# Grants to Expand Care Coordination

# Through the Use of Technology Assisted

# Care in Targeted Areas of Need

# (TCE-TAC)

# RFA # 024762

# CSAT BIANNUAL PROGRAMMATIC REPORT

# Program Reporting Period:

# 8/1/2013-8/31/2014

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1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
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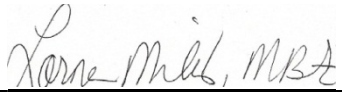
5. Save the confirmation receipt of your submission.

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

1. Reporting Period: 08/01/2013 – 7/31/2014
2. RFA #: 024762
3. Grantee: Randolph County Caring Community, Inc.
4. Provider Site(s):

| Provider Site Name | Address | Contact Person | Phone/Email |
|---|---|---|---|
| Randolph Co | 423 East Logan St., Moberly, MO 65270 | Tim Fugate | 660-263-7173 timfug8@yahoo.com |
| Saline Co | 263 Morgan St., Marshall, MO 65340 | Laressa Jackson | 660-886-8860 laresa.jackson@ymail.com |
| Boone/Cooper Co | 401 East High Street-Room C., Boonville, MO 65233 | Carmen Jones | 660-537-5397 cdc777@suddenlink.net |

5. Project Director: Lorna Miles
6. Evaluator: Dr. Brent E. Wholeben
7. Evaluator Phone/Email: 815-753-1646/ WHOLEBEN@niu.edu
8. Signature  September 9, 2014

   Project Director Signature Date
9. List any changes in key staff contact information here: None

| | | | | |
|---|---|---|---|---|
| | | | | |

# TABLE OF CONTENTS

**BACKGROUND**

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

Randolph County Caring Community Partnership requests $280,000/year for three years for the Client Access and Services Exchange (CASE) project, a person-centered Motivational Enhancement Therapy (MET) project designed to increase clients' motivation for sustained engagement with treatment providers through the use of web-based tools/client portal. The population to be served is uninsured and underserved individuals aged 18 and over who reside in the rural Missouri Counties of Randolph, Saline, Pettis, Lafayette, and Boone Counties lacking access to treatment in their community. This project is designed to initiate services during the pre-treatment phase and to sustain client engagement throughout the continuum of care.

The CASE project goal is initiation of services during pretreatment and improved access to treatment through the utilization of technology-based applications. CASE will provide Motivational Enhancement Therapy (MET), an evidence-based intervention, by supporting increased, person-centered motivational interviewing and communication between the client and provider. Participating clients will engage with providers via a client portal built into the Iconic Health's Homepsych web-based system and Community CareLink (CCL) shared Electronic Medical Record (EMR) that includes encrypted email; text messaging; and electronic enrollment forms, screening tools, and assessment tools, including the Addiction Severity Index Multimedia Version (ASI-MV). The RCCCP has utilized Homepsych for over three years and have been developing plans for the implementation of the CCL for over 6 months.

CASE outcomes, in alignment with SAMHSA's National Registry of Evidence Based Programs outcomes for MET, include: 1) decreased substance and marijuana use, and 2) decreased alcohol consumption. In addition, our project hopes to: 4) increase retention among pre-treatment clients who utilized CASE services, 5) increase access to treatment for clients who utilized CASE services, and 6) increase in recovery support retention for clients who utilized HISI services.

The Client Access and Services Exchange (CASE) project will serve 100 unduplicated clients in year one, 100 in year two and 100 in year three The client portal and ASI-MV will be available to all treatment and behavioral health agencies by the end of year one, with 5 agencies participating in the initial phase; 8 treatment/behavioral health agencies will adopt use of the client portal by the end of year two; 12 treatment/behavioral health agencies will adopt use of the client portal by the end of year three.

**Change from initial –** Our change is in the addition of more technology; Preferred Family Healthcare Virtual World Counseling.

**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:** Sharing of effective treatment models and results among providers |
| **Status:** CASE staff hosted or was invited to a total of 18 meetings where CASE treatment model was introduce to partner agencies as well as potential providers during reporting period. Presentations range in scope from offering services to potential clients at a Correctional Facility to asking to be a Partner for wrap-around services of employment at a Casino. |

| |
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| **Goal:** Increased engagement of persons in treatment in their health care |
| **Status:** Client portal gives 100% of CASE client's access to share in their treatment plan. |

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| **Goal:** Increased monitoring and tracking the health status of individuals |
| **Status:** All Treatment Clinicians completing assessments and doing treatment progress notes have been trained to use CCMo EMR, Mobile CCL, and Homepsych systems. |

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| **Goal:** Improvement in recovery and resiliency rates |
| **Status:** CASE clients have displayed a strong desire to continue the use of CASE technology both during treatment up into their recovery stage. |

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| **Goal:** Increased intrinsic motivation to change |
| **Status:** Motivational Interviewing techniques have been used on 100% of CASE clients. |

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|---|
| **Goal:** Increase retention among pre-treatment clients who utilized technology-based services |
| **Status:** The ASI-MV was administered to 100% of clients in pre-treatment phase. |

| |
|---|
| **Goal:** Increase retention for clients who utilized technology-based services from treatment admission to recovery |
| **Status:** CASE clients have displayed an excitement to maintain treatment and work towards recovery with technology offered. Preferred Avatar portal, CCMo client portal, and Mobile Case has engaged our clients at every continuum of care phase. |

**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.

| |
|---|
| Not falling short with objectives, however, RCCCP is working to get to the goal of 30-days when it comes to providing training to all partner providers. |

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

| |
|---|
| No change |

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.)

| |
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| RCCCP will be requesting to change the number of clients served in year two to 50 due to the amount of "high need" clients that was admitted into CASE year one. Year one clients consist of a high amount of self-injury, severe trauma, emotionally disturbed individuals that need an increase amount of treatment dollars both Psychological and Substance Use over a longer amount of time. These individuals can't be discharged after six months due to needing more intense treatment to help them maintain sobriety. |

**ORGANIZATION AND MANAGEMENT**

**Personnel**

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

| Position Title | Incumbent Name | Percent Time |
|---|---|---|
| Site Coordinator | Tim Fugate | .25 |
| Site Coordinator | Laressa Jackson | .25 |
| Site Coordinator/Clinician | Carmen Jones | .75 |

| Position Title | Incumbent Name | Percent Time |
|---|---|---|
| Case Manager | Javonte Long | .30 |
| Case Manager | Jaynine Falls | .30 |
| Program Director | Lorna Miles | .50 |

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

| Staff/Contractor Position Title | FTE | Date Change Occurred | Addition or Loss |
|---|---|---|---|
| None | | | |

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

| None |
|---|

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

| None |
|---|

**Partnerships**

List each of the partner organizations.

| Partner |
|---|
| Powerhouse Community Development Corporation, Faithwalk Community Development Corporation, First Call, Preferred Family Healthcare , Central Missouri Community Action Agency |
| Boonville Daily News, Boonville Housing Authority, Boonville Police Department, Burrell Behavioral Services, Randolph County Probation and Parole, Cooper County Probation and Parole, Howard County Children's Division, State Fair Community College |
| |

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

| |
|---|
| The addition of Preferred Family Healthcare, as one of our partners, has heightened the technology we can offer to our clients. By being able to offer them treatment in a simulated 3-D environment in which real people, using avatars, are able to interact in meaningful ways with each other and the virtual environment enhances our program. |

**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 |
|---|---|---|---|
| Technology | 11/13 | 14 | First Call Emily/Ken Orbtals |
| Evaluation | 12/13 | 9 | Dr. Brent Wholeben |
| Technology | 12/13 | 2 | Preferred Family Healthcare |
| GPRA | 1/14 | 7 | Lorna Miles, Pgm Director & Bonita Powell, Pgm Manager |
| Site Visit | 3/14 | 4-11 | JBS |
| General Training | 5/14 | 9 | Bonita Powell, Project Manager |
| Case Management Training | 6/14 | 14 | Brenda Bryan, Preferred |
| Evaluator Individual Site Visits | 7/14 | 2-4 per site | Dr. Brent Wholeben |
| Technology | 8/14 | 2 (ED & PD) | NFAR ATTC |

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 | 12/13 | Introductions, PGM implementation, evaluation | GPO Wilson Washington & JBS X 3 | Not at this time, PD is using Ideas Exchange frequently |
| General | Various | General grantee questions | GPO Wilson Washington, Leslie McElligott | Not at this time, PD is using Ideas Exchange frequently |

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

| |
|---|
| Opening a TA ticket to obtain help with "work load" next reporting period. |

**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: 08/15/14

| | Target | Actual | % | Target | Actual | % |
|---|---|---|---|---|---|---|
| Intakes (Baseline) | *Example: 10* | *15* | *150%* | 19 | 13 | 68% |
| | **19** | **11** | **58%** | **71** | **75** | **95%** |
| 6-Month Follow | | | | **11** | ***2*** | ***18%*** |

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

| |
|---|
| Currently we are having no problems with intakes and are working on increasing our follow-up rate by having our case manager's visit the homes of clients that have been released from our substance use clinicians and/or calling numbers of relatives that was provided during initial intake to make contact. |

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.

| |
|---|
| Not difference |

**Evaluation**

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

| |
|---|
| Two trainings have taken place with regard to Evaluation with CASE staff, JBS provided TAC Evaluation questions (client) that CASE will be using, as well as, Dr. Wholeben shared additional questions (partner's) that CASE will utilize. According to our submitted project timeline, Dr. Wholeben will extract data from the SAIS system for evaluation purposes, October, 2014.<br><br>Dr. Wholeben visited each site in July, 2014 to evaluate service delivery, etc. and found each site to be on target to meet goals that have been set for each. Advice/Direction was given to ED & PD with regard to project sustainability. |

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 |

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 findings |

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.

| |
|---|
| No problems |

Discuss how evaluation findings were used to improve the project.

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|---|
| n/a |

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

| |
|---|
| Report attached from Dr. Wholeben |

**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*: | | |
|---|---|---|
| Expenditures | | |
| Expense Category | Expenditures This Quarter | Cumulative Expenditures To Date |
| Staff salaries | | $80,580.58 |
| Fringe | | $20,145.15 |
| Contracts | | $58587.65 |
| Equipment | | $0 |
| Supplies | | $9,086.31 |

| | | |
|---|---|---|
| Travel | | $10,066.01 |
| Facilities | | $0 |
| Other | | $55948.24 |
| Total direct expenditures | | $234413.94 |
| Indirect costs | | $0 |
| Total expenditures | | $234413.94 |
| | Remaining balance | $45,199.06 |
| *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.

| |
|---|
| None at this time |

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

| |
|---|
| Submitted last time – No new updates |

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.

| |
|---|
| Boonville Daily Newshttp://www.boonvilledailynews.com/article/20140228/News/140228593<br><br>http://www.boonvilledailynews.com/article/20140411/NEWS/140419637 |

**LIST OF ATTACHMENTS**

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

Attachment 1:  Boonville Daily News 2/28/14 & 4/11/2014

Attachment 2: Evaluator Notes

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10:

# CASE Site Review Notes - ISSUES

## (July 8-10, 2014)

Participating staff

1. SALINE -- Laressa Adams (Site Coordinator) and Jeanine Falls (CASE Manager)
2. COOPER -- Carmen Jones (Site Coordinator) and Stephanie Ward (CASE Manager)
3. RANDOLPH -- Tim Fugate (Site Coordinator) and Javonte Long (CASE Manager)

## Operation

1. Describe your project as it now operates.

- *Some individuals involved in intake may not totally understand the importance of the procedures, and therefore at times may be a bit resistant to embracing the protocols. Use of technology may be a significant factor in her reluctance.*
- *Some clinicians or counselors are to meet weekly with each client, but there seems to be a problem with their ability (or capacity) to be available weekly, and this has posed problems.*
- *Some individuals lack adequate technology skills.*
- *Secondary referrals to another clinician or counselor may result in a second assessment, often repeating the same battery of questions (e.g. ASI) which seems a waste of time, and a source of frustration to the client. Need to share previously gathered information, and be efficient.*
- *Prospective clients best served by being aggressively greeted, and then actively engaged in conversation to gain personal information as well as begin development of interpersonal relationship with coordinator.*
- *Wrap-around services should be identified and explained during intake.*

2. What issues did you run into during start-up?

- *Getting information about program distributed effectively to community agencies took considerable energy and time, but was successfully accomplished.*
- *Initial high interest among various community agencies (referral sources) still exists, but relatively few referrals from such sources (except 'parole and probation') occur. (Approximately 80% of referrals are P&P, while 10% are agency referred, and remaining 10% walk-in.)*

- *Considerable paperwork (including intake documentation) tends to slow process, and may at times distract movement towards treatment need as objective.*
- *Some delays occur due to waiting for all required information to be entered into CCMO, thus allowing the treatment process to commence.*
- *P&:P routinely cites program participation as a mandatory elements of the parole or probation agreement. Problems arise with ASI results contradict eligibility to enter program, while P&P demands such entry.*
- *Lack of effective marketing for roll-out; inadequate initial recruiting of partnering services with P&P, DCFS, or other treatment providers.*
- *Delays due to learning curve to acquire adequate job skills (knowledge) to meet necessary functional expectations.*
- *Internal personality conflicts due to differences of opinions without effective avenues to discuss, explore, and resolve.*
- *Disconnect between 'conceptual expectations' and 'implementation reality'.*

3. Did you find the policy and procedures set forth in the design, and required by the grant PI, to be reasonable, functional, and worthwhile for achieving positive ends?

- *Everything seemed comprehensive, albeit at times a bit overwhelming. More time in being available to explain and demonstrate – hand-holding – would have been beneficial.*
- *Inaugural implementation would have been smoother had there been more hands-on contact between RCCCP and site.*
- *Clarification of procedures, while existing on paper, might have resolved more rapidly had there been more on-site guidance.*
- *More detail was needed as implementation confronted need for flexibility or adjustment.*
- *One of the biggest issues seemed to be a perception of "over assessment" which created problems in client momentum and expectations.*

4. What changes have you made in your operation over time to improve desired results?

- *Daily client tracking;*
- *Aggressive contacting (follow-up and reminders) with clients;*
- *Scheduling and data collection validation;*
- *Technology back-up (paper in addition to electronic storage) in case equipment malfunctions.*
- *Flexibility in determining eligibility vis-à-vis the ASI 8-12 rule.*
- *Insuring that all clients receive something "physical" before departing from a session – usually in the form of a paper document outlining some aspect of the organization.*
- *Continuous engaging of client through routine follow-up, usually by telephone – and reminding the client of scheduled upcoming visits.*
- *Focused developed of improved working relationships – harmony among key staff.*
- *Scheduling of routine staffing meeting between key leadership staff to identify, discuss, and collectively resolve potential problems.*
- *2-step process now used so that prospective clients have contact with both site coordinator and CASE manager during intake – sharing of duties. Manager performs initial "face" contact, while coordinator performs 'follow-up'.*

## Clients

5. How are potential clients recruited, or the program advertised?

    - *Initially, 70% were court referrals, 30% walk-ins. Currently more 50-50 balance.*
    - *Little seems to be done in terms of aggressive advertising or recruiting -- more of a passive 'keep the door unlocked and wait' approach.*
    - *Gradual emergence of external agency referrals (e.g. DCFS) as agency confidence in the program develops.*
    - *Overall, 70% white, 25% black, and 5% other; 60% male and 40% female; majority in age range 20-34.*

6. What do participating clients think about the system?

    - *Most clients perceive the program as "working" in their lives, although the split between clients finding the program stimulating versus those who simply "put up" with it was a necessary part of their probation agreement remains 50-50. That is, 50% tend to like it, and see value … other 50% put up with it since it is court referred.*
    - *Fundamentally, overall reaction is "good", with 60% of clients aggressively embracing and pursuing service resource opportunities, while 40% following procedures, yet more passively.*
    - *Biggest impact upon client attitude early-on may be associated with routine 2-week delays between intake and initial service contact.*
    - *May be related to issues with clinician overload in re availability or accessibility.*

7. How you planned any systematic follow-up with participants to measure their satisfaction, but also elicit suggestions for improvement?

    - *There appears to be no informal or formal follow-up of clients, which is a potential detriment to client acceptance, commitment, and program.*
    - *Recommended that staff make standard and routine contact with clients, either before they depart the site, or by telephone, to keep tabs on how clients are doing, and perform follow-up.*
    - *Given the wrap-around service network on site, there seems multiple opportunities to see clients routinely, and monitor their growth and needs.*
    - *Routinely, and with all clients upon any contact, the client should be asked how things are going with the program, whether there is anything else needed not yet experienced, and/or if there is any change the client deems advisable.*

8. Does it seem reasonable that less new clients will emerge in the future, now that the initial start-up novelty is over, or do you feel that there will be an increase in clients desiring to use the system?

- *Generally perceive that an increase is forthcoming. However, it is envisioned that additional resources – particularly in terms of additional psychological assessment services – will be needed to avoid delays in receiving treatment.*
- *External Interest in participating independently, or dependently based upon court referrals, seems to fluctuate widely from one month to the next.*
- *While it is assumed there is a large pool of potential candidates who might avail themselves of services, there seems no movement towards, or interest in, aggressively pursuing leads and identifying additional clients.*
- *increase in new clients over time – and the need for better distribution of increased services.*

## Partners

9. How do your service-providing partners feel about the system?

- *Agencies who have referred potential clients appear to feel that the program is a necessary and welcomed component of community assistance in the catchment region.*
- *Although the MH-clinician is scheduled to reserve certain days weekly for client contact, there may be some times when the clinician has schedule conflicts.*
- *On the positive side, if a client exhibits suicidal tendencies, the MH-clinician appears to respond immediately, regardless of day in week.*
- *There seems to be some instances where referred clients received counseling from MH-clinician, but were then placed on outtake (released from program). Such cases should be reviewed to prevent premature release from program services.*

10. Have service partners offered any suggestions or recommendations for improvement?

- *Generally, there have been few (to none) substantive suggestions from agencies in re change.*

11. Has the number and variety of service partners expanded due to the use of this system?

- *No … but future efforts are being developed to enlist and induct faith-based communities into the referring agency pool, as well as enlisting support and advice from vocational opportunity sites who might consider hiring some of the clients post-treatment.*
- *Schools remain an untapped referral resource.*

## Adjustments

12. As we approach the 2nd year of operation, what adjustments or modifications do you deem advisable in order to improve functioning?

- *Consolidate data gathering – there are several questions during intake, screening, and treatment that seem to be repeated by being asked by different people in the process. It might streamline procedures, free up time for treatment, and mitigate some frustration, by asking a question once, and sharing that answer to cover multiple form needs.*
- *Increasing follow-up (contact) with clients on regular basis, as well as improving the environment of the office setting to infer an attitude or atmosphere of commitment, caring, and positive self-regard.*
- *Creating a sense of connectedness between the program and community agencies.*
- *Constructing a privacy-based location for the computer so that the client can employ the system without anyone listening.*
- *Increase number of intake staff.*
- *Increase psychological assessment staff.*
- *Aggressive promotional and marketing activities.*

13. Are you interesting in renewing your participation in this project for year 2?

- OK, so it's a dumb question!!! But it had to be asked nonetheless.
- Response: YES!!! (duh)

14. Are resources and support offered by project PI and staff useful and sufficient, or are there additional resources and help you feel necessary in the future?

- *There may be some emerging resource needs which were not anticipated when the project was envisioned and applied for, but which now might be very helpful (e.g. alternate medication sources closer to site)*
- *If addition sites were to be added, and the program expanded, it would be helpful if there was more frequent contact and coordination (AKA hand-holding) during the start-up phase.*
- *Biggest need Is professional visibility and recognition – resources such as business cards and a sign at entrance would be helpful.*
- *There is a real need for a brochure which can be distributed to agencies, as well as made available at multiple community sites. Due to potential partnering with multiple community agencies, a brochure is seen as the predominant need to be satisfied first.*
- *Need more continuous and structured meeting between PI and site leadership to identify issues and resolve problems efficiently.*
- *Need better follow-thru on decisions made, rather than what seems to be continual changing of procedures, etc.*
- *Some site staff may feel as if the site staff is not trusted by project leadership to do their job.*

## Need for Follow-up

Review MOBILE-CASE with site staff to insure they understand proper use by clients.

## Summary

15. Overall, on a scale of 0-10, how would you rate each of the following areas?

| | Site Ratings | | | AVG |
|---|---|---|---|---|
| Policy guidance from PI staff. | 7 | 7 | 6 | **6.7** |
| Resource Support. | 9 | 4 | 5-6 | **6.2** |
| Utility of system to accomplish goals. | 6-7 | 9 | 8-9 | 8.0 |
| Reaction by clients to use of system. | 7-8 | 9 | 8-10 | 8.5 |
| Reaction by service providers to clients' use of system. | 5 | 5 | 5-6 | **5.2** |
| Future trends to improving client functioning and address of problems. | 7 | 8 | 8-10 | 8.0 |
| Future trends in increasing the number of clients using the system. | 8 | 8 | 8 | 8.0 |
| Ability of your organization to incorporate system and sustain use post funding. | 9-10 | 5 | 7 | **7.2** |
| Interest in your organization to incorporate system and sustain use post funding. | 7 | 10 | 6-8 | 8.0 |
| Interest in your organization to apply for grant to fund independent system use. | ? | 7 | 10 | 8.5 |

Averaged ratings (AVG) in need of further study, and intervention, are highlighted in **ORANGE**.

//NOTHING FOLLOWS//