

**Grants to Expand Care Coordination
through the Use of Health Information
Technology in Targeted Areas of Need
(TCE-Health IT)**

RFA # TI-11-0023830

Buffalo Valley, Inc.

**CSAT BI-ANNUAL
PROGRAMMATIC REPORT**

January 1, 2014 – June 30, 2014

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1. **Reporting Period: January 1, 2014- June 30, 2014**
2. **RFA #: TI-11-0023 830**
3. **TCE HIT Grantee: Buffalo Valley, Inc.**
4. **Provider site(s): Hohenwald TN**
5. **Project Director: Deborah A Hillin**
6. **Evaluator: Randy Jennings**
7. ***Deborah A Hillin***

Deborah A Hillin
Project Director

Date: July 31, 2014

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REPORT NARRATIVE

I. BACKGROUND

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

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

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

II. ORGANIZATION AND MANAGEMENT

A. Personnel

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

Filled Positions		
Position title	Incumbent name	% Time
Program Manager	Sherri Allen	.80
Counselor	Rusty Graves	.40
Counselor	Greg Masterson	.60
Counselor	Andy Buckner Jr.	.90
Case Manager	Amanda Klein	.1558
Case Manager	Shirley Russell	.1244
IT Specialist	Justin Barber	.6664
Case Manager	Koby Bullard	.80
Outreach & VA	Kenneth Drain	.10
Outreach & VA	Gerald Herring	.10
Outreach & VA	John Smith	.10
Case Manager/Counselor	Jackie Vickers (April 7, 2014-May 30, 2014)	.80
Case Manager	Kelly Whitehead (March 16, 2014 – June 23, 2014)	.40

Deborah A Hillin, Principal Investigator / Program Director – in kind .28%

Jerry Risner, Executive Director BVI – in kind .03%

Dr. Mark Seigler, Psychologist – in kind .16%

Nurse – in kind .10%

2. List staff changes including contractors/consultants within the reporting period. Include personnel hired, promoted, resigned, fired, etc. For each, include name, position, full-time equivalency (FTE), date change occurred, type of change.

Filled Positions				
Position title	Name	% Time	Date of Change	Comments
Case Manager /Counselor	Jackie Vickers	.80	5-30-14	Resigned
Case Manager	Kelly Whitehead	.40	6-23-14	Resigned
Counselor	Andy Bucker	.90	1-2-14	New Hire
Case Manager	Koby Bullard	.80	6-2-14	New Hire
Counselor	Rusty Graves	.20	2-1-14	Change in % of time

3. Discuss the impact of personnel changes on project progress and strategies for minimizing negative impact. There was no negative impact on these changes. There was sufficient overlap prior to the changes.

4. **List changes in addresses/phone numbers/email addresses of key personnel.**

Deborah A Hillin, MA, LADAC

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5. **Discuss obstacles encountered in filling vacancies (if any); prospects/strategies for filling vacancies and for minimizing negative program impact.**

Currently there are no vacancies to be filled nor are there any anticipated vacancies.

B.

Organization: Describe significant changes in the staffing structure or organization of the project that occurred during this reporting period. Include changes in relationships and/or working arrangements with collaborating agencies. List each change and summarize the implications of the change.

There were no changes in the staffing structure.

C. Training and Technical Assistance (TA)

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

Course Title/Subject	SSVF Training
Date(s)	January 16, 2014
Purpose of Training/Target Audience	Discuss HIT program with serving Veterans
Number of Participants	20
Training Provider	VA
Usefulness/Training Outcomes	Helpful
Follow-up Plans	N/A
Course Title/Subject	Open Minds Technology
Date(s)	February 13-14, 2014
Purpose of Training/Target Audience	EHR & Technology
Number of Participants	3 (BVI)
Training Provider	Open Minds
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	N/A
Course Title/Subject	National Homeless Conference
Date(s)	February 18-19, 2014
Purpose of Training/Target Audience	Integrating technology services for

	homeless
Number of Participants	3 (BVI)
Training Provider	National Alliance for the Homeless
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	N/A
Course Title/Subject	General Session Judges Conference
Date(s)	February 25-26, 2014
Purpose of Training/Target Audience	Linkages with Courts
Number of Participants	4 (BVI)
Training Provider	TN Court Office
Usefulness/Training Outcomes	Very helpful
Follow-up Plans	N/A
Course Title/Subject	HNM Coalition
Date(s)	March 7, 2014
Purpose of Training/Target Audience	Community Meeting
Number of Participants	15
Training Provider	PI/Program Director
Usefulness/Training Outcomes	Very helpful
Follow-up Plans	N/A
Course Title/Subject	SAMHSA HIT Conference
Date(s)	March 20-21, 2014
Purpose of Training/Target Audience	Grantee Meeting
Number of Participants	50+
Training Provider	SAMHSA
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	Conference Calls as Scheduled
Course Title/Subject	TN National Guard Conference
Date(s)	March 28-30, 2014
Purpose of Training/Target Audience	Collaboration
Number of Participants	150 (8 BVI)
Training Provider	TN National Guard Association
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	N/A
Course Title/Subject	Governor's Council on Armed Forces, Veterans and Families
Date(s)	April 11, 2014
Purpose of Training/Target Audience	Collaboration
Number of Participants	2 (BVI)
Training Provider	TN Commissioner of Veterans Affairs
Usefulness/Training Outcomes	Helpful

Follow-up Plans	N/A
Course Title/Subject	Staff Training
Date(s)	April 15, 2014
Purpose of Training/Target Audience	Provide information from outside trainings
Number of Participants	25
Training Provider	PI/Program Director
Usefulness/Training Outcomes	Helpful
Follow-up Plans	Quarterly
Course Title/Subject	Health Info Technology
Date(s)	May 5-6, 2014
Purpose of Training/Target Audience	Integration of Technology in Services
Number of Participants	15
Training Provider	PI/Program Director
Usefulness/Training Outcomes	Helpful
Follow-up Plans	
Course Title/Subject	BVI Services
Date(s)	May 5, 2014
Purpose of Training/Target Audience	Community Partners – CASA
Number of Participants	20
Training Provider	PI/Program Director
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	
Course Title/Subject	Homeless Veterans Conference
Date(s)	May 28-30, 2014
Purpose of Training/Target Audience	General Training
Number of Participants	3 (BVI)
Training Provider	National Homeless Alliance
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	
Course Title/Subject	Technology and Services
Date(s)	June 3-5, 2014
Purpose of Training/Target Audience	Open Minds Technology Conference
Number of Participants	3 (BVI)
Training Provider	Open Minds
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	
Course Title/Subject	Staff Training
Date(s)	June 9, 2014

Purpose of Training/Target Audience	Provide Conference Info to Staff
Number of Participants	25
Training Provider	PI/Program Director
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	
Course Title/Subject	Veterans Court
Date(s)	June 10, 2014
Purpose of Training/Target Audience	Graduation
Number of Participants	25
Training Provider	Montgomery County Drug Court
Usefulness/Training Outcomes	Helpful
Follow-up Plans	
Course Title/Subject	Evaluation Meeting
Date(s)	June 23-24, 2014
Purpose of Training/Target Audience	Work with Evaluation Team and Review Evaluation Plan
Number of Participants	5
Training Provider	Gateway
Usefulness/Training Outcomes	Very Helpful
Follow-up Plans	Quarterly

2. If you received technical assistance from a SAMHSA TA provider, describe it (same information as above).

No technical assistance received during this reporting period.

3. If you plan any training or TA activities for the next reporting period, describe the purpose, topic, anticipated participants, and providers.

None is expected at the time of this report.

III. PROJECT IMPLEMENTATION

A. Project Goals and Objectives

1. List and provide status reports of all currently approved project goals and objectives.

- Goal 1: Expand, strengthen and maintain BVI technology-based access to substance abuse and co-occurring disorder services.
 - *Objective 1:* Assess the existing *BVI Connect* program and develop plan to enhance its capabilities, efficiency and effectiveness by 12/15/11.
 - At this time the participants have the ability to use the website via their login information to begin the admission paperwork as well as utilize other resources. There are currently two different logins, one allowing for access to clinical resources, homework assignments, and external links.

- The second log in allows for direct access to direct clinical services such as individual, group and continuing care sessions. All initial internal sites continue to be compatible and running well.
- *Objective 2:* Implement an Electronic Health Record that is client-centered, comprehensive and interoperable to support substance abuse and co-occurring outreach, treatment and aftercare services delivered by BVI, its partners and other providers of health care, by 1/1/12.
 - BVI's TIERS program has been fully implemented. Last reporting period there was difficulty with the ASI-MV and the ROSIE program not syncing with the TIERS program. The PI/Project Director presented at the Netsmart Connection conference on this innovative integration of uploading the ASI-MV directly into TIERS. At this time ROSIE has been integrated with TIERS
 - *Objective 3* Build sustainable funding into *BVI Connect* by 9/30/14.
 - We continue to seek funding opportunities through existing grants and new grants for funding. We continue to meet with drug courts, insurance companies, and other 3rd party payers to discuss BVI Connect.
 - Goal 2: Use multiple health information technologies to reach out to develop a therapeutic relationship with individuals who have requested substance abuse services but have been placed on a wait list because of agency resource constraints, individual time constraints and/or geographic remoteness (Phase 1: Outreach).
 - *Objective 1:* Reach out to residents who have special difficulty accessing traditional “face to face” services because of their age, their occupation, their schedules, and/or their remote locations: 100 residents by 9/30/12; 120 residents by 9/30/13; 140 residents by 9/30/14.
 - We have served Veterans, individuals living in transitional housing and/or emergency shelters, and participants involved with the criminal justice system.
 - *Objective 2:* Decrease the average time that individuals seeking treatment are on wait list status by 40% by 3/1/12.
 - We have put on-line self-screenings on the new website, as well as tutorials and other informative resource links. This has decreased the time in which it takes for the admission process as well as providing resources to begin motivational modality of treatment while waiting to be placed with a specified counselor.
 - *Objective 3:* Create 3 general video presentations for web viewing by individuals on waiting list or other interested parties seeking educational information about substance use and co-occurring mental health disorders by December 31, 2011 and an additional 3 presentations by 6/30/12.
 - We continue to add video / educational presentations as well as assessment capabilities. At this time BVI currently has 8 videos uploaded on the website and also provides pre-post-testing for each video. In addition educational links and articles are also uploaded on the website as well as onto Facebook for the participants to access.
 - *Objective 4:* Provide GAIN and ASI evidence-based assessment capability through *BVI Connect* by 12/1/11.

- We continue to work with Inflexxion (ASI) on how it interfaces directly with / through the website. At this time the ASI has been integrated into TIERS however the ASI data cannot be retrieved from TIERS.
- Goal 3: Provide evidence-based services to individuals seeking substance abuse treatment and services who have been placed on the BVI waiting list (Phase 2: Outpatient Treatment).
 - *Objective 1:* Identify appropriate candidates from the Outreach component of *BVI Connect* for admission into the Outpatient Treatment component.
 - Outreach referral streams remain steady and had a dramatic increase after inception. After working with the evaluation team BVI concluded it was best to keep admission rates between 100-120%. It was determined to select only the individuals for admission into the program who had no other funding sources and/or could not attend traditional treatment. It was determine this program was to be utilized primarily by the individuals who had no other options available to them, as the appropriate candidates.
 - *Objective 2:* Use Motivational Interviewing and Illness Management and Recovery to deliver technology assisted evidence-based outpatient treatment to individuals needing services who were on the wait list and then engaged in Outreach (Phase 1) of *BVI Connect*: Yr. 1: 40 individuals; Yr 2: 60 individuals' Yr 3: 70 individuals.
 - BVI provided treatment services to 40 individuals during this reporting period.
- Goal 4: Maintain healthy, functional and informative relationships with individuals who participated in all phases of *BVI Connect* to support the individual's recovery process. (Phase 3: Recovery Aftercare).
 - *Objective 1:* Provide ongoing substance abuse relapse prevention services to help sustain recovery to 350 individuals throughout the project (Yr 1: 90; Yr 2: 110; Yr 3: 150).
 - * BVI provided relapse prevention / recovery aftercare services to individuals enrolled in the program and specifically has online group times set up for the participants in this phase of treatment.
 - *Objective 2:* Develop and disseminate a series of five rotating on-line messages and web-based materials clients in Recovery Aftercare that support client involvement in healthy relationships and activities and potential obstacles to recovery, beginning <24 hours of transition from Active Treatment into Recovery Aftercare by 3/15/12.
 - BVI's IT and Job Training staff have complied recovery messages along with "call your sponsor" link on iPhones. The work we began with the University of Alaska did not support the intent that we thought. The testers were not pleased with the outcome of their product so relations did not continue. At this time BVI counselors do provide a list of free smart phone applications similar to the "call your sponsor" applications.

If you are significantly behind or falling short in meeting any project objectives, please explain, and provide your plan for catching up.

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

2. **If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes and the reasons for making them, and document that SAMHSA approved the changes.**

No changes made to any goals or objectives.

3. **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 to be requested.

- B. **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 obtained: 1/3/2014						
	Reporting Quarter			Previous Quarter		
	Target	Actual	%	Target	Actual	%
Intakes (baseline)	30	40	133.3%	30	0	0.0%
6-month Follow	0	0	0.0%	0	0	0.0%

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

At this time the program has an enrollment rate of 100.0% for the 2014 fiscal year, well above the expected 80%. Currently there are 50 follow-ups due with 46 being received for a follow-up rate of 92.9% at this time. In the past the enrollment rate for the program has been elevated with a follow-up rate below the expected 80%. The evaluation team is worked closely to monitor the program rates to ensure the capacity to locate the specified number of participants at the time of the follow-up. The procedures for tracking and conducting follow-ups were reviewed and revised as a request both enrollment and follow-up rates have regulated and the program is meeting the 80% expected for both rates. The program had to reduce the amount of individuals enrolled which is why the target numbers were not met for the 3rd quarter of the 2014 fiscal year. This also prioritized the need to locate participants for follow-up data and increased the overall follow up rate.

2. **If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ meaningfully from those shown in your GPRA report, specify and account for the differences.**

Currently there are no differences noted.

C. Evaluation

1. Describe evaluation activities during the reporting period.

The Evaluation team from Gateway Community Services has been available to program staff on a consistent basis. Program Staff has contacted the Evaluator for implementation questions and procedural strategies throughout the course of this reporting period. For the purposes of evaluation, the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measure will be administered to every program participant under this grant at intake, six months, and discharge. At this time the program procedures are in place which ensures an 80% enrollment and follow-up rate is met.

Evaluation staff and the program administrator continuously monitored intake rates to ensure correct budgeting is allocated for each client served. In addition the program administrator at this time can monitor trends with specific clientele to ensure the program is enrolling participants who will benefit most from the services provided. The GPRA data is also being monitored by the evaluation team to confirm accurate program implementation. Currently at this time the evaluation team is working with the program director and program manager to work on an action plan to begin sustainability efforts. The program director and program manager met in person with the evaluation team on June 23-24, 2014 to review the current program and hold discussion on future sustainability plans.

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

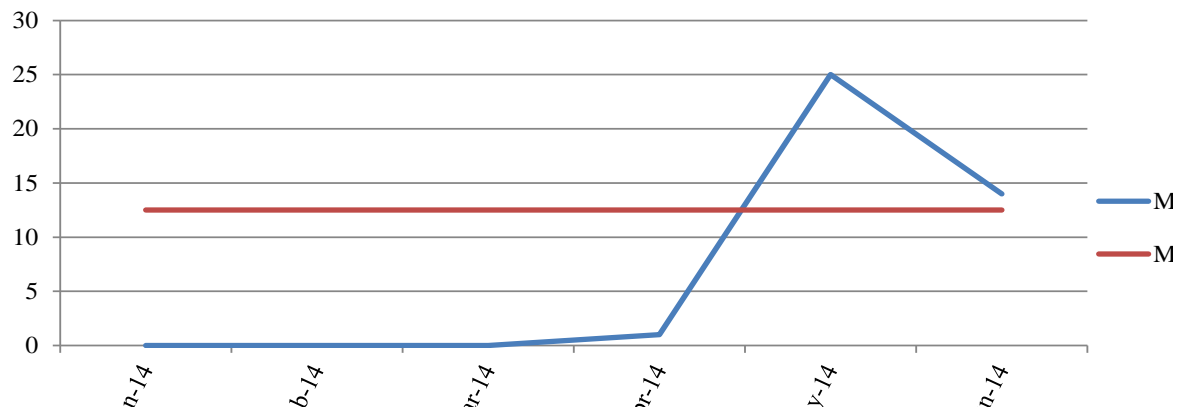
Nothing at this time

3. Present evaluation findings to date, including outcomes, process findings, results of special studies, etc. [If nothing new from last quarter, so state.]

ENROLLMENT

During the 2014 fiscal year 90 participants have enrolled in the Buffalo Valley Connect program and have been administered the CSAT GPRA Client Outcome Measure. The first three months of this reporting period were spent reducing the amount of intakes in an effort to stabilize the program. This capacity restructuring did have an impact on the services the existing participants received; enrollment rates can be seen in *Figure 1* below. Enrollment during this period was influx to reduce the high value of participants being admitted into the program. Buffalo Valley reviewed recruitment procedures and establish a corrective action plan to increase the enrollment rates to meet the annual goals, at this time recruitment efforts have begun to stabilize and should be maintained for the duration of the program. The evaluator has communicated via email the program administrator on a regular basis tracking program implementation. The cost of services per adjusted target of 80% was estimated to be \$1,193. With an overall 138.6% of intake goal met Buffalo Valley Connect has decreased the cost per adjusted reported intakes to \$861 a 92.3% decrease.

Figure 1: Intake versus targeted enrollment



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

No problems encountered.

5. Discuss how evaluation findings were used to improve the project.

During this reporting period the program director and the program administrator have met with the evaluation team on June 23-24, 2014. At this time the evaluation findings were used to discuss future plans on the most beneficial ways in which to utilize this program for future sustainability efforts. In addition how the agency is currently utilizing the data to expand other areas of service which it provides.

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

6. Provide any other important information about evaluation activities.

None to report at this time

7. Attach any written evaluation reports received during the period.

D. Interim Financial Status.

1. Report of grant expenditures through the end of the reporting period.

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 the 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*: \$560,000 (\$280,000.00/year)		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$ 68,789.00	\$202,929.00
Fringe	19,260.00	56,822.00
Contracts	43,903.00	71,608.00
Equipment	0.00	0.00
Supplies	17,057.00	20,805.00
Travel	3,548.00	6,744.00
Facilities	0.00	0.00
Other	38,782.00	92,741.00
Total direct expenditures	\$ 191,339.00	\$ 451,649.00
Indirect costs	23,994.00	56,636.00
Total expenditures	\$ 215,333.00	\$ 508,285.00
	Remaining balance	\$ 51,715.00
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

2. Did you make a "significant budget modification" during the quarter?

Nothing at this time

E. Other Significant Project Activities

1. Discuss any other project activities or events that occurred during the past quarter that may be important in understanding the progress of the project or the circumstances under which the project is carried out. Describe what happened and the effect it had on the project.

None to be reported

2. Discuss problems or barriers encountered over the past quarter. Describe the barrier, the impact on the project implementation, and steps taken or planned to overcome the barrier.

Rural access to internet continues to be an issue for this project. We have worked with clients and their technology (phones) and have found while many have cell phones, many do not have capable phones, i.e., iPhones or Smartphones. We have conference call capability for those where internet is not available in their rural remote areas. At this time there are kiosk centers located in the transitional housing sites to combat this barrier. It should be noted that approximately 20% of the participants now live at these transitional housing sites. In addition there is a kiosk center located in the probation office, in which the drug court participants have access. Also there are kiosks centers located in each of the four satellite treatment centers which the participants can utilize for services.

During this reporting period it was noted there was difficulty in finding the right staff to work with this program, as not all individuals are open to this type of treatment modality. This might cause issues in the future if there is staff turnover due to the possibility of having an extended hiring time. Also there were issues encountered with funding and billing sources who would not be open to being billed for this type of treatment. Medicaid requires the client to be located in a licensed center in order to be billed for e-therapy services; this defeats the purpose of having the ability to perform e-therapy

services for clients in rural areas. To complicate this matter insurance provided in this area are not interested in adding e-therapy services to their contracts. This will have an enormous negative impact on the future sustainability of the program.

- 3. If there were any publications in professional journals or presentations at professional conferences about your project during the reporting period, please provide copies. If any are anticipated during the next quarter, please provide details.**

None

- 4. If there were publications or presentations intended for other than professional audiences, provide copies or other relevant details.**

Nothing at this time

IV. ADVERSE EVENTS

If there were any adverse events in the project, such as deaths or injuries to clients or staff, provide details. Discuss any actions taken following the events to learn from the experience and prevent future adverse events.

Nothing at this time

V. LIST OF ATTACHMENTS

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

Annual Evaluation Report

Buffalo Valley Inc. Connect Expansion Project TI023830

.....
Courtney Robinson, LMHC, M.A.

Randy Jennings

July 31, 2014

Reporting Period: January 2014 to July 2014

The project evaluation is designed to assess the implementation and effectiveness of the expanded Treatment Capacity Expansion for E-therapy. E-therapy provides an opportunity to engage individuals who would not seek traditional treatment and is composed of two components: a process evaluation and an outcome evaluation. The process evaluation is designed to address questions regarding the development and operation of treatment capacity for the program. The following are among the questions the process evaluation seeks to answer: 1. How were the project goals and objectives identified? 2. Did the program meet its intended goals and objectives? 3. Who used the project services, including specific demographics (e.g., age, gender and ethnicity/race)? What were the characteristics of the program's participants? 4. What services did the participants receive, and how frequently? This should also capture recidivism of participants, when appropriate. 5. How were services delivered and by whom? 6. How satisfied were the clients with the services they received? 7. How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on the planned intervention and evaluation? 8. Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community, etc.) and at what cost (facilities, personnel, dollars)?

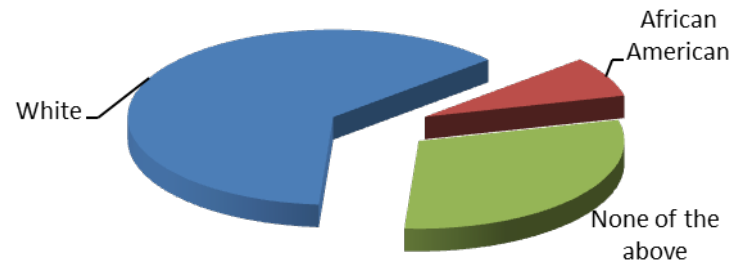
The program built infrastructure and trained staff during the first six months of the grant. On January 7-9, 2013 Buffalo Valley, Inc. met with the Evaluation team from Gateway Community Services to finalize staffing needs and gather information for evaluation guidelines. For the purposes of evaluation, the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measure will be administered to every program participant under this grant at intake, six months, and discharge. In addition to the GPRA, the evaluation team has created an access to services questionnaire in order to gain further data about the persons accessing e-therapy services. This access to services questionnaire will be administered at the six-month follow-up in an effort to gain the most comprehensive data possible.

At this time 90 participants are enrolled in the grant and receiving services for the 2014 fiscal year. The target to date is 90 participants for an intake rate of 100%, there are 40 participants who have been enrolled during this reporting period. Evaluation staff and the program administrator continuously monitored intake rates to ensure proper budgeting is allocated for each client served. The GPRA data is also being monitored by the evaluation team to confirm accurate program implementation. Currently, the evaluation team is working with the program director and program manager to develop an action plan to regulate and stabilized enrollment rates. During this reporting period 29 (72.5%) males and 11 (27.5%) females were enrolled in the program who received the intake GPRA. For the 2014 fiscal year, 50 follow-ups were due and 46 were completed resulting in a follow-up rate of 92.0%.

DEMOGRAPHICS

The characteristics of the participants for this reporting period are as follows. Of the intakes, 29 (72.5%) were male and 11 were female (27.5%). When asked about ethnicity, none reported to be Hispanic. The racial breakdown of program participants shows that three (7.5%) are African American, 25 (62.5%) are White, and 12 people (30.0%) reported being "none of the above".

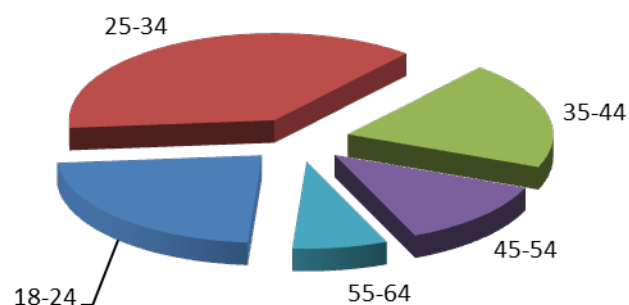
Figure 2: Ethnicity of HIT participants according to the GPRA



AGE GROUPS

The broad range of ages of participants to date demonstrates a variety of age groups including the elderly (55-65) who may not find traditional services accessible but are able to partake in therapy via telephone or on-line. The largest age group reflected in this reporting period is individuals between 25 and 34, as can be seen in Figure 3 below. This may be reflective of working professionals who might not be able to participate in therapy during traditional hours. They may find this modality of treatment convenient due to the ability of phoning in and/or accessing services online from home or from their place of employment to engage in treatment for their substance abuse. The age ranges for the participants included, nine (22.5%) between 18 and 24, 15 (37.5%) between 25 and 34, eight (20.0%) between 35 and 44, five (12.5%) between ages 45 and 54, and three (7.5%) between the ages of 55 and 64.

Figure 3: Age groups of HIT participants according to the GPRA



EDUCATION

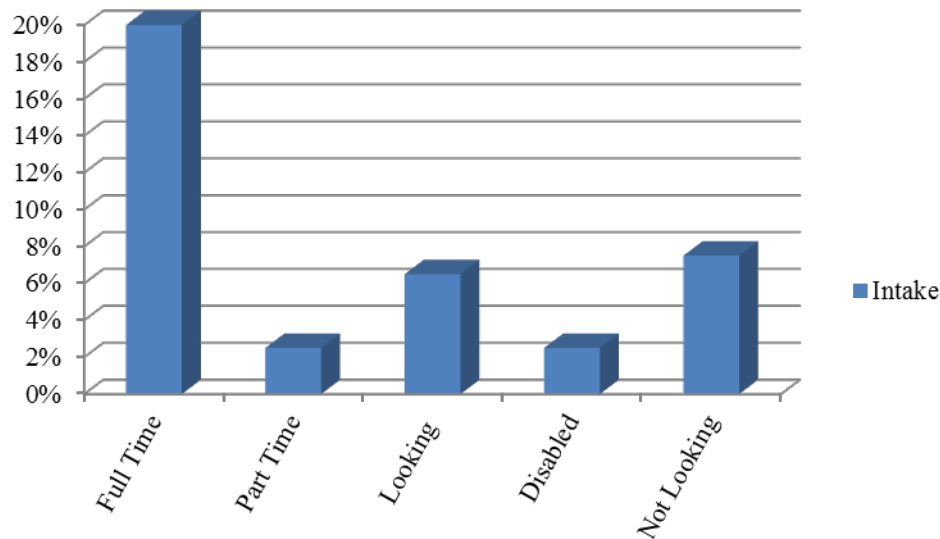
At the time of intake 20 participants (50.0%) had not graduated from high school; 16 (40.0%) had graduated high school; and four (10.0%) had some college after high school. Of those who continued in higher education, two (5.0%) had completed one year of college, one (2.5%) had completed two years of college, and one (2.5%) had earned a Bachelor's degree or higher. Of those individuals who did not graduate from high school, three (7.5%) had completed the 7th grade, four (10.0%) had completed the 9th

grade, and five (12.5%) had completed the 11th grade. It should be noted, no individuals were currently enrolled in school or a job training program at the time of the GPRA intake.

EMPLOYMENT

There were a variety of employment situations reported at intake; Figure 4 below represents the employment patterns at intake during this reporting period. Of the participants completing intake surveys, eight (20.0%) were employed full time and one (2.5%) employed part time. Twenty seven (67.5%) participants were unemployed but looking for work, three (7.5%) were unemployed and not looking for work, and one (2.5%) is disabled. This wide range of employment situations may also be an indicator that telephone and on-line therapy reaches a broad range of participants who may not be able to come in for traditional therapy such as the employed, disabled, or unemployed looking for work.

Figure 4: Employment patterns of participants according to the GPRA



HOUSING

At intake, 36 (90.0%) of participants have been housed in the past 30 days; two (5.0%) participants lived in a shelter, and two (5.0%) lived in an institution. Regardless of the living situation, clients have been able to access *BVI Connect* through their home phone, cell phone, phone services made available through the Buffalo Valley agency, and/or phones made available in shelters. It has been the goal of the program to improve access to outpatient treatment in effort to overcome the many barriers and access to care, especially considering how broad this rural area truly is, which prior to this program prevented them from accessing services. Of those 36 individuals housed: 16 (40.0%) own/rent; 18 (45.0%) live in someone else's apartment, room, or house; one (2.5%) live in a halfway house; and one (2.5%) marked "other housed".

CHILDREN

At intake 27 (67.5%) of participants have children and none are pregnant: nine (22.5%) have one child; nine (22.5%) have two children; seven (17.5%) has three children; two (5.0%) has four children. Of those 27 individuals who currently have children, seven (17.5%) have children living with someone else due to child protection court order: four (10.0%) has one child living with someone else; two (5.0%) have two children living with someone else; and one (2.5%) have three children living with someone else. At intake, three participants (7.5%) reported having lost parental rights for one child; and two (5.0%) participants have lost parental rights for two children. Due to the number of participants who either have children court ordered to live with someone else or have lost parental rights, parenting education should

be included in case management services or incorporating services within the community in individualized treatment plans to meet the needs of these individuals.

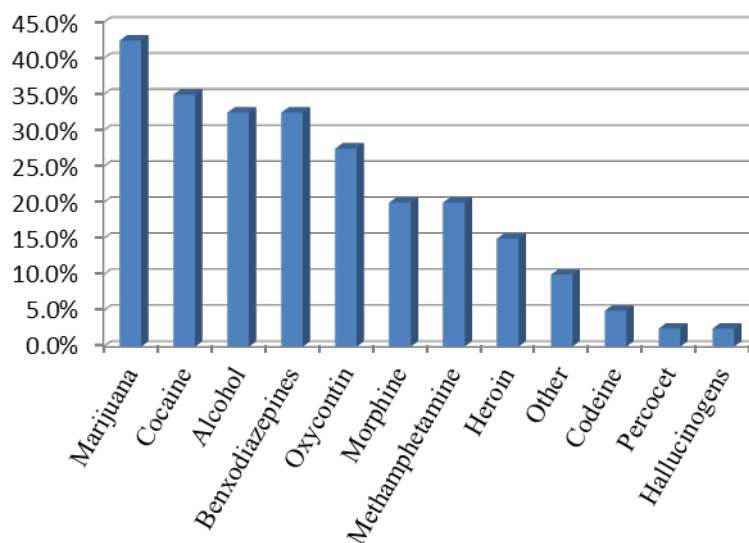
LEGAL

During the intake interview 39 (97.5%) of the participants reported no arrest history in the past 30 days, while one (2.5%) of the participants reported having been arrested between 1-3 times, according to the GPRA this was a drug-related offenses. Four (10.0%) of the participants stated having no criminal activity in the past 30 days, while five (12.5%) reported committing between 1-3 crimes; four (10.0%) reported committing 4-10 crimes; six (15.0%) reported 11-20 crimes; 19 (47.5%) reported committing between 21-30 crimes; one (2.5%) reported committing more than 30 crimes; and one (2.5%) didn't know how many crimes they committed. It should be noted, when asking about the number of crimes committed, the GPRA survey does include illicit drug use as criminal activity. Four (10.0%) participants are currently awaiting charges, trial or sentencing; and 37 (92.5%) reported being on parole or probation. It should be noted, due to the high number and frequency of criminal activity, legal concerns should be included in case management services to assist participants in this grant. While the Department of Corrections and the Supervised Probation Offender Treatment (SPOT) program provide viable referral streams, care should be taken when working with individuals who are on probation or awaiting sentencing as the ability to complete the program may be of concern.

DRUG USE

The drug use during the past 30 days as reported by participants at intake is shown in Figure 5 below with Marijuana/Hashish having the highest frequency at 17 (42.5%) followed by Cocaine/Crack 14 (35.0%).

Figure 5: Drug Use according to the GPRA



MILITARY SERVICE

Beginning March 5, 2012 the GPRA began to assess Military Service within the substance abusing population; therefore all participants of this program have been screened for Military Service using the GPRA. Of the 40 participants who received an intake GPRA three (7.5%) reported Veteran status. Of the three participants specifically questioned about past and present Military Service all three participants served in the Armed Forces and are no longer considered active duty; none of those three participants have been deployed to combat zones. More information regarding veterans and military service will become available as more participants of the program are administered the new GPRA tool.

FAMILY OF SERVICE MEMBERS

In addition to gathering information on individual service members, the GPRA also assesses if individuals engaging in treatment services are family members of Military Personnel. For this reporting period 40 participants in the past year with intake data have been questioned regarding family or other significant relations' involvement with the Military. Of those 40, two (5.0%) participants have one family member or someone close to them associated with military service (E.G., Active Duty, or Separated/Retired); and one (25.0%) have more than one person associated with military service. Of those three participants the relationship of the person(s) are as follows: two (50.0%) participants have a father associated, one (25.0%) have a mother associated. Of the three individuals who have significant relations involved with the service, one (25.0%) have been deployed in support of combat operations, one (25.0%) participants had their significant relative physically injured during combat operations; no participants had that significant relative develop combat stress, PTSD, Depression, or Suicidal thoughts; and no participants' significant relative died or was killed.

VIOLENT/TRAUMATIC EXPERIENCES

March 5, 2012 revises were made to the GPRA assessment tool and it began to assess violent and traumatic experiences associated with the substance abusing population, currently 14 participants have been screened for trauma using the GPRA during this reporting period. At intake 14 (35.0%) participants reported experiencing violence or trauma in any setting. Of the 14 screened, 12 (30.0%) reported having nightmares associated with their experiences; 13 (32.5%) reported trying not to think about or avoiding situations that reminded them of the experience; 10 (25.0%) reported feeling on guard, watchful, or easily startled; and 12 (30.0%) reported feeling numb and detached from others, activities, or their surroundings. One individual reporting being physically hurt within the last 30 days more than a few times for this reporting period. While this information cannot be used to make a clinical diagnosis, these rates of traumatic experiences are extremely high when compared to the rate of Post-traumatic Stress Disorder in the general population (estimated prevalence of lifetime PTSD was 7.8%) according to the United States Department of Veterans Affairs.

SIX MONTH FOLLOW-UP

There were 50 follow-ups due during the 2014 fiscal year 46 were completed. The total follow-up rate for the fiscal year is 92.0%. The goal of the program is to achieve a 100% follow-up rate, however the required/expectation is 80%, which was not achieved by this program. As indicated in Table 1 below, according to the GPRA, the following change patterns were noted between enrollment in the program and six month follow-up:

Table 1: Follow-up change according to the GPRA

GPRA Measures	Number of Valid Cases	Percent at Intake	Percent at Discharge Follow-up	Rate of Change
Increase % of individuals receiving services who:				
Abstinence: did not use alcohol or illegal drugs.	46	2.2%	60.9%	2700.0%
Crime and Criminal Justice: had no involvement with the criminal justice system.	46	97.8%	100.0%	2.2%
Employment/Education were currently employed or attending school.	46	32.6%	82.6%	153.3%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	46	28.3%	60.9%	115.4%
Social Connectedness: were socially connected.	46	84.8%	100.0%	17.9%
Stability in Housing: had a permanent place to live in the community.	46	45.7%	45.7%	0.0%

To make the data more meaningful, Table 2 reflects the entire 2014 fiscal year, from intake to six months there was a significant decrease for abstinence from drugs and alcohol from 2.2% to 60.9% respectively. Also, there were less people involved with the criminal justice system at six-month follow-up than at intake; the rate of change was 2.2%. It should be noted 97.8% of the individuals were not involved in the criminal justice system at intake. Of the 46 participants with follow-up data, 32.6% were enrolled in school or employed upon entering the program. At six-month follow-up, this number had increased to 82.6%. There was a 115.4% increase of participants who experienced no alcohol or illegal drug related health, behavioral or social consequences between enrollment and six-month follow-up. The change in social connectedness from intake to six month follow-up increased with a 17.9% rate of change (84.8% to 100.0% respectively). There was also no change in the number of participants who had stable housing from intake to six months.

SUMMARY

At this time the enrollment rate is well above the expected 80%, at 100.0%; during the last semi-annual report the enrollment rate was at 165.4%. The program administrator worked closely with the evaluation team and program staff to ensure the 80% standard was exceeded. The significant increase in participants has had a negative impact on follow-up rates. Staff should continue to pay particular attention to upcoming follow-up windows; have follow-up strategies planned in advance to capture as many follow-ups as possible and averting continuing this prior trend. The follow-up rate for the 2014 fiscal year is 92.0% with 50 follow-ups due and 46 being received. The program administrator has worked with staff in order to increase the follow up rate of 65.9% from the 2013 fiscal year. Staff should be commended for their hard work and dedication with significantly increasing their follow up rates. The Evaluator will

continue to work with staff at Buffalo Valley in hopes to maintain stable recruitment rates and to continue to increase follow-up rates to meet the annual target goals prior to the end of the 2015 fiscal year.

The BVI Connect program is continuing to be a successful program. The staff and clients have all worked hard to take advantage of the numerous services offered. This can be seen in the follow-up change report, participants specifically benefited in the areas of employment and/or education, abstinence, and health/behavioral/social consequences. It is important to note a 2700.0% increase in abstinence rates for the 2014 fiscal year. The significant changes in these areas show the positive impact of the program with the participants. As more evaluation of data at the discharge time points becomes available, more information about the success of services received throughout the program will be presented. Program staff worked diligently to see their vision come to light. They have worked together and problem solved in a way that enhances and creates a more effective program and a satisfied participant. This is reflected in the improved follow up rates. The high intake rate fully substantiates the great need for mental health and substance abuse services in the area.