

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

**RFA # 1H79TI024740-10**

**CSAT BIENNIAL PROGRAMMATIC REPORT**

**Program Reporting Period:**

**2/1/15 – 7/31/15**

### **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.
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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: 2/1/15 – 7/31/15
2. RFA #: 1H79TI024740-10
3. Grantee: Community Health Center, Inc
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Community Health Center, inc	675 Main Street Middletown, CT 06457	Kasey Harding	860-347-6971 X3914

5. Project Director: Kasey Harding - Wheeler
6. Evaluator: Ianita Zlateva
7. Evaluator Phone/Email: 860-347-6971 X 3754
8. Signature Kasey Harding – Wheeler                      8/22/15                      electronic signature  
Project Director Signature                      Date
9. List any changes in key staff contact information here: None

Staff Member	Add/Loss	Effective Date	Email	Phone



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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.

**Community Health Center, Inc. (CHCI)** is a private, non-profit Federally Qualified Health Center (FQHC) providing primary medical, behavioral health, and dental care as well as social services. CHCI seeks to reach a total of 375 patients over a three year period, providing them with Buprenorphine Maintenance Therapy (BMT) to treat their opiate addiction using the Project ECHO™ model of care. Project ECHO™ achieves care coordination by utilizing case-based distance learning through videoconferencing and electronic health record technology that links primary care providers with specialists in order to improve health outcomes for underserved patients who have difficulty gaining access to BMT.

The purpose of this groundbreaking project at its fundamental level is to expand access to opioid substitution therapy, particularly buprenorphine, to persons who are opioid-dependent in the state of Connecticut while simultaneously linking them to primary care and behavioral health services. By using innovative videoconferencing technology, this project aims to increase the availability of Buprenorphine Maintenance Treatment (BMT) at 12 of CHCI's primary care sites which practically serve the entire state of Connecticut.

The objectives of this first-of-its-kind project are:

- 1) To utilize novel videoconferencing technology to help educate, train, guide, and support providers in BMT thereby increasing access and access points for patients in all communities served by CHCI.
- 2) To design and implement an innovative program which integrates BMT with primary care, behavioral health and wrap-around support services. Patients who participate in CHCI's program will improve their treatment outcomes related to both their substance abuse as well as their primary health care.
- 3) To engage in a unique multidisciplinary model of substance abuse care through the participation of a comprehensive healthcare team consisting of not only the buprenorphine-prescribing medical provider but also the nurse, medical assistant, and behavioral health specialists involved in the patients' care in an effort to increase the agency-wide understanding of and reduce stigma surrounding BMT.
- 4) To provide wrap-around support services to patients who participate in BMT at CHCI in an effort to assist them in remaining engaged in care.

Community Health Center, Inc.'s innovative TEACH BMT Program will positively affect the communities we serve throughout Connecticut by opening access to important

substance abuse services and sustaining those services by training the providers of the future.

## 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 utilize novel videoconferencing technology to help educate, train, guide, and support providers in BMT thereby increasing access and access points for patients in all communities served by CHCI

**Status:** CHCI currently has **13** primary care providers participating in Project ECHO BMT and 4 faculty providers who are responsible for the recommendations and guidance of providers. In total the providers are currently prescribing Buprenorphine to **712** patients across 12 sites. TEACH BMT has become a main recruitment tool for CHCI to ensure a revolving number of providers who are participating in Project ECHO. In addition to the internal component of TEACH BMT and Project ECHO, CHC has expanded our reach by offering Project ECHO Buprenorphine to external agencies wishing to increase the scope of their services. This provides CHC providers with more opportunities for networking and enhances discussions and recommendations for all providers.

**Goal:** To design and implement an innovative program which integrates BMT with primary care, behavioral health and wrap-around support services. Patients who participate in CHCI's program will improve their treatment outcomes related to both their substance abuse as well as their primary health care.

**Status:** CHCI is in the process of continuously enrolling patients in care for BMT with an emphasis on providing comprehensive care to all patients including primary care, mental health care and other services such as nutrition, podiatry and dental services. All patients currently enrolled in BMT have been screened for chronic health conditions and the need for referrals to other specialties. CHCI is monitoring all BMT patients for other health needs and collecting information on SA success but also improvements in overall health. Patients who are prescribed Buprenorphine by their PCP generally have better outcomes than their counterparts who are prescribed opiate replacement therapy outside of primary care. Additionally, CHC has added a new component to our array of services which is tele health conferencing for provider visits. This originally began as a means of covering a provider who was leaving on maternity

leave and has now expanded into something CHC uses regularly to ensure that in any circumstance patients enrolled in TEACH BMT has access to a provider.

**Goal:** To engage in a unique multidisciplinary model of substance abuse care through the participation of a comprehensive healthcare team consisting of not only the buprenorphine-prescribing medical provider but also the nurse, medical assistant, and behavioral health specialists involved in the patients' care in an effort to increase the agency-wide understanding of and reduce stigma surrounding BMT

**Status:** CHCI has a faculty made up of providers from all disciplines of care with relationship to BMT. There are primary care providers, BH specialists, nurses, medical assistants and case managers all with experience in treating and dealing with the population served by our TEACH BMT grant. The providers who participate in Project ECHO attend the sessions as a team with nurses, medical assistants and other staff to ensure that all members of the interdisciplinary team have the opportunity to learn and get recommendations from the faculty.

**Goal:** To provide wrap-around support services to patients who participate in BMT at CHCI in an effort to assist them in remaining engaged in care

**Status:** CHCI is striving to retain patients in care and to this end we are working with community partners and social service agencies to eliminate barriers to care for all TEACH BMT patients. Some of the barriers experienced by patients are lack of transportation, lack of childcare, housing and insurance. CHCI works with the community partners and other resources to ensure that patients are able to make appointments and participate fully in their care.



## 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.

CHCI has a goal of reaching 300 patients over the course of our grant. In the first year of the grant the number of patients was lower than expected due to the time it took to ramp up to full workflow. That being said the third year of the grant has been very successful. Patients are being recruited and enrolled on a daily basis with surveys being completed in a timely fashion. Patients are attending groups and our retention rate is higher than last year, thanks to the coordination and oversight of our Care Coordinator. Additionally, our patients have helped us to improve and streamline processes to ensure that all patients receive exceptional healthcare in the more efficient manner possible.

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.

All TEACH BMT goals are the same as when the grant began. We are confident in our ability to meet the goals of the grant in a timely manner and to exceed expectations for quality and efficiency. The Care Coordinator is now working hard on data collection and analysis to begin implementation for our sustainability plan.

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	Kasey Harding	10
Care Coordinator	Traci Norman	100

Position Title	Incumbent Name	Percent Time
Project ECHO Coordinator	Agi Erickson	30
Data/technology coordinator	Lauren Bifulco	40
Evaluator	Ianita Zlateva	

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.

N/a

### Partnerships

List each of the partner organizations.

Partner
Rushford Substance Abuse Facilities
Middlesex Hospital

Partner
Hospital for Special Care
Hospital of Central Connecticut.

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

N/A
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### 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
Relapse Prevention	3/14/15	10	Fredrick Altice, MD
HIV and Substance Abuse	5/16/15	26	Marwan Haddad, MD
Naloxone induction	7/2/15	36	Walgreens pharmacist

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.

No plans for TA

## 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: N/A

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i> 100	<i>15</i> 0	<i>150%</i> 0	<i>0</i> 100	<i>0</i> 35	<i>0%</i> 35%
6-Month Follow	<i>Example: 0</i> 150	<i>0</i> 0	<i>0%</i> 0%	<i>0</i> 50	<i>0</i> 3	<i>0%</i> 6%%

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

We are on target to meet our goals for the grant.

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.

The GPRA data is incomplete due to technology outages.

## Evaluation

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

1. The evaluation of the 1<sup>st</sup> year of the grant was completed using the metrix included in the original application. The numbers were not as high as we had hoped but the qualitative analysis was extremely positive with patients rating the Program highly in every category.
2. The Interdisciplinary team of faculty completed all surveys and provided feedback on improvements they hoped to see in year two – these will be included in the initial and final evaluation.
3. The Project ECHO providers who participate for 6 months or more report a high level of confidence in BMT practices and the support they receive across the agency.
4. CHCI quality Management leadership has provided feedback on all areas of the program and has been involved in the QI process.

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.

N/A

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.

Evaluation findings have helped us to determine where the benefits of the program mainly lie with patients. We find that access to providers is more important than seeing a provider in person rather than via telemedicine. We have found that patients are more likely to adhere to primary care appointments when their Buprenorphine script is tied to the appointments. Patient education on topics such as harm reduction and nutrition were better received in terms of participation level when they were offered early in the morning or in the evening. Lunch time groups and education were not as successful. Group participation has been very high and patients report a high level of satisfaction with the group times, and content. Suggestions were

made to enhance patient retention by providing extra opportunities for patients to participate in SA groups facilitated by CHC BH providers.

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.

### 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 the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.*

Total Funding*: \$837,175		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$55,669	\$430,245
Fringe	\$16,177	\$108,157
Contracts	0	\$552
Equipment	0	0
Supplies	0	\$12,089
Travel	0	\$4,147
Facilities		

Other	0	0
Total direct expenditures	\$71,846	\$555,190
Indirect costs	0	0
Total expenditures	\$71,846	\$555,190
Remaining balance		\$1,989
*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.

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

N/A

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.

None at this time

### LIST OF ATTACHMENTS

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

Attachment 1:

Attachment 2:

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: