Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # T1024770

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period: 2-1-14 to 7-31-14

Instructions for Completing this Report

1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to: granteereports@jbsinternational.com
   Copy SAMHSA Grants Management Specialist, Doug Lees (doug.lees@samhsa.hhs.gov), and your Government Project Officer to the email
5. Save the confirmation receipt of your submission.

TCE-Technology Assisted Care (TAC)
SAMHSA/CSAT
1 Choke Cherry Road, Room 5·1055
Rockville, MD 20850

1. Reporting Period: 2-1-14 to 7-31-14
2. RFA #: 1H79T1024770-01
3. Grantee: San Antonio Counsel on Alcohol and Drug Abuse
4. Provider Site(s): 7500 Highway 90 West, Suite #100, San Antonio, TX 78227

Provider Site Name	Address	Contact Person	Phone/Email
San Antonio Council on Alcohol and Drug Abuse	7500 Hwy 90 West, AT & T Bldg., Suite 100, San Antonio, TX 78227	Abgail Moore, Executive Director	210-233-5860, amoore@sacada.org

5. Project Director: Melanie Lane, LMSW, LCDC
6. Project Director Phone/Email: 210-233-5873, mlane@sacada.org
7. Evaluator: Dr. Nancy Amodei, Univ Texas Health Science Center San Antonio, Dept of Pediatrics
8. Evaluator Phone/Email: 210-567-7424
9. Signature Melanie Lane 8/28/14

   Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
None				

Staff Member	Add/Loss	Effective Date	Email	Phone

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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.

ABSTRACT

Web Oriented Recovery Care (WORC) will expand and enhance substance abuse recovery capital through the provision of peer to peer services for those individuals with substance use disorders by using Technology-Assisted Care in Targeted Areas of Need (TCE-TAC). A primary goal is to help individuals achieve and maintain recovery and to improve the overall quality of life. WORC will use technology to support recovery and resiliency effort and promote wellness.

The San Antonio Council on Alcohol and Drug Abuse (SACADA) will be the lead organization for this project. Limited resources for the uninsured substance abusers in Bexar County are apparent as indicated by only 149 indigent treatment beds for adults with an adult population of over 1.2 million. That means many people in our community do not receive services including underserved populations such as veterans and Hispanics. That is why the peer recovery coaching through WORC is the perfect fit to address health, home, purpose and community in Bexar County. Peer recovery coaches can convey resiliency skills across different economic and age categories, and understand the role of culture, religion, ethnic identity, and family at their own community level. The population to be served will include individuals seeking treatment services, rural communities with limited resources, uninsured veterans, Hispanic, and individuals in recovery needing additional resources to sustain their sobriety.

Funding of this project will enable SACADA to embed within Bexar County and the surrounding rural counties a resource that directly expands on existing services. By developing a system to train peer recovery coaches, connect them with individuals in need of help, and providing a web portal (eROSC) that all citizens can access, we are creating **Recovery Capital**. What do we mean by Recovery Capital (RC)? "The long-term goal of RC programs is to help people develop an indigenous (i.e., community-based) recovery support system that facilitates their transition from the professional or formal treatment realm and into a life of self-autonomy and, of course, sustained recovery.

By the end of the program WORC will have trained 20 recovery coaches, provided services to 450 peers, hosted 6 presentations to educate the community on use of WORC, and developed a Web-Portal of peer recovery resources. Staff and peer recovery coaches will use Motivational Interviewing (MI), the Manual for Recovery Coaching and Personal Recovery Plan Development (Loveland, 2005) and the Texas Peer Recovery Coach Institute Curriculum to provide comprehensive services. These strategies will create long term sustainability and enhance the Recovery Capital of Bexar and surrounding counties for its residents.

TECHNOLOGIES BEING USED

SACADA has subcontracted with Medical Web Experts for the development of the Web Orientated Recovery Care (WORC) web site that provides an electronic e-ROSC available to all of the citizens in a 28 area region. Features of this technology include the ability of individuals to gain access to a wide variety of recovery information from current news and educational information to daily meditations. Community members can speak to a personal recovery coach through a "chat" feature. Individuals who register for a Recovery Coach will have access to digital self-evaluation instruments including: Recovery Capitol Scale, a Digital Literacy Assessment, Telephone Monitoring & Adaptive Counseling (TMAC) Assessment/Support Questionnaire, Unmet Needs/Services Needed and Received, and a satisfaction survey. Individuals who complete the self-assessment feature will have the benefit of a Recovery Coach to help in the development of an on-line Recovery Plan and will be able to gauge their progress towards accomplishment of goals. The Recovery Capitol Scale includes healthy living information such as "do you have health insurance and a doctor".

Individuals who register on the WORC site will be participating in the evaluation component of the program and they will be assigned a number which means their de-identified information will be available to our evaluation team at the University of Texas Health Science Center at San Antonio. No patient identifying information will be available to the evaluation team but they will be able to download data files from the various tools such as the Recovery Capitol Scale at the baseline, 6 month follow-up and discharge times.

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: Goal #1: To use Technology Assisted Care in Bexar County and the surrounding twenty-eight county catchment area to enhance the ability of providers to effectively communicate with traditionally underserved persons in treatment/recovery and to track and manage their health to ensure treatment and services are available when and where needed.

Status:

Objective 1.1. Use Technology-Assisted Care, namely an electronic-Recovery Oriented Systems of Care (WORC e-ROSC) available in English and Spanish, to serve approximately 450 clients in need of recovery services more effectively and efficiently by *supplementing face-to-face recovery services with e-ROSC services*, both facilitated by peer-recovery coaches.

We have enrolled 84 clients in the first year and currently have 7 recovery coaches. We have 2 new part-time coaches who have a start date of August 1, 2014.

Goal: Objective 1.2. Allow enrolled clients to actively monitor, via technology that can be accessed from computers, iPads, or smart phones, in real time their own treatment and progress in recovery as well as ancillary health information related to the treatment of substance abuse.

The technology is in place to allow clients to monitor in real time their own treatment progress. WORC site can be accessed from PC, IPads, and smart phones.

Objective 1.3. Improve outcomes for clients by facilitating earlier and more persistent participation in services including the assessment of "recovery capital" and development of a personal recovery plan, resulting in decreased rates of relapse and improved physical and behavioral health.

Of the 84 individuals currently enrolled in WORC, 58 had an initial Recovery Capital Plan/Scale completed within a month of their baseline GPRA. A subset of these individuals had more than one Recovery Capital Scale completed, indicating that they were using the WORC project and resources to develop a personal recovery plan. There was considerable variability in each of the domains assessed, with some individuals having low recovery capital and others already having high recovery capital. By the time of the next report, our sample size will be sufficiently large enough to assess whether WORC has impacted our sample's recovery capital by six-month follow-up. Also, due to relatively small number of six month follow-up data points, we are unable to draw conclusions about the impact of WORC on attenuating relapse or improving physical and behavioral health at this time. Suffice it to say that the majority of the sample reported past 30-day abstinence for most of the substances listed on the GPRA. The most commonly reported substance used though was alcohol. 28% were not abstinent from alcohol at baseline, 12.3% were not abstinent from marijuana and 7.1% were not abstinent for crack/cocaine. In terms of physical health, there is certainly room for improvement with almost a third of the sample (32%) reporting their general health as fair or poor. Similarly, this electronic recovery coaching program will hopefully improve individuals' mental health. At baseline, among this sample of 84 participants, 9% reported hallucinations in the past 30 days, 45% reported significant problems with attention and concentration, 45% reported problems with serious feelings of depression, and close to 60% reported problems with anxiety.

Goal 2: To increase the recovery capital of the San Antonio/Bexar County and surrounding rural county areas by training a cadre of peer coaches to deliver recovery services to traditionally underserved individuals including the uninsured, minorities, and those living in rural areas.

Status:

Objective 2.1. To identify up to 20 peers in recovery from substance disorders (recruited the existing pool of Texas Department of Health (DSHS)-trained recovery coaches and other local recovery resources) over three years and develop and enhance their skills to serve as peer coaches using the 46-hour Texas Peer Recovery Coach Institute mentor training program promoted by DSHS.

SACADA provided training for 11 Recovery Coaches on April 12, 2014 in the 46 hours Texas Peer Recovery Coach Institute training curriculum. Additional trainings are planned for the next six month period.

Objective 2.2. To supplement the core peer recovery training of the 20 peers with training in evidence-based practices to be used in the project (i.e., Motivational Interviewing, brief strength-based case management) as well as the delivery of technology-assisted recovery support care to be delivered in face-to-face encounters and through the WORC eROSC.

SACADA provided training on Introduction to Motivational Interviewing and brief strength based treatment strategies on for all WORC staff on March 14, 2014 (3 hours). Other trainings were held on June 13, 2014 on Ethical Dilemmas (2 hours) and on Addiction (2 hours) on June 27, 2014.

Goal 3: To identify and recruit 450 underserved clients with substance use disorders over three years through linkage with community agencies and through public WORC e-Recovery Oriented System of Care (e-ROSC) portal.

Status:

Objective 3.1. Conduct five focus groups (two with individuals with substance use disorders, one with peer recovery coaches, one with program staff from service agencies, and one with members from community at-large) by Month 02 in order to plan for the overall implementation of the WORC e-ROSC.

This objective was complete in first Bi-annual report.

Objective 3.2. Provide at least six trainings per year throughout the targeted geographical area for peer recovery coaches as well as staff from referring community agencies on how to make referrals to the WORC e-ROSC project as well as how to use the e-ROSC system.

We have conducted seven presentations throughout the region including one at Methodist Healthcare Ministries (rural health clinics) and one at Dominguez State Jail (individuals re-entering after incarceration) during the past six month. (See Attachment #3)

Objective 3.3. Develop formal MOUs between WORC and community agencies needing peer mentors and/or who have individuals they can refer to be a peer mentor.

We have MOU's in place with many community agencies and partners. We have several new MOU's the last six month with Dress for Success, the San Antonio Food Bank (our own food pantry for clients) and we are working on a MOU with Texas Department of Assistive and Rehabilitative Services (DARS).

Objective 3.4. Link individuals requesting services through direct agency referrals or through the WORC e-ROSC portal to a peer-recovery coach who will utilize face-to-face and/or e-ROSC services.

All clients enrolled at the time of this report have been assigned to a Recovery Coach and all new enrollees are assigned a coach within 24 hours of registration.

Objective 3.5. Provide each enrolled client the opportunity to attend a two-hour digital literacy class as well as to facilitate effective use of WORC e-ROSC resources.

We are currently scheduling a two-hour digital literacy class for September 2014. We have not had a need for this training up until recent enrollees.

Goal 4: To evaluate the impact of the technology assisted recovery-oriented systems of care intervention on health, wellness, and recovery status of enrolled participants.

Status:

Objective 4.1. Assess digital literacy, abstinence, relapse, unmet needs, general health, wellness and recovery capital of enrolled clients at baseline and six-months post-baseline.

Digital Literacy is assessed through the Digital Literacy Scale. Abstinence and relapse are assessed through the GPRA performance measure, as is general health and wellness. The recovery capital of participants is assessed through the Recovery Capital Scale and unmet needs are assessed through the Unmet Needs and Gaps scale. Due to the formative nature of

the eWORC initiative, the planning team with input from consumers, decided to restrict the data collection burden on participants by using fewer measures than is normally the case for the local evaluation portion of SAMHSA initiatives in which SACADA and UTHSCSA-CP have previously participated. Further, in order to keep website development costs manageable, the embedding of evaluation measures on the website as well other evaluation functions have been slated to occur in stages. Hence, not all the data which could be used to fully address this objective is available to us during this reporting period. We fully expect that more complete data will be available during the next reporting period.

Despite this, as noted in the attached evaluation report, the 54 individuals for whom we have Digital Literacy Scale data reported relatively high levels of digital literacy. They obtained a mean score of 19.18 on a scale that can vary from 0 to 22. This explains why until recently there has been no digital literacy workshops conducted. With regard to recovery capital, there are 58 individuals who completed the Recovery Capital Scale within 30 days of their baseline GPRA. There are 35 items and scores can range from 1 to 5 on each item with a total maximum score of 175. However, as noted in the attached evaluation report, some programming errors led to three of the items being omitted from the online version so the maximum total score for our participants at this time is only 160. The means and standard deviations for the Total Score as well as the valid subtests (e.g., Career/Education, Leisure/Recreation,Drug/Alcohol Recovery) suggest that as whole there is room for improvement, although some individuals already have substantial recovery capital. The mean Total Recovery Capital Scale Score was 117.81 (SD=16.61). As noted above for Objective 1.3., the majority of the sample reported past 30-day abstinence for most of the substances listed on the GPRA. The most commonly reported substance was alcohol. 28% were not abstinent from alcohol at baseline, 12.3% were not abstinent from marijuana and 7.1% were not abstinent for crack/cocaine. In terms of physical health, there is certainly room for improvement with almost a third of the sample (32%) reporting their general health as fair or poor. Similarly, this electronic recovery coaching program will hopefully improve individuals' mental health. At baseline among this sample of 84 participants, 9% reported hallucinations in the past 30 days, 45% reported significant problems with attention and concentration, 45% reported problems with serious feelings of depression, and close to 60% reported problems with anxiety.

Objective 4.2. Assess satisfaction with and acceptability of WORC services including peer recovery services delivered face-to-face and through the e-ROSC portal at 6-month follow-up.

Participants are quite satisfied with both their recovery coach and WORC technology available to them. They were asked to rate a number of items concerning the type of services provided by their coach. Ratings could range from 1 (Strongly disagree) to 5 (strongly agree) on items such as My Peer Recovery Coach a) helped me with services I needed (recovery support, health care, job, etc), "is someone I can trust," and "made me want to stay clean and sober." On each of the six items asking the participant to rate his recovery coach, mean ratings ranged from 4.55 (.73) to 4.78 (.67) indicating the participants were satisfied with their coaches. A limitation of the present findings discussed in more detail in the attached

evaluation report is that they represent the opinion of only nine respondents. More information is included in the evaluation report. Participants were also asked to rate their satisfaction with the Recovery Coaching technology component of the intervention. There were 5 questions that were used to address this theme. In general, participants were satisfied with the recovery services offered to them through technology. The findings are presented in more detail in the attached evaluation report.

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.

Our intakes are below 80%. Since recovery coaching is still a relative new field, we have had to train our recovery coaches on how to manage their caseloads. Coaches were keeping the clients on their caseloads for a lengthy period and having 20 or more clients. This hindered new admissions and coaching of new individuals because coaches were overwhelmed. Moving forward we have developed a matrix to monitor client's movement through services each quarter. So six clients will get discharged in the quarter and six new clients will come on the quarter for a total of 24 clients served in the year per coach. With 9 coaches seeing 24 clients a year that is 216 for the upcoming year.

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.

Have not submitted any changes but see above on status of intakes.

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

No Changes

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Melanie Lane	.10
Project Coordinator	Jason Wagner	100.
Web Master	Charles Villafranca	.15
Project Evaluator	Nancy Amodei, PhD	.10
Evaluation Data Manager	Troy Golding	.10
Recovery Coach	William Hastings	.50
Recovery Coach	Noe Gonzalez	.50
Recovery Coach	Donnie Andrews	.50
Recovery Coach	Graceanne Maricle	.50
Recovery Coach	Alberto Menchaca	.50
Recovery Coach	Patricia Amaya	.50
Recovery Coach	Rachel Alvarado	.50
Data Manager	Candi Pieper	.04

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
None			

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

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

There have been no personnel changes.

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

No obstacles encountered. We trained 11 coaches this 6 month period and are hiring two effective 8-1-14 (not in the reporting period).

Partnerships

List each of the partner organizations.

Partners:
Mid-Coast Family Services, Inc.
Hill County Council on Alcohol and Drug Abuse
Quad County Council on Alcohol and Drug Abuse
University of Texas Health Science Center, Department of Pediatrics (Evaluators)

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

Depending on the results of working with the Quad County Council in Del Rio, we may be asking to change our partner agency in the border region. We have struggled with getting the staff located in the Del Rio area to engage new admissions from their area. Project Coordinator is working with Del Rio staff on how web portal information is presented in the community and to discover why they are lagging in admissions.

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
Melanie Lane (Project Director)			
Recovery Support Services	06/18&19/2014	60	Tx.Dept.State Health Service
Ethics: Untangling the Dilemma's	06/13/2014	25	SACADA
Addiction	06/27/2014	25	SACADA
Examination for Substance Abuse Professionals	06/27/2014	1	On-line
National TASC Conference	May/7-9/2014	30	Birmingham, Alabama
Ethics, Client Rights, CFR-42	04/11/2014	50	Alpha Home, Inc.
Enhancing Motivation for Change	03/14/2014	15	SACADA
Recovery is a Community Affair	03/24/2014	125	SACADA & AARI/ROSC
Understanding DSM: Didactic	02/07/2014	50	SACADA
Understanding DSM: Clinical	02/07/2014	50	SACADA
Jason Wagner (Pro Coordinator)			
Enhancing Motivation for Change	03/14/2014	15	SACADA
Recovery is a Community Affair	03/24/2014	125	SACADA
Management & Ledership Skills	04/17/2014	40	Fred Pryor Seminars
Understanding the Role of Peer Recovery Coaches in the Addiction Profession	05/01/2014	50	NAADAC
Report and Downloading Data			

Staff Development Activity	Date	Number of Participants	Training Provider
Including Family and Community in the Recovery Process	05/07/2014 05/29/2014	25 50	CSAT-GPRA NAADAC
Protecting the Next Generation: Drug and Alcohol use during pregnancy	07/03/2014	50	National Alliance for Drug Endagnered Children
Microsoft Excel: The Basics			
Microsoft Excel: Beyond the Basics	07/24/14 07/25/14	130 120	Fred Pryor Seminars Fred Pryor Seminars
Nany Amodei (Chief Evaluator):			
Delivering Culturally Relevant Services for Minority Populations	02/12/14	On-line	CSAT-SAMHSA
Environmental Strategies	03/08/14	On-line	Underage Drinking Enforement Training Center
Alcohol Screening, Brief Intervention & Referral to Treatment	03/10/2014	On-line	Health and HCBS Planning
Charles Villafranca (Data Analyst):			
Recovery is a Community Affair	03/24/2014	125	SACADA
Recovery Supporty Services Grant Award Training	06/18-19/2014	200	Dr. Achara
Intro to Substance Abuse Prevention	07/28/2014	25	SAMHSA
Substance Abuse Prevention Skills Training	07/31/2014	25	SAMHSA
Troy Golding (Eval Data Manager):			
Basic Info. Security Awareness	4/15/14	On-line	Texas State Library andArchives Commission
FERPA (Family Ed. Rights &		On-line	Texas State Library and

Staff Development Activity	Date	Number of Participants	Training Provider
Privacy)	4/15/14		Archives Commission
Candida Pieper (Data Manager): FERPA (Family Ed. Rights & Provacy) Basic Info. Security Awareness	2/20/14 5/5/14	On-line On-Line	Texas State Library and Archives Commission Texas State Library and Archives Commission

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

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue
No TA this period.				

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

We will seek TA from the Idea Exchange related to Phase III and the development of a health/wellness component to web portal.

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: 7/31/2014.

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	*Example: 10*	*15*	*150%*	150	84	56%
6-Month Follow-up	*Example: 5*	*5*	*100%*	*3*	*3*	100%

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

Our intakes are below 80%. Since recovery coaching is still a relative new field, we have had to train our recovery coaches on how to manage their case loads. Coaches were keeping the clients on their caseloads for a lengthy period and having 20 or more clients. This hindered the admission and coaching of new individuals. Moving forward we gave developed a matrix to monitor client's movement through services each quarter. So six clients will get discharged in the quarter and six new clients will come on the quarter for a total of 24 clients per coach served in the year. With 9 coaches this equales 216 for the upcoming year.

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.

We did have actual clients who did not engage in the program long enough to complete the GPRA's and other tools. These individuals numbered 17. As a result of this we recognized

around March 2014, after talking with the recovery coaches, we needed to engage more individuals in the chat feature prior to registration, to get individuals to follow through the entire admission process. We worked with the web design team to make these changes on the front end of the web-portal during the Phase II changes.

Evaluation:

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

During this reporting period, the UTHSCSA-CP evaluators were in frequent communication with SACADA program staff as well as the programmers, Medical Web Experts (New Wave Enterprises), through email exchanges. We also communicated regularly with SACADA via phone and in person, the latter meeting scheduled July 7th, 2014. The purpose of these meetings/email exchanges were to clarify issues that came up regarding activities that impacted evaluation. UTHSCSA-CP sent weekly reminders to the WORC key management and supervisory staff regarding GPRA intakes and follow-ups and reminders regarding clients who were coming into the survey window. Due to the focus on the program service delivery component up to now, working out minor bugs in the programming that impact evaluation has taken a secondary role until recently. We expect that as SACADA enters the new phase of WORC implementation with the vendors, Medical Web Experts, more time can be devoted to perfecting the electronic/web based data collection system.

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

There are no changes to the evaluation plan for this period.

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

These findings are Attachment #6. Due to the fact that we have a very small six month follow-up sample at present, only baseline outcome findings are presented. We also present some process data including service dosage data as well as satisfaction data.

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.

As noted above, the evaluation has been hampered by a few *reconcilable* issues. One issue is the fact that not all the resources requested by the evaluation team are currently available to them through the website---due to an understandable need to contain costs. For instance, currently, the evaluation team is not able to view or access the graphs that are generated as a

function of the Recovery Capital Scale in order to track progress at an individual level as well as at the sample level. Access to the web-based generation of Recovery Capital graphs for the sample as a whole would go far in helping the evaluation team as well as the program staff track changes (whether for better or worse) in the Recovery Capital over repeated administrations. The evaluation team does not have access to analytics so we cannot report on how frequently different sections of the website are visited and how traffic varies from month to month. Access to these types of analytics could be useful in determining what upgrades or changes are needed to increase website traffic, reduce ethnic disparities in use, etc. Access to these analytics/metrics could also be useful in allowing us to disseminate information about WORC to other provider agencies and/or hopefully attracting individuals/agencies who are interested in modeling or replicating the SACADA initiative. The Spanish versions of the evaluation instruments have not been uploaded (again due to programming cost containment) thereby making it difficult for us to gauge the benefit of this type of intervention for primarily Spanish speakers. This issue can be resolved beginning in August-September when then next phase of programming is scheduled to begin. Another evaluation issue is that there are currently three items omitted from the Recovery Capital Scale that are included on the original Recovery Capital Scale. Similarly, although the programmers wrote code for scoring the TMAC, it has come to our attention when downloading the data for analysis that scoring is incorrect for the TMAC Risk Total Score. One item was inadvertently included that should not have been included. This issue will be reconciled during the next programming phase about to begin. Because the evaluation team does not have access to what the participant and recovery coach sees when completing the local measures, we did not discover until very recently that participants are not administered the items of the Digital literacy scale in the order they were meant to be administered. On the other hand, with regard to the Recovery Capital Scale, the instrument was designed to be administered as an undifferentiated set of 35 items. As it is currently being completed on-line, the respondent gets to see how items are classified via subscale. We believe this can modify the overall validity of the scale. However, we believe these issues can easily be rectified in time for the next programming phase.

Another issue noted is that there are often fewer local measures (e.g., digital literacy, recovery capital, etc.) than there are GPRAs. As mentioned in another section of this report, this issue is to be addressed immediately by reminding the Recovery Coach to strongly encourage the participant to complete all measures in one sitting (without undue coercion, of course).

Discuss how evaluation findings were used to improve the project.

There are no new additional evaluation reports at this time except that referred to above and included as Attachment #6

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

Service Design Site Visit Report from Jan 9-10 2014. Site visit was by the Clinical Technical Assistance Project's TAC program staff. Report is Attachment #4

Interim Financial Status

Attach an updated program budget and any budget modifications.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

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

Note:

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

Total Grant Award:	$280,000.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**
Direct Costs:		
Staff Salaries	63,753.00	84,706.00
Fringe Benefits	9622.00	13,336.00
Contracts	52,193.00	94,086.00
Equipment	-	-
Supplies	5392.00	8427.00
Travel	6,645.00	7,333.00
Facilities	17,857.00	22,810.00
Other Direct Costs: (please identify below)		
	11,429.00	17,140.00
	-	-
	-	-
Total Direct Costs:	166,892.00	247,838.00
Total Indirect Costs:	21,166.00	28,122.00
Total Expenditures (Sum of Direct and Indirect Costs):	$188,058.00	$275,960.00
Remaining Balance (Based on Total Grant Award):	$4,040.00	**$4,040.00**

Other Significant Project Activities

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

A. From SAMHSA's TA visit on January 9-10, 2014, we have been able to incorporate changes to the website that they suggested:

1. The home page has been resized to fit on one window.
2. On the client's recovery plan, we can set a project due date.
3. On footer of the home page feedback can be given; by contacting WORC or SACADA
4. It was suggested on the graphs of the Recovery Capital Scale and Digital Literacy Scale, a total score be put at bottom of each point they take and the graph easier to read. This was completed.
5. A search button was added to the home page.
6. A translation button was added to the website for Spanish.
7. On the home page, a more visual slide show was added.
8. A survey was added to the home page; e.g., Do you have an alcohol problem?
9. More than one recovery coach can chat at one time, before we could not do this.
10. We now have a better explanation of the registration process, so as not to intimidate individuals from registering on the website.
11. QR codes have been added to all flyers so people can just scan.
12. In development for phase II, we are going to have goggle analytics so we may see where people are going to when they visit the website.
13. In development for phase III, we are going to add a health living component to the site or tele-health.

B. We are working with the Web design team to finalize our Phase II changes to the web portal including the Spanish forms and the analytics discussed by the evaluator in her report.

C. The Project Coordinator held group supervision/training with coaches on-line (Go-to-Meeting) on: Feb 24, 2014, March 4, 2014, March 19, 2014, March 20, 2014, March 21, 2014, May 3, 2014, May 9, 2014, May 23, 2014, June 6, 2014, and July 19, 2014.

D. We are hiring two more recovery coaches that will start in August, 2014.

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

See Attachment # 1

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.

On-line Recovery Coach Training and Supervision PowerPoint (Attachment #2), Presentations List (Attachment #3) and Service Design Site Visit Report (Attachment #4). There have been no publications this period.

LIST OF ATTACHMENTS

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

Attachment 1: Policy & Procedure

Attachment 2: On-line Recovery Coach Training and Supervision PowerPoint

Attachment 3: Presentation List

Attachment 4: Service Design Site Visit Report from Jan 9-10 visit.

Attachment 5: Program Budget

Attachment 6: Evaluation Findings as of 7-31-2014