

**Grants to Expand Care Coordination
Through the Use of Technology Assisted
Care in Targeted Areas of Need
(TCE-TAC)**

RFA # TI-11-0023804-01

CSAT BIENNIAL PROGRAMMATIC REPORT

**Program Reporting Period: April 1, 2014 -
September 30, 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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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: April 1, 2014 - September 30, 2014

2. RFA #: TI-11-0023804-01

3. Grantee: Spectrum Programs, Inc.

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Spectrum Programs, Inc.	790 E. Broward Blvd., Ft. Lauderdale, FL 33301	Nancy Rudes, LCSW	305 398-6182 nrudes@spectrumprograms.org

5. Project Director: Nancy Rudes, LCSW

6. Evaluator: Juliette Graziano, PhD and Laura Alonso, MS

7. Evaluator Phone/Email: (305)398-6139 jgraziano@banyanhealth.org, (305)398-6184 lalonso@spectrumprograms.org

8. Signature _____
Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
N/A	N/A	N/A	N/A	N/A

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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.

Spectrum Programs Incorporated (SPI) is a highly regarded provider for substance abuse treatment services in Florida with a long history in the community. The Electronic Transitions (ET) Program for Women aims to enhance access to treatment. The name “Electronic Transitions” was created by the clients, who were asked to generate ideas for a name that described what the program does for them. The purpose of the ET Program for Women is to offer a technology supported intervention which is designed to promote engagement, provide peer support and improve the recovery of women in Broward County, Florida regarding prescription medication abuse and dependence and other substance abuse. Many of the women in the program have difficulty obtaining treatment for various reasons, such as lack of time or recently being discharged from a residential program without structured follow up care. The ET program serves to alleviate these challenges. The complementary use of innovative, emerging, and existing evidence based practices combined with the use of peer-developed engagement strategies aids to bridge this gap in care so that women are able to access services and overcome the existing barriers to care. Ultimately, the creation and implementation of a technology enhanced outpatient program will result in the development of a continuum of care that increases access to quality, consumer-centered substance abuse treatment and other healthcare services.

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: *Increase access and availability of substance abuse treatment services to 400 women with histories of prescription medication abuse or dependence through the use of a patient communication portal that will assist with enhancing motivation for treatment and provide tools for self-management.*

Status: Incomplete

Goal: *Once engaged in treatment, web-based and electronic applications accessed from mobile devices (e.g., smart phone, tablet), will enhance treatment attendance and effectiveness through the use of self-management reminders and educational prompts, and access to personal health records.*

Status: Incomplete

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.

Budget cuts and staffing issues from previous reporting periods greatly affected enrollment, so we were unable to serve 400 women as planned. However, although we were not able to provide services to as many women as we anticipated, all of those who were in the program did receive a Netbook and access to the patient portal, which enhanced their treatment attendance.

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.

No changes were made to any project goals or objectives.

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 approval of changes is needed for the next reporting period.

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Nancy Rudes, LCSW	89%
Recovery Case Manager	Rachelle Evans	100%
Research Assistant	Laura Alonso	50%
Technology & Compliance Manager	Jason Hayden	50%
Evaluator	Juliette Graziano, PhD	61%

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

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

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

There have been no personnel changes during this reporting period.

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

There have not been any obstacles in filling vacancies at this time.

Partnerships

List each of the partner organizations.

Partner
N/A

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
N/A			

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
N/A				

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: 10/27/14

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i> 400	<i>15</i> 208	<i>150%</i> 52%	<i>0</i> 313	<i>0</i> 172	<i>0%</i> 54%
6-Month Follow	<i>Example: 0</i> 170	<i>0</i> 69	<i>0%</i> 40.6%%	<i>0</i> 142	<i>0</i> 55	<i>0%</i> 38.7%

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

In order to increase enrollment, we decided to give the Netbooks to the clients instead of loaning them only for the duration of the program. Despite the efforts made to increase enrollment, we were unable to increase our enrollment percentage as much as we needed. The staffing issues from previous reporting periods had a significant impact on the program overall, which made it difficult to reach the target.

We also continued to have difficulty reaching clients for follow-up, due to unresponsiveness and changes in contact information.

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.

N/A

Evaluation

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

As was done in the previous reporting period, GPRA data was collected from the clients at baseline, 6 month, and discharge. Clients continued completing the Computer knowledge survey when they receive their Netbook, as well as the weekly Recovery Activities and monthly Satisfaction Surveys.

Evaluators also attended the TAC Grantee phone call biweekly throughout this reporting period.

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 were 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.

See Appendix B

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.

We were unable to report on the e-therapy this period due to issues with staffing and technology. Therapists had several connectivity issues with the program used for e-therapy, which made it very difficult to conduct effectively. In order to ensure their therapeutic needs were met, clients continued to receive individual therapy face to face, and used to the patient portal for their WRAP plan and weekly activities.

Discuss how evaluation findings were used to improve the project.

Continued collection of the satisfaction and computer skills survey helped us to improve the program. This helped the Recovery Coach determine which clients needed additional computer training, and helped the evaluation team know which aspects of the program were useful to the clients so we could continue to proving them.

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

There were no new evaluation reports during this 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*:		\$840,000.00
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$39,423.87	\$344,885.01
Fringe	\$10,494.63	\$92,584.14

Contracts	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$0.00	\$5,139.65
Travel	\$1,193.20	\$6,209.56
Facilities	\$0.00	\$216,575.97
Other	\$18,588.00	\$87,111.85
Total direct expenditures	\$69,699.70	\$752,506.18
Indirect costs	\$9,983.70	\$87,493.82
Total expenditures	\$79,683.40	\$840,000.00
Remaining balance		\$149,536.16
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

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.

When the Project Director attended the SAMHSA conference last reporting period, it was suggested that we allow clients to keep their Netbooks instead of just borrowing them as an incentive to enroll in the program. This reporting period, we implemented this practice into the program.

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

See Appendix C

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.

There were no publications or presentations during this reporting period.

LIST OF ATTACHMENTS

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

Attachment 1: Appendix A: Goals & Objectives

Attachment 2: Appendix B: Data

Attachment 3: Appendix C: Policies & Procedures

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10:

Appendix A – Goals & Objectives

Goal 1: *Increase access and availability of substance abuse treatment services to 400 women with histories of prescription medication abuse or dependence through the use of a patient communication portal that will assist with enhancing motivation for treatment and provide tools for self-management*

Status: Incomplete

Objective 1: 100% of women will be assigned a Recovery Coach at the time of assessment

During this reporting period, this objective was once again met. The Recovery Coach continued to enroll women in the program and engaging them throughout.

Objective 2: 100% of women presenting for treatment will be provided with technology mobile devices (tablet or smart phone) and provided training in the use of the “Personal Digital Connection” patient portal that will allow for recovering planning by the women

All of the women enrolled in the study were given Netbooks and trained to use them by the Recovery Coach. These are distributed to the clients after completion of their intake paperwork.

Objective 3: 85% of women will complete motivational engagement exercises and recovery planning exercises within the patient portal and exchange information with Recovery Coaches

The motivational engagement exercises were once again made available on the patient portal. Out of the 42 clients that were active during this period, 34 (81%) clients completed motivational exercises at some point in the program, which was an increase from the last reporting period.

Objective 4: 75% of women will choose to receive Motivational Enhancement Therapy via e-therapy at times most convenient to them as a replacement to office-based services within the outpatient clinic

Due to issues with connectivity and staffing, we were unable to offer e-therapy to the clients during this reporting period. The program used for e-therapy did not work well with the SIM card in the Netbooks, thus making it difficult for e-therapy to be conducted.

Objective 5: There will be a 25% increase in women engaged into treatment as evidenced by active participation in 6 electronic and e-therapy services within the first 30 days of admission into treatment

We were unable to measure this due to our ongoing issues with staffing and technology.

Objective 6: 85% of participants will report satisfaction with the patient portal

In this reporting period, clients continued to complete a monthly satisfaction survey. Out of those who completed the survey, an average of 88.9% reported that they were very or extremely satisfied with the portal, and an average of 11.1% reported that they were more or less satisfied with the portal. Therefore, 100% of the women were at least more or less satisfied with the patient portal, which is a 13.3% increase from the last reporting period.

Goal 2: *Once engaged in treatment, web-based and electronic applications accessed from mobile devices (e.g., smart phone, tablet), will enhance treatment attendance and effectiveness through the use of self-management reminders and educational prompts, and access to personal health records.*

Status: Incomplete

Objective 1: 100% of women in treatment for at least 30 days will complete a wellness recovery action plan (WRAP) within the Patient Portal and monitor progress on implementation

Out of the 208 women in the program, 104 (50%) have at least completed some portion of the WRAP, and 90 (43.3%) of these women have completed the entire WRAP plan.

Objective 2: 85% of women in treatment will access the patient portal on a weekly basis to update treatment plan progress, plan Recovery activities, and review educational materials related to recovery.

During this reporting period, there were a total of 42 clients on the portal. Out of these women, 10 of them accessed the portal every week, and 13 women accessed the portal almost every week, making a total of 23 women (54.8%) who accessed the portal on a weekly or almost weekly basis. This is an increase from the last reporting period, where only 34.9% of women accessed the portal almost weekly.

Objective 3: 85% of women in treatment will receive weekly reminders via email and text from Recovery Coaches related to Relapse Prevention planning commitments

The Recovery Coach continued to send emails to all active clients weekly to remind them to complete their Motivational Activities via the patient portal.

Objective 4: 85% of women will report satisfaction with integrated healthcare delivery

100% of the women who completed the satisfaction survey throughout the past 6 months reported that they were Extremely or Very satisfied with integrated healthcare delivery.

Objective 5: There will be a 25% increase in the number of women successfully completing outpatient treatment as a function of the technology extenders within treatment

Out of the 208 women who completed intakes in the study, 132 of these women have completed the program successfully (63.5%), which is an 11.2% increase of successful discharges in comparison to the previous reporting period.

Appendix B - Data

Preliminary Profile of ET Clients

By September, 30 2014, a total of 208 women had completed the GPRA assessment. Below is an overview of their demographic information.

Chart 1: Race

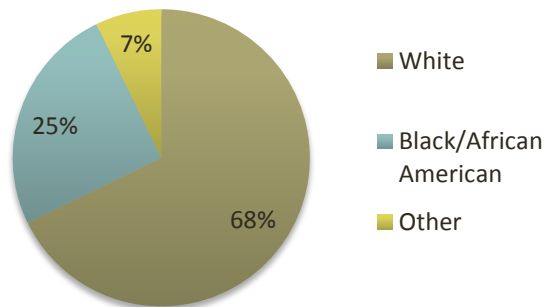
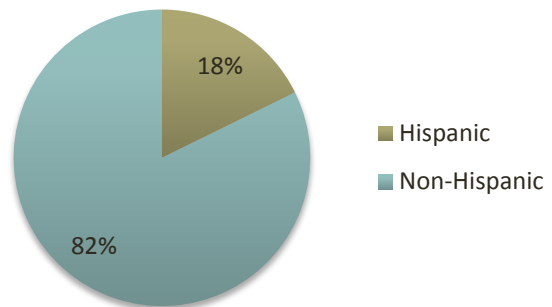


Chart 2: Ethnicity

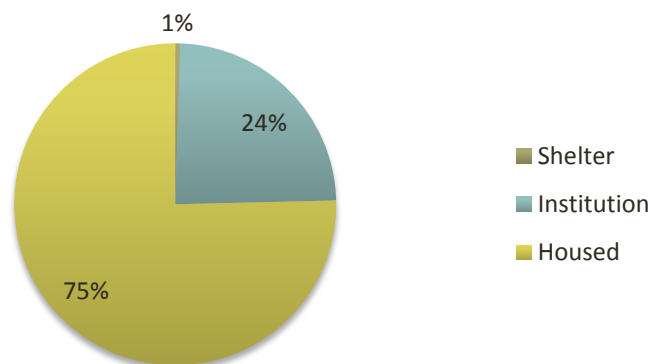


As can be seen on the charts, the majority of the clients enrolled in the study continue to be white (68%) and non-Hispanic (82%).

Chart 3: Housing

The pie chart below shows where clients have been living most of the time in the past 30 days. As in the previous reporting period, the majority (75%) were housed, whether it was their own home or someone else's home.

Chart 3: Housing



Graph 1: Employment

The bar graph below reviews the employment status of clients at baseline. A total of 53 clients (25.5%) were employed when they started the program, and while the majority of clients (69.7%) were unemployed.

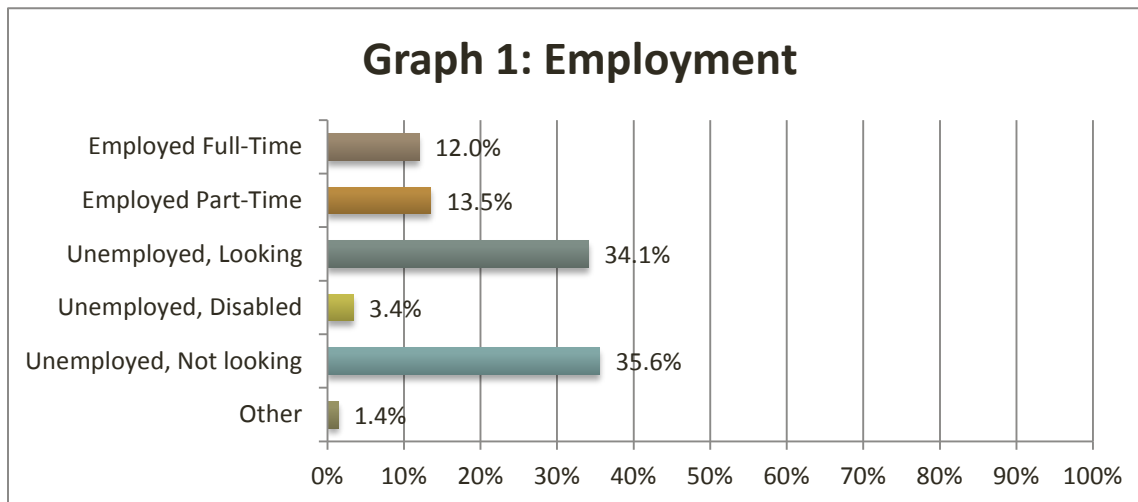


Table 1

Below we have listed some other factors that impact the clients' health and well-being. As found in the previous report, the majority of clients had not consumed drugs or alcohol in the past 30 days at Baseline. We also continued to find that most women did have someone in their life that was supportive of their recovery, and many had experience some sort of violence or trauma in their life.

In the past 30 days	Yes	%	No	%
Have you used any alcohol?	46	22.1%	162	77.9%
Have you used any illegal drugs?	41	19.7%	167	80.3%
Did you have interaction with family and/or friends that are supportive of your recovery?	187	89.9%	21	10.1%
Have you ever experienced any violence or trauma in any setting?	151	75.9%	48	24.1%

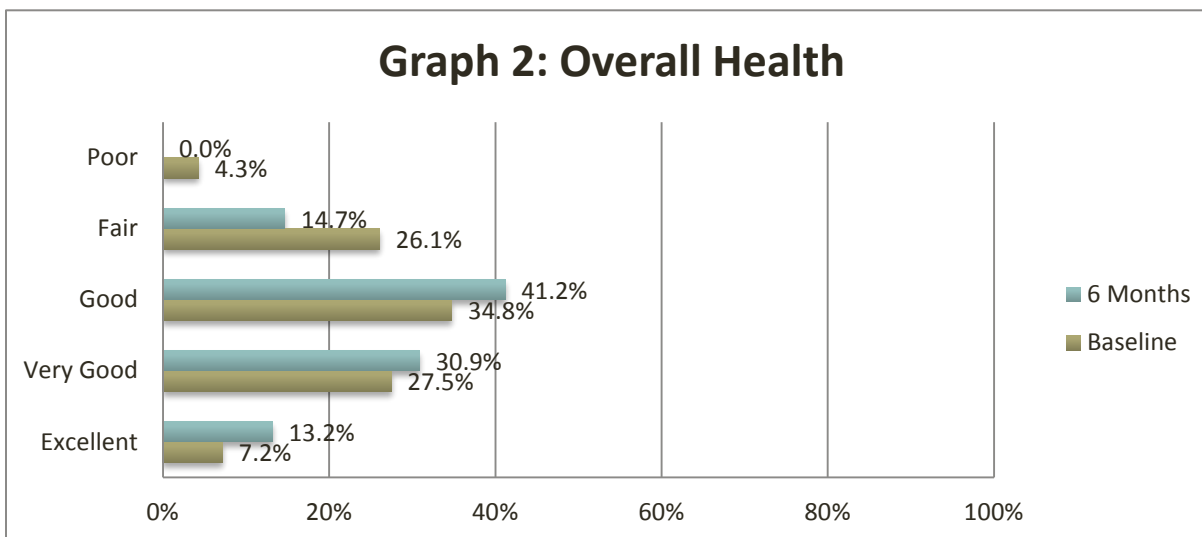
*Sample size for this question was n=199

Preliminary Outcomes

A total of 69 women completed both the Baseline and 6 month follow-up GPRA assessments during this reporting period. Below is a comparison of the health and employment status of clients from baseline to 6 month follow-up, along with a comparison of their drug and alcohol use.

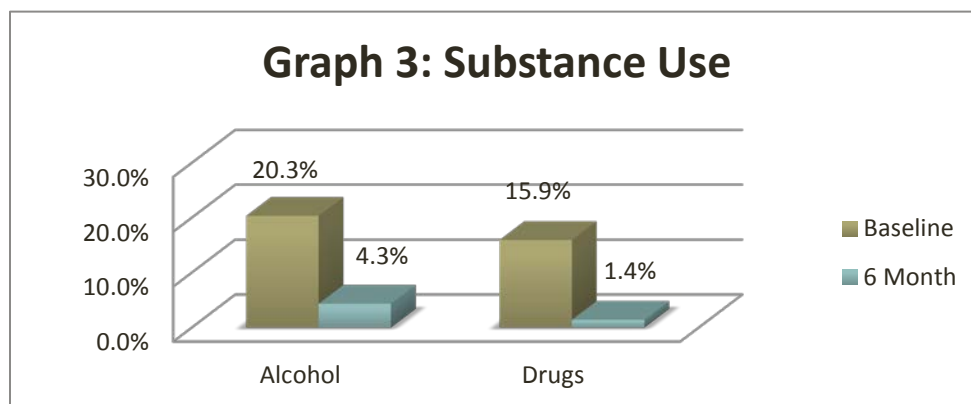
Graph 2: Overall Health

The bar graph below compares the overall health ratings of the 69 clients at baseline and 6 months. We found that overall clients' health improved after 6 months. Several more clients reported that their health was "good", "very good", and "excellent", and fewer clients reported their health as "fair" or "poor".



Graph 3: Substance Use

The bar graph below compares the percent of clients that used substances within the past 30 days at baseline and 6 months. Out of the 69 clients assessed, only 4.3% reported consuming alcohol in the past 30 days at follow-up (compared to 20.3% at baseline) and 1.4% reported using drugs at follow-up (compared to 15.9% at baseline), which was a significant decrease for both.

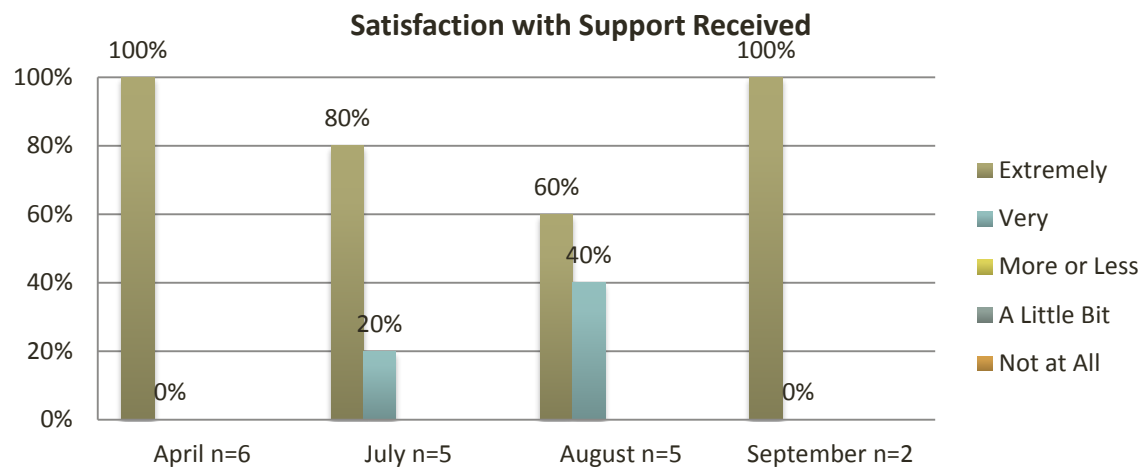


Satisfaction Survey

Women completed a satisfaction survey about the patient portal where they reported on their levels of satisfaction with various aspects of the program. Below are some of the results from this survey during this reporting period.

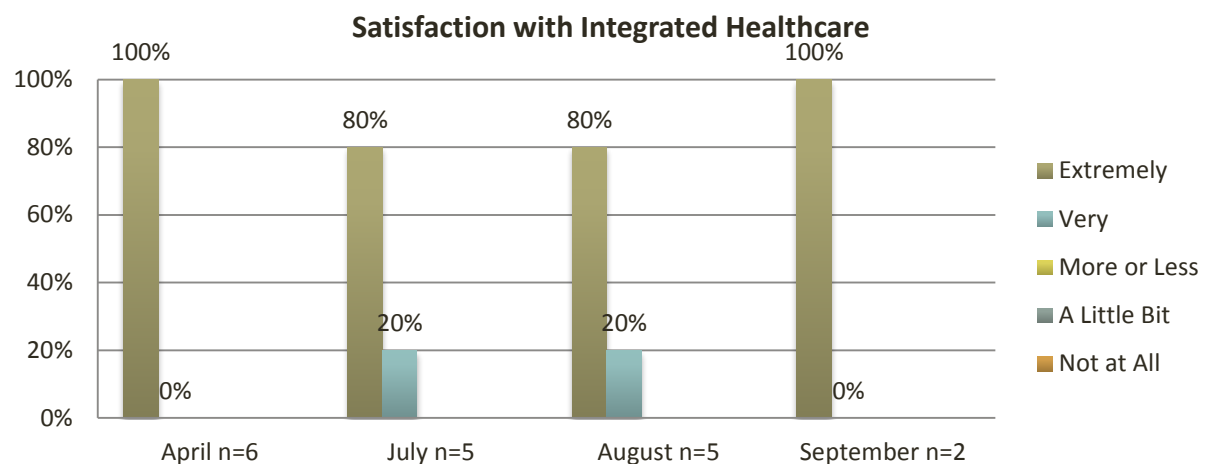
Graph 2: Support Received

During this reporting period, 100% of the women who completed the satisfaction survey reported that they were Extremely or Very satisfied with the support they received.



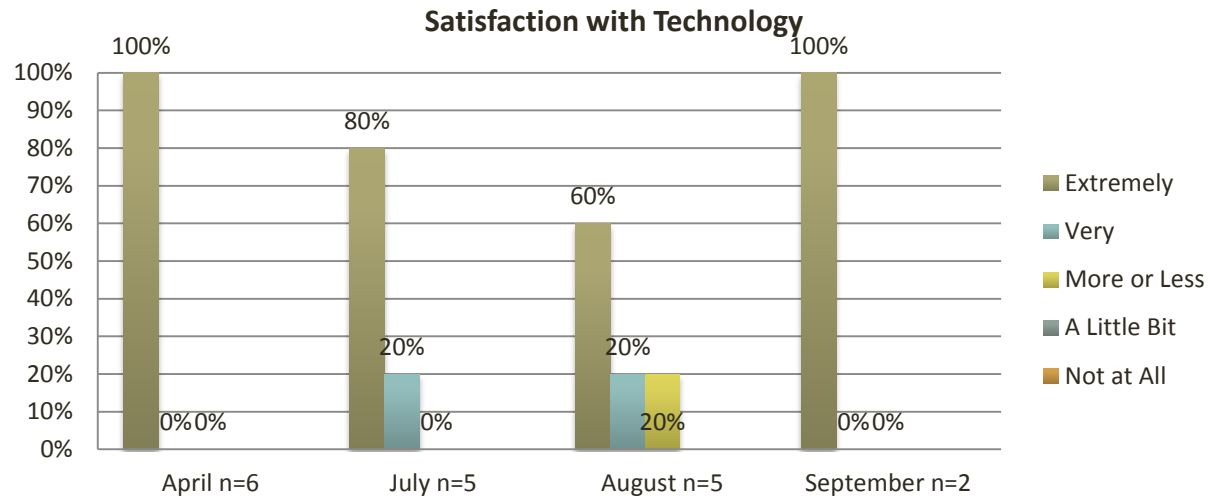
Graph 3: Integrated Healthcare

100% of women also reported that they were Extremely or Very satisfied with integrated healthcare.



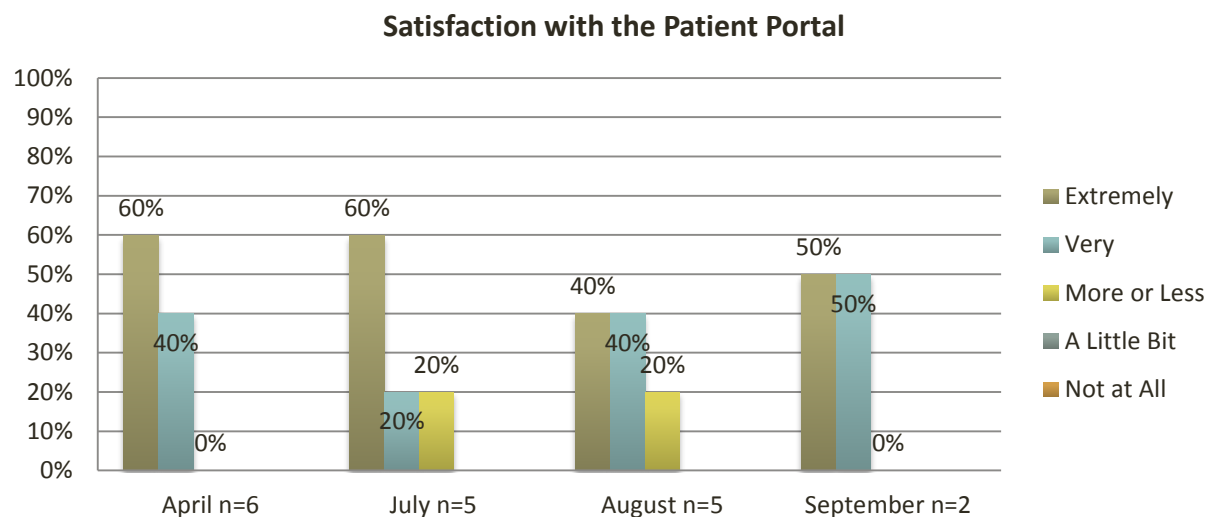
Graph 4: Technology

Clients were also asked about their satisfaction with technology. 100% of clients reported some degree of satisfaction with the program's technology.



Graph 5: Patient Portal

Clients were also asked specifically about their level of satisfaction with the portal. 100% of the clients reported some degree of satisfaction with the patient portal.



Open-Ended Questions

The satisfaction survey included a few questions that gave clients the opportunity to share their feedback. Some of these questions and their responses are listed below.

What do you primarily use the computer for?

"Emails and finding a better job, reading, entertaining my daughter."

"To read the motivational activities sent to me by my recovery coach."

"To watch the (motivational) videos and get insight on addiction; to do my surveys."

"I use the computer when I am doing my coursework while I was attending an online university. I also use computers to search for answers to questions that I may have using a search engine."

What has been the most supportive?

"The Banyan website has plenty of useful links and tools."

"Being able to reach my coach whenever I needed her."

"The emails we get with our assignments are very detailed, to the point, and informative."

"Identifying my faults and finding out the underlying issues."

Appendix C – Policies and Procedures

DISCHARGE POLICY

PURPOSE:

To identify the timeframe in which staff will close placements and complete a discharge for persons served by the Electronic Transitions (ET) Program.

POLICY:

Staff shall discharge persons served by the Electronic Transitions (ET) Program on the 40th day from the admission date when the persons served does not engage into therapy services. Staff shall discharge persons served by the ET Program immediately after the 40th day that the person served disengages from therapy services. Staff shall immediately discharge persons served by the ET Program when the person served successfully completed treatment services. Staff will communicate all discharge information to the Research Division staff assigned to the ET Program.

PROCEDURE:

- I. New persons who have completed an intake and have an admission and a placement in KIS, but have not yet agreed to case management and/or therapy will receive peer specialist/recovery services. The goal of the peer specialist/recovery service is to engage the person served in therapy, and it is understood that case management services can function as a pathway to that service. The engagement activity may last for up to **40** calendar days. At the **40th calendar** day, when the person served has not engaged into therapy, the Peer Specialist/Recovery Coach will:
 - A. Inform the person served, if available, that engagement activities will end and that the Peer Specialist/Recovery Coach will remain available for future contact;
 - B. Close their KIS placement;
 - C. Discharge the KIS admission.
- II. Existing persons served, who disengage from therapy, can continue with case management, and the Peer Specialist/Recovery Coach will continue to engage and document their activities for up to **40 calendar days**. The goal of re-engagement will continue to include removing obstacles that prevent the person's return to therapy. At the **40th calendar day**, the Peer Specialist/Recovery Coach will:
 - A. Inform the person served, if available, that the Peer Specialist/Recovery Coach will remain available for future contact;
 - B. Close KIS placements;

The therapist will be responsible to discharge the KIS admission by the **45th calendar day**.

- III. At any point that the therapist, case manager or peer/recovery coach suspect that the person served may be disengaging, they shall immediately reported the suspicion to their supervisor.
- IV. Upon receipt of information (suspected disengagement), the supervisor will inform the research division staff assigned to the ET Program via email so that the staff can attempt to conduct the Governemnt Performance and Results Act (GPRA) as required by ET Program grant.
- V. Existing persons served who successfully complete treatment will be successfully discharged. Each staff working with the person shall close their respective placement. The last staff to close their placement shall be the therapist, who shall also discharge the KIS Admission. The staff that discharges the KIS Admission shall notify, via email, the research division staff assigned to the ET Program.

PEER SPECIALIST RECOVERY COACH NOTE

PURPOSE:

To ensure an accurate accounting of activities conducted and services provided to persons served.

POLICY:

In accordance to General Case Management Policy 208 and General Clinical Policy 125, direct service staff shall document activities/services conducted within the same day on one note. Documentation shall occur within 24 hours of staff providing the activities/services. Staff shall document the activities/services electronically on the Peer Specialist Recovery Coach Note. Staff shall provide a copy of the completed Peer Specialist Recovery Coach Note to the agency's Research Division within 24 hours. Staff shall provide the portion of the Peer Specialist Recovery Coach Note, which does not contain the specific activity/service information, to the lead Customer Service Coordinator for data entry into the agency management information system (MIS) within 48 hours.

PROCEDURE:

- I. Upon completion of activities/services, staff will open an electronic version of the Peer Specialist Recovery Coach Note and "Save As" in the secured Broward Outpatient program folder/staff folder.
- II. Staff will complete documentation electronically on the "Saved As" Peer Specialist Recovery Coach Note within 24 hours of providing the activities/services.

- III. Upon completion of the Peer Specialist Recovery Coach Note, staff will print Peer Specialist Recovery Coach Note to the Medical Record printer.
- IV. The Medical Records staff will file the hard copy of the Peer Specialist Recovery Coach Note in the client chart.
- V. Staff will save the completed note in each client's respective folder in the secured Electronic Transitions Progress Notes folder on the share drive.
- VI. Staff will delete the activities content from the version in their Broward Outpatient program folder/staff folder and e-mail the Peer Specialist Recovery Coach Note to the Lead Customer Service Coordinator for data entry into the MIS.