethnicity	**N**	**Valid %**	**N**	**Valid %**
• Black	5	17.2%	3	27.3%
• White	17	58.6%	4	36.4%
• American Indian	2	6.9%	1	9.1%
• Hispanic or Latino	28	96.6%	10	90.9%
• Puerto Rican	23	79.3%	7	63.6%
• Dominican	2	6.9%	2	18.2%
• Central American	1	3.4%	0	0.0%
• Portuguese	2	6.9%	1	9.1%
Language				
• Speak Spanish very well	24	82.8%	9	81.8%
• Speak Spanish at home	27	93.1%	10	90.9%
• Speak English very well	8	27.6%	4	36.4%
• Speak English at home	17	65.4%	7	77.7%
• Speak another language	2	6.9%	3	27.3%
Education	**N**	**Valid %**	**N**	**Valid %**
• Has less than a high school education/GED	18	62.1%	5	45.5%
Marital Status	**N**	**Valid %**	**N**	**Valid %**
• Never Married	14	48.3%	7	63.6%
• Married Same Sex	0	0.0%	0	0.0%
• Married Opposite Sex	2	6.9%	2	18.2%
• Divorced Same Sex	1	3.4%	0	0.0%
• Separated Opposite Sex	6	20.7%	2	18.2%
• Divorced Opposite Sex	4	13.8%	0	0.0%
• Widowed Opposite Sex	2	6.9%	0	0.0%
Children	**N**	**Valid %**	**N**	**Valid %**
• Do you have children?	17	58.6%	5	45.5%

TABLE 1. DEMOGRAPHICS AND PHYSICAL HEALTH	Intake (N=29)		Follow Ups (N=11)	
• Average number of children	3.5 (2.5)		3.2(1.3)	
Employment and income	**N**	**Valid %**	**N**	**Valid %**
• Employed	10	34.5%	5	45.5%
• Receiving government assistance	23	79.3%	7	63.6%
Health Status	**N**	**Valid %**	**N**	**Valid %**
• Excellent	4	13.8%	0	0.0%
• Very Good	5	17.2%	3	27.3%
• Good	14	48.3%	5	45.5%
• Fair	6	20.7%	3	27.3%
• Poor	0	0.0%	0	0.0%
Health Services Used:	**N**	**Valid %**	**N**	**Valid %**
• Ever had HIV test	28	96.6%	11	100.0%
○ Received results	27	93.1%	11	100.0%
○ Ever diagnosed with HIV	11	37.9%	3	27.3%
Criminal Justice Involvement	**N**	**Valid %**	**N**	**Valid %**
• Ever in jail/prison	24	82.8%	8	72.7%

TABLE 2. SUBSTANCE USE, MENTAL HEALTH, & HIV/AIDS RISKY BEHAVIORS	Intake (N=29)		Follow Ups (N=11)	
Co-Occurring Screen Status	**N**	**Valid %**	**N**	**Valid %**
• Screened for co-occurring disorder	29	100.0%	11	100.0%
• Of those, how many screened positive	27	100.0%	10	100.0%
Alcohol and Drug Use – past 30 days	**N**	**Valid %**	**N**	**Valid %**
• Alcohol	0	0.0%	1	9.1%
• Illegal drugs	0	0.0%	0	0.0%
• Cocaine	0	0.0%	0	0.0%
• Marijuana	0	0.0%	0	0.0%
• Heroin	0	0.0%	0	0.0%
• No alcohol or drug use (abstinence)	29	100%	10	30.9%
In the past 30 days has prior use of drugs or alcohol:	**N**	**Valid %**	**N**	**Valid %**
• Caused stress (N/A=23) (N/A=9 Follow up)	6	20.7%	2	18.2%
• Caused a reduction or giving up of important activities (N/A=26) (N/A=10 Follow up)	3	10.3%	1	9.1%
• Caused emotional problems (N/A=24) (N/A=10 Follow up)	5	17.2%	1	9.1%
Mental health status – experienced in past 30 days (yes)	**N**	**Valid %**	**N**	**Valid %**

TABLE 2. SUBSTANCE USE, MENTAL HEALTH, & HIV/AIDS RISKY BEHAVIORS	Intake (N=29)		Follow Ups (N=11)	
• Depression	9	31%	5	45.5%
• Anxiety or tension	14	50%	5	45.5%
• Hallucinations	2	6.9%	2	18.2%
• Trouble remembering or concentrating	14	48.3%	6	54.5%
• Trouble controlling violent behavior	1	3.4%	2	18.2%
• Experienced serious thoughts of suicide	0	0.0%	2	18.2%
• Suicide Attempt	1	3.4%	0	0.0%
• Been prescribed medication for a psychological/emotional problem?	16	59.3%	6	54.4%
Impact of psychological or emotional problems	**N**	**Valid %**	**N (N/A=3)**	**Valid %**
• Not at all	3	14.3%	4	36.4%
• Slightly	9	42.9%	2	18.2%
• Moderately	3	14.3%	0	0.0%
• Considerably	4	19%	0	0.0%
• Extremely	2	9.5%	1	9.1%
Substance Abuse Treatment	**N**	**Valid %**	**N**	**Valid %**
• Ever been to detox	24	82.8%	8	72.7%
• Used detox in the past 6 months	12	52.2%	0	0.0%
• Ever been to residential treatment	29	100%	11	100.0%
• Been to residential tx in the past 6 months	27	100%	7	63.6%
• Ever been to outpatient treatment	28	96.6%	10	90.9%
• Been to outpatient tx in the past 6 months	24	92.3%	9	81.8%
• Ever been to methadone treatment	7	24.1%	2	18.2%
• Been to methadone tx in the past 6 months	4	44.4%	0	0.0%
• Ever been to AA	27	93.1%	9	81.8%
• Been to AA in the past 6 months	25	100%	8	88.9%
• Ever been to Spanish language AA	25	86.2%	9	81.9%
• Been to Spanish language AA in the past 6 months	22	88.0%	8	88.9%
• Ever received peer recovery support	20	69.0%	10	90.9%
• Received peer recovery support in the past 6 months	17	73.9%	10	100.0%
HIV/AIDS Risky Behaviors	**N**	**Valid %**	**N**	**Valid %**
• Sexual activity in the past 30 days	8	27.6%	5	45.5%
• Of those with sex activity, unprotected sex in the past 30 days	6	75.0%	4	80.0%
• Injected drugs in the past 30 days	0	0.0%	0	0.0%

TABLE 3. HOUSING AND FAMILY HISTORY	Intake (N=29)		Follow Ups (N=11)	
Housing – past 30 days	**N**	**Valid %**	**N**	**Valid %**
• Residential treatment	29	100%	0	0.0%

TABLE 3. HOUSING AND FAMILY HISTORY	Intake (N=29)		Follow Ups (N=11)	
• Do you consider yourself to be homeless?	20	71.4%	3	27.3%
Family and Friends and Alcohol and Drug Use	**N**	**Valid %**	**N**	**Valid %**
• Dad used alcohol	15	53.6%	7	63.6%
• Mom used alcohol	4	14.3%	4	36.4%
• Dad used heroin	3	10.7%	0	0.0%
• Mom used heroin	3	10.7%	0	0.0%
• Dad used cocaine	6	21.4%	2	18.2%
• Mom used cocaine	5	17.9%	2	18.2%
• Interact with family and friends supportive or recovery (past 30 days (yes))	25	86.2%	9	81.8%
• Attended voluntary self-help meeting in the past 30 days	23	79.3%	6	54.5%
• Attended religious self-help meeting in the past 30 days	9	31.0%	4	36.4%
• Attended other type of meeting in the past 30 days	7	24.1%	4	36.4%
To whom do you turn when in trouble?				
• No one	4	13.8%	2	18.2%
• Clergy member	1	3.4%	2	18.2%
• Family member	11	37.9%	6	54.5%
• Other	13	44.8%	1	9.1%
Trauma and violence				
• Ever experienced any trauma or violence	16	55.2%	7	63.6%
• Had nightmares	13	44.8%	6	54.5%
• Tried hard not to think about it or avoid reminders	15	51.7%	6	54.5%
• Constantly on guard or easily startled	11	37.9%	5	45.5%
• Felt numb or detached from others	9	31.0%	2	18.2%
• Have you been hit, kicked, slapped or otherwise physically hurt in the past 30 days	1	3.4%	1	9.1%

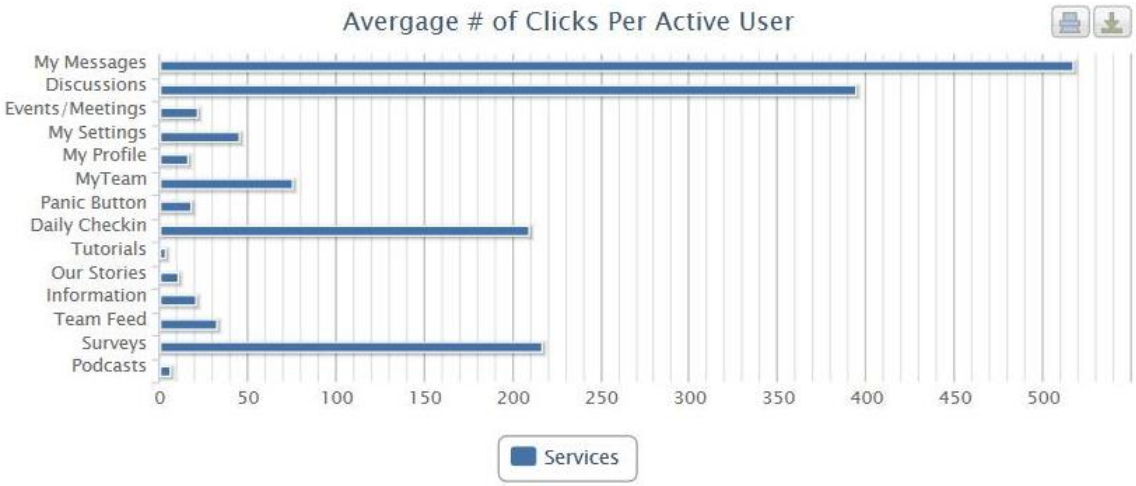
TABLE 4. MENTAL HEALTH	Intake (N=29)		Follow Ups (N=11)	
Depression (PHQ)	**N**	**Valid %**	**N**	**Valid %**
• Minimal	13	46.5%	6	45.5%
• Mild	8	27.5%	2	18.2%
• Moderate	4	13.7%	2	18.2%
• Moderately severe	2	7.1%	1	9.1%
• Severe	1	3.6%	0	0.0%
Anxiety (GAD)	**N**	**Valid %**	**N**	**Valid %**
• Mild	17	58.5%	7	63.6%
• Moderate	10	34.4%	3	27.3%
• Severe	2	6.8%	1	9.1%
Social Support (MOS)	**Mean(SD)**		**Mean(SD)**	
Social support (higher scores indicate more social support) measured on a	73.2 (19.2)		83.8(12.7)	

scale of 19 to 95		
Medication Adherence (ARMS)	**Mean(SD)**	**Mean(SD)**
12-item score (lower scores indicate better adherence) range 12-26 (range13-23 FU)	17.4(3.8)	17.4(3.5)

TABLE 5. CELL PHONE USE	**Intake (N=29)**		**Follow Ups (N=11)**	
	N	**Valid %**	**N**	**Valid %**
• Given CasaCHESS phone	26	89.7%	9	81.1%
Participants with Casa phone (N= 26, N=9 FU)				
• If received CasaCHESS phone will you use another phone?	2	7.7%	1	11.1%
• Has CasaCHESS been your primary phone for the past 6 months? (Asked only at Follow Up)	N/A	N/A	9	100%

TABLE 6. EVALUATION (Asked only at Follow Up of those who received the phone with CASA CHESS)	**Follow Ups (N=9)**	
	N	**Valid %**
• Feel connected with case manager/treatment coordinator/counselor through CASA CHESS.	9	100.0%
• At least once a week, have contact with case manager using the app.	8	88.9%
Technology use in support of treatment and recovery (past 30 days)		
• 5-9 times	1	11.1%
• 15 or more	7	77.8%
Technology impacting recovery	**N**	**Valid %**
• Cell phone	9	100.0%
• Email	7	77.8%
• Text messaging	9	100.0%
• Discussion board	9	100.0%
• Medication Reminders	8	88.9%
• The technology influenced participation in the treatment program quite a lot	8	88.9%

The most commonly utilized features of the CASACHESS are Messages, Discussions, daily Check in, Surveys, and My Team.



	MM	DG	EM	MS	MP	MT	PB	DC	TU	OS	RI	TF	WS	RP
# of Active users	26	27	25	29	22	26	25	23	17	24	26	25	30	21
Ave. clicks per user	517	394	21	45	16	75	18	209	3	10	20	32	216	6
Min. clicks per user	36	3	1	1	1	10	1	13	1	1	1	1	2	1
Max. clicks per user	1415	1641	154	293	76	275	101	577	15	47	121	451	877	21

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

NA

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

Please see Table 1 through Table 6 above.

Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.

NA

Discuss how evaluation findings were used to improve the project.

Evaluation activities were used to improve the project providing data supported information about the status of the implementation of the phone app intervention. On a weekly basis, the evaluation team provided information on:

CASA CHESS usage by individual client including

- Weekly surveys
- Medication adherence surveys
- App usage
- Discussion board activity

This information informed decisions about phone action items, including: when the case manager should initiate contact with the client (e.g., to provide support, help identify recovery supports and resources), when to encourage clients' active participation with the CASA CHESS app (e.g., weekly and other surveys), when to turn off data plans as the phones were lost, etc., and the development of additional engagement strategies.

Intake and follow up targets and rates have been reported each week, fostering pride and connection in the program, especially around client outreach.

Casa Esperanza provided the following client status information to BU

- Projected date of completion/graduation from program for current clients
- Relapses (e.g., return to detox, return/extensions in residential that affect access to CASA CHESS)
- Lost or broken phones
- Clients who have lost [multiple] phones who expressed interest in having app loaded onto personal phone
- Discharges without completion of program (e.g., discharged for rule violations)

With this information, the program intervention could be modified on a continuing basis, updating and revising protocols as needed.

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

Interim Financial Status

Attach an updated program budget and any budget modifications.

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

Total Funding*: $279,998.00		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date (7/31/14)
Staff salaries	$24,284.78	$44,328.46
Fringe	$5,310.51	$9,589.24
Contracts	$122,844.88	$122,844.88
Equipment		
Supplies		$59.69
Travel	$573.89	$573.89
Facilities		
Other	$6,111.44	$16,111.44

Total direct expenditures	$159,125.50	$193,507.60
Indirect costs	$31,319.87	$43,800.58
Total expenditures	$190.445.37	$237,308.18
Remaining balance		$42,689.82 (15%)** Please see below for remaining encumbered charges for completed work through July 31.
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

The following expenses were charged from August 1 to 27, 2014 for work completed through July 31, 2014.

Expense Category	Charged 8/1/14-8/27/14	Cumulative Expenditures through 8/27/14
Staff salaries	$ 697.50	$ 45,025.96
Fringe	$ -	$ 9,589.24
Contracts	$ 20,498.12	$ 143,343.00
Equipment	$ -	
Supplies	$ -	$ 59.69
Travel	$ -	$ 573.89
Facilities	$ -	
Other	$ 878.76	$ 16,990.20
Total direct expenditure	$ 22,074.38	$ 215,581.98
Indirect costs	$ 572.18	$ 44,372.76
Total expenditures	$ 22,646.56	$ 259,954.74
Total Budget		$ 279,998.00
Balance		$ 20,043.26

Staff salaries are paid a week after the work is performed (paid Aug. 8). These charges were for work completed through July 31.

The final subcontract invoices for Year 1 were submitted (in August) for work completed through July 31.

Telephone charges are processed a month later. July telephone charges ($878.76) were processed in August.

Associated indirects for encumbered charges (excluding the subcontracts) are also encumbered.

The total amount charged between August 1-27, 2014 is $22,646.56.

The estimated carry-over amount is approximately 7% ($20,043.26).

Other Significant Project Activities

Discuss any notable project activities, events, or other issues that occurred during the reporting period not previously described. Describe any problems that emerged, the effect it had on the project and steps taken or planned to overcome the barrier.

Summary of key program accomplishments and progress

- Submit IRB amendments and annual continuing program review
- Hired (replaced) and trained two new bilingual and culturally competent staff (e.g., case manager, research assistant)
- Coordinate, draft agenda and attend weekly phone calls with Casa Esperanza team
- Write and send weekly updates to all Casa Esperanza and BU team members: includes information on intake and follow-up rates and windows for 6 month follow-up interviews, policy updates
- Attend bi-weekly webinar TAC calls: weekly TAC updates circulated within BU team
- Attend monthly University of Madison ACHESS Consortium calls
- Attend monthly University of Madison ACHESS implementation calls
- Attend TCE-TAC conference March 20-21, 2014 at SAMHSA (Casa Esperanza and BU team members)
- BU team and Casa Esperanza scheduled and participated in the TAC Grantee Implementation Site Visit for April 2014
- Brainstorm engagement strategies (scavenger hunts, exploring recovery apps in Spanish that inspire more CASA CHESS involvement, community engagement)
- Receive, log, clean, and complete data entry for all outcome measures, using the SAIS website and SPSS
- Complete data analysis for reports
- Clarify policies and procedures (e.g., define ‘graduation’, discharge; refine phone replacement policies, create policies regarding access to CASA CHESS, developing policies regarding transfer of phone line from BU to clients)
- Develop a training log to track ‘dosage of training’ for CASA CHESS clients
- AHSR abstract submitted (5/22/14) and accepted (6/20/14): Develop abstract and draft data visualizations for Addictions Health Services Research (AHSR) annual conference,

October 2014, Boston, MA.

- SSWR abstract submitted (4/30/2014) and pending
- Conduct ongoing client trainings, posting engaging topics for clients to respond to on discussion board, integrating CASA CHESS data (medication adherence, mood symptoms, relapse) into case management (Claudia) and other services (e.g., outpatient)
- Develop paper and electronic training guides for how to set up the Smartphone with the phone app, etc. which included phone screen shots and tutorials in Spanish.
- Continue to record culturally relevant recovery stories
- Translate into Spanish new CASACHESS materials

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

Please find the attached IRB Consent Form and Client Agreement Form.

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

No publications or presentations since the last reporting period.

LIST OF ATTACHMENTS

List each attachment separately here and attach to the back of this report.

Attachment 1: IRB Consent Form

Attachment 2: Client Agreement Form (Spanish and English)

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: