

From: [Lees, Doug \(SAMHSA/OFR\)](#)
To: [Beth Stroup-Menge](#)
Cc: [Tarino, Danielle \(SAMHSA\)](#); [DGMPProgressReports \(SAMHSA/OFR\)](#)
Subject: FW: Bi-annual report for Grant FRA # TI-24735
Date: Thursday, September 03, 2015 10:56:53 AM
Attachments: [Biannual report for SAMHSA-GY 02.docx](#)
[erin_nar_slides.pdf](#)
[Biannual report for SAMHSA-GY 02--attachment 2 budget justification.docx](#)
[Counselor Recovery Kit Guide.pdf](#)
[Recovery Kit.pdf](#)
[addiction professional article.pdf](#)

Thanks for your report. Just FYI

SAMHSA is implementing a new e-address to send grantee periodic programmatic reports. The e-address is DGMProgressReports@samhsa.hhs.gov. Below is a cut and paste from the term and conditions of your recent notice of award providing more detail. I do not need to be copied when submitting future reports since the SAMHSA grants office receives its' copy via the new address. In this email, I have forwarded your report to the new e-address.

CUT AND PASTE FROM NoA:

REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - March 1, 2016

2nd Report - September 1, 2016

Please submit your Programmatic Reports to DGMProgressReports@samhsa.hhs.gov and copy your Program Official
(HARD COPIES SUBMISSION IS NOT REQUIRED)

End of cut and paste.

I entered your grant number in the subject line of this email. Please use this number in all grant related emails to SAMHSA. SAMHSA has thousands of grants.

Should you have any questions, please let me know.

Doug

Doug Lees

Grants Management Specialist
HHS Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Suite 7-1091
Rockville, MD 20850
240-276-1653

From: Beth Stroup-Menge [mailto:Beth@heartview.org]
Sent: Monday, August 31, 2015 6:04 PM
To: Tarino, Danielle (SAMHSA); Lees, Doug (SAMHSA/OFR)

Subject: Bi-annual report for Grant FRA # TI-13-008

Dear Danielle and Doug,

Please find attached the Heartview Bi-annual Report and Attachments. Please let me know if you need additional information or if you have problems accessing the information. Thank you.

Sincerely,
Beth Stroup-Menge

**Targeted Capacity Expansion:
Technology-Assisted Care
(TCE-TAC)**

RFA # TI-13-008

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period

02/15-07/31/15

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

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

1. Reporting Period: 02/1/15-07/31/15

2. RFA #: TI-13-008

- ### 3. Grantee: Heartview Foundation

- 4. Provider Site(s):**

Provider Site Name	Address	Contact Person	Phone/Email
Heartview Foundation	101 East Broadway Bismarck, North Dakota	Elizabeth Stroup-Menge	701-222-0386 beth@heartview.org

5. Project Director: Elizabeth Stroup-Menge

6. Project Director Phone/Email: 701-751-5712; beth@heartview.org

- ## 7. Evaluator: Erin Winstanley, Ph.D.

8. Evaluator Phone/Email: 443-803-4880; erinwinstanley@me.com

9. Signature: Elizabeth Stroup-Menge August 31, 2015
Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Joy Wright	Loss	03/02/15	joy@heartview.org	701-222-0386
Jamie Mettler	Add	03/16/15	jamie@heartview.org	701-222-0386
Tom Regan	Add	04/13/15	tom@heartview.org	701-222-0386
Katie Bossart	Add	04/13/15	katie@heartview.org	701-222-0386

TABLE OF CONTENTS

BACKGROUND	2
PROJECT IMPLEMENTATION	4
Project Goals and Objectives	4
Status Toward Goals	8
ORGANIZATION AND MANAGEMENT.....	8
Personnel	8
Partnerships	9
Training and Technical Assistance (TA).....	10
PERFORMANCE INFORMATION	11
GPRA Performance	11
Evaluation	Error! Bookmark not defined.
Interim Financial Status	12
Financial Status	12
Other Significant Project Activities	13
LIST OF ATTACHMENTS.....	17

BACKGROUND

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

Abstract

Heartview Foundation, a Joint Commission accredited substance abuse treatment center has served over 25,000 patients and their families. Through the Heartview Foundation Recovery Network for Rural and Underserved grant, Heartview seeks to enhance addiction treatment access and services for underserved populations through the use of technology.

Project Name: Heartview Foundation Recovery Network for Rural and Underserved

Population to be Served: Individuals 18 and over who reside in rural and underserved areas of North Dakota and/or have special needs including ethnic and racial minorities, and individuals with opioid addiction, psychiatric co-morbidity, and/or co-occurring health issues.

Demographics: North Dakota is a rural state with 46.7 percent living outside population centers. Drastic increases in oil production in western ND have brought corresponding increases in crime, housing shortages, drug trafficking, and substance use disorders. ND ranks 21st in national poverty rates. Native Americans are largest minority population at 5.4 percent, but represent over 25 percent of the state's SUD admissions for publicly funded SUD treatment. Opioid addiction is second only to alcohol for individuals seeking SUD services at Heartview. Nearly 100 percent of Heartview's patients have co-occurring health conditions.

Strategies and Interventions: Heartview has an innovative initiative to engage and retain patients and their families in treatment and continuing care services using a private, on-line, social network and a corresponding incentive program. This technology-assisted care grant will be used to enhance the social network to include 24/7 addiction staff coverage and add multiple interactions per week. Smart phones will be provided for those without computer/Internet services. The industry best practice standard of 90 doses in 90 days will be achieved. It is anticipated that 855 individuals will be served over the lifetime of the grant. The number of individuals enrolled in the grant activity was adjusted to 70 GY 01, 120 GY 02, and 100 GY 03.

Goal 1 – To enhance access, engagement, and retention in treatment and continuing care

Objective A: To increase treatment access by decreasing the “no show” rate from 26% to 15%.

Objective B: To increase the number of therapeutic doses to 90 doses within 90 days.

Objective C: To increase knowledge of addictions, life skills, relapse for 70% of participants.

Objective D: To provide 80% of participants with computer or smart phone access.

Goal 2 -To improve the rates of participation & completion of continuing care from 40% to 60%.

Objective A: To increase treatment program completion to 80% among participants.

Objective B: To provide 80% of program participants with daily recovery contact.

Objective C: To achieve 50% continuing care completion rates among participants.

Goal 3- To improve patients' decision making skills regarding mental health and health care.

Objective A: To provide 90% of participants with instructions on how to access PHR.

Objective B: To provide 90% of participants with counseling on health management.

Objective C: To achieve 85% of co-morbidity participants able to articulate principles.

Technologies Being Used

The following are presently being utilized to accomplish the goals outlined in the grant:

- Computers
- Thin Clients
- Internet
- Smart Phones
- iPads
- REDCap
- Text messages
- E mails
- Social network via NING
- Electronic Health Record
- Ports for telehealth

Heartview will be adding:

- Pre-treatment portal
- Portal titled Recovery Kit

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 1-Objective A: To increase treatment access by decreasing the “no show” rate from 26% to 15%

Status: *The no-show rate for the last 6 months (Feb.-July, 2015) has been 27.1% (168 no-shows out of 619 appointments). The no-show rate refers only to scheduled evaluations. A “no-show” is defined as:*

- *Patient fails to cancel the evaluation 24 hours prior to appointment*
- *Patient does not physically show for appointment*
- *Patient appears for appointment but refuses to comply with UA*
- *Patient physically shows but is unable to comply with financial requirements*
- *Patient shows but does not have required collateral*

The goal for year two of the grant was to reduce this rate to 22%. The average rate for the last 6 months was 27.1%. The rate range was from 20.6% in June, 2015 to 34.7% in the month of February, 2015.

Strategies for reduction have included:

- *a phone reminder the day prior to the appointment*
- *a letter reminding them of appointment*
- *In the future—reminders via the Heartview Patient Portal*
- *Increased evaluation appointments so more individuals can be evaluated in a timely manner (presently, there is not wait time for an evaluation).*
- *Addition of a second treatment site in Cando, North Dakota.*

Goal 1-Objective B: To increase the number of therapeutic doses for program participants to 90 doses within 90 days

Status: *The first patient was admitted into the Network Assisted Recovery (NAR) Program October 31, 2013. Daily doses have been provided by grant staff since that date. The “dose” can include educational, therapeutic, or interventional information/communication. From the beginning of the project, Heartview staff has posted over 687 daily messages of support, education, and life skills.*

Heartview has also initiated a monthly NAR Social to give NAR participants the opportunity to meet staff and other grantees face-to-face. This has been embraced by the individuals and participation increases monthly. Incentives are used to encourage responses by the participants.

Goal 1-Objective C: 70% of program participants will report increased knowledge of interaction of SUDs with any special needs including recovery benefits and resources, life skills, and relapse/prevention.

Status: *Participants receive therapeutic information through their daily contact from the NAR staff, including messages on the Heartview private social network. This information is also shared through group interaction while involved in primary treatment. Surveys were completed by 90 NAR patients with 100% of the survey respondents able to identify resources and life skills for enhanced recovery. Didactic sessions include: Hepatitis C and Other Health Concerns, The Physical Effects of Drug and Alcohol Abuse, Coping Skills, Leisure Activities, Recovery Benefits (including presentation by Recovery Coaches), Relapse Prevention, Medication Assisted Therapy (presented by the Heartview psychiatrist), weekly Anger Management and Stress Management Training courses, and other life skills training including money management.*

Goal: Goal 1-Objective D: 80% of program participants will have access to technology-assisted addiction and mental health treatment/support via computer or smart phones.

Status. *Since the implementation of the NAR Program, 100% of the 113 survey respondents (patients attending primary treatment, not all are enrolled in NAR) had access to a computer with internet service, or a smart phone. Phone minute cards are available to patients in need of financial assistance. In GY 2, 100% of patients meeting grant eligibility report access to technology through smart phones or computer access. In the last monthly survey completed by all patients in residential care (n=15), the following results included:*

- 93% had access to the internet
- 53% had access from a computer (desktop or laptop)
- 33% had access with a tablet
- 33% had access with gaming programs (e.g., Wii, Xbox, etc)
- 80% owned a smart phone

Patients are introduced to NAR in the initial phase of treatment programming through computers provided by Heartview.

Goal: Goal 2-Objective A: 80% of program participants will have daily contact with the recovery community.

Status: *Presently 100% of the program participants receive daily contact for support towards recovery (to date, there are 100 participants receiving daily support and information).*

Goal: Goal 2-Objective B: 80% of program participants will complete primary treatment.

Status: *In GY 02, 92 of NAR participants completed primary treatment.*

Goal: Goal 2-Objective C: 50% of program participants will complete continuing care

Status: *Primary care at Heartview is very individualized, but will last approximately 3-4 weeks. Continuing care is generally prescribed for 20 weeks. The use of the social network (NING) was initiated to increase the completion rates for the Heartview Continuing Care program. Heartview proposes that by the end of GY 01 the completion rate will be 34% for grant participants, 40% at the end of GY 02, and 50% at the end of GY 03 for NAR participants. Presently, 37.5 of NAR individuals reported completing aftercare at Heartview. This has increased from 29.6% last reporting period.*

Goal: Goal 3-Objective A: 90% of patients will receive information/instruction on how to access their personal health history including an electronic health record.

Status: *Heartview implemented an electronic medical record in December, 2013. Patients are instructed on how to access their health records and are supported in working with their family physician for ongoing information/instruction/support on health issues.*

An information packet is provided to NAR patients to assist them in accessing their personal health record. Each NAR participant is given information on how to use the health record to monitor their health care. This information was developed and implemented in October of 2014. (The major health care providers in this region did not have this feature available until fall of 2014.) 100% of NAR patients have received information on how to access their personal health history since October, 2014.

Goal: Goal 3-Objective B: 90% of patients will receive counseling on management of personal health issues and resources for health management.

Status: *Presently, nurses complete a physical assessment reviewing all health related issues on 100% of NAR patients, and make referrals when appropriate. Any health problems become part of the patient's treatment plan. Heartview will be increasing testing for high -risk related health problems (such as HIV and Hepatitis) for better identification and referral.*

Apps for health monitoring for smart phones have been posted on the NAR site and are updated

periodically. By the end of GY 02, 90% of all NAR participants received instruction/training on apps available for support and how to access personal health histories and information via the EHR.

To enhance the individual counseling and access to resources and information, Heartview has initiated the design of a patient portal. This instrument of technology will be implemented in GY 03. Beta testing was completed in April, 2015 with the University of Mary counseling program. The portal is set to be moved to a secure server in September and will be implemented with the patient population at that time.

Goal: Goal 3- Objective C: 85% of patients with psychiatric co-morbidity will be able to articulate effective coping strategies to manage their behavioral health concerns, and make informed decisions about their treatment.

Status: *NAR patients receive information and counseling on coping strategies for mental health management. Monthly surveys of 80 NAR patients indicate 100% are able to identify at least 5 coping strategies to help them (it should be noted that not all NAR patient attend this group). Heartview is presently Beta testing a secure HIPAA- compliant portal to assist in the delivery of information, education and ongoing support for mental health issues.*

Heartview uses NAR as a tool for promoting skills and strategies for recovery from addiction and mental illness. Daily messages include coping skills and strategies for daily living. Heartview, in GY 02, has enhanced this experience and learning by implementing ports for face-to-face contact with Heartview staff (including the mental health worker, the psychologist and the psychiatrist) and will be implementing the patient portal for private treatment work, including journaling and weekly check-ins. Heartview is also working with our grant partners to develop strategies to address the needs of individuals with psychiatric co-morbidity and/or chronic health issues.

In GY 02, a NAR staff member has received training from SAMHSA to become a trainer of Mental Health 1st Aid. The staff has used this training to enhance work with NAR participants as well as reach out to rural and underserved areas to train individuals and improve resources for these areas, including work with domestic violence victims.

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.

Heartview continues to strive to increase the NAR activity and postings. Emphasis will continue on the daily messages and increasing support from the Recovery Community. Heartview will continue to increase this activity by increasing the number of Recovery Coaches, alumni, and volunteers on the NAR social network site.

Heartview continues to improve the admission/evaluation process to reduce “no-shows” and will continue to work towards this goal.

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 were made.

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 changes are proposed 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	Elizabeth Stroup-Menge	50%
Registered Nurse	Crystal Messer	100%
Mental Health Worker	Crystal Askvig	100%
Licensed Addiction Counselor	Shawn Meier Tom Regan Katie Bossart	75%
Social Network Administrator	Jodi Greff	55%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Program Development Specialist	15%	09/01/14	Addition
Compliance Officer/Attorney	5%	09/01/14	Addition

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

Contract work was added to the project to assist in the development of the patient portal and policies and agreements related to the NAR project.

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

All positions are filled at this point in time.

Partnerships

List each of the partner organizations.

Partner

Coal Country Community Health Center

Standing Rock Sioux Day Treatment Program

North Dakota Rural Behavioral Health Network

Dakota North Association of Counties

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

Heartview continues to work with our partnering agencies in collaborative efforts. All organizations are aware of the NAR program and continue to refer patients for treatment and ongoing support. Heartview has partnered with state agencies, community-based organizations, and small, rural organizations with limited capabilities and resources. Heartview offers support via NAR and looks to more collaboration utilizing ports and patient portal.

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
Orientation	3/16/15	1	Heartview Staff
Overview of TBI and Implications for SUD Treatment	2/18/15	20	ND Brain Injury Network
Motivational Interviewing/ Stages of Change Refresher	3/2/15	25	Heartview Staff
SBIRT training	4/23/15	8	ATTC
Personality Disorder Overview	4/22/15	23	Heartview Staff
TBI Screening Tools	6/10/15	19	ND Brain Injury Network
The Neurobiology of Addiction	7/14/15	8	ATTC
DSM- V Update	6/25/15	2	Sanford Child Advocacy

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.

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.

- *GPRA data was unavailable.*

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

Many individuals returning to rural areas and oil country in North Dakota have been difficult to track. Heartview is devoting more time daily (including evenings and weekends) to contact individuals to complete the 6- month GPRAs. Grant managers will maintain regular contact with the participants to alert of upcoming GPRAs and the GPRA surveys are discussed at all NAR social events.

The target number for NAR participant did not reach our target goal of 120 for GY 02. Presently, there are 167 members in NAR. Staff will continue to encourage individuals to participate in the program, including incentives and social gatherings.

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.

GPRA rates were not available at this time.

Evaluation

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

All of the instruments, besides the GPRA, have been entered into a secure REDCap database. Programming code has been developed to 1) merge data from GPRA and the data from REDCap and 2) to run basic descriptive statistics.

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

Not applicable

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.

Attached is a PDF of a presentation that summarizes the preliminary results of the evaluation. Overall, we found that NAR utilization is associated with reduction in alcohol and drug use at discharge (3 month follow-up) and follow-up (6 month follow-up). See Attachment 1.

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.

We have not been able to download our GPRA data since February 2015. This is significantly impacting our ability to evaluate NAR and to develop presentations/publications. Additionally, this is impacting our ability to obtain additional funds to continue NAR and address long-term sustainability.

Discuss how evaluation findings were used to improve the project.

Dr. Winstanley shares data from the evaluation program with the NAR team at least 2-3 times per year, either in-person or via Skype. During this time, Dr. Winstanley and the NAR clinical team discuss strategies to integrate the information into routine clinical care and how to improve clinical programming. Annually, Dr. Winstanley shares the results of the program with the entire Heartview staff.

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

A preliminary evaluation results report is attached. See Attachment 1.

Interim Financial Status

Attach an updated program budget and any budget modifications.

See Attachment 2.

Financial Status

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

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

Note:

- Please report total expenditures (not obligations) on the budget worksheet

- Include all expenses accrued since the last reporting period and cumulative expenses accrued over the course of the grant period
- In the 'Total Grant Award' cell, please enter the total amount of grant funding you have received since the initiation of the grant
- The 'Remaining Balance' cell will automatically subtract total cumulative expenditures to date from the total funding amount

Total Grant Award:	\$ 278,920.00	
	Expenditures	
	Expenditures Since the Last Reporting Period	Cumulative Expenditures To Date thru
Direct Costs:		
Staff Salaries	\$ 109,777.89	\$ 217,418.44
Fringe Benefits	\$ 8,398.01	\$ 16,632.51
Contracts	\$ 8,845.72	\$ 15,964.72
Equipment	\$ -	\$ -
Supplies	\$ 6,925.74	\$ 9,823.23
Travel	\$ -	\$ 372.37
Facilities	\$ -	\$ -
Other Direct Costs: (please identify below)		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Total Direct Costs:	\$ 133,947.36	\$ 260,211.27
Total Indirect Costs:	\$ 11,199.90	\$ 22,399.81
Total Expenditures (Sum of Direct and Indirect Costs):	\$ 145,147.26	\$ 282,611.08
Remaining Balance (Based on Total Grant Award):		\$ -

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.

PROJECT ACTIVITIES:

- As identified earlier, Heartview has purchased 8 ports from VeaMea for telehealth. This technology lends itself to serving the rural and underserved populations of North Dakota. Heartview has developed policies to guide the implementation of this technology and also is working with state-wide partners for utilization of the ports for treatment and support services.
- Heartview and Dr. Erin Winstanley have applied for a NIDA grant to further assess and evaluate the feasibility of NAR for engagement and retention of continuing care patients.
- Heartview is presently planning on expanding services to rural North Dakota with the purchase of a building located in Cando, North Dakota. Treatment services started in this rural area on August 3, 2015. Once the treatment program and staff have been stabilized, NAR will be incorporated into the treatment program. Presently the ports are utilized for staff supervision, staff education, and consultation.
- As identified earlier, Heartview is presently working with a designer, Color Outside the Box, to develop a patient portal for private, individual treatment with the rural and underserved population of North Dakota. See attachment 3 for screen shots and user manuals.

The Heartview portal builds upon common research principals including:

- Peer support plays a significant positive role in recovery.
- Monitoring risk and protective factor changes during aftercare can enhance recovery.
- Many barriers including cost and distance for treatment centers impact ongoing, face-to-face professional aftercare.
- Many agencies lack professional staff to routinely conduct comprehensive substance abuse and mental health screenings.
- Supporting agencies (i.e. law enforcement, domestic violence, homeless providers) often lack the means to identify needed services or programs recognized as proven or evidence based.
- Clients need ongoing access to mental health and substance resources (links, directories, FAQ's, success scenarios).
- The ability of a client in aftercare to immediately contact their supporting network (counselor, sponsor, family, significant other) in times of stress is essential.

PRE-TREATMENT PORTAL

*The Pre-treatment Portal expands upon the SBIRT (Screening, Brief Intervention and Referral to Treatment) model developed for SUD-Substance Abuse Disorder screening. The SSPR portal provides SUD quick screening with additional questions relating to mental health. The **SSPR Quick Screen** consists of 12 questions. Based on the Quick Screen, secondary-screening tools can be completed on the portal to further access mental health and substance use issues.*

*Clients are also directed to complete “**Readiness Rulers**” based on issues identified by the screening tools. These rulers gauge ‘importance’, ‘confidence’, and ‘readiness’ to change in a*

problem area (i.e. prescription drug usage for non-medical purposes).

The SSPR questionnaires are **screening tools** and they are not meant for diagnostic purposes. Only a licensed professional can conduct diagnostic assessments and evaluations. Clients can “opt out” of the screening portal at any time.

Those wishing to continue with the process begin building a **Referral for Services/Treatment Packet** that can be used to access needed services. The service/treatment planning component gathers the information necessary to build a referral packet. This component gathers basic demographic information, insurance information, risk and protective factors and barriers to service to be shared with a potential provider selected by the client. Screening results and personal information can be printed in the form of a referral packet that also includes a **“Release of Information” that requires the** client’s signature. The release is compliant with 42 CFR, Part 2 of the Health Insurance and Portability and Accountability Act.

Much of the work on the portal is self-directed to minimize the time required by professional staff to gather and analyze screening data and to compile a referral packet.

The portal also includes a **comprehensive resource section** to assist clients in obtaining the information necessary to make an informed decision regarding services. Included in the resource component are case scenarios of individuals who have overcome service barriers, FAQ’s on common issues (housing, child care, costs of services, etc.), mental health and substance abuse provider directories, general directories along with links to information relating to risk and protective factors.

Several **research tools** are also included in the SSPR Portal to track referrals and the days from referral to initiation of services. A list of **Promising Practices** is also included to identify services needed but not available.

RECOVERY KIT

This HIPAA compliant portal was designed to enhance recovery by providing the electronic means for counselors to maintain ongoing contact with clients following treatment (aftercare) and to measure recovery progress. The Recovery Portal is a private web-based network that is confidential and can be accessed only by the client and their addiction counselor(s). The portal also provides a wide range of recovery resources. Clients are provided with a web address and a unique user name and login. The portal can be accessed through personal computers, smart phones or tablets that have Internet access. Participation is voluntary. **The client can opt-out and identifying information will be deleted.** Clients begin to use the Recovery Portal while in treatment. There is no limitation on how long a client can use their personal portal.

Features of the Recovery Kit are:

- **Participant Profile**-Contains basic client demographics and contact information that can be updated by the participant

- **Journal/Diary** – private journal in a blog format that can be accessed by the participant and the counselor
- Selectable **Triggers and Protective Factors** that are used to measure recovery. Clients and counselors can review graphs displaying changes in risk and protective factors selected by client.
- **Life Line**-activation sends message to identified significant others (family friends) and counselor
- **Links and Suggestions** for “**how to handle problem situations**” such as craving, anger, anxiety, depression, boredom
- **Time Capsule.** The purpose of the “time capsule” is to record participant circumstances prior to treatment. The Time Capsule is a beginning point, while the journal charts progress. Many clients find looking back on the “darkest of times” is helpful as recovery progresses.
- **My Assignments** area- “to do” list, prescription reminder, upcoming events/appointments
- **My Plan**-fill-able, editable form containing treatment and recovery details
- **Recovery Resources, Educational Materials and Links (including info on AA meetings).** These resources are linked to risk and protective factors. Collaborating agencies can enter additional local, state or national resources through a portal wizard interface.
- **Sobriety Counter (counts up from day entered by participant)**

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

There are no new policies for review.

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.

NAR staff have conducted two webinars on NAR, an article has been published in the Addiction Professional Magazine, and two manuscripts are being prepared for publication.

- A webinar was conducted for SAMHSA grantees on June 25, 2015 titled: **Heartview's NAR**
- A webinar was conducted on July 14, 2015 for ATTC's Telehealth Tuesday titled: **Acceptability and Preliminary outcomes of a Technology-Enhanced Continuing Care**
- Addiction Professional Magazine featured an article titled "**Bridging the Rural Divide**" (See attachment 4).

LIST OF ATTACHMENTS

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

Attachment 1: Results of Program Evaluation

Attachment 2: Budget Justification

Attachment 3: Portal Users Manuals—Counselor and Participant Manuals

Attachment 4: Addiction Professional Magazine, "Bridging the Rural Divide"

PRELIMINARY FINDINGS

SAMHSA-funded Evaluation

- Inclusion criteria:
 - Permanent resident of North Dakota
 - 18 years of age or older
 - No pending incarceration
 - Initiate treatment in the residential program
- GPRA evaluation data is for all clients Sept 2013- Feb 2015
- NAR surveys include data from Sept 2013-June 2015

Evaluation Assessments

- GPRA (n=95) baseline conducted while in residential treatment (*within 2-4 days of admission to residential program*)
- NAR Baseline Survey (n=98) administered at baseline; NAR Patient Satisfaction (n=74) and NAR Clinician Satisfaction (n=106) administered at 3 month follow-up
- GPRA follow-up interview at 3 months (n=66) and 6 months (n=40)

Sociodemographic Information

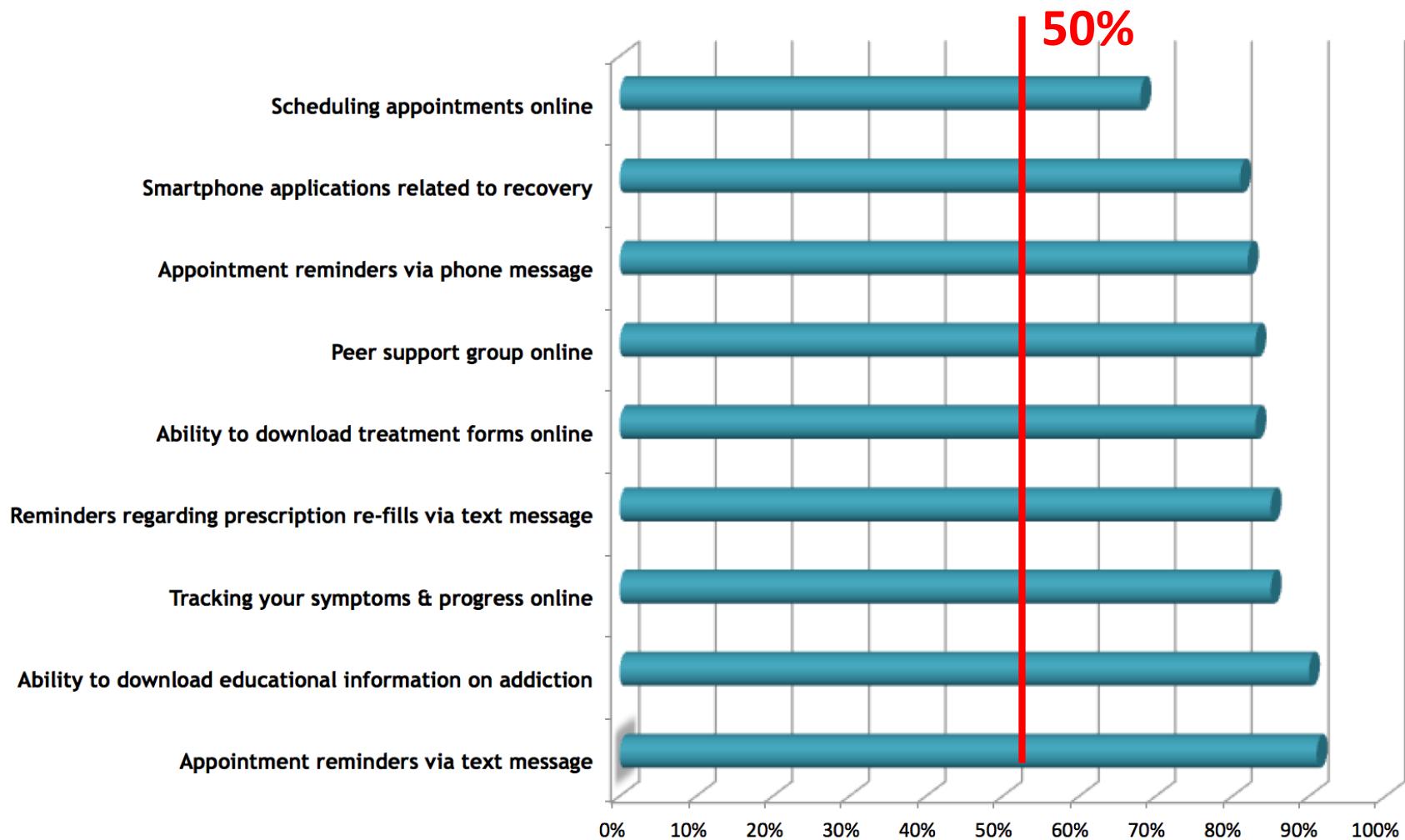
- 52.6% (n=50) Male
- Mean age is 33.6 years old (SD=11.1, range=18-62)
- 78% White & 17% American Indian
- 62.1% (n=59) at least some college or more
- 58% (n=29) Employed full-time
- 59.7% reside in a rural county, 40.3% reside in a suburban county
- Primary diagnosis: 48.4% alcohol, 41.1% opioids, 7.3% methamphetamine

ACCEPTABILITY & SATISFACTION

Acceptability: Patients Access and Use of Technology

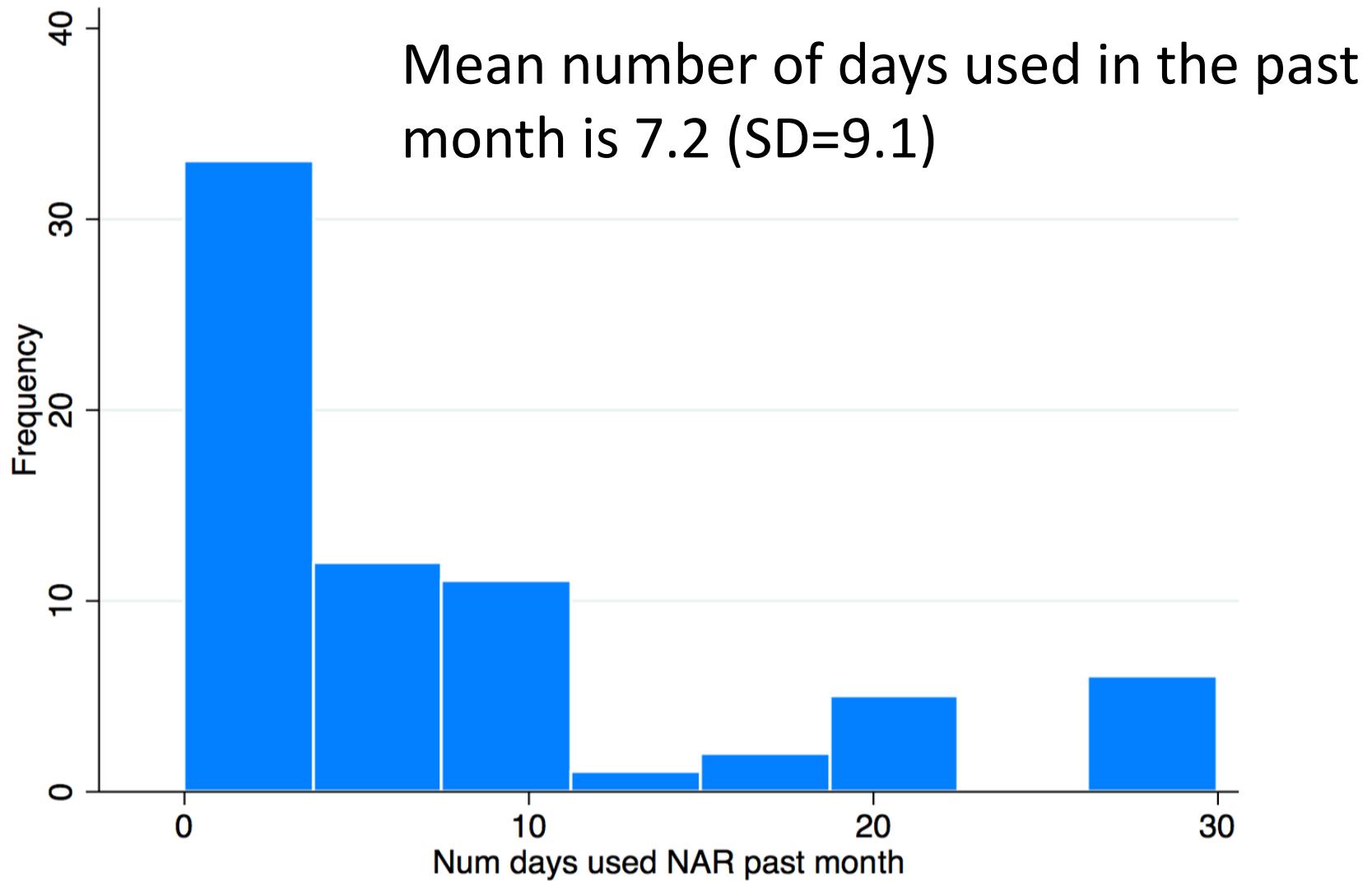
- 87.6% (n=85) of patients have a smartphone
- 77.1% (n=74) of patients have a personal computer & 92.8% (n=89) feel very or somewhat comfortable using a computer
- 98.9% (n=93) of patients have used the Internet & 88% (n=81) use the Internet daily
- 86.4% (n=76) of patients have used Facebook & 60.8% (n=45) use Facebook daily

Acceptability: Patients Preferences

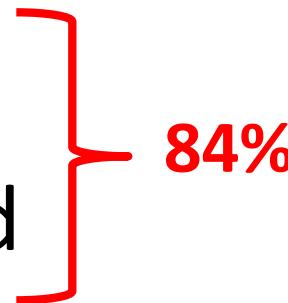


90% of patients report at baseline that they are likely to use NAR after discharge from treatment

NAR Utilization at 3 Months



Patient Overall NAR Satisfaction

- 56.8% (n=42) very satisfied
 - 27.0% (n=20) somewhat satisfied
 - 13.5% (n=10) neither satisfied nor dissatisfied
 - 1.4% (n=1) somewhat dissatisfied
 - 1.4% (n=1) very dissatisfied
- 

NAR Word Cloud



NAR as Recovery Tool

- Participants report using NAR as a recovery tool

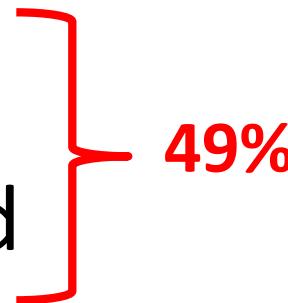
To what extent do you agree or disagree with the following statements?

	Strongly		Strongly	
	Agree	Agree	Disagree	Disagree
5. Using NAR helped support my recovery	58.9% (n=43)	38.4% (n=28)	2.7% (n=2)	
6. NAR helped me achieve my treatment goals	47.2% (n=34)	45.8% (n=33)	5.6% (n=4)	1.4% (n=1)
7. People on NAR supported my recovery	68.9% (n=51)	29.7% (n=22)	1.4% (n=1)	
8. NAR helped me stay engaged in treatment	58.9% (n=43)	37.0% (n=27)	4.1% (n=3)	
9. NAR improved my relationship with my clinician	43.8% (n=32)	42.5% (n=31)	12.3% (n=9)	1.4% (n=1)

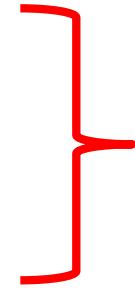
What Patients Like About NAR

- *“Keeps me thinking about my recovery, keeps me focused. It’s there when I’m not in group, can see information and stay connected”*
- *“That it’s so convenient, being able to turn to NAR when I was having a bad day or cravings helps me tremendously; I always get a response almost immediately from someone with advice or encouraging words”*
- *“Staying connected with others from my treatment group; being able to reach out for help if needed”*

Clinician Overall NAR Satisfaction

- 20.8% (n=22) very satisfied
 - 28.3% (n=30) somewhat satisfied
 - 13.2% (n=14) neither satisfied nor dissatisfied
 - 17.0% (n=18) somewhat dissatisfied
 - 20.8% (n=22) very dissatisfied
- 

Clinician Reported that NAR Helped Patient's Recovery

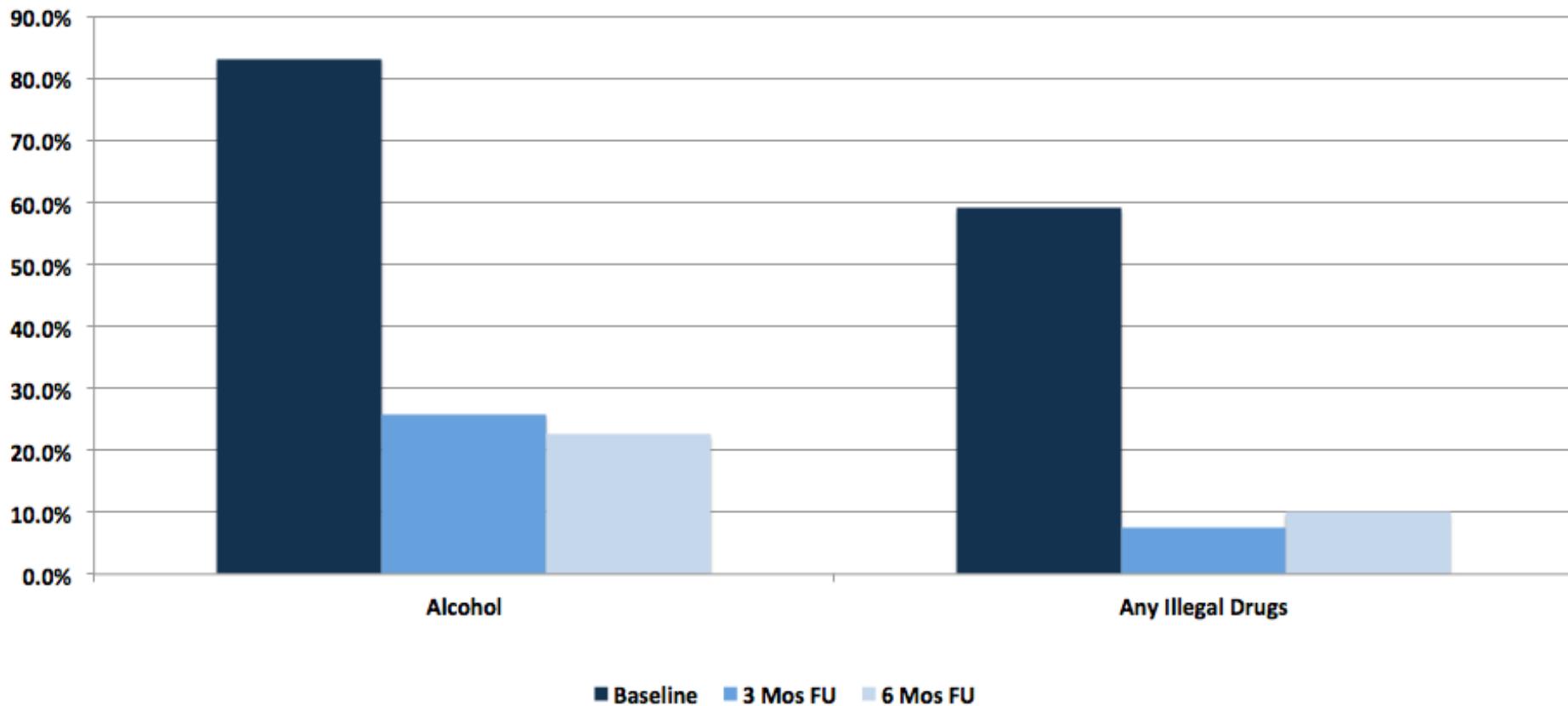
- 18.5% (n=19) strongly agree
 - 48.5% (n=50) agree
 - 19.4% (n=20) disagree
 - 13.6% (n=14) Strongly disagree
- 
- 67%

Clinicians, in general, feel that some patients are not taking advantage of NAR as a recovery tool

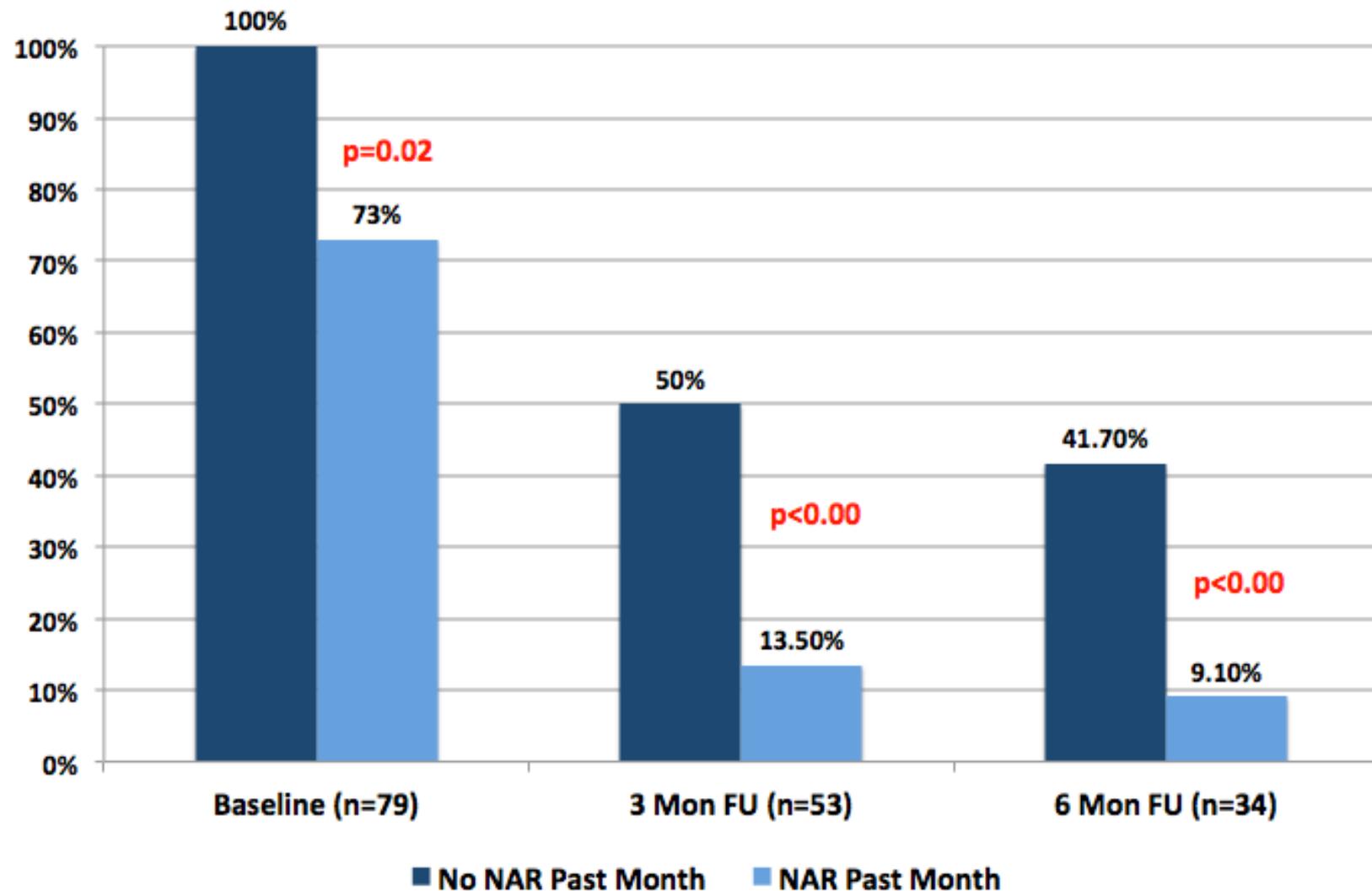
AOD OUTCOMES

Alcohol & Drug Use Past Month

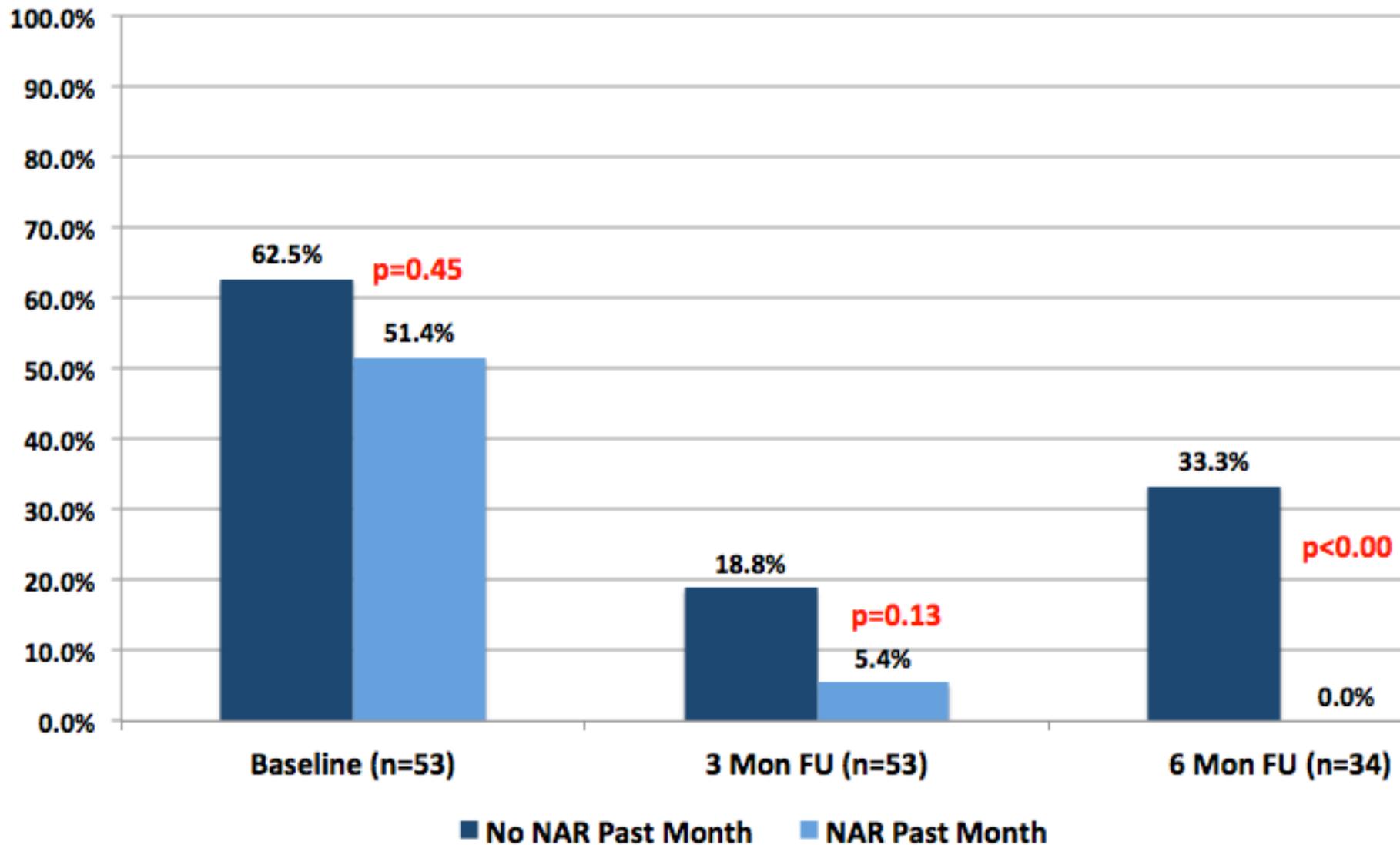
- Overall, alcohol and drug use declined between baseline and the follow-up assessments



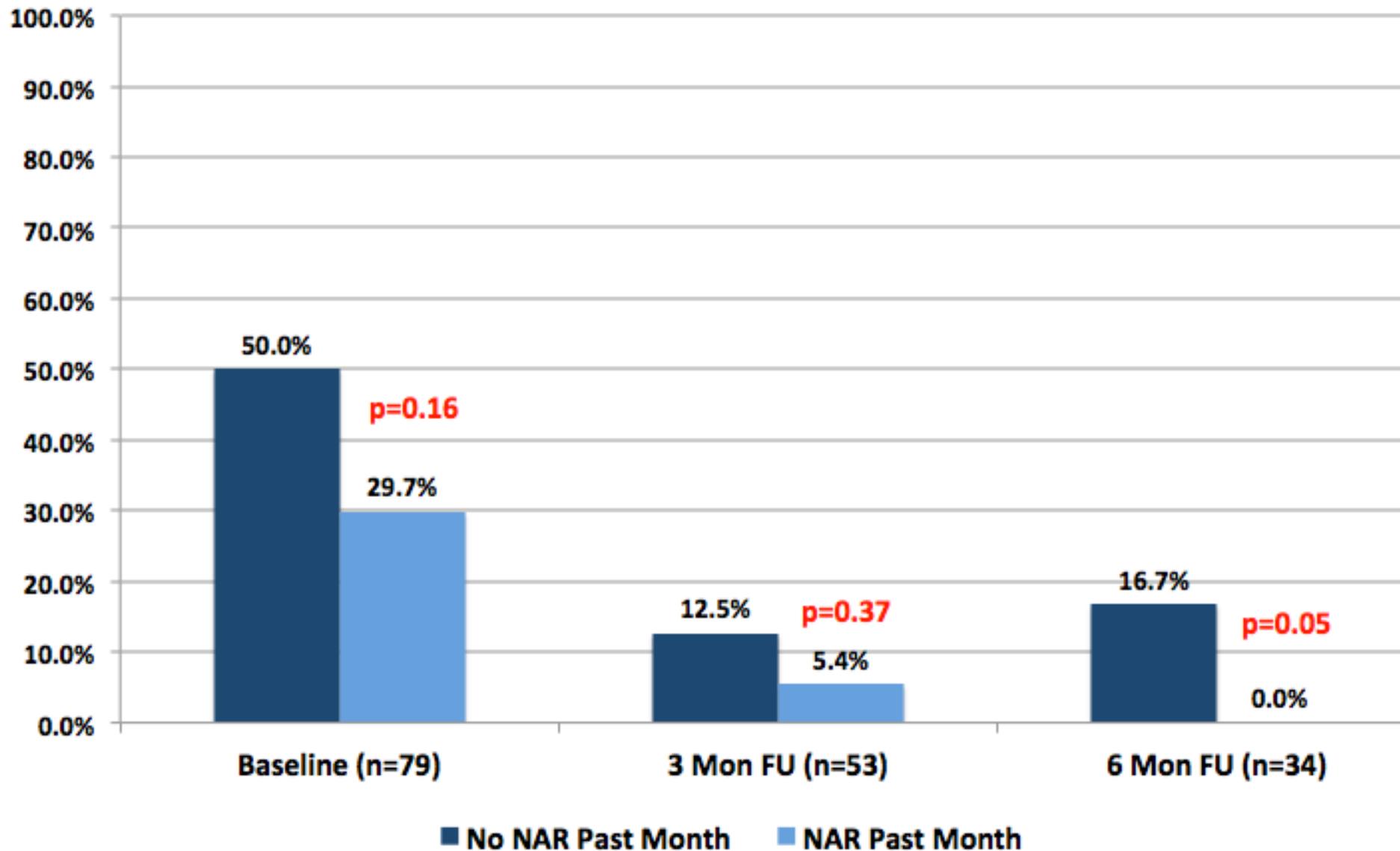
Any Alcohol Use in Past Month by NAR Utilization



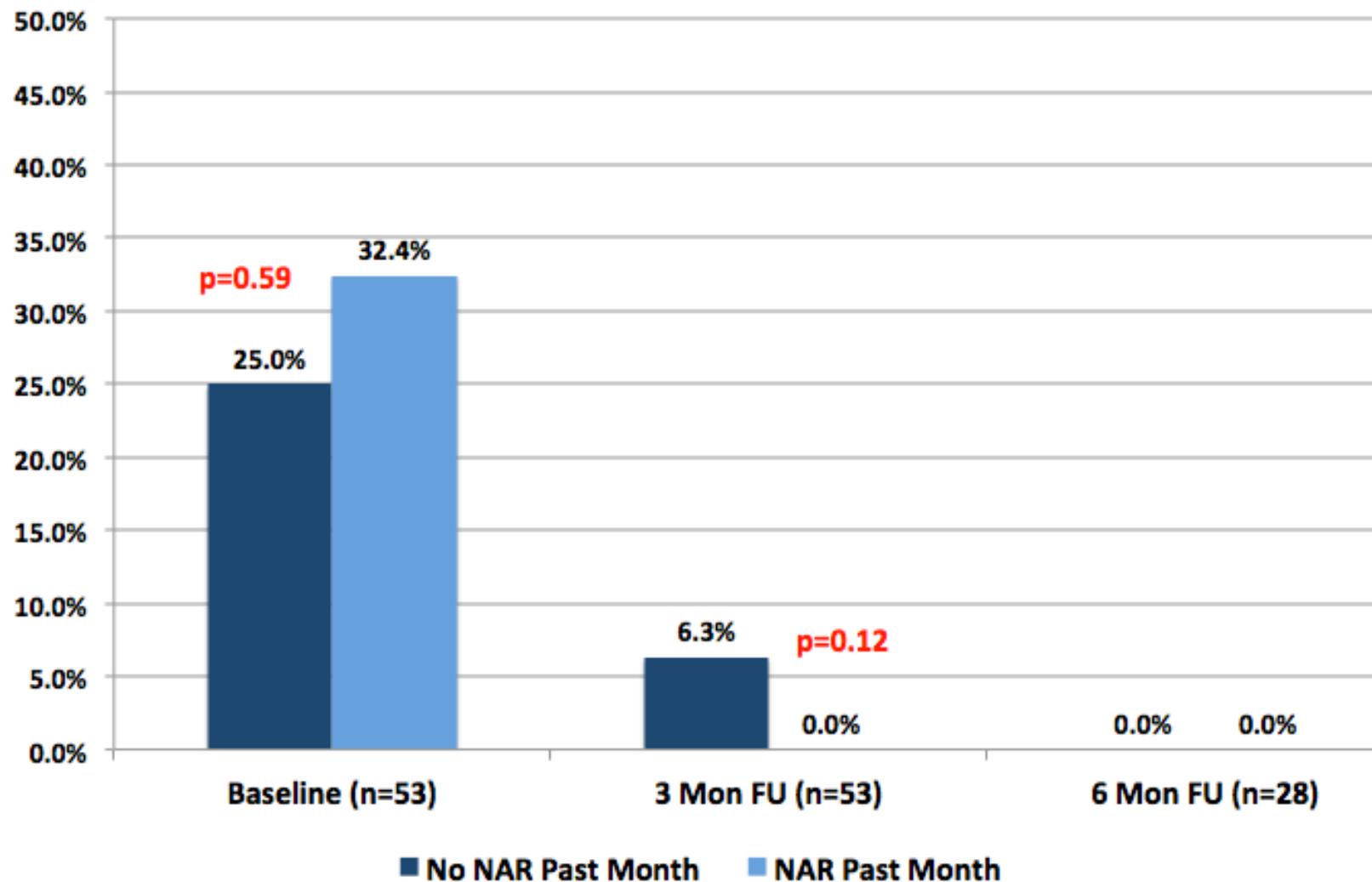
Any Illegal Drug Use in Past Month by NAR Utilization



Any Marijuana Use in Past Month by NAR Utilization



Any Meth Use in Past Month by NAR Utilization



Attachment 2 Budget Justification

A. Personnel

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1)Project Director	Elizabeth Stroup-Menge	\$72,800	52%	\$37,856
(2)Mental Health Worker	To be selected	\$50,960	100%	\$50,960
(3)Nurse	To be selected	\$59,300	100%	\$59,300
(4)Addiction Counselor	To be selected	\$43,260	75%	\$32,445
(5)Social Network Administrator	Jodi Greff	\$33,550	55%	\$18,452
(6)Recovery Coaches	Multiple employees	In-kind	10%	\$0
(7)Chemical Dependency Technicians	To be selected	\$27,040	10%	\$2,704
(8)Executive Director	Kurt Snyder	In-Kind	20%	\$0
(9)Director of Nursing and Residential Services	Marvis Doster	In-kind	20%	\$0
(10)Director of Counseling Services	Bruce Carlson	In-kind	20%	\$0
(11)Improvement and Compliance Coordinator	Sally Storslee	In-kind	20%	\$0
			TOTAL	\$201,717

Attachment 2 Budget Justification

Justification:

- (1) The Project Director will provide daily oversight of this project, including coordination and communication with administrative and clinical staff, and staff training.
- (2) The Mental Health Worker will coordinate mental health education, support, therapy, and activities including technology-assisted care, including documentation for 60 patients.
- (3) The Nurse will provide ongoing assessment of medical needs, education, and direct care, including technology-assisted care.
- (4) The Addiction Counselor will provide direct care, education, treatment planning, and support for patients using face-to-face and technology-assisted care and accompanying documentation.
- (5) The Social Network Administrator is responsible for the coordination of data, incentive rewards, patient initiation into NAR, and data collection for performance measures.
- (6) Recovery Coaches will provide ongoing support utilizing NAR to reach out to the population of focus.
- (7) Chemical Dependency Technicians will provide 24/7 response to network inquiries.
- (8-11) Heartview's Leadership Team who are responsible for the overall implementation of all services.

Note: There is a 2.0% raise included in year 2 of the budget for personnel.

Total Federal Request: \$197,813 for year 1, \$201,717 for years 2 & 3.

B. Fringe Benefits

Component	Rate	Wage	Cost
FICA	7.65%	\$201,717	\$15,431
Workers Compensation	0.5%	In-Kind	\$0
Insurance	Varies	In-Kind	\$0
		TOTAL	\$15,431

Justification: Fringe reflects current rate for agency, and will be covered by Heartview as in-kind.

Total Federal Request: \$15,133 for year 1, \$15,431 for years 2 & 3.

Attachment 2 Budget Justification

C. Travel:

Purpose of Travel	Location	Item	Rate	Cost
(1)Grantee Conference	Washington, D.C.	Airfare	\$600.00 per flight x 2 persons	\$1,200
		Hotel	4 nights / 2 rooms/\$120/night + lodging taxes	\$1,040
		Per Diem	5 days x 2 people @\$71 w/ 1 st & last day @ 75%	\$639
		Transportation (Cab)	\$50/day	\$200
(2)Transportation to Treatment	Bismarck, ND	Gas Vouchers/ Gas cards	In-Kind	\$0
			TOTAL	\$3,079

Justification:

- (1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, D.C.
- (2) Vouchers/Gas Cards for rural clients to travel from rural North Dakota to Heartview are in-kind from the Ron Gerhardt Fund

Federal Request: \$3,079 for years 1, 2, &3.

D. Equipment:

Federal Request: \$0

E. Supplies:

Item	Rate	Cost
(1)General Office Supplies	\$70/monthx12 months	\$836
(2)20-Smart Phones	\$200/phone x 10	\$2,000
(3)6-Google Nexus or I pads tablets	\$499 per tablet x 1	\$499
(4)Internet vouchers	\$40/ person x 6 months x20 patients	\$4800
(5)Phone service	\$50 month/phone x 12 months x 20 phones	\$12,000

Attachment 2 Budget Justification

(6)Gift cards used for incentives	\$10/cards, 7 cards/week	In-Kind
Total		\$20,135

Justification:

- (1) General Office Supplies—Office supplies, copies and postage are needed for general operation of the project, including letters to rural referral sources, other treatment providers, and Tribal Officials.
- (2) The smart phones will be purchased for use by individuals living in rural areas who have limited access to internet/web service. Only 10 smart phones will be purchased in years 2 & 3.
- (3) Six Google Nexus tablets will be purchased for client use to access NING and to access their personal health information for support, monitoring and planning. Only one additional tablet will be purchased in years 2 & 3.
- (4) Internet vouchers will be purchased for individuals living in rural areas that have access to computers but are unable to pay for internet service.
- (5) Phone service is to provide phone coverage for the smart phones for 12 months for the 40 Smart Phones to be purchased by this grant.
- (6) Heartview will continue to provide \$10 gift cards as incentives for users of NAR as part of their aftercare course of treatment. This will be in-kind and no cost to the grant.

Federal Request: \$24,574 in year 1, \$20,135 in years 2 & 3.

F: Contract

Name	Service	Rate	Cost
(1)Dr. Erin Winstanley	Data Collection and Performance Management	\$60/hr @ 208 hours/yr	\$12,480
(2)Dr. Erin Winstanley	Travel and Lodging to Bismarck 2 trips/year	\$1,545 @ 2 trips/yr	\$3,090
(3)Dr. Erin Winstanley	Per diem for 6 days @ \$49/day	\$294 @ 2 trips/yr	\$588
Total			\$16,158

Attachment 2 Budget Justification

Justification:

- (1) Dr. Erin Winstanley will contract with Heartview Foundation to complete the data collection and performance management for the grant @ 5.8% of grant allowance.

Federal Request: \$16,158 for years 1, 2, & 3.

G: Construction

Federal Request: \$0

H: Fiscal management: 8%

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1)Business Office Manager	Ryan Messer	\$56,160	20.5%	\$11,472
(2)Finance Clerk	Denise Starck	\$29,600	16%	\$4,736
(3)Business Office Assistant	Christy Griffin	\$30,000	7%	\$2,100
(4)Administrative Assistant	Carol Bullinger	\$25,000	10%	\$2,500
(5)FICA		\$20,808	7.65%	\$1,592
			TOTAL	\$22,400

Justification:

- (1) The Business Office Manager will be responsible for all fiscal reporting, monitoring and evaluating the efficiency and effectiveness of the grant budget, overseeing a variety of financial activities, management of cash controls, and completion of all accounting functions.
- (2) The Finance Clerk will handle payroll and tax reporting for all grant personnel, monitor professional contracts, and initiate renewals including terms with resources and payment procedures.
- (3) The Business Office Assistant will maintain the inventory of all supplies, as well as coordinate all travel involved in grant activities, including mandatory trips to Washington, D.C. and state travel within North Dakota for coordination with rural partners.

Attachment 2 Budget Justification

- (4) The Administrative Assistant will coordinate meetings on the progress of all grant functions, take minutes of meetings, and communicate grant progress with all personnel associated with the grant function.

Federal Request: \$22,400 for years 1, 2, & 3.

BUDGET SUMMARY

Project Start Date: October 1, 2013

Category	Year 1	Year 2	Year 3	Total Project Costs
Personnel	\$197,813	\$201,717	\$201,717	\$601,247
Fringe	\$15,133	\$15,431	\$15,431	\$45,995
Travel	\$3,079	\$3,079	\$3,079	\$9,237
Equipment	\$0	\$0	\$0	\$0
Supplies	\$24,574	\$20,135	\$20,135	\$64,844
Contractual	\$16,158	\$16,158	\$16,158	\$48,474
Other	\$22,400	\$22,400	\$22,400	\$67,200
Total Direct Charges	\$279,157	\$278,920	\$278,920	\$836,997
Indirect Charges	\$0	\$0	\$0	\$0
Total Project Costs	\$279,157	\$278,920	\$278,920	\$836,997

TOTAL PROJECT COST FOR THREE YEARS: \$836,997

COUNSELOR USER GUIDE

RECOVERY KIT

A PRIVATE, WEB BASED RECOVERY PORTAL

VERSION 8.5.15



Funded By:

Substance Abuse and Mental Health Services Administration

Targeted Capacity Expansion – Technology Assisted Care

1H79TI024736-01

Developed By:

HEARTVIEW FOUNDATION

101 EAST BROADWAY BISMARCK, ND 58501 (701) 222-0386

RECOVERY KIT

ACKNOWLEDGEMENTS

FUNDING

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

GRANTEE

***Heartview Foundation
Kurt Snyder, Executive Director***



AUTHORS

***Beth Stroup-Menge | 701.751.5712 | beth@heartview.org
Doug Herzog | 701.471.5530 | dherzog@mac.com***

PORTAL PROGRAMMING & INTERFACE DESIGN

Coloring Outside The Lines | 701.541.1064 | coloringoutside.com

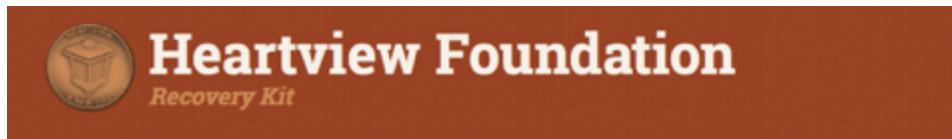
Information regarding the licensing the Recovery Kit can be obtained by contacting the authors at Heartview Foundation - Contact information is included above.

No Portions of the Recovery Kit may be reproduced without the written permission of Heartview Foundation.

COUNSELOR USER GUIDE

Getting Started with Recovery Kit

Logging In



Log in.

Email

Password

Remember me?

Log in

[Forgot your password?](#)

My Profile

About Me

About me

Settings



Choose a profile image

Browse... No file selected.

Upload

Email

counselor@mangomedia.co

PhoneNumber

7015521234

About Me

I review Recovery Kit entries on Mondays, Wednesdays and Fridays, usually in the mornings. If you need to reach me please contact me by phone at (701) 751-XXXX or contact me via email at Me@heartview.org. Your recovery is important and I will be a resource to you as you pursue your recovery goals and manage your day-to-day challenges. In the event of a crisis, be sure to use your Lifeline-the Lifeline is monitored 24/7. During vacations or other longer leave periods my backup is Ota Counselor. Her phone number is (701) 751-XXX2 and her email is ota@heartview.org.

Save

On your browser go to the following site: <http://heartview.azurewebsites.net/> Enter your Email and the Password that you have been assigned. Counselors will be assigned log in information by Heartview's Recovery Kit administrator. Once the Email and Password have been entered press the Log in button.

In the menu bar select My Profile and complete the profile by entering your First Name, Last Name and Email and phone number. You may also choose a profile image by browsing and uploading a profile image. This could be an avatar or a picture. Press the upload button to upload your profile image. Once the profile information has been entered press the save button.

RECOVERY KIT REVIEW

SCHEDULE: This schedule should include the days and times when you review Recovery Kit postings along with contact information, backup information, encouragement statement, etc.

Counselor's Recovery Kit Review Schedule

RECOVERY KIT REVIEW SCHEDULE: This schedule should include the days and times when you review Recovery Kit postings along with contact information, backup information, encouragement statement, etc. Click here for an example of a review schedule

I review Recovery Kit entries on Mondays, Wednesdays and Fridays, usually in the mornings. If you need to reach me please contact me by phone at (701) 751-XXXX or contact me via email at Me@heartview.org. Your recovery is important and I will be a resource to you as you pursue your recovery goals and manage your day-to-day challenges. In the event of a crisis, be sure to use your Lifeline-the Lifeline is monitored 24/7. During vacations or other longer leave periods my backup is Ota Counselor. Her phone number is (701) 751-XXX2 and her email is ota@heartview.org

Admin Home



Heartview Foundation
Recovery Kit

Administration Dashboard My Profile Log off

Admin Home

Participants

[Add new participant](#)[View all participants](#)

From the Administrative Tab in the Menu Bar, Counselors can “Add New Participants” or “View all Participants”.

Creating New Recovery Kit Participants

Create Participant

Passwords must be at least 8 characters long and contain at least 1 uppercase character, 1 lowercase character, 1 numerical character, and 1 special character.

Counselor

First Name

Last Name

Gender

DOB

Address

Address2

City

State

Zip

Phone Number

Email

When a Counselor creates a Participant, the Counselor adds a participant to a Recovery Kit caseload. In addition the basic demographics the email and password entered must be used by the client to enter the Recovery Kit portal. Once the client data has been entered press the “create” button at the bottom of the page.

Dashboard - Ongoing Use

Heartview Foundation
Recovery Kit

My Participants



All Participants

Participant John

Edit

Administration Dashboard My Profile Log off

Participant John used his lifeline

November 24, 2014, 6:09 PM

Participant John used his lifeline

November 23, 2014, 5:32 PM

Participant John posted a new journal entry

November 23, 2014, 5:30 PM

Participant John posted a new journal entry

November 23, 2014, 5:27 PM

Participant John reset his sobriety date

November 16, 2014, 9:09 PM

1 2 >

[View all journal entries](#)

Enter the Dashboard in the menu bar to review recent entries of My Participants (caseload). Entries will be shown beginning with the most current entry. Counselors may have more than one page and can navigate through the pages by selecting the page numbers.

Double click on a journal entry and the entry will open allowing the counselor to respond.

Heartview Foundation
Recovery Kit

Administration Dashboard My Profile Log off

<< Return to all journals

Test Journal

By: Participant John

Created on: 11/16/2014

Unlike (1)

Hey

Comment by Counselor Jane
November 16, 2014, 9:12 PM
Hello

Comment by John Counselor
November 19, 2014, 8:17 PM
Looks Like you are doing great!

Comment by Counselor Jane
November 23, 2014, 5:26 PM
Test

Comment by Counselor Jane
January 14, 2015, 6:16 PM
This is Ty commenting

Comment

Add Comment

Making “Quick Comments”

Type a comment into the text box and select “Add Comment” to respond to a participant’s journal entry

Changing Counselors

Heartview Foundation
Recovery Kit

Administration Dashboard My Profile Log off

Edit Participant John

Counselor

Jane, Counselor

Avatar



[Remove Avatar](#)

First Name

Participant

Last Name

John

To move a participant to a new counselor choose “Edit Participant” and complete the change by selecting a new Counselor and then entering the first and last name of the participant.

Recovery Charting

Participant John

Last Login

8/10/2015 [History](#)

Sober Since

6/1/2015 [History](#)

Journals

[View participant journals](#)

Progress

RISK FACTORS PROTECTIVE FACTORS

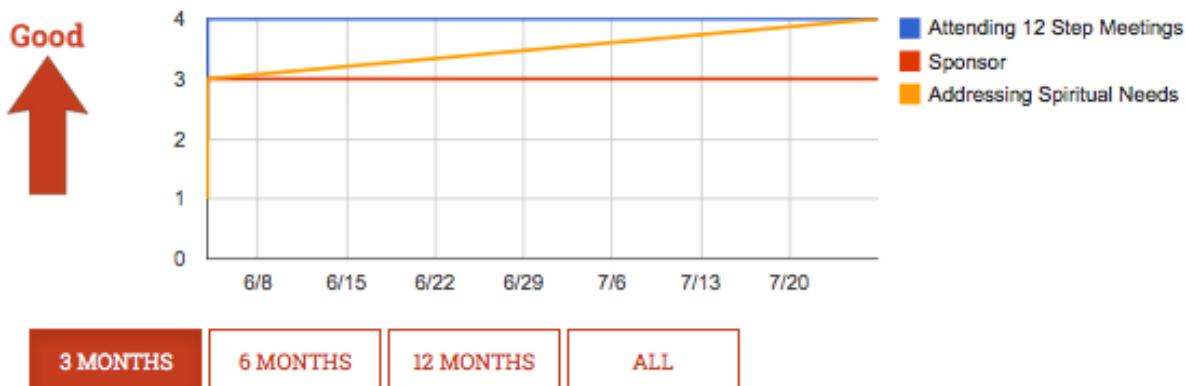


My Story

Patient is a 28 year old male who has been in treatment on several occasions and lives in Zap, ND. Alcohol abu

Progress

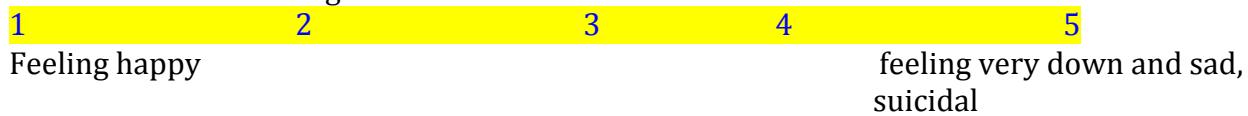
RISK FACTORS PROTECTIVE FACTORS



Counselors can review the risk factor and protective factor charts by clicking on "details" of the previous page under the name of a client. Risk Factor and Protective Factor Charts can be toggled. The charts display the progress and challenges of the client over various time periods. Selecting a time period will graph factors for the period chosen. Each of the factors are identified by a specific line and color. The legend shows the key risk or protective factors chosen by the client along with its color. In the example, guilt is shown in blue. Positive change is up, Negative change is down.

Appendix A - Risk Factor Definitions and Continuum

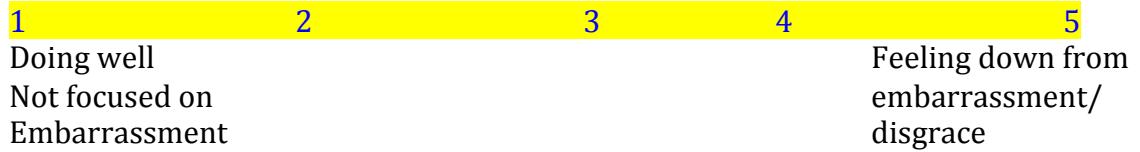
DEPRESSION—A feeling of sadness



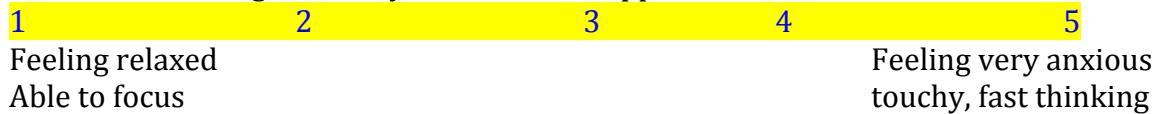
GUILT—A sense of remorse and blame



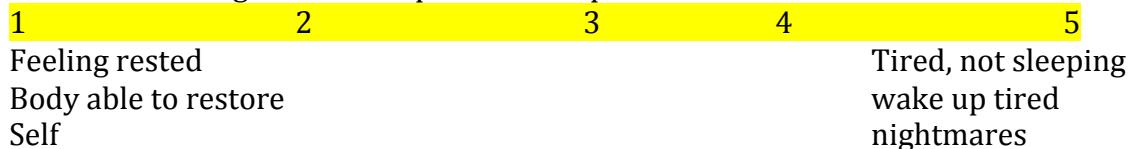
SHAME—Feelings of disgrace, embarrassment and/or humiliation



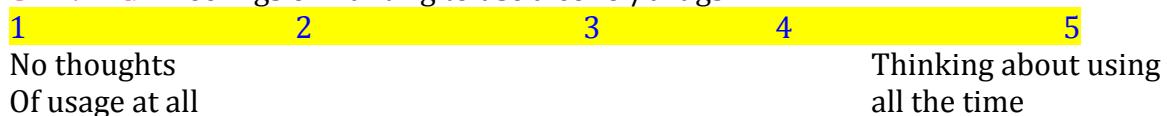
ANXIETY—Feelings of worry, nervousness, apprehension



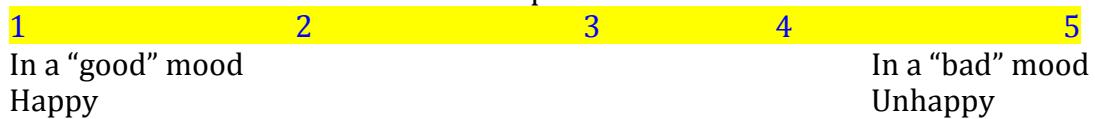
SLEEP—Able to get into a deep restful sleep



CRAVING—Feelings of wanting to use alcohol/drugs



MOOD—Your frame---of---mind or disposition



MARRIAGE/PARTNERSHIP---Primary relationship with one person



Appendix A - Risk Factor Definitions and Continuum

FINANCIAL—Status of finances

1 2 3 4 5

Having the money
to meet financial
obligations

Great debt, not able
to meet financial
obligations

CHILDREN—Responsibilities as a parent

1 2 3 4 5

Able to provide
consistent child
to parent

Not able to care for safe,
child/children, not care, able
have custody of child

PHYSICAL HEALTH—State of physical being

1 2 3 4 5

Attending all
Appointments
Maintaining/caring for
physical health

Physically sick, not
seeing doctor, taking
meds

MENTAL HEALTH—State of mental being

1 2 3 4 5

Attending all
Appointments
Maintaining/caring for
mental health

Emotionally sick, not
seeing doctor, taking
meds

IRRITABILITY—Feelings of anger, easily annoyed

1 2 3 4 5

Calm, relaxed
Peaceful

Angry, touchy, easily
annoyed

BOREDOM—Not interested, excited, unable to identify activity

1 2 3 4 5

Keeping busy
Active, doing
Things enjoyable

No activity, cannot
find/identify an
enjoyable activity

DEFENSIVENESS—Avoiding dealing with situations

1 2 3 4 5

Able to take responsibility

Deflecting not looking at self

Appendix A - Risk Factor Definitions and Continuum

SELF ESTEEM—How I feel about myself



Feeling positive
About self
Confident

Feeling negative
about self
Insecure

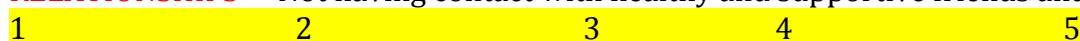
RISKY SITUATIONS—Placing myself in situations that are high risk for me to return to using



Staying in supportive
Environment, avoiding
Using situations/places

In dangerous, using
environments,
unsupportive places

RELATIONSHIPS— Not having contact with healthy and supportive friends and family



Contact with healthy
supportive friends/
family-----healthy

Contact with using
unsupportive family/
friends—dysfunctional

GRIEF-----Feelings associated with loss



Peaceful, accepting
Loss

Overwhelmed with
sadness, loss

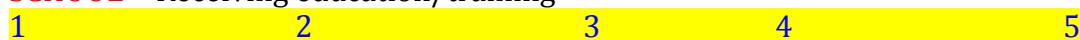
EMPLOYMENT—Being paid for your work



Gainfully employed

Not working, actively
Trying to find work

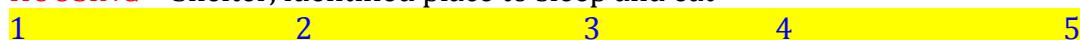
SCHOOL—Receiving education/training



Attending all classes
completing all responsibilities
and expectations associated
with school

Not attending classes
Not completing
assignments, failing
grades

HOUSING—Shelter, identified place to sleep and eat



Place to live
which is safe and
supportive
surfing

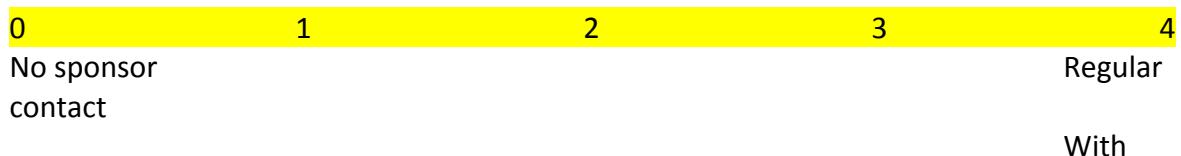
No place to sleep
homeless
couch---

Appendix B - My Plan/Protective Factor Definitions and Continuum

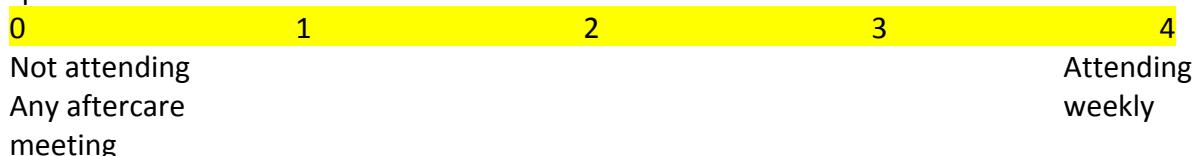
COMMUNITY SUPPORT—ATTENDING 12 STEP MEETINGS



needs **COMMUNITY SUPPORT**—SPONSOR



sponsor TREATMENT—ATTENDING AFTERCARE



TREATMENT—PARTICIPATING ON NING/NAR



SPIRITUAL—ADDRESSING SPIRITUAL NEEDS



Index - Table of Contents

“Getting Started”

Logging In	1
Dashboard Overview	1
My Profile - About Me	2
My Profile - My Story	3
My Lifeline	4
My Sobriety Date	4
Changing Your Password	5

“Ongoing Use”

The Dashboard	6
My Journal	6
My Reminders	6
Selecting Triggers	7
Adjusting Trigger Sliders	7
My Plan Items	8
Adjusting My Plan Sliders	8
Charting Triggers	9
Charting My Plan	10

“Planning Assignments”

My Aftercare Plan	11
My Treatment Plan	12

Appendix A. Risk Factor Triggers & Continuum	13
Appendix B. My Plan Items and Continuum	16

PARTICIPANT USER GUIDE

RECOVERY KIT

A PRIVATE, WEB BASED RECOVERY PORTAL

VERSION 8.5.15



Funded By:
Substance Abuse and Mental Health Services Administration
Targeted Capacity Expansion – Technology Assisted Care
1H79TI024736-01

Developed By:

HEARTVIEW FOUNDATION
101 EAST BROADWAY BISMARCK, ND 58501 (701) 222-0386

RECOVERY KIT

ACKNOWLEDGEMENTS

FUNDING

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

GRANTEE

***Heartview Foundation*
*Kurt Snyder, Executive Director***



AUTHORS

Beth Stroup-Menge | 701.751.5712 | beth@heartview.org

Doug Herzog | 701.471.5530 | dherzog@mac.com

PORTAL PROGRAMMING & INTERFACE DESIGN

Coloring Outside The Lines | 701.541.1064 | coloringoutside.com

Information regarding the licensing the Recovery Kit can be obtained by contacting the authors at Heartview Foundation - Contact information is included above.

No Portions of the Recovery Kit may be reproduced without the written permission of Heartview Foundation.

PARTICIPANT USER GUIDE

Getting Started with Recovery Kit



Log in.

Email

Password

Remember me?

[Forgot your password?](#)

On your browser go to the following site:
<http://heartview.azurewebsites.net/> Enter your Email and the temporary password that you have been assigned. Click on the “Log in” button”. In a later section we’ll show you how to change your password or email.



The dashboard page has a red header with the "Heartview Foundation" logo and "Recovery Kit". It displays a message "CONGRATULATIONS PARTICIPANT! You have been sober for 1 month". Below this, there are sections for "CONTACT MY LIFELINE", "My Reminders" (empty), and "My Journal". The "My Journal" section shows a test entry titled "Test Journal 2" posted by Participant John on November 23, 2014, at 5:30 PM. The entry content is "This is some body text." Two comments from Counselor Jane are shown: one on November 24, 2014, at 6:05 PM saying "great job!", and another on November 24, 2014, at 6:05 PM also saying "great job!". A "NEW ENTRY" button is at the top right of the journal area.

Your dashboard page will open and you will be able to make entries into your journal, add reminders or send a message to your lifeline contacts when you need assistance as soon as possible. You can also see whether your counselor has commented on any of your journal entries or changes in your triggers or plan. The dashboard also keeps track of your days of sobriety. More on this later. As a first time user we will guide you through the set-up process in the following pages.

If you are a first time user complete go to My Profile by clicking on “My profile” in the upper right hand corner of the page. Begin working on “About Me” and “My Story”. Other sections will be completed at a later date.

My Profile - About Me

This section gathers basic information on each participant. This information is used primarily for gathering statistics on users of the Recovery Kit. All of the Recovery Kit information is confidential information that will not be shared. My Profile is usually completed while in residence and you counselor will be able to assist you in completing the profile.



Heartview Foundation
Recovery Kit

Dashboard My Profile Log off

My Profile

About Me

[My Story](#)[My Recovery Plan](#)[Aftercare Treatment Plan](#)[My Lifeline](#)[My Sobriety Date](#)[Settings](#)

About me

First use of recovery kit: 1/6/2015



Choose a profile image

 Browse... No file selected. Upload

First Name

 Participant

Middle Initial

Last Name

 John

Address

 123 Somewhere St N

Phone Number

 3035527706

Email

 participant@mangomedia.co

City

 Bismarck

State

 ND

Zip

 58501

DOB

 1997-01-06

Age

 18

Gender

 Male

Number of Dependent Children

 1

Household Size

 1

Family Income

Employment Status (self)

 Not Emp-Not Looking

Employment Status (spouse)

 Not Emp-Looking

Public Assistance

- TANF/Public Assistance
- Medicaid
- Food Stamps
- Other:Health Insurance

Health Insurance (List Primary First)

Transportation (Usual Means)

 Personal Transportation Save

My Profile - My Story.

The purpose **My Story** is to develop a “time capsule” of your circumstance prior to treatment. Some examples of how to develop your story prior to treatment can be accessed through links. You can download your “intake picture” and record a personal audio message that includes your plan for recovery.



Heartview Foundation
Recovery Kit

[Dashboard](#) [My Profile](#) [Log off](#)

My Profile

About Me

My Story

My Recovery Plan

Aftercare Treatment Plan

My Lifeline

My Sobriety Date

Settings

My Story

The purpose of the "time capsule" is to record your circumstances prior to treatment. We have provided some examples to help you complete your time capsule. This is a beginning point, while your journal charts your progress. Many clients find looking back on the "darkest of times" is helpful as recovery progresses. [Click here for examples](#) and then begin creating your "time capsule".

[Browse...](#) No file selected.

Upload

Record a Personal Audio Message

Reco

Stop



Patient is a 28 year old male who has been in treatment on several occasions and lives in Zap, ND. Alcohol abuse began while in the military following graduation from high school. Has a 50% disability due to a non-combat training injury while in the Army. Inherited a house in Zap, both parents are now deceased. Has limited mobility due to leg and hip injury. Does odd jobs, but has no marketable skills. No interest in job training and survives with no house payment and disability checks. Spent lots of time in the local bar prior to treatment and all his friends are drinking buddies. Referred by the VA. Would have liked to have made a career in the army, but was honorably discharged following his injury. Life is boring. Doesn't date and says there are no women that interest him in Zap.

Doesn't date and says there are no women that interest him in Zap.

Delete your message

Audio recordings are limited to 2 minutes. Only one recording will save. Messages deleted will not be stored. Audio recording only works in Chrome or Firefox.

Save

Picture - To upload your intake picture press the “**Upload**” button and from the directory choose your picture.

My Story - You can type in the large text box by clicking on the box and then typing your story. You can edit your story at any time. To save what you have entered press the “Save” button.

Personal Audio Message - To record your personal message press the “Record” button to begin and press the “Stop” button when you have completed your personal message. You can redo the recording as many times as you like by pressing the “Delete your message” button and beginning a new message. Recordings are limited to 2 minutes. To play your message press the arrow > at the beginning of the gray record bar.

My Profile - My Lifeline

My Lifeline contains the names, email, and phone numbers of people in your support system. When you use the lifeline a message will be sent to your support network that you are facing significant challenges and are in need of their support. My Lifeline can be activated in your **Recovery Kit Dashboard** at any time. Your lifeline contacts usually include your addiction counselor(s), coaches, family members and close friends. You can add or delete **My Lifeline** contacts as necessary.

My Profile

[About Me](#)

[My Story](#)

[My Recovery Plan](#)

[Aftercare Treatment Plan](#)

My Lifeline

[My Sobriety Date](#)

[Settings](#)

Manage Lifelines

Tyler Federer tyler@mangomedia.co 3035527706	Delete
--	------------------------

Add New Lifeline

First Name

Last Name

Email

Phone (Optional)

Add

My Profile - My Sobriety Date

Enter your sobriety date in the blank field below and press “**Save**”. This date will be used to calculate your days of sobriety as they appear in your **Recovery Kit Dashboard**.

My Profile

[About Me](#)

[My Story](#)

[My Recovery Plan](#)

[Aftercare Treatment Plan](#)

[My Lifeline](#)

My Sobriety Date

Your sobriety date is June 01, 2015.

Reset your sobriety date:

Save

[My Sobriety Date](#)

[Settings](#)

My Profile - Settings - Change Your Password

The settings tool is used to change your Recovery Kit password. Press “Change Your Password” and follow the prompts.

My Profile

[About Me](#)

[Change your account settings](#)

[My Story](#)

[Change your password](#)

[My Recovery Plan](#)

[Aftercare Treatment Plan](#)

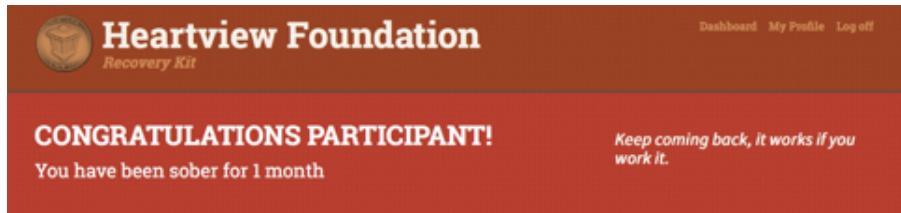
[My Lifeline](#)

[My Sobriety Date](#)

[Settings](#)

Dashboard - Ongoing Use

Your **Dashboard** page will open and you will be able to make entries into journal, add reminders or send a message to your lifeline contacts when you need assistance as soon as possible. You can also see whether



your counselor has commented on any of your journal entries or changes in your triggers or plan. The dashboard also keeps track of your days of sobriety.

My Reminders.

Use this tool to keep track of assignments, meetings, appointments and other important dates. Give the event a title, such as "Aftercare Counselor Appointment", and then enter the date. Press the "add" button and the reminder will be included on your dashboard. Press the "View all assignments" to review all of your reminders.

To make an entry into **My Journal** press the "New Entry" button. Enter a tile and then type your journal entry. When done press "**Create**". The Journal Wizard has many of the features of a typical word

Create Journal

Title

Body

Toolbar:



Editor area:

Create

Dashboard - Getting Started - Triggers

The triggers tool is designed to help you and your counselor track issues which may impede your recovery. From the list of trigger select the five triggers you feel you may need to monitor. In the Appendix are definitions of each trigger. Click Next and you will be directed to a slider tool to measure how you are being affected by each trigger.

What are your 5 key triggers?

Sapien elit in malesuada semper mi, id sollicitudin urna fermentum.

<input type="checkbox"/> Depression	<input checked="" type="checkbox"/> Guilt	<input type="checkbox"/> Shame
<input type="checkbox"/> Anxiety	<input checked="" type="checkbox"/> Sleep	<input type="checkbox"/> Craving
<input type="checkbox"/> Mood	<input checked="" type="checkbox"/> Marriage/Partnership	<input type="checkbox"/> Self Esteem
<input type="checkbox"/> Risky Situations	<input checked="" type="checkbox"/> Relationships	<input type="checkbox"/> Grief
<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Housing
<input type="checkbox"/> Financial	<input type="checkbox"/> Children	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Irritability	<input type="checkbox"/> Boredom
<input type="checkbox"/> Defensiveness		

[Back](#) [Next](#)

○ ● ○ ○ ○

Dashboard - Ongoing Use - Triggers

As you progress through the triggers adjust the for each of the 5 selected triggers indicating how they are affecting your recovery. Moving a trigger slider to right shows progress and to left shows challenges.

MY TRIGGER AREAS

Please rate how you have been doing for each of your trigger areas.

Guilt

A sense of remorse and blame

Doing well, not blaming self  Overwhelmed with guilt

[Next](#)

This is no longer an issue for me [Edit my categories](#)

○ ● ○ ○ ○ ○ ○ ○

[Edit My Plan](#) [View My Progress](#)

Dashboard - Getting Started - Plan Items (Protective Factors)

The My Plan tool is designed to help you and your counselor track plan items which have been shown to provide recovery protection. From the list of My Plan select the five triggers you feel you may need to monitor. In the Appendix are definitions of each trigger. Click Next and you will be directed to a slider tool to measure how you are being affected by each trigger.

A screenshot of a web-based application titled "What are your My Plan items?". The page contains a list of items with checkboxes:

- Attending 12 Step Meetings
- Sponsor
- Attending Aftercare
- Participating on NING/NAR
- Addressing Spiritual Needs

Below the list are two buttons: "Back" and "Next". At the bottom of the page is a navigation bar with four dots, where the third dot is filled black.

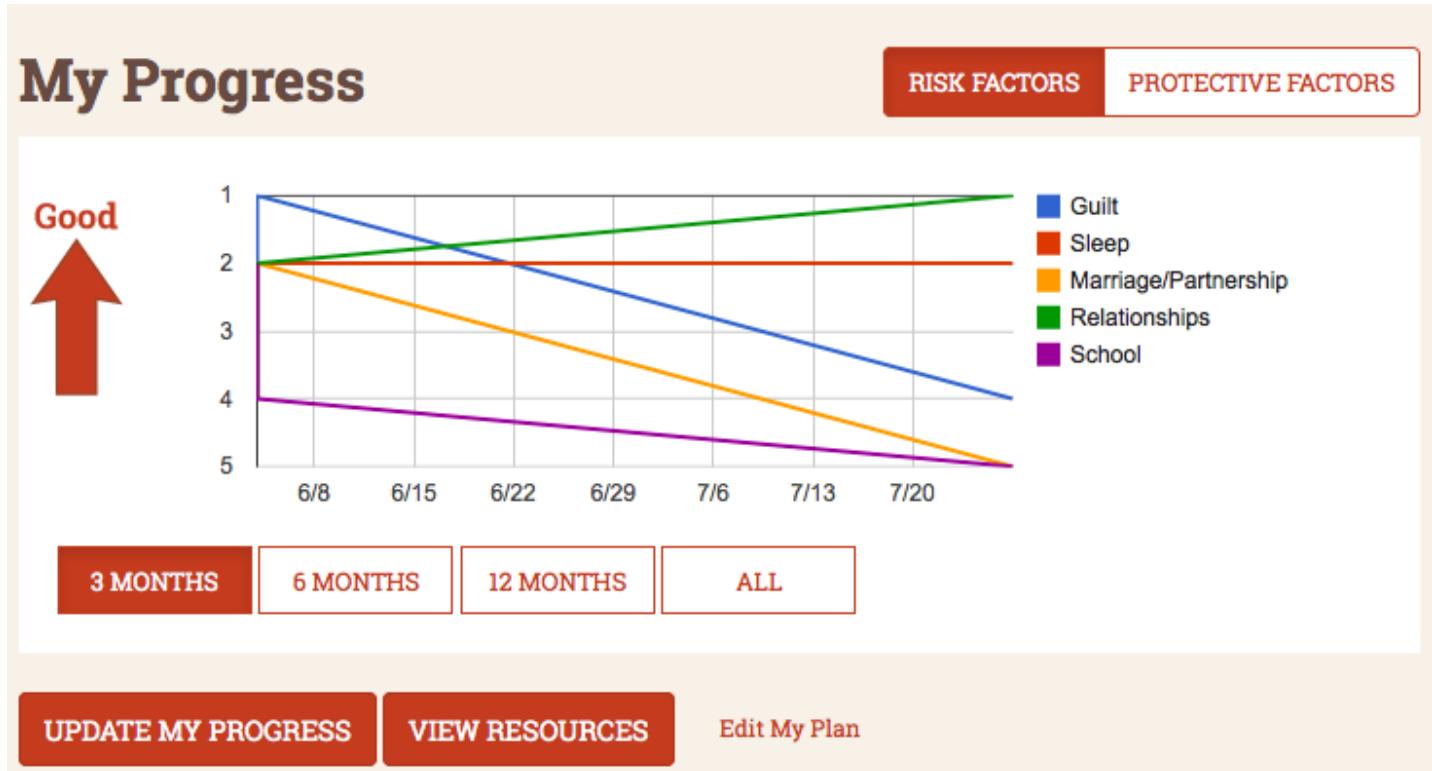
Dashboard - Ongoing Use - Plan Items (Protective Factors)

The triggers tool is designed to help you and your counselor track issues which may impede your recovery. From the list of trigger select the five triggers you feel you may need to monitor. In the Appendix are definitions of each trigger. Click Next and you will be directed to a slider tool to measure how you are being affected by each trigger.

A screenshot of a web-based application titled "My Plans". The main title is "Sponsor". Below it is a horizontal slider scale with the text "TBD" at the center. The scale has two labels: "No sponsor" on the left and "Regular contact with sponsor" on the right. A red slider bar is positioned between these two points. Below the slider is a red "Next" button. At the bottom of the page is a navigation bar with seven dots, where the fourth dot from the left is filled black. There are also links for "Edit My Plan" and "View My Progress".

Dashboard - Ongoing Use - Charting Your Trigger Items

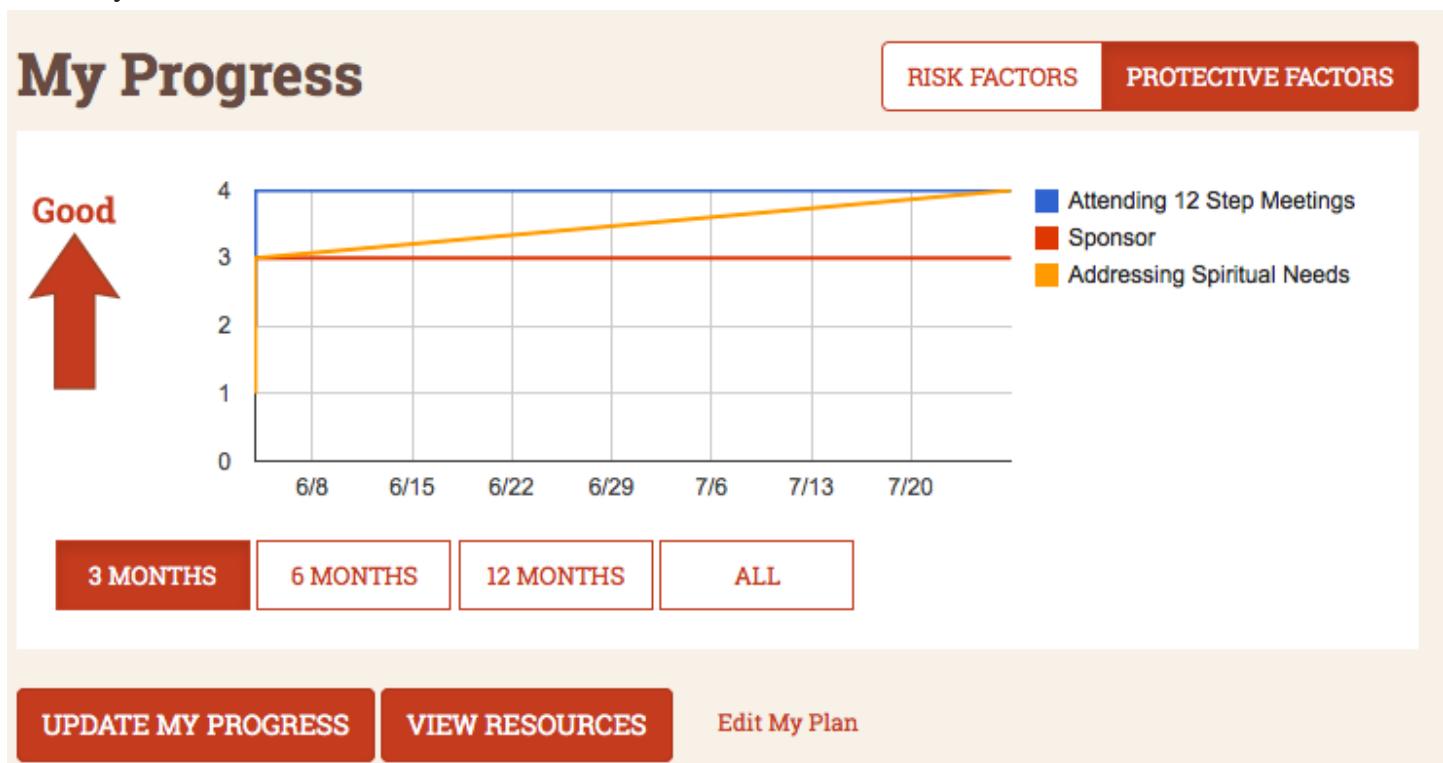
When you select “View My Progress”, charts of your risk factors (triggers) and protective factors (recovery plan). Press “Risk Factors” to see your progress chart. Each of the five triggers is displayed in the chart. As you progress in recovery the risk factor chart lines should be going up. This chart can be adjusted to show your progress over time by selecting buttons that graph at 3 months, 6 months and 12 months, or to graph all progress entered.



Recovery Kit provides resources related to risk factors. Press “View Resources” and a web page showing links to resources related to risk factors. Click on an of the links and your browser will open the page you have selected. Use your browser to return to Recovery Kit from any resource links you have chosen.

Dashboard - Ongoing Use - Charting Plan Items (Protective Factors)

A progress chart of your recovery plan activities shows how well you are following those activities known to assist in recovery, such as attending AA meetings. The lines on this chart should be going up, or staying high, when you are following through with these activities. This chart can be adjusted to show your progress over time by selecting buttons that graph at 3 months, 6 months, 12 months, or for the entire time you have used the Recovery Kit.



Each planning item is connected to resources to assist with recovery. For example, you may be directed to information on the time and location of AA meetings.

My Profile - Aftercare Treatment Plan {Complete When Assigned During Treatment}

The **Aftercare Treatment Plan** is your primary road map for treatment. This plan can also be updated as your situation changes and as you progress through treatment. The plan is always available to you during recovery.

My Profile

[About Me](#)

[My Story](#)

[My Recovery Plan](#)

Aftercare Treatment Plan

[My Lifeline](#)

[My Sobriety Date](#)

[Settings](#)

Aftercare Treatment Plan

As a patient at Heartview, we believe it is important for you to be a partner in your treatment planning. Your Recovery Plan is a road map for your journey, including your treatment and care at Heartview. You know better than anyone what issue/concerns you need to work on in treatment and the strengths and assets you possess to help you accomplish the goals you identify. Please take some time to identify what issues/concerns you feel need to be addressed, what issues have people complained about and work you are willing to work on/change while in treatment.

What are your goals regarding your chemical use/problem?

Test

MEDICAL CONCERNS.

What health/medical concerns do you have and are willing to work on during aftercare?

EMOTIONAL/MENTAL HEALTH/GRIEF ISSUES.

What emotional/mental health/grief issue do you have and are willing to work on in during aftercare?

MOTIVATION.

What are you willing to do during aftercare to increase your motivation to make changes in your life?

RELAPSE PREVENTION.

What are you willing to do in treatment to prevent further problems from relapse?

ISSUES TO WORK ON.

List any issues you are willing to work on in the following areas:

Marital or Family.

Peers.

Spirituality.

Financial.

Test

Occupational.

Housing.

My Profile - Recovery Plan {Complete When Assigned During Treatment}

My Recovery Plan is an important document that you will complete while in treatment. You can access and update the plan at any time while in recovery.

My Profile

[About Me](#)

[My Story](#)

My Recovery Plan

[Aftercare Treatment Plan](#)

[My Lifeline](#)

[My Sobriety Date](#)

[Settings](#)

My Recovery Plan

Recovery from substance abuse requires specific changes in attitude, behaviors, and lifestyle. Maintaining quality recovery takes action! It involves planning and goal setting. People who complete treatment without developing a recovery plan, seldom experience quality recovery and many return to using. This worksheet will allow you to think of changes you need to make or maintain in order to experience the rewards of recovery.

MY SUPPORT MEETINGS

Test

My Support Meetings

Date and Time

Place

OTHER IMPORTANT PEOPLE OR PLACES (Please include in your Recovery Kit Lifeline other important people to be contacted in the event of a recovery emergency – click here)

Name

Phone

FAMILY RELATIONS (List 5 things you will do to improve family relations):

GOAL SETTING

Three of my short-term goals (within 6 months) are:

Appendix A - Risk Factor Definitions and Continuum

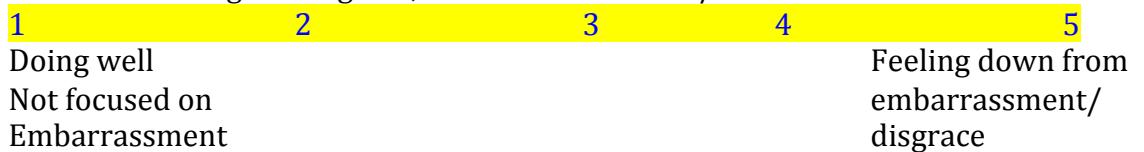
DEPRESSION—A feeling of sadness



GUILT—A sense of remorse and blame



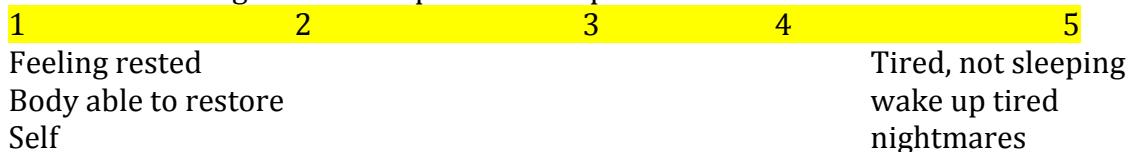
SHAME—Feelings of disgrace, embarrassment and/or humiliation



ANXIETY—Feelings of worry, nervousness, apprehension



SLEEP—Able to get into a deep restful sleep



CRAVING—Feelings of wanting to use alcohol/drugs



MOOD—Your frame---of---mind or disposition



MARRIAGE/PARTNERSHIP---Primary relationship with one person



Appendix A - Risk Factor Definitions and Continuum

SELF ESTEEM—How I feel about myself



Feeling positive
About self
Confident

Feeling negative
about self
Insecure

RISKY SITUATIONS—Placing myself in situations that are high risk for me to return to using



Staying in supportive
Environment, avoiding
Using situations/places

In dangerous, using
environments,
unsupportive places

RELATIONSHIPS— Not having contact with healthy and supportive friends and family



Contact with healthy
supportive friends/
family-----healthy

Contact with using
unsupportive family/
friends—dysfunctional

GRIEF-----Feelings associated with loss



Peaceful, accepting
Loss

Overwhelmed with
sadness, loss

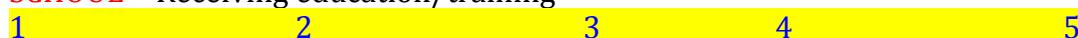
EMPLOYMENT—Being paid for your work



Gainfully employed

Not working, actively
Trying to find work

SCHOOL—Receiving education/training



Attending all classes
completing all responsibilities
and expectations associated
with school

Not attending classes
Not completing
assignments, failing
grades

HOUSING—Shelter, identified place to sleep and eat



Place to live
which is safe and
supportive
surfing

No place to sleep
homeless
couch---

Appendix B - My Plan/Protective Factor Definitions and Continuum

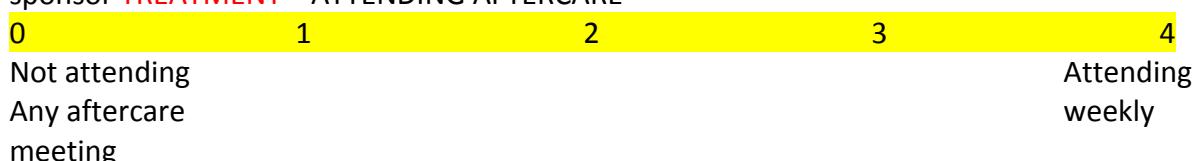
COMMUNITY SUPPORT—ATTENDING 12 STEP MEETINGS



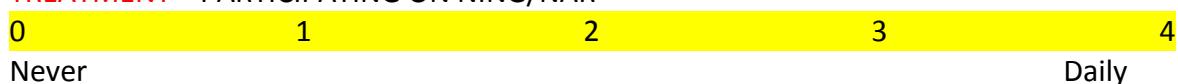
needs COMMUNITY SUPPORT—SPONSOR



sponsor TREATMENT—ATTENDING AFTERCARE



TREATMENT—PARTICIPATING ON NING/NAR



SPIRITUAL—ADDRESSING SPIRITUAL NEEDS



Index - Table of Contents

“Getting Started”

Logging In	1
Dashboard Overview	1
My Profile - About Me	2
My Profile - My Story	3
My Lifeline	4
My Sobriety Date	4
Changing Your Password	5

“Ongoing Use”

The Dashboard	6
My Journal	6
My Reminders	6
Selecting Triggers	7
Adjusting Trigger Sliders	7
My Plan Items	8
Adjusting My Plan Sliders	8
Charting Triggers	9
Charting My Plan	10

“Planning Assignments”

My Aftercare Plan	11
My Treatment Plan	12

Appendix A. Risk Factor Triggers & Continuum	13
---	----

Appendix B. My Plan Items and Continuum	16
--	----

ADDICTION

DRIVING CLINICAL EXCELLENCE

PROFESSIONAL

Bridging the rural divide

Treatment technology options are improving access to care in remote communities

BY GARY A. ENOS, EDITOR

Take a sparsely populated state, half a year's worth of turbulent weather, and a rapidly changing demographic, and it immediately becomes clear why North Dakota treatment providers face serious challenges in engaging and retaining persons with urgent substance use-related problems.

The Bismarck-based Heartview Foundation has had to undergo significant change in its 50-year history to meet evolving needs. Operating a 100-bed inpatient facility in its early years, the nonprofit organization was forced by a combination of insurance pressures and geography to establish a broader continuum of services and support.

"There were so many folks in areas that had absolutely no services," says Kurt Snyder, who was hired as a counselor at Heartview in 2002 and became its executive director three years later. "We had to be really creative."

It becomes easy in discussing the addiction treatment community to focus on activity on the two densely populated coasts of the nation, while disregarding what's happening in most places in between. This tendency occurs despite the fact that more than half of the U.S. land mass is considered frontier or rural—and is characterized in part by a higher prevalence of substance dependence, mental illness, or comorbid disorders. Yet significant progress is being made in treatment in the nation's heartland, much of it surrounding effective use of technology to overcome barriers to treatment access and engagement.

Those providers that have made major strides in technology, such as Heartview Foundation, have learned an important lesson, however. They are coming to the realization that technology works best in cases when it enhances traditional care for substance use disorders, not necessarily when it replaces it.

"We found that people can't engage in the technology we use without establishing a rapport with us first," says Snyder. "Face-to-face is so important initially."

National data

According to national statistics, around one-quarter of the nation's population lives in rural or frontier areas. About 16 to 20 percent of this group is affected by substance dependence or mental illness or both, a proportion well in excess of what is seen in the rest of the country, says Nancy Roget, principal investigator with the National Frontier and Rural Addiction Technology Transfer Center (ATTC).

Roget says populations in rural and frontier communities have higher suicide rates and more serious alcohol and drug problems than their counterparts in urban/suburban regions, mainly because they have less access to prevention and early intervention services. Stigma also becomes magnified in regions where it is likely that only one care provider is available in the entire community, making it difficult to access services and maintain privacy at the same time.



Feature Bridging the rural divide

"If a car is parked in front of the one provider in town, everyone will know," says Roget. "Everyone knows your business."

The National Frontier and Rural ATTC was established in 2012 as one of four specialty ATTCs to address areas of concern in the addiction field. Roget says it is important not to characterize the challenges in all rural and frontier areas as identical, both in terms of drug use trends and strategies to combat addiction. "The issues in rural Kentucky are different from those in South Dakota, or eastern Washington, or Hawaii," she says.

But use of technology to overcome barriers to care certainly has emerged as a common thread in many of these communities, as the development of technological tools for substance use treatment and support begins to catch up to technology that has been applied to the rest of healthcare for a longer period.

"Some of the literature is showing that technology-based interventions are helping to decrease the [rural] divide," says Roget.

Technology as extender

Much of Heartview Foundation's effort in technology drew from broad research findings pointing to the need for recovery-oriented systems of care nationally, says Snyder. Field historian William White's work has demonstrated that half of those individuals who complete an initial course of addiction treatment will relapse in the first year post-treatment, and for about 80 percent of them this will occur in the first 90 days after discharge. The question became, "How do we support patients beyond four to eight weeks [of initial contact]?" says Snyder.

"We had people not completing our [20-session] aftercare program," adds Beth Stroup-Menge, Heartview's project manager for a three-year Treatment Capacity Expansion grant that the organization received from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2013. The grant has allowed Heartview to continue to develop a Network Assisted Recovery (NAR) project that was launched in 2010 through the commercially available social network.

NAR is set up as a closed network, meaning that Heartview does not encounter the kinds of privacy concerns that it would face with a more accessible social network such as Facebook. In a typical scenario demonstrating its effectiveness in aftercare support, a Heartview counselor will post an educational blog on the network, and patients who read the post will then be given the opportunity to enter a gift card drawing. In order to be eligible to win the modest prize, however, the patient will have to be in attendance at the next face-to-face group session. Snyder says this encourages both extra contact with patients when they are at home and better in-person attendance for face-to-face sessions.

Roget says that while technology for mental health treatment has focused largely on making videoconferencing available to programs, technology for substance use services is using Internet-based systems to serve as "clinician extenders." She offers this example: "It can be used to replace two of 10 hours a week in intensive outpatient. A counselor can ask, 'Do I want to teach referral skills, or about craving, when patients instead can watch a video and do practice exams?'

Snyder says NAR offers users a great deal of flexibility in how and when they access the service (it is available to them for as long as they want to participate, and they can rejoin after being absent for a period as well). Participants can be as "public" within the private group or as anonymous as they wish. NAR allows users to have ongoing contact with a counselor through their



computer or smartphone, but also offers an important group dynamic with fellow recovering individuals.

"You see an extension of the group support among the patients," Snyder says. "An individual may post, 'I'm coming out of my skin today and I don't know what to do,' and suddenly several other patients will reply."

Use of NAR has not discouraged patients' interest in face-to-face meetings, says Snyder. Heartview is now hosting a monthly social event based on feedback from users; some clients are bringing their children to the events, he says.

Heartview also is developing a HIPAA-compliant portal for more one-on-one work between clinicians and patients, and is looking to grow its efforts in telehealth. "We had to have the right staff to do this," Snyder says of the organization's technology-related efforts in general. "We needed counselors who saw the potential in it."

Comfort with technology

Prairie Ridge Addiction Treatment Services is located in a large and sparsely populated region of north central Iowa, and therefore has looked to a variety of technology options for extending the reach of its residential and outpatient services. Longtime executive director Jay Hansen says questions about technology now are included in initial patient assessments, as the organization wants to know what devices patients own and how comfortable they feel in using them.

Hansen says Prairie Ridge has conducted some groups through use of laptops equipped with cameras, but in general these are used to supplement face-to-face sessions as opposed to replacing them. Ground rules for any electronic communication are established from the start, he says. For example, counselors and clients receive the clear message that any texting between the two cannot contain identifying information.

Hansen says that cost becomes a more significant barrier than confidentiality in implementing technological innovations in rural communities. These services generally are not reimbursed in insurance systems that are still calibrated to traditional modes of service delivery. Fortunately in Iowa, Hansen says, the state allows treatment programs to use substance abuse block grant funds to support treatment technology innovations.

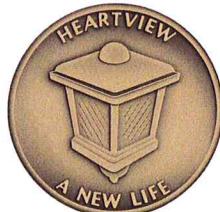
"The most important issue for us is being engaged with our patients," Hansen says. "Any way we can do this will point to better outcomes." ■

Gary Enos is Editor of *Addiction Professional*.



Kurt Snyder

Reprinted with revisions to format, from the November/December 2014 edition of *Addiction Professional*
Copyright 2014 by Vendome Group



Heartview Foundation
101 E. Broadway
Bismarck, ND 58501
heartview.org
(701) 222-0386

Coming Soon – Heartview Foundation Cando!