

**Targeted Capacity Expansion:**

**Technology-Assisted Care**

**(TCE-TAC)**

**RFA # TI-023798-01**

**CSAT Quarterly PROGRAMMATIC REPORT**

**Program Reporting Period:**

**July 1, 2014 through 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.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to: [granteereports@jbsinternational.com](mailto:granteereports@jbsinternational.com) Copy SAMHSA Grants Management Specialist, Doug Lees ([doug.h.lees@samhsa.hhs.gov](mailto:doug.h.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 Through September 30, 2014
2. RFA #: TI-023798-01
3. Grantee: First Choice Services Inc.
4. Provider Site(s):

Provider Site Name	Contact Person	Phone	Email	
*Pretera	Susan Coyer	(304)525-1522	<a href="mailto:susan.coyer@pretera.org">susan.coyer@pretera.org</a>	3375 US Rt.60 East Huntington, WV 25704
*Westbrook	Karen Schimmel	(304)485-1721 Ext.121	<a href="mailto:kshimmel@westbrookhealth.com">kshimmel@westbrookhealth.com</a>	2121 7 <sup>th</sup> Avenue Parkersburg, WV
CRC Clarksburg	Stephanie Stevens	(304)622-7511 (304)629-9434	<a href="mailto:sstevens@crchealth.com">sstevens@crchealth.com</a>	706 Oakmont Road Clarksburg, WV 26301
Lee Day Report	Fred McDonald	(304)748-8043	<a href="mailto:fpmcdonald@comcast.net">fpmcdonald@comcast.net</a>	3549 Main Street Weirton, WV 26062
Valley New Beginnings	Nancy Longworth	(304)367-1625 (304)363-2228 ext. 4328	<a href="mailto:nlongworth@valleyhealthcare.org">nlongworth@valleyhealthcare.org</a>	202 Columbus St. Fairmont, WV26554
CRC Charleston	Genise Lalos	(304)344-5924	<a href="mailto:glalos@crchealth.com">glalos@crchealth.com</a>	2157 Greenbrier St Charleston, WV 25311
WVU	Cathy Yura	(304)293-4431	<a href="mailto:cathy.yura@mail.wvu.edu">cathy.yura@mail.wvu.edu</a>	P.O. Box 6422 Morgantown, WV 26506
Wheeling YWCA	Rhonda Hayes	304-232-0511	<a href="mailto:programservedirector@ywcawheeling.org">programservedirector@ywcawheeling.org</a>	1100 Chapline Street Wheeling, WV 26003
Wood County Day Report	Deb Murphy	304-422-8570	<a href="mailto:dmurphy@woodcountywv.com">dmurphy@woodcountywv.com</a>	916 market Street Parkersburg, WV 26101
*Starlight Behavioral Health	Mary Aldred-Crouch	304-302-2078	<a href="mailto:maldredcrouch@starlightbhs.com">maldredcrouch@starlightbhs.com</a>	5317 Cherry Lawn Road Huntington, WV 25705

Pyramid Counseling	Frank Masters	304-573-6751	pyramidcounseling@suddenlinkmail.com	130 George Street Beckley, WV 25801
The Healing Place of Huntington	Matt Boggs	304-523-4673	Matt.boggs@thehealingplaceofhuntington.org	2425 9 <sup>th</sup> Ave Huntington, WV 25705
Mason County Day Report & Drug Court	Stacey Adams	304-675-7001	Stacelynn30@gmail.com	200 6 <sup>th</sup> Street Point Pleasant, WV 25550
FMRS Behavioral Health	Kathy Armentrout	304-256-7100	karmentrout@fmrs.org	101 S. Eisenhower Drive Beckley, WV
Morgantown Sober Living	Doug Leech	412-295-4263	<a href="mailto:Doug.leech@morgantownsoberliving.com">Doug.leech@morgantownsoberliving.com</a>	206 Spruce St. Morgantown, WV

\*Indicates agencies who are also participating in the Distance Counseling Project.

Creekside Counseling	Patty Deutsch	304-744-5000	Wv-tarheel@hotmail.com	Charleston
Highland Hospital/Process Strategies	Sandy Mallory	1-304-348-1436	smallory@highlandhosp.com	Charleston
Nancy Wolfe-Dilgard	Nancy Wolfe Dilgard	304-290-4990	nmwd@comcast.net	Morgantown
Loughridge Counseling	Fannie Loughridge	304-733-1833	<a href="mailto:loughridgecounseling@frontier.com">loughridgecounseling@frontier.com</a>	Barboursville
PsiMed Inc.	Trudy Blaylock	304-344-8515	<a href="mailto:tblaylock@psimedinc.com">tblaylock@psimedinc.com</a>	1632 Kanawha Blvd  Charleston, WV
Street Consulting	Sandra Street	304-242-2817	streetconsulting@comcast.net	Wheeling
New Horizons Psychological	Tammie Smith	304-425-3327	<a href="mailto:Smith.tammie22@gmail.com">Smith.tammie22@gmail.com</a>	Princeton

Oasis Behavioral Health	Bill Webb	304-733-3334	Wbwobhs1@aol.com	Barboursville
Mt State Counseling	Cathy Yura	304-293-4431	Cathy.yura@mail.wvu.edu	Morgantown

5. Project Director: Susie Mullens, MS, LPC, AADC-CCS, Licensed Psychologist, SAP, DCC

6. Evaluator: Carmen Raynes Combs

7. Evaluator Phone/Email: 304-344-2140 carmen@1stchs.com

8. Signature \_\_\_\_\_  
Project Director Signature                      Date

9. List any changes in key staff contact information here: Not Applicable

Staff Member	Add/Loss	Effective Date	Email	Phone

## TABLE OF CONTENTS

BACKGROUND .....	1
PROJECT IMPLEMENTATION .....	2-5
Project Goals and Objectives .....	2-4
Status Toward Goals .....	5
ORGANIZATION AND MANAGEMENT .....	6-9
Personnel .....	6
Partnerships .....	7-8
Training and Technical Assistance (TA) .....	8-9
PERFORMANCE INFORMATION .....	10-14
GPRA Performance .....	11
Evaluation .....	12-14
Interim Financial Status .....	15
Financial Status.....	
Other Significant Project Activities .....	16
LIST OF ATTACHMENTS.....	16-17

## BACKGROUND

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

This project will provide a technology assisted care intervention for those in outpatient, intensive outpatient or completing residential substance use disorder treatment. We created a name for our project that reflects both the culture of our geographic location and the infusion of technology, ATARI: Appalachian Technology Assisted Recovery Innovations.

The Comprehensive Health Enhancement Support System (CHESS) is a computer-based system of integrated services designed to help individuals cope with a health crisis or medical concern. The CHESS team has developed technology-based solutions to improve healthcare outcomes in a variety of health-related conditions.

Addiction CHESS (A-CHESS) is a relapse prevention program based on CHESS with the specific purpose of improving addiction treatment. A-CHESS is delivered through a smart-phone, tablet or a personal computer and focuses on helping substance dependent patients leaving residential care with information and other resources. A-CHESS smartphone APP offers more widespread access than a personal computer offers optional audio delivery to improve access for those who have literacy challenges and is enhanced with services tailored to relapse prevention.

A-CHESS offers: (1) communication with peer support groups and addiction experts; (2) timely monitoring to assess risk of relapse; (3) reminders and alerts to encourage adherence to therapeutic goals; (4) individualized addiction-related educational material and self-soothing and self-regulation tools tailored to the needs of the particular patient; (5) access to selected Internet-based resources and (6) weekly check in self-assessment utilizing the BAM (Brief Alcohol Monitor) for risk and protective factors. A-CHESS will be integrated in a number of substance abuse treatment program settings as appropriate in the process of enhancing the service delivery under this grant.

The goal of this project is to increase the length of time in which participants engage in substance use disorder aftercare, remain abstinent from substance use and/or show a significant decrease in substance use.

A designated individual at each of the 15 sites\* will be responsible for training the client on the A-CHESS app, helping them program the settings and setting parameters for appropriate use within the scope of each specific program.

The original proposal stated that a total of 600 participants will be identified by six or more substance use disorder treatment providers throughout West Virginia to participate in this project during the 3 years. We requested and were granted a 50% reduction for our total numbers and we anticipate reaching and/or exceeding that total during year 3. This report encompasses the first quarter of year 3.

\*Additional changes to the original implementation plan: We have expanded to recruit additional agencies & providers which were in addition to the original 6 with whom we planned to work. We are now working with 15 agencies. We have added a distance counseling project and have completed training of the pilot group of counselors. The distance counseling platform has been created and training for the counselors is being completed.

## 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:** To use/leverage technology to enhance substance abuse treatment service delivery to clients in WV.

**Status:** Ongoing. As of September 30, 2014 we have enrolled 286 clients who are receiving substance abuse treatment services. See progress listed below with objectives.

**Goal:** Engage agencies, clinicians and clients in considering how technology can assist in client engagement, retention in treatment and extend recovery time.

**Status:** Ongoing. We have 15 partner agencies in various stages of planning & implementation. A number of presentations and outreach activities have been conducted targeting agencies & clinicians. We have added 18 providers who will deliver distance counseling.

**Goal:** Utilize and integrate technology assisted care options to support recovery and achieve improved outcomes for those in treatment.

**Status:** Ongoing. As of September 30, 2014 we have 286 clients who have opted to utilize A-CHESS. We are adding a distance counseling project to create additional opportunities for direct service deliver using technology.



**Goal:** Integrate technology assisted care through implementing the A-CHESS smartphone application with 100 clients during year 1, 200 during year 2 & 300 during year 3. We have requested a decrease in these target numbers to a 3 year total of 300.

**Status:** As of September 30, 2014 we have enrolled 286 clients and provided including 272 phones to clients and 21 phones to staff. Enrollments with A-Chess have concluded and we are transitioning to the distance counseling project. We are expecting to surpass the 300 clients over the next 6 months.

**Objective:**

- A. Educate behavioral health providers in different areas of WV about the possible enhancements to treatment through the use of technology.

**Activity:**

A.1. Identify potential partners and potential partners to provide contact with clients

Timeline: March 1, 2013 for year 1; June 1, 2013 for year 2; December 1, 2014 for year 3 initial Distance Counseling Phase

**Status:** We now have 15 partners: Prestera, Westbrook, CRC- Clarksburg, Lee Day Report Center, Valley Health Care New Beginnings Program, CRC-Charleston, WVU Carruth Center/ Well WVU Student Services, Wheeling YWCA, FMRS, Wood County Day Report, Starlight Behavioral Health, Pyramid Counseling, The Healing Place of Huntington, Mason County Day Report and Morgantown Sober Living Home. We have also had three groups who had initially expressed interest decline or withdraw: Louis A Johnson VA, Hall Neighbor's House and Cabell County Drug Court. We have also trained the following clinicians to offer distance counseling throughout the State of WV, as well as their states of license: Florence Collier, Patty Deutsch, Nancy Wolfe-Dilgard, Kendra Johnson, Fannie Loughridge, Karen Schimmel, Tammie Smith, Erin Threatt, Sandra Street, William Webb, John Todd, Stephanie Majetich, Lynn Eldridge, Mindy Stanley, Cathy Yura, Cheri Grimm, Brandie Robinson.

**Activity:**

A.2. Educate partners about the technology chosen for this project (A-CHESS)

Timeline: February 15, 2013 for year 1; May 15, 2013 for year 2; April 2014 for year 3.

**Status:** This activity is complete. A transition plan from A-CHESS to other options is being designed.

**Objective:** Prepare clinicians at partner agencies to utilize and integrate technology assisted options

**Activity:**

B.1. Develop an implementation plan with each partner agency Timeline: April 1, 2013

**Status:** This activity is complete with regard to A-CHESS. We are creating new policy/procedures for the distance counseling project for year 3 and implementation/sustainability of distance counseling.

**Activity:**

B.2. Develop training tools and protocols for clinicians and clients to best utilize the A-CHESS app  
Timeline: March 1, 2013 & ongoing refining/developing

**Status:** This activity is complete. We are developing minimum training requirements and implementation protocols for distance counseling.

**Activity:**

B.3. Identify barriers to utilization and problem solve with partner agencies to resolve  
Monitor weekly

**Status:** We have begun the process of ending the A-CHESS program and we have begun to transition the clients to take responsibility for their phone service. We have continued to work on developing the relationship with the clients and clinicians to eliminate barriers by keeping them informed of the transition process. This has required us to use texting, phone calls, A-CHESS messages, and prompting of the clinician. We have found clients have been more difficult to find once the service has ended.

**Activity:**

B.4. Implement incentive program to support access to technology  
Timeline: April 1, 2013(i.e. clients can earn up to \$10 data plan credit each week for completing 4 consecutive weeks of the BAM survey function with A-CHESS)

**Status:** This activity is complete. Approximately 53% of clients are able to continue their service. For clients who are not able to enter one of the programs, they are encouraged to use wi-fi to connect to the internet and continue engagement with A-CHESS.

### 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.

We are not falling short in meeting project objectives at this time.

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.

After receiving technical assistance from JBS International we submitted a formal request for a reduction in GPRA targets. GPO Danielle Tarino approved this reduction. Our goal at this time is a total of 300 for all 3 years. We are currently at 286.

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 additional changes are planned or anticipated at this time.

## ORGANIZATION AND MANAGEMENT

### Personnel

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

Position Title	Incumbent Name	Percent Time
Program Director	Susie Mullens	100
CEO	Steve Burton	10
CBDO	Scott Jarrett	10
Program Dir. Admin Assist	Kay Goff	10
Program Evaluator	Carmen Raynes	Contractual
Program Coordinator	Teresa Warner	100

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

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

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

N/A

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

No vacancies

### **Partnerships**

List each of the partner organizations.

Partner
Prestera Center Huntington WV
Westbrook Health Services, Parkersburg WV
CRC Clarksburg Treatment Center, Clarksburg WV
Lee Day Report Center- Weirton & Moundsville, WV
Valley Health System, Fairmont WV
CRC Charleston Treatment Center, Charleston WV
FRMS, Beckley, WV
WVU Carruth Counseling Center/Well WVU Morgantown, WV
YWCA- Wheeling, WV
Wood County Day Report- Parkersburg, WV
Starlight Behavioral Health- Huntington, WV
Pyramid Counseling- Beckley, WV

Partner
The Healing Place of Huntington- Huntington, WV
Mason County Day Report/Drug Court- Point Pleasant, WV
Morgantown Sober Living Home- Morgantown, WV
Creekside Counseling-Charleston, WV
Highland Hospital-Process Strategies- Charleston, WV
PsiMed Inc.- Charleston, WV
Street Consulting- Wheeling, WV
New Horizons Psychological- Princeton, WV
Nancy Dilgard Wolfe –Morgantown, WV
Loughridge Counseling- Barboursville, WV
Oasis Behavioral Health- Barboursville, WV
Mountain State Counseling- Morgantown, WV

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

The 14 of the 15 agencies which were active at the time of the last report have been sustained. Cabell County Day Report decided not to join the project but we added Morgantown Sober Living Home.

### **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
ATTC/NFAR Technology Pioneer Summit	August 25-28	175+	ATTC/NFAR

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

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

We have made a TA request for assistance with sustainability planning for our distance counseling program and TA has been scheduled for October 15, 2014 in Charleston, WV.

## 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: November 13, 2014

	<a href="#">Client Target (To-Date) 1</a> <a href="#">Intake</a>		<a href="#">Intake Received (To-Date) 2</a>		<a href="#">Coverage Rate (To-Date) 3</a>	
Intakes (Baseline)	267		285		106.7%	
6-Month Follow	206		200		97.1%	

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

N/A

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.

See Below

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

N/A

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.

As a result of our Technical Assistance with JBS we developed the following Data/Evaluation Plan. **Additional evaluation tools include:**

- A. The GPRA Tool to be collected at baseline (enrollment into the grant funded program), at the time of discharge and at 6 months post enrollment regardless of current activity status with using A-CHESS. (Collected by partner staff and project director supported as needed) We have completed 285 GPRA Intakes.
- B. The A-CHESS app has a built in weekly survey (BAM) which clients agree to complete once a week. (Monitored weekly by partner staff and monitored through administrative tool with A-CHESS by project director)  
The A-CHESS app also has additional functions that can quantify which features/functions of the app are being utilized. (Monitored weekly by partner staff and monitored through administrative tool with A-CHESS by project director).  
The data collected by the app has been evaluated and compiled by the FCS Program



Evaluator. Data is available to partner agencies upon request.

- C. Each partner agency completes assessments as part of their internal program/utilization/authorization plan and we obtain permission for that information to be shared. (Partner staff) Other than urine drug screening results we have not been provided any further client information.
- D. We have implemented the use of a client use and satisfaction tool. The tool is administered through the A-CHESS app custom survey option. **See Attachment 1. ATARI Client Use/Satisfaction Survey.**
- E. Additional data that will be collected/tracked: # of persons in treatment who have access to/use technology; # of persons trained on how to effectively use technology  
# of expanded or enhanced technology integrated into the provider infrastructure. (Partner agency staff will report that to project director). There is no new information to report regarding this task.
- F. We have created a Technology Survey which is provided to client through the A-CHESS app on the first day they are enrolled. This survey aims to collect information about the level of technology clients are able to access as well as obtain information about the role of technology in their recovery. **See Attachment 2 Client 1<sup>st</sup> Day Survey Results.**
- G. As part of the DCC training provided to 25 behavioral health providers we conducted a pre-training survey  
**See Attachment 3 DCC Survey Results**
- H. As part of the Technology Summit held in October 2014 we sent a survey to the thirty participants assessing their ACA preparedness and their agencies current use of technology.
- I. As part of the training for the Distance Counseling we released a survey to the counselors in training regarding their preparedness to incorporate telehealth in their practice. We are still gathering the results from this survey.

Project director, partner agency staff and evaluator will be responsible for the data collection & analysis and use it to inform practice at the agency level.

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.

The ongoing challenge is having adequate time and cooperation from the partner groups to collect the data (i.e. weekly drug screen results, embedding additional questions into the agency intake processes.)

As for the DCC project our current evaluations are being utilized as a way to guide the project and determine what resources need to be applied for successful implementation.

Discuss how evaluation findings were used to improve the project.

We have been able to use the statistics from the ACHES project to gain a better understanding of clients' access to technology and their willingness to embrace it for treatment purposes. The data suggested clients' benefited from having access to technology. As a result of positive outcomes we expanded our program to include the development of a distance counseling platform to better serve the State.

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

We are working on reports for each agency and these will be attached to the next bi-annual report.

### ***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

<b>Direct Costs:</b>		
Staff Salaries	\$ 43,855.96	\$ 224,328.49
Fringe Benefits	\$ -	\$ 74,121.87
Contracts	\$ 25,588.58	\$ 89,185.41
Equipment	\$ -	\$ -
Supplies	\$ 1,805.67	\$ 25,785.02
Travel	\$ 1,021.93	\$ 14,229.04
Facilities	\$ -	\$ 16,704.93
Other Direct Costs: (please identify below)		
Insurance Expenses	\$ 755.67	\$ -
Communication	\$ 1,322.20	\$ -
Rent	\$ 2,304.12	\$ -
<b>Total Direct Costs:</b>	\$ 76,654.13	\$ 626,470.40
<b>Total Indirect Costs:</b>	\$ -	\$ -
<b>Total Expenditures (Sum of Direct and Indirect Costs):</b>	\$ 76,654.13	\$ 626,470.40
<b>Remaining Balance (Based on Total Grant Award):</b>		\$ 163,612.60

### 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.

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

**See attachment 4 Policies & Procedures**

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.

NAADAC Advances in Addiction & Recovery Magazine Summer 2014

## **LIST OF ATTACHMENTS**

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

Attachment 1: ATARI Client Use/Satisfaction Survey

Attachment 2: Client 1<sup>st</sup> Day Survey Results

Attachment 3: DCC Survey Results

Attachment 4: Policies and Procedures

Attachment 5: Advances in Addiction & Recovery Article Summer 2014