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

RFA # TI-11-0023

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

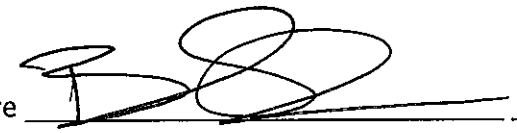
May 2014 – October 2014

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

1. Reporting Period: May 2014 – October 2014
2. RFA #: TI-11-0023
3. Grantee: WestCare, Nevada
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Las Vegas, NV	401. S. MLK Blvd. Las Vegas, NV 89106	Tiana Louis	702-385-3330 ext.226 terry.bahr.westcare.com
Hawthorne, NV	1000 C Street P.O. Box 1477 Hawthorne, NV 89415	Karen Boyles or Wanda Nixon	775-945-3657 kboyles@health.nv.gov or wnixon@health.nv.gov
Pahrump, NV	1161 S. Loop Rd. Ste B. Pahrump, NV 89048	Arturo Gonzalez	775-751-6990 ext.230 arturo.gonzalez@westcare.com
Pahrump Nye County Jail, NV	1520 E. Basin Road Pahrump, NV 89060	Amy Krueger or Tara Duncan	775-751-7027 akrueger@co.nye.nv.us or tduncan@co.nye.nv.us
Dayton, NV	335 Old Dayton Valley Road, Dayton, NV 89403	Leslie Peters	775-246-625 1peters@lyon.k12.nv.us
Tonopah, NV	500 Frankee St. Tonopah, NV 89049	Elaine Minges	elaine@nyecc.org

5. Project Director: Bradford Glover, MCJ
6. Evaluator: Melissa Rhea, M.S., Ed.D.(c)
7. Evaluator Phone/Email: melissa.rhea@westcare.com

8. Signature  10.27.14

Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
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.

WestCare, Nevada, Inc. has partnered up with community partners to provide substance abuse and mental health treatment (co-occurring) to residents in rural and frontier Nevada. This new program is to be names the Rural Nevada Tele-health Program (RNTP). It is our mission to "empower everyone with whom we come into contact to engage in a process of feeling, growth, and change benefiting themselves, their families, co-workers, and communities." We believe in delivering efficient and quality services with evidenced based treatment and compassionate care.

Assessment Process: Community partners throughout rural and frontier Nevada will have designated primary contact(s) at each site to ensure strong communication and services are being offered to clients. The designated community partner will complete the WestCare referral form with the client and send to WestCare. Assessments include: addiction severity index (ASI) for substance abuse history and/or comprehensive addictions and psychological evaluation (CAAPE) for emotional and mental health history.

Services: Counseling Services: Participants will be offered person centered services in their counseling. Each person will be provided with appropriate recommendations of treatment levels that include outpatient, co-occurring treatment, and mental health treatment. Sessions are fifty (50) minutes long via tele-health technology. Their primary counselor may also refer out for couples or family counseling and will continue to follow up on any outside sessions completed on a monthly basis. Participants will be offered family education sessions which they are able to attend with their family members or have family attend without. The primary counselor is responsible to provide the family education schedule to clients. The overall goal is for each individual client works towards completion of treatment. During the first session primary counselors will review the program in more detail with the client. This will include information about the research assistant and the GPRA process.

GPRA Process: After the completion of the initial assessment and the first treatment session, the primary counselor will provide an interdepartmental referral to the research assistant. The research assistant is needed to conduct their own assessments, the government performance and results act (GPRA), as a performance measure to the program. By conducting this, we will be able to provide better quality programs through tele-health. The research assistant will then be responsible to complete the following: Initial GPRA, 6 months post admission GPRA and ASI, and Discharge GPRA and ASI.

How Long: Rural Nevada Tele-health Program is in its third year and has been operating since September 30, 2011.

Who does it: Director: Bradford Glover; Counselors: Linda Walker, MS, MFT-Intern, NCC, and

Terry Bahr, Ph.D., LCPC-intern

Where is it done: Las Vegas, NV, Hawthorne, NV, Pahrump, NV, Pahrump County Jail, Dayton, NV, and Tonopah, NV.

The WestCare NV Rural Nevada tele-health program is designed to provide Tele-health service expansion and enhancement to Nevada's rural communities. The goals of this project are to:

1.) Increase the number of expanded or enhanced technologies into rural Nevada provider's infrastructure;

2.) Increase the number of persons in treatment trained on how to effectively use technology tools, e-apps, web-based programs and services; and

3.) Increase the availability and accessibility of substance abuse and mental health services in rural Nevada and reduce barriers associated with onsite services through the expanded use of technology tools, e-apps, web-based programs and 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: 1.1 Expand SA & MH treatment to 53 individuals annually
Status: We served 72 clients during the duration of the grant from October 2011 – April 2014.

Goal: 1.2 80% will not be arrested for status offenses during treatment and 6-months post admission.
Status: *Criminal Activity at Baseline:* In the 30 days prior to admission, a small number of clients (5.6%) reported being arrested with 1.4% of these clients being arrested for drug-related offenses. Almost one-fourth of clients (22.3%) reported being confined in jail/prison from 2-30 days. More than one-tenth of clients (12.5%) reported committing crimes, 30.6% reported awaiting trial, and 37.5% reported being on parole/probation. *Criminal Activity Outcome:* Data collected at six months post intake indicates the program was effective in reducing criminal activity. Measurements used were: number of arrests (Arrests), if arrests were drug-

related (Drug Arrests), how many confined jail/prison days (Jail/Prison), how many crimes committed (Comm Crimes), number awaiting trial (Await Trial), and number on probation/parole (Probation/Parole) in the last 30 days. There were decreases for all measures. However, Using paired-sample t-tests, one statistical significance was found of all variables measured; decreased change in those clients awaiting trial [t(36)=2.233, p<.032]. The following table outlines the number (N), percentage (%) and rates of change (+/- %) from intake to 6-months post intake by criminal activity, and the following chart outlines the percentages of criminal activity outcome by data point (intake and 6-months post intake):

Goal: 1.3 80% will not be arrested for drug related offenses during treatment and 6-months post admission.

Status: The program met both objectives associated with criminal activity. At 6-months post admission, no clients were involved in any arrests of any kind including drug-related offenses. In fact, there were decreases for all measures with one measure showing a statistical significant decrease for clients awaiting trial [t(36)=2.233, p<.032].

Two assumptions can be made from the criminal activity results. The program was on target for helping clients and our communities in reducing criminal activity. First, of those on parole/probation at admission, none violated again as no arrests were made at 6-month post intake. Second, the program had a great impact on those awaiting trial as there was statistical significance found. Thus, it appeared as though clients were accomplishing treatment plans goals related to taking care of legal responsibilities.

Goal: 1.4 80% will not use substances during the 30 days prior to discharge and 30 days prior to 6-month follow-up.

Status: The program met the objective associated with substance use. There were decreases in alcohol and illegal drug use at 6-months post intake with the exception of illegal drug use of marijuana/hashish for which there was no change. There were no injection drug users (IDU) at 6-months post intake. There was even program effectiveness for abstinence with both alcohol and illegal drug use days, IDU, heroin, methamphetamine, and benzodiazepine use at 6-months post intake. However, there was no statistical significance found.

Two assumptions about substance use results could be made. First, the program is specific to co-occurring outpatient mental health treatment for which substance use treatment is secondary. This would explain that there were not many alcohol or drug users entering the program. Second, for those clients who did use alcohol and illegal drugs at admission, little use was reported at 6-months post intake. Therefore, clients were following treatment plan goals and were abstinent of illegal drug use for the most part and practicing harm reduction for

alcohol use.

Goal: Goal: 1.5 80% will report decreased MH symptoms 30 days prior to discharge and 6-months post admission.

Status: The program met the objective associated with mental health. There were decreases for all mental health symptoms including the level of psychological/emotional impact on their lives at 6-months post intake. However, being prescribed new medications at 6-months post intake increased. In fact, there was statistically significant decreases for clients experiencing depression symptoms [t(36)=3.774, p<.001] and psychological/emotional impact due to mental health symptoms [t(36)=3.238, p<.003].

The program met the objective associated with mental health as it pertains to symptoms specific to trauma and violence. There were decreases for all trauma/violence measures. In fact, there were two statistically significant decreases for clients feeling constantly on guard [t(36)=2.044, p<.048] and trying hard not to think about it [t(36)=2.233, p<.032] with one measure almost reaching statistical significance for clients experiencing nightmare symptoms [t(36)=1.984, p<.055].

Due to the decreases in all mental health symptoms from intake to 6-month post intake as well as the statistical significance found with mental health and trauma/violence symptoms, it can be found that the program is highly effective in reducing symptoms. Interesting to note is the increase of new prescription medications, and the statistical significant decreases in feeling psychologically/emotionally bothered by their symptoms from intake to 6-months post intake. In the last bi annual evaluation reports, a recommendation was made for additional psychiatric services in addition to mental health therapy provided while in the program. It can be assumed that the program has enhanced its services to include more of an emphasis on psychiatric services, which aligns with the reduction of clients' feelings surrounding being bothered by their symptoms.

Goal: 2.1 100% of persons in treatment will receive training on technology.

Status: The program met the goal/objective in that all (100%) of persons in treatment were trained and enhanced their technological abilities and skills.

Goal: Objective 3.1.: Expanded or enhanced technologies services will be provided to two (2) additional rural providers annually.

Status: The program met the goal/objective in that technological services were provided to seven different rural provider cities over the course of three years. Cities served included the

following: Fallon, Hawthorne, Las Vegas, Mineral, Pahrump, Schurz, and Tonopah.

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.

N/A grant ended September 30, 2014.

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.

WestCare NV made no changes to goals and objectives during this reporting period.

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.)

N/A

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Program Director	Bradford Glover	10%
Evaluator	Melissa Rhea	5%
Counselor	Linda Walker	100%
Counselor	Katelyn Amos	10%
Counselor	Terry Bahr	50%

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			

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

N/A

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

N/A

Partnerships

List each of the partner organizations.

Partner
Tonopah Community Coalition, Esmeralda County, Pahrump Drug Court, Community Chest
Nye Community Coalition, Nye County Health Nurses Office, Nye County School District
Dayton Intermediate School, Maple Star, No to Abuse, Nye/Esmeralda County Cooperative Extension, Mineral County Nurses Office, Pahrump Mental Health Department
Tonopah High School, UNR Cooperative Extension-Tonopah

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

During this reporting period, WestCare, NV continues to establish alliances with the rural coalition and staff in Tonopah, and Esmeralda Nevada on a regular basis and have maintained contact with members in order to address some of the necessary factors needed to open up new sites to provide services in additional rural towns. WestCare NV also attends the Nye Communities Coalition on a monthly basis to see if there is room for other partnerships in Rural Nevada.

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
DSM 5, ASAM, GPPC, ICD, Whodas	06/02/2014	35	Center for the Application of Substance abuse Technologies
Clinical Outcomes in a Psychiatric Residential Setting	08/06/2014	25	Center for the Application of Substance abuse Technologies
Youth Mental Health First Aid USA	08/19/2014	20	Westcare Foundation

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
2014 TCE-TAC Grantee Meeting	March 20-21, 2014	Technical Assistance	SAMSHA, and JBS	N/A

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

Evidenced-Based Trauma Treatment and Interventions - Counselors

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: May 2014 – October 2014

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	*20*	*20*	*100%*	*222*	*72*	*32.4%*
6-Month Follow	*47*	*47*	*100%*		*47*	*73.4%*

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

Due to technological difficulties and lack of a plan to implement the program, WestCare, NV has had difficulties obtaining and retaining clients. Project staff has created policies, procedures, and protocol specific to the tele-health that will minimize the negative impact that intake has on client retention and increase marketing efforts in order to obtain more clients. The plan entails meeting with more Community health agencies, doctors, and County Commissioners to get this process started in these rural communities.

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.

Terry and Linda have 59 current clients all of them have completed GPRA's as of right now and 10 are pending placement into tele-health and are new referrals that the counselors have made initial contact with. The counselors have made contact with all pending clients.

Our plan for catching up is consistency and follow through with our clients. Since hiring a research assistant and a counselor who has primarily been involved in the assessment and intake process, the counselors are able to focus more on the counseling aspect of the tele-health grant. This is how we have caught up and put our plan in place. The difference has been that instead of two counselors focusing on everything like Tiana and I had to do, we now have a more streamlined program where our objectives are being met by streamlining our procedures.

The Nye County jail group has been consistently meeting on a weekly basis so we are on board with that. We have increased our numbers with this population on a weekly basis. The majority of Holly's clients are from the jail population and our numbers have increased since February when she was brought onboard.

Some of the things that we have been doing to reach our target numbers is what I mentioned before. Instead of clients having to wait 1-3 weeks before we can make contact, Linda is able to call them the same day or the next day to schedule an assessment and start the intake process shortly after that. In the past, the wait time for clients was what held us up. By the time we made contact with clients, they had decided to move on or not opt for counseling.

Designating one person for the assessment/intake process was crucial in our success of increasing our numbers. The ease of flow for our program has greatly benefitted by the addition of Linda and Ramona. We plan on reaching our targeted numbers by summer. I am not really sure where we are at this point as Ramona has not really informed us of our GPRA numbers.

Evaluation

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

The Evaluation team participated in regular monthly calls during program implementation and assisted with the identification and selection of the on-line project management tool. As the implementation plan changed due to issues with first; the partner agency and second; with the technology; the Evaluation team refrained from seeking a research assistant to collect GPRA interviews. This topic will be revisited once the technological issues are ironed out.

Attached you will find the NV Tele-health Bi Annual Evaluation Report (please see attachment 6). It provides information that will further enhance the conference call regarding the current situation of the program. Despite our GPRA rates being low and all the challenges the program has faced since inception, there are some data outcomes that show our effectiveness in reducing substance use, reducing mental health symptoms, reducing criminal activity, helping clients cope with past violence/trauma, and providing education and employment assistance.

As per the evaluation results, the program has seen significant effects for reducing depression symptoms in clients despite the small effect size numbers. This means that the program has shown to be effective specifically for those clients who have depression mental health symptoms. In addition, there were decreased rates of change for other mental health symptoms measured (anxiety, hallucinations, brain functioning, attempted suicide, violent behavior, prescribed new medications, and the psychological/emotional impact of symptoms).

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

WestCare, NV had no changes to the evaluation plan during this reporting 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.

The Evaluation team will continue collecting process data in order to determine whether a Performance Improvement Plan is needed in order to assist the project in getting back on track. Also, now that the technology is in place and the program is now serving clients, the Evaluation staff will help the clinical team calculate how many individuals we will have to admit to serve per month in order to reach the goal for clients served as soon as possible while providing the highest quality care possible. *(Please see attachment 1)*

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.

N/A

Discuss how evaluation findings were used to improve the project.

Issues related to the delay in implementation have impacted the Evaluation plan in that there has been a delay, and adjustments noted above will have to be made once a new timeline is established in collaboration with the clinical team and IT staff. The plan, as stated above, is to review the implementation process and determine whether a specific performance improvement plan is required, and if so, to convene a multidisciplinary team who will participate in all aspects of the plan.

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

N/A

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	78,449.86	265,945.20
Fringe	15,219.27	51,593.37
Contracts	11,350.00	105,780.00

Equipment	-	63,080.00
Supplies	1,423.73	5,165.89
Travel	3,955.80	13,350.78
Facilities	-	14,139.83
Other	22,509.67	63,802.33
Total direct expenditures	132,917.33	582,857.40
Indirect costs	20,174.00	113,000.00
Total expenditures	153,091.33	695,857.40
	Remaining balance	144,142.60
*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.

WestCare, NV continues to be behind on it tele-health goals due to a lack of technology infrastructure in rural Nevada. In many of the area that WestCare, NV is proposing to serve only government buildings have the technology infrastructure to provide the bandwidth needed to operate the tele-health equipment. This has caused WestCare, NV to seek out agreements with local county commissions to access their facilities to prove services.

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

Please see our current Clients handbook, which includes the projects policies and procedures (please see attachment 2).

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.

N/A

LIST OF ATTACHMENTS

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

Attachment 1: Final Evaluation Report

Attachment 2: Adult Handbook for Outpatient Substance Abuse Treatment Services for Adults