Targeted Capacity Expansion:

Technology-Assisted Care

(TCE-TAC)

RFA # TI-11-002

CSAT QUARTERLY PROGRAMMATIC REPORT

Program Reporting Period:

7/1/2014-9/30/2014

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.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to: granteereports@jbsinternational.com
   Copy SAMHSA Grants Management Specialist, Doug Lees (doug.lees@samhsa.hhs.gov), and your Government Project Officer to the email
5. Save the confirmation receipt of your submission.

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

1. Reporting Period: July 1, 2014 – September 30, 2014

RFA #: TI-11-002

2. Grantee: Iowa Department of Public Health

3. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Iowa Department of Public Health	321 E. 12th Street Des Moines, IA 50311	Rebecca Swift	515-242-6514 Rebecca.swift@ idph.iowa.gov

4. Project Director: Rebecca Swift

5. Project Director Phone/Email: 515-242-6514/Rebecca.swift@idph.iowa.gov

6. Evaluator: Toby Yak

7. Evaluator Phone/Email: 515-281-8261/toby.yak@idph.iowa.gov

8. Signature Rebecca Swift

10/30/2014

Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Toby Yak	Add	7/14/2014	Toby.yak@idph.iowa.gov	515-281-8261

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BACKGROUND

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

The Iowa Department of Public Health (IDPH) proposes to expand and enhance the Iowa's substance abuse treatment services by enabling IDPH-funded agencies to include web-based communication tools as a method of providing treatment services to rural adults in need of intensive outpatient (IOP) treatment. The Iowa Recovery Health Information Technology (IRHIT) project will be implemented at 23 IDPH-funded agencies during the three year life of the project. Over the project's life, IRHIT will serve a minimum of 1,970 clients; 470 in the first year and 1,500 in the two succeeding years.

IRHIT services will use an online portal to implement and support clinically appropriate, evidence-based practices. It will promote the integration of anonymous screenings and directed clinical interventions such as secure individual and group chats, email, treatment planning, web videos, and educational libraries. This will ensure a broader and more comprehensive approach to substance abuse treatment for rural clients. In addition, IRHIT agencies will use other technology, such as the telephone, as they identify what works best for their clients.

<u>IRHIT Goals and Outcomes</u>

1. IRHIT will increase the number of rural adults assessed and retained in treatment that are in need of IOP and continuing care levels of care.
    a. Increase the number of rural clients served in IOP services by 15%.
    b. Increase rural IOP retention rates from 22.6% to 32.6%
    c. Increase the rates of family involvement from 9.2% to 20%
2. Contracted providers will implement a planned IRHIT project.
    a. Create policies and procedures to expand IRHIT online services to rural clients
    b. Provide IRHIT clients real-time access to evidence-based counseling services, education and clinical evaluation tools, and client-initiated treatment plan management.
    c. Provide client family members web-based libraries
3. IDPH will implement and sustain diffusion of enhanced IRHIT: first year – 8 agencies, second year – 6 agencies, third year – 6 agencies.
    a. IDPH will fund .3 FTE at each contracted agency (first year)
    b. IDPH will provide training to providers in services enabled by IRHIT.
    c. IDPH will disseminate innovative and best practices to service delivery network.
    d. IDPH will hold yearly learning collaborative meetings and monthly phone conferences
    e. IDPH will organize a collaborative committee composed of stakeholder representatives.

In addition to online portals, IRHIT will encourage funded agencies to deliver clinical services through the use Tele-health innovations (secure video conferencing technologies, texting, etc.).

We have completed recruiting our Year 3 Cohort, and were only able to add six of the nine remaining agencies to the project. Those who didn't sign on cited staff shortages, transitioning to EHR's and other agency specific issues as reasons for not joining the project. We will have a total of 20 agencies participating in the project during FY2015. We have also reduced the total number of clients we will serve in the project.

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: IRHIT will increase the number of rural adults assessed and retained in treatment that are in need of IOP and continuing care levels of care.

- Increase the number of rural clients served in IOP services by 15%.
- Increase rural IOP retention rates from 22.6% to 32.6%
- Increase the rates of family involvement from 9.2% to 20%

Status: With the addition of 6 additional Cohort 2 clinical providers in the fall of 2013 and 6 in the fall of 2014, the IRHIT network continues to build IRHIT admissions. During this reporting period 54 GPRA intakes were completed. As of September 30, 2014, a total of 434 intakes have been done since the beginning of the grant. Of these 158 (36%) clients were successfully discharged. The Discharge data (from Central Data Repository for IDPH funded clients) below compares IRHIT and non-IRHIT clients. The data is preliminary, but shows that progress is being made on our goals, and comparatively, outcomes are scoring higher for IRHIT clients. This information reflects data collected from the beginning of the grant through January 1, 2014. Our new evaluator is working on updating these numbers, but has not yet completed his report. New numbers will be provided in the next quarterly report.

	IRHIT Clients (n=102)	Non-IRHIT Clients (n=435)
Successfully Completed Treatment……..	50%	55.5%
Retention Rate (Level I.0 and Level II.1) – 5 or more sessions……..	71%	54%
Family Involvement…….	12%	5.6%
Average Number of Sessions……	9.0	8.1

With the implementation of the Affordable Care Act last January, it has become increasingly difficult for the agencies to identify clients that are eligible to receive IRHIT services. This has led to fewer clients being enrolled in the project.

Goal: Contracted providers will implement a planned IRHIT project.

- Create policies and procedures to expand IRHIT online services to rural clients
- Provide IRHIT clients real-time access to evidence-based counseling services, education and clinical evaluation tools, and client-initiated treatment plan management.
- Provide client family members web-based libraries

Status: The six new Cohort 3 IRHIT agencies have been working on finalizing their policies and procedures and most are now ready to begin enrolling clients into the project. The new agencies have all had training on Recoveration and how to use this tool with their clients. They have also become familiar with Hazelden "video on demand," a library of over 40 treatment related DVD content that can be accessed by clients and their family members or concerned persons. In addition, each Cohort 3 agency chose whether they wanted to use Living in Balance or the Matrix curricula with their project. Iowa was able to secure licenses to each of the programs and all of the agencies involved in the IRHIT project have one or the other. A Cohort 2 agency was able to load all of the Living in Balance curriculum questionnaires to their Recoveration site, and these will be "cloned" for other agencies that have the LIB license. In addition, IDPH will recreate the SAMHSA Matrix questionnaires and load them to their Recoveration site for cloning. During July, IDPH arranged webinars to demo the video-conferencing capabilities of three different companies. Staff from several of the IRHIT agencies participated in these demo's and a couple of agencies are now exploring the use of video conferencing as a way to connect not only with clients, but also with staff at outlying offices. Agencies continue to look at ways to engage family members into IRHIT, and the Learning Collaborative has continued to discuss how to include, expand and enhance services to client family members by providing access to their web-based libraries.

Goal: IDPH will implement and sustain diffusion of enhanced IRHIT: first year – 8 agencies, second year – 7 agencies, third year – final 7 agencies.

- IDPH will fund .3 FTE at each contracted agency (first year)
- IDPH will provide training to providers in services enabled by IRHIT.
- IDPH will disseminate innovative and best practices to service delivery network.
- IDPH will hold yearly learning collaborative meetings and monthly phone conferences

IDPH will organize a collaborative committee composed of stakeholder representatives.

Status: Fourteen (14) state-licensed substance abuse providers participated in the project during FY 2014. An additional six agencies joined Cohort 1 and Cohort 2 agencies in July. This

brings the total number of agencies involved in the project to 20 out of 23 state-licensed substance abuse providers. Monthly Learning Collaborative calls were held each month during this reporting period with nearly 100% participation each month. The year 3 face-to-face Learning Collaborative will be held on June 25, 2015. The focus of this Learning Collaborative will be on sustainability.

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.

GPRA Intake Coverage/Clients Served:

- The project has seen an uptick in GPRA Intakes
  - Year 1 = 81 GPRA Intakes (October-June)
  - Year 2 = 130 GPRA Intakes (July-December)
  - Year 2 = 161 GPRA Intakes (January-June)
  - Year 3 = 54 GPRA Intakes (July-September)
- In August 2014, Iowa submitted a proposed revision of the projected numbers that are more in line with what has been learned from implementing IRHIT at 14 provider agencies and projecting participants in SFY 2015. This request was to reduce our total number of clients to 777. This request was approved by our project officer, Wilson Washington, on August 11, 2014.
- During this reporting period the Cohort 3 agencies had not yet begun seeing clients. It is anticipated that they will begin enrolling clients into the IRHIT project in November.

GPRA Follow up Rate:

Current GPRA follow up rate is 59% (as of 9/30/14) with 37 outstanding, this is an increase in the percentage rate since the last reporting period. A bi-monthly reminder is sent to providers reminding them of current follow-ups that are due, as well as encouraging them to schedule GPRA follow-up appointments for those who will enter the follow-up window in the next month. In addition, Ms. Swift attended the August GPRA training in Kansas City. She has been sharing what she learned with IRHIT partners during the monthly collaborative calls and as requested by individual agencies.

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.

A request was transmitted via e-mail to our project officer on July 15, 2014, to reduce our target from 1,220 clients to 777 to be more in line with the number of clients seen in the first two years of the project.

GRPA Intakes – based on SFY of July 1 –June 30

Year 1: July 1, 2012 – June 30, 2013 (actual number entered into SAIS) – 81
Year 2: July 1, 2013 – June 30, 2014 (actual number entered into SAIS) – 289
Year 3: July 1, 2014 - June 30, 2015 (Projected) - 407

This request was approved by Wilson Washington via e-mail on August 11, 2014.

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
Project Director	Rebecca Swift	.25
Evaluator	Toby Yak	.15

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Toby Yak, Evaluator	.15	7/14/2014	Addition

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

Since Toby Yak came on board in July he has come up to speed on the IRHIT project and has been working to determine how his predecessor, Dr. Ousmane Diallo, developed the reports for IRHIT and pulled the data. It has taken him several weeks to do so, and while he was not able to pull data for this reporting period he has now determined the process needed and will be working to expand on the reporting Dr. Diallo began. Mr. Yak plans to have the data ready for the next quarterly report.

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
Alcohol and Drug Dependency Services
Area Substance Abuse Council
Center for Alcohol and Drug Services
Community and Family Resources
Compass Pointe
Crossroad Behavioral Health Center
Employee and Family Resources
Jackson Recovery Centers
MECCA Services

Partner
New Horizons/UnityPoint
New Opportunities
Northeast Iowa Behavioral Health
Pathways Behavioral Services
Prairie Ridge Addiction Treatment Services
Southern Iowa Economic Development Association
Substance Abuse Services Center
United Community Services
Youth and Shelter Services
Zion Recovery Services
Iowa Solutions
Iowa Substance Abuse Information Center

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

- Iowa Substance Abuse Information Center (ISAIC) contracts with the Iowa Department of Public Health (IDPH) to provide a statewide web site (www.drugfreeinfo.org). IRHIT has leveraged this relationship to assist with managing the licensing agreement with Hazelden and their "Video on Demand" service to now include a library of over 40 DVD content that will be available to IRHIT participants and their family members.
- Employee and Family Resources has begun piloting assessments via technology using ASI-MV and determining efficacy and clinical appropriateness for individuals seeking substance abuse treatment services.

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
IRHIT Learning Collaborative Montly Calls	7/1; 8/5/; 9/2	18-20 programs	IDPH
Recoveration Training	7/29	7	Iowa Solutions
Agency Site Visit, Crossroads BH	8/12	2	IDPH
Agency Site Visit, SIEDA	8/15	2	IDPH
Agency Site Visit, New Opportunities	8/12	4	IDPH
Agency Site Visit, Pathways	8/25	4	IDPH
Agency Site Visit, Crossroads BH	9/9	5	IDPH
Agency Site Visit, NEIBH	9/24	5	IDPH
Agency Site Visit, Youth and Shelter Services	9/25	2	IDPH

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
General Project – review project goals, GPRA follow-up, Sustainability planning	9/10	General project maintenance	JBS International, SAMHSA	

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

Monthly Learning Collaborative Calls, first Tuesday of the month (October, November, and December [December meeting moved to the second Tuesday due to a scheduling conflict]). During these calls each agency reports out on their progress to date and we discuss issues related to the project, including the GPRA, sustainability and new technologies.

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: October 27, 2014

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	*Example: 10*	*15*	*150%*	777	434	56%
6-Month Follow-up	*Example: 5*	*5*	*100%*	315	186	59%

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

GPRA Intake Coverage/Clients Served

- The project has seen an uptick in GPRA Intakes, though we are still below the new projection of 777.
  - Year 1 = 81 GPRA Intakes (November-June)
  - Year 2 = 289 GPRA Intakes (July-June)
  - Year 3 = 54 (July-September)
- The goal for year 3 is 407 clients, which averages to 18 clients per each of the 20 agencies.
- Agencies are screening all clients for eligibility for the project in order to have the largest possible pool of candidates. Some agencies are providing services without charge in order to meet their minimums.
- Some agencies are also beginning to set targets for counselors related to enrolling clients in the project.
- Rebecca Swift tried as much as possible to involve the executive director or someone in a leadership position as she brought the Cohort 3 agencies on board. Earlier cohort agencies with leadership involvement have a higher rate of enrolled clients.

GPRA Follow-up Rate:

- Regular reminders are sent to providers reminding them of current follow-ups that are due, as well as encouraging them to schedule GPRA follow-up appointments for those who will enter the follow-up window in the next month.
- Rebecca Swift follows up with programs entering last month of follow-up window on their plan and ability to complete.
- Follow-up materials provided by SAMHSA have been forwarded to the agencies.
- It has been suggested to agencies that have the ATR program to ask their ATR coordinator for assistance with the follow-ups.

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

Evaluation

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

We continue to enter GAIN-SS, TXSi, and IRHIT Client Satisfaction Survey data into the ACCESS databases, though the data has not been analyzed due to the lack of an evaluator. Treatment data is reported by providers to Iowa's Central Data Repository (CDR) for substance abuse treatment data (Profile, Admission, Services, and Discharge). Both the ACCESS databases and CDR data will be used for analysis, evaluation and reporting.

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

No changes have been made to the evaluation plan.

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.

No new evaluation finding since last reporting period.

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.

While a new evaluator came on board in July, he has been tasked with many projects, IRHIT being just one of them. He is getting up to speed on the project, and has been reviewing the data provided by his predecessor, but has indicated that it will take a while to run and analyze the information. He is on board to have up-to-date information for the next quarterly report, which is due on February 1, 2015.

Discuss how evaluation findings were used to improve the project.

Evaluation findings, as they become available, are shared with the network during the monthly Learning Collaborative conference calls. We also provide each agency an update on their monthly GPRA intake and follow-up numbers on a monthly basis, and discuss the overall numbers during the Learning Collaborative conference calls.

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

No new evaluation reports from the last reporting period.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

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

Note:

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

Total Grant Award:	$ 838,200.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	**Cumulative Expenditures To Date**
Direct Costs:		
Staff Salaries	$ 10,128.17	$ 73,538.36
Fringe Benefits	$ -	$ -
Contracts	$ 32,114.50	$ 428,080.87
Equipment	$ -	$ -
Supplies	$ -	$ 471.04
Travel	$ 395.58	$ 4,965.43
Facilities	$ -	$ -
Other Direct Costs: (please identify below)		
Communications	$ 356.42	$ 1,345.46
Reimubursements of Other Agency	$ 2.22	$ 2.22
	$ -	$ -
Total Direct Costs:	$ 42,996.89	$ 508,403.38
Total Indirect Costs:	$ 3,048.58	$ 19,120.67
Total Expenditures (Sum of Direct and Indirect Costs):	$ 46,045.47	$ 527,524.05
Remaining Balance (Based on Total Grant Award):		**$ 310,675.95**

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.

- IRHIT clients received 188 sessions of technology assisted care during this reporting period.
- According to the SAIS dashboard, during this reporting period there were 24 clients that became eligible for follow-up – 16 follow-ups occurred. Of those 69% were employed at intake; 81% were employed at follow-up. 31% had been abstinent in the past 30 days at intake, this increased to 50% at follow-up.
- The six Cohort 3 agencies received training on and access to their Recoveration web sites.
- IDPH arranged three demo's with video conferencing providers for IRHIT partners. As a result several agencies are further pursuing information about video conferencing or are actively using video conferencing in their agency.
- The Recoveration "governance" group continues to meet monthly.
- The LIB questionnaires will be posted the Recoveration sites of those agencies that have a current license for the curricula. In addition, IDPH will post the SAMHSA Matrix questionnaire and this will be "cloned" to the other agencies Recoveration sites.
- Employee and Family Resources is working with Hazelden to get ASI-MV set up and running in their agency. This will allow them to conduct assessments via technology.
- Once agency was conducting distance treatment with a college student who returned to his home state for the summer. The agency successfully continued to keep the student engaged in distance treatment throughout the summer and are now seeing this client face-to-face since his return to the community for school.
- This same agency was working with another college student who finished his treatment via telephone and Recoveration. This client engaged very well with the agency throughout this process.
- While it was anticipated that we'd have up-to-date evaluation numbers for this quarter, this did not happen. Ms. Swift is working with Mr. Yak to get correct reports identified and updated for the next quarter report.
- Discussion has begun with the provider agencies about sustainability beyond June 30, 2015. Several things have been identified including the knowledge gained about distance technology and how to use it, the potential continued support of Recoveration at the agency level, and continued use of Video on Demand (which will be available to the agencies through June of 2017).
- IDPH has not had any success with adding clients who are Medicaid eligible to those clients that can receive IRHIT services. Currently only clients who are IDPH eligible (have no insurance) can receive services.

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

Each of the provider agencies have conducted a walkthrough and adapted their policies and procedures to incorporate the provision of IRHIT services.

See the following attached documents outlining IDPH IRHIT Policies and Procedures:

- Attachment 1 – IDPH and Provider IRHIT Responsibilities
- Attachment 2 – Confidentiality and Participant Protection
- Attachment 3 – IRHIT Eligibility and Rationale
- Attachment 4 – Data Management Plan

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

No publications or presentations about the project occurred since the last reporting period.

LIST OF ATTACHMENTS

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

Attachment 1: IDPH and Provider IRHIT Responsibilities

Attachment 2: Confidentiality and Participant Protection

Attachment 3: IRHIT Eligibility and Rationale

Attachment 4: Data Management Plan

Attachment 5: IRHIT Project Budget