

**Targeted Capacity Expansion:**

**Technology-Assisted Care**

**(TCE-TAC)**

**RFA # TI-023832**

**CSAT QUARTERLY PROGRAMMATIC REPORT**

**Program Reporting Period: July 1<sup>st</sup>, 2014 to**

**October 31<sup>st</sup>, 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.lees@samhsa.hhs.gov](mailto: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<sup>st</sup> 2014 to October 31, 2014
2. RFA #: TI-023832
3. Grantee: Forest County Potawatomi Community
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Forest County Potawatomi Community	8201 Mish Ko Swen Drive	Tina Garcia	715-478-4888 <a href="mailto:tina.garcia@fcpotawatomi-nsn.gov">tina.garcia@fcpotawatomi-nsn.gov</a>

5. Project Director: Chris Skaggs
6. Project Director Phone/Email: 715-478-4340 [chris.skaggs@fcpotawatomi-nsn.gov](mailto:chris.skaggs@fcpotawatomi-nsn.gov)
7. Evaluator: Tina Garcia
8. Evaluator Phone/Email: 715-478-4888 / [tina.garcia@fcpotawatomi-nsn.gov](mailto:tina.garcia@fcpotawatomi-nsn.gov)

9. Signature  \_\_\_\_\_ 10-06-14  
Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
James Seymour	Loss	7/23/14	<a href="mailto:James.seymour@fcpotawatomi-nsn.gov">James.seymour@fcpotawatomi-nsn.gov</a>	715-478-4379
Richard Anaya Jr.	Loss	8/25/14	<a href="mailto:Richard.anyajr@fcpotawatomi-nsn.gov">Richard.anyajr@fcpotawatomi-nsn.gov</a>	

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## BACKGROUND

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

*The purpose of this project is to reach more people who would benefit from AODA and Mental Health services by providing services using health information technology. The patients who then use health information technology will prove the success of the program by evidence of a decrease in relapse i.e. decrease in positive urinalysis and an increase in negative urinalysis. We will also track the participation of program participants by the number of 2-way interactive communications, number of live stream/playback of a program, and number of texts/calls the FCPC staff received for support.*

Currently, treatment providers are using smartphones and tablet computers to provide around-the-clock, remote assistance to clients. Additionally, telepsychiatry is still in use within the facility, and will be expanded to include AODA services and a telepsychologist.

## 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 technology to deliver rural mental health services

**Status:** Recovery Coaches and AODA Counselors are using iPhones and iPads to provide needed contact with clients through both call and text messaging. The after-hours call system has been a valuable addition to FCPC AODA services, and is being utilized when needed most. The main phone line at the AODA Department forwards client calls to counselors or recovery coaches, and their iPhones and iPads are equipped with apps to manage these after-hour calls.

**Objective:** Share outcomes among all partners engaged in providing care

AODA Counselors, Recovery Coaches, and Medical/Clinical Supervisors participate in weekly staff meetings. The team continues to explore the safe and confidential use of technology in improving client outcomes.

**Objective:** Provided technology for patients and providers to meet face to face using smartphones or other technology.

FCPC Mental Health is currently utilizing telehealth (video conferencing) in Crandon. This technology allows the psychiatrist, Dr. Dennison, to remotely meet face-to-face with his clients. FCPC AODA has also placed a telehealth (video conferencing) unit at the Gerald Ignace Indian

Health Clinic in Milwaukee WI, in preparation for FCPC's partnership with this satellite facility. This partnership will provide clients with remote, technology-based access to an additional psychologist. Locally, FCPC is in the process of hiring another AODA counselor who will focus on AODA telehealth visits, allowing additional Tribal members to access care.

FCPC has purchased 20 iPads for client use. These iPads will have essential apps preload to help the client with their recovery and maintaining sobriety. Clients will also be able to access their treatment plans which will help them to work towards their goals. Clients will also be issued an iPad when they are referred to inpatient treatment, and will use the devices to conference with their counselor and/or recovery coach to gain support while in treatment. This technology will be very helpful for both providers and clients, as many treatment facilities are quite far from the Reservation. Clients at inpatient treatment centers will also be able to have their families participate in their treatment while inpatient. This will cut costs through reduced mileage and travel.

Projected full implementation date of iPads for client use is December 2014.

**Goal:** Increase number of patients accessing services for Mental Health/AODA needs

**Status:** Recovery coaches are currently available for various forms of transportation, including trips to treatment appointments and self-help meetings.

**Objective:** Enhance the patient's ability to access care regardless of locale.

FCPC continues to offer telehealth (video conferencing) for clients requiring medication management with a psychiatrist. Clients are able to attend sessions closer to home rather than needing to travel 60 miles or more, one-way. With the use of telehealth, 212 visits were recorded during July 1<sup>st</sup>, 2014 to October 31<sup>st</sup>, 2014 with a total of 12 new patients. New video conferencing equipment has been placed in Milwaukee, WI at the Gerald Ignace Indian Health Clinic. FCPC is beginning a partnership with this organization, which will result greater capacity and accessibility for client psychological treatment. We will also offer AODA services via telehealth. This technology reduces travel time for both clients and staff members. As such, it has increased access to FCPHWC for clients while improving the cost-effectiveness and efficiency of service delivery. Additionally, an AODA counselor was hired at the end of February 2014, further increasing FCPHWC's capacity to provide local treatment.

FCPHWC was able to transition from a traditional to a community-based model of care with the addition of recovery coaches. These coaches assist clients within the community, conduct home visits, make travel arrangements for support meetings, and provide opportunities to increase socialization. As a result, FCPHWC has improved its ability to reach the individuals in our community who need AODA services the most.

FCPHWC continues to utilize urine analyses to monitor the success of the program. During July 1<sup>st</sup>, 2014 to October 31<sup>st</sup>, 2014 reporting period, 14 UAs were administered, with 2 positive results (28.6%) and 12 negative results (71.4%). FCP AODA believes that the rate of positive UA tests will continue to decrease as additional technologies are implemented. In particular, the client iPad program will significantly aid clients who need on-demand resources to work toward sobriety.

**Objective: Provide for support services at time when it is needed, vs. a set appointment**

Currently, two recovery coaches are able to provide in-person services from 8:00am to 9:00pm Monday thru Friday. If a Recovery Coach is needed on the weekend, arrangements can be made to accommodate the client. On-call services are also available for after business hours and weekends.

FCP AODA is in the process of hiring a Recovery Coach to fill our vacant position. A tentative start date for the new Recovery Coach is November 3<sup>rd</sup>, 2014.

**Goal: Promote wellness and engage patients in their own treatment by using health information technology**

**Status:** During this reporting period, FCPHWC will be implementing iPads for clients to use to help with treatment. During the initial trial, iPads will first be placed at a central location at AODA. These iPads will have essential tools for clients, including eBooks, worksheets, apps to help with stress, etc. FCPHWC is also exploring the use of iPads for clients to communicate with their Counselor and Recovery Coach while in treatment. The use of Polycom units will also be critical in communicating with clients while they are in treatment or incarcerated. These forms of technology will help reduce provider and recovery coach travel time. FCP as a whole will be implementing unified communications which will enable easy connect ability to clients. Tina Garcia, Grant Specialist is working closely with FCP IT to implement unified communications. FCP IT plans to have all unified communication components in place by end of December 2014.

Counselors and recovery coaches are currently provided iPhones and iPads with preloaded apps to assist clients as needed. This technology enables clients to reach a recovery coach or a staff member.

**Objective: Allow access to care, triage, consultation, and procedural follow up using video conference equipment**

Access to these critical services has been fully implemented at the Crandon FCPHWC site. Staff will conduct trials utilizing additional video conferencing equipment at this site, in order to improve the clients' experience. Presently, FCPHWC has two rooms available for video conferencing and telehealth purposes. However, a second backup unit is currently only being used for emergencies. FCPHWC is currently looking at replacing this unit with a larger screen to



enhance the client and provider experience when using this device. FCPHWC is expanding telehealth by placing a telehealth unit within the AODA facility. This expansion will allow AODA providers to avoid traveling to the main FCPHWC site to conduct visits.

**Objective: Allow patients to track and measure their outcomes.**

FCPHWC has begun researching different options to increase the involvement of clients in their own care. FCP AODA has implemented a website for clients and perspective clients to use before during and after their AODA treatment.

This website went live in September 2014. This website has many tools to help clients. The website allows perspective clients to view introduction videos of all AODA staff, thus allowing the client to determine which AODA Counselor and Recovery Coach they would like to see for treatment.

The website gives an overview of the AODA program and what is expected of clients joining the program. Clients are also able to find listings of AA, NA, GA, Ala-teen, Al-non meetings in the area along with open groups and meetings run by the AODA department.

## Status Toward Goals

If you are falling short in meeting any project objectives, please explain and provide you for catching up. Include anticipated date of resolution.

Progress toward starting a partnership with the Gerald Ignace Indian Health Clinic has been slower than expected, as a detailed legal review was necessary prior to entering into an agreement with a third-party treatment provider. The contract has now been approved, and FCPHWC is confident that this partnership will be HIPAA-compliant and successful in increasing client services and treatment access.

FCP's tentative go live date for telepsychology is November 9<sup>th</sup>, 2014.

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

No changes.

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.)

We do not intend to request approval for any changes at this time. However, if the need arises we will notify SAMHSA immediately.

## ORGANIZATION AND MANAGEMENT

### Personnel

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

Position Title	Incumbent Name	Percent Time
Grant Specialist	Tina Garcia	100%
AODA Counselor	Vacant	100%
Recovery Coach	Vacant	100%

Position Title	Incumbent Name	Percent Time

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Psychologist	50%	7/1/14	Addition

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

If has been difficult to fill the AODA Counselor position. James Seymour was hired in February 2014 and left in July 2014. A new AODA Counselor has been hired and their tentative start date is November 17<sup>th</sup>, 2014.

The new AODA Counselor will be fully trained on conducting the GPRA and will also receive extensive training on using the telehealth equipment within the first week of hire. This will ensure will start using the new AODA Counselor immediately to meet client needs.

With the vacancy of our Recovery Coach position this has left a strain on the remaining two Recovery Coaches. Our remaining two Recovery Coaches are women, leaving no men. This has been difficult as we have had the ability to offer a choice to our clients as to having a female or male Recovery Coach.

A new male Recovery Coach has been hired with a tentative state date of November 3<sup>rd</sup>, 2014. This person will be oriented to the technology we use within the first week thus ensuring we are able to full service our clients.

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
Gerald Ignace Indian Health Clinic, Milwaukee, WI

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

FCPC has entered into a partnership agreement with the Gerald Ignace Indian Health Clinic in Milwaukee, WI. This partnership will provide Tribal Members in Milwaukee and around the state with additional access to psychological services. A Gerald Ignace psychologist will devote 50% of his or her time to the project, and will receive training in all telemedicine technologies implemented through this SAMHSA grant project.

## 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

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.

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## 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: 10/31/14

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	<i>Example:</i> 10	15	150%	274	188	68%
6-Month Follow-up	<i>Example:</i> 5	5	100%	128	45	35%

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

The intake and follow-up actuals are both below 80 percent at this time, though FCPHWC is prepared to remedy this discrepancy through increased outreach, improved client service technologies, and increased marketing of the program.

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.

The Technology Grant Specialist, Tina Garcia, continues to audit service providers to ensure that all GPRA data is appropriately collected and reported. Additionally, the FCP Technology Steering Committee continues to meet multiple times per month to ensure that the project progresses and that the goals and objectives of the grant project are achieved. During this project period, Technology Steering Committee meetings have had a strong focus on implementing technologies such as the client iPads, the interactive AODA website, laying of the fiber optic cabling to better enhance connectability to AODA, and the beginning implementation of unified communications. The Committee believes that the implementation of these technologies is essential to increasing the intake and 6-month follow-up numbers, and has worked diligently to ensure that all necessary steps are taken to quickly implement them.

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

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.

There are no new evaluation findings from the 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.

Clearly, evaluation data is necessary for proper evaluation of the project. Though providers have greatly improved this period in collecting and reporting GPRA data, the Technology Grant Specialist, Tina Garcia, continues to monitor and enforce these requirements. As providers continue to increase their familiarity with this process, feedback from the program will become more accurate and more useful in the project management process.

Discuss how evaluation findings were used to improve the project.

By evaluating the GPRA data and noticing the unsatisfactory intake and follow-up numbers, the Technology Steering Committee has determined that there is a critical need to implement additional technologies, including the interactive website and client iPad program. Both of these technologies will be implemented early in the third year of the project, and the Committee expects to see improved intake and follow-up numbers as a result of this implementation.

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

There have been no new evaluation reports received since 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

<b>Total Grant Award:</b>	\$840,000	
	<b>Expenditures</b>	
	<b>Expenditures Since the Last Reporting Period</b>	<b>Cumulative Expenditures To Date</b>
<b>Direct Costs:</b>		
Staff Salaries	\$15,227.21	\$127,368.72
Fringe Benefits	\$4,566.88	\$38,249.74
Contracts	\$37,456.90	\$79,786.95
Equipment	\$151,013.62	\$269,879.09
Supplies	\$0	\$34,019.82
Travel	\$0	\$2,558.10
Facilities	\$0	\$0
Other Direct Costs: (please identify below)	\$75,416.90	\$162,661
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Total Direct Costs:</b>	\$ 283,681.51	\$552,025.08
<b>Total Indirect Costs:</b>	\$5,049.47	\$42,351.79
<b>Total Expenditures (Sum of Direct and Indirect Costs):</b>	\$ 288,730.98	\$ 594,376.87
<b>Remaining Balance (Based on Total Grant Award):</b>		\$ 245,623.13

### 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

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.

N/A



## **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: