Grants to Expand Care Coordination

Through the Use of Technology Assisted

Care in Targeted Areas of Need

(TCE-TAC)

RFA # TI-11-0023800

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

March 1, 2014-August 31, 2014

Instructions for Completing this Report

1. Save the report to your computer.

2. Click on the darkened box next to each item to fill in your response.

3. Save your completed survey BEFORE returning it.

4. Return the completed report by email to:
   granteereports@jbsinternational.com

5. Save the confirmation receipt of your submission.

1. Reporting Period: March 1, 2014 – August 31, 2014

2. RFA #: TI-11-0023800

3. Grantee: University of Kansas Medical Center #TI023800-03

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Central Kansas Foundation	1805 S. Ohio Street, Salina, KS 67401	Les Sperling	785-825-6224 lsperling@c-k-f.org
KU Center for Telemedicine and Telehealth	4330 Shawnee Mission Parkway, Fairway, KS 66205	Janine Gracy	913-588-2226 jgracy@kumc.edu

5. Project Director: Eve-Lynn Nelson, PhD

6. Evaluator: Eve-Lynn Nelson, PhD

7. Evaluator Phone/Email: 913-588-2413; enelson2@kumc.edu

8. Signature   9-30-14

          Project Director Signature   Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone

TABLE OF CONTENTS

BACKGROUND

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

The project increases access to substance abuse treatment and prevention services by expanding and enhancing telemedicine to engage rural college students across Kansas. As outlined in the goals/objectives below, the project includes direct substance abuse treatment over web-based telemedicine, collaborate care for dual diagnoses over web-based telemedicine, and prevention services using an online risk assessment tool. Treatment is being provided through the use of telemedicine technology by established treatment leaders in both substance abuse treatment (Central Kansas Foundation) and mental health treatment (University of Kansas Medical Center telemental health faculty). The project is developing a model of statewide technology-supported telemedicine services with rural college students, with the hope to catch students early with both prevention and early intervention around substance abuse and co-occurring mental health concerns. This is an ideal population with a high comfort with technology and interest in seeking accessible services directly on campus. As in previous telemedicine projects, Dr. Nelson leads efforts to use project experience and data to advocate for telemedicine service support across policymakers and insurers. The overarching goal continues to be to develop and evaluate a comprehensive telemedicine model. It is hoped that the project findings will inform future substance abuse treatment services over telemedicine for other rural populations and in other rural sites.

PROJECT IMPLEMENTATION

Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technologies.

Goal: To expand evidence-supported substance abuse treatment services delivered by telemedicine to rural college students.

Status: EXCITEMENT CONCERNING NEW PARTNERS AND ACADEMIC YEAR:

The momentum of the project is truly reaching the tipping point as the new academic year begins. We are experiencing an increase in appointments and interest in the program.

By the end of March 2014, telemedicine sites increased from 3 colleges/universities (Bethany College (600 students), Hesston College (450 students) and Independence Community College (1,164) to 13 college/university sites (Allen County Community College (2,500 students), Cloud County Community College (2,733 students, 2 locations), Fort Scott Community College (2,000

students), Hesston College (450 students), Highland Community College (3,200 students, 6 locations), Independence Community College (1,164 students), Kansas Wesleyan University (825 students) Labette Community College (1,937 students) and Pratt Community College

(2,400 students). This increased our reach from 2,214 students to 17,809 students and from 3 counties to 17 counties. See Attachment 1

Janine Gracy provided site visits to Pratt Community College, March 6, Highland Community College, March 12, Labette County Community College April 9, and Central Kansas Foundation, July 31.   She also met with staff at Cowley County Community College and Southwestern College and Bethel College to explore interest in joining the program.

In March, the Central College Health Association met for its annual conference in Manhattan, Kansas. The project provided an exhibit showcasing substance abuse counseling by telemedicine to all member colleges and universities. This was an exceptional opportunity to recruit new partners and many expressed interest. Janine Gracy was asked to present at the 2015 Central College Health Association meeting to showcase the project.

Janine Gracy continues to serve on the Kansas Family Partnership Advisory Board, bringing to the table the unique service of telemedicine for substance abuse treatment. Kansas Family Partnership's mission is to promote positive youth behaviors by supporting diverse Kansas families and communities through education, networking and advocacy.

Telemedicine services for 18-25 year old non-students continue.

The goal of 120-200 unique individuals completing telemedicine and GPRA reporting requirements in Year 3 was not met. If eCHUG and Mental Health First Aid participation could be counted then the goal was surpassed.

A carryover request submitted on January 30, 2014 was denied. Appeal was sent and the appeal was approved on March 4, 2014. Official paperwork was not received by the University until April 18, 2014.

Janine Gracy submitted Sustainability Plan to Wilson Washington on May 23, 2014. See Attachment 4.

A No-Cost Extension was submitted on June 30, 2014. NCE was denied on August 1, 2014. A conference call was held with Wilson Washington on August 20th and an appeal was sent on August 22nd. There has been no official word received concerning the appeal.

Goal: Based on consultant and granting agency guidance, we added the evidence-based early intervention program, e-Checkup to Go (eCHUG), to broaden the project's reach and to meet

GPRA goals

Status:
 In the fall of 2013, through technical assistance, the utilization of eCHUG was discussed and approved by SAMHSA in order to boost GPRA numbers. In review, eCHUG is an evidence-based, personalized online alcohol intervention designed by university counseling center psychologists. It is individually tailored to each campus and used with students as a tool to assess, intervene and refer to treatment. In visiting with our campus partners, they see this program as a way to assist them in reducing destructive substance abuse at the population level, as well as, assisting students in self identifying addictive behaviors. This program has demonstrated significant reductions in destructive alcohol use among college students in fourteen independent, controlled studies. Our campuses plan to use this tool in new student orientation classes as a universal program to address substance use, abuse and addiction.

Although we received verbal approval, our institution would not allow the use of grant funds for eCHUG until we received written confirmation. As of March, we had not received confirmation, however, we placed the request once again in the request for year 2 carryover. After carryover was approved and official paperwork was received on April 18, 2014 we began to recruit colleges for eCHUG. This gave us approximately 4½ months to complete the carryover. Unfortunately, the majority of this time period occurred when our college partners were not on campus due to summer recess.

On August 11, 2014 10 eCHUG licenses were approved and links sent out to 10 colleges. Schools are planning to utilize this program during new student orientation classes. More information will be available at the end of the first semester (December, 2014).

Mental Health First Aid Trainings (an evidenced based program) to assist faculty, staff and students in understanding mental health and addiction issues along with signs and symptoms were held on two campuses prior to the beginning of the academic year. Over 100 college personnel and students were trained to refer students to our program for treatment. Evaluation concerning the increased utilization due to better training will take place mid-academic year.

In June, Technical Assistance with JBS discussed the use of ACHESS with our population. ACHESS will offer: 1) communication with peer support groups and addiction experts; 2) timely monitoring to assess risk of relapse, 3) reminders and alerts to encourage adherence to therapeutic goals; 4) individualized addiction-related educational material and tools tailored to the needs of the particular patient, 5) access to selected Internet-based resources and 6) one-touch communication with a care manager.

As requested, Sober "Drug Free" Housing was researched, but not considered due to the fact that partner campuses provided feedback that all operate on a "dry" campus, and no alcohol

is allowed. Additionally, after visiting with our partners, the consensus was that due to the limited amount of campus housing on these small campuses, it would not be cost effective to provide a designated dorm as a 'sober dorm'. They feel that with the "dry" campus designation, that their dorms are already sober dorms.

Our partner campuses are interested in learning more about a grant opportunity from Transforming Youth Recovery to establish Centers for Students in Recovery which give students a safe place to go to on campus, because every student deserves a sober place to learn and grow. The Executive Director and Janine Gracy discussed this possibility at the 2014 ACHA conference.

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.

Implementation of ACHESS, eCHUG, and Mental Health First Aid should increase numbers substantially.

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.

The initial target number of 959 was based on the total treatment and prevention numbers that were proposed in the original application. Discussions with the project officer and JBS after the project began resulted in the removal of the prevention aspect and the revision of target numbers in August, 2012.

Although requested, targets were never changed in the GPRA to reflect the new goals. It is understood that we have not hit the targeted numbers, but there are valid reasons as to why. In the fall of 2013, through technical assistance, the utilization of eCHUG was discussed and approved by SAMHSA in order to boost numbers. Although we received verbal approval, our institution would not allow the use of grant funds for eCHUG until we received written confirmation. As of March, we had not received confirmation; however, we placed the request in the year 2 carryover. After carryover was approved and official paperwork was received on April 18, 2014 we began to recruit colleges for eCHUG. This gave us approximately 4½ months to complete the carryover. Unfortunately, the majority of this time period occurred when our college partners were not on campus due to summer recess.

Actual recorded GPRA intakes now show 27 intakes. In addition, twelve, 6-month follow-ups have been completed, (9 of those follow-ups are from January, 2014 to present). Unfortunately they are only showing up in Adobe Connect and not in SAIS. We will need technical assistance

to correct this. We believe that the increase in our GPRA numbers show we are reaching a momentum due to the foundation that was created this spring by the new Program Manager. Program implementation that has recently occurred is related to the fact that August is the beginning of the new academic year for all of our partners.

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.)

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
Principal Investigator/Project Director	Eve-Lynn Nelson, PhD	20%
Project Manager	Janine Gracy, MS, CHES, CPP	100%
Scheduling Coordinator	Joy Williams	5%
Systems Coordinator	Dennis Schukman	5%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Mary Beth Warren	5%	5-1-14	Loss
Bobbi Sidorenkov	5%	5-1-14	Loss
Sarah Velasquez	24%	5-1-14	Loss

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

No impact

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

NA

Partnerships

List each of the partner organizations.

Partner
Central Kansas Foundation
KUMC Area Health Education Center

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

No changes to report at this time.

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
Central College Health Association	3/17-	102	Various Professionals in the

Staff Development Activity	Date	Number of Participants	Training Provider
Annual Meeting	18/14		Association
TCE TAC Grant Meeting	3/20-21/14	NA	SAMHSA
Bi-Weekly TAC Conference Call	4-10	1	CEPTA
Bi-Weekly TAC Conference Call	4-24	1	Tarzana
Screening & Brief Intervention Training, Certification for State of Kansas	4-30	1	MATTC
Hosted Kansas SAMHSA Leadership Conference Call	5-6	6	KUMC
Psychiatry Grand Rounds – Bath Salts, An Emerging Trend	5-9	50	KUMC, Sadiq Naveed
Bi-Weekly TAC Conference Call	5-8	1	Richomond
Bi-Weekly TAC Conference Call	5-22	1	University of Tennessee
American College Health Association Annual Meeting, San Antonio, TX	5/27-30/14	1	ACHA Various Speakers
Bi-Weekly TAC Conference Call	6-6	1	NORA
Bi-Weekly TAC Conference Call	6-19	1	KUMC Janine Gracy
Bi-Weekly TAC Conference Call	7-17	1	NICASA
Bi-Weekly TAC Conference Call	8-14	1	Human Service Center

Staff Development Activity	Date	Number of Participants	Training Provider
2014 Addiction Treatment Technology Summit, Chicago, IL	8/27-28-14	1	SAMHSA

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
JBS KUMC Technical Assistance Call (See Attachment 2)	6-3	To discuss needs and identify next steps for achieving implmentation and sustainability goals.	JBS-Dave Wanser, Leslie McElligott and Iris Chai	Guidance to work with college health insurane providers for sustainability of program.

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.

Date on which reporting quarter data was obtained:

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	120	29	24%	*0*	*0*	*0%*

						%
6-Month Follow	15	1	6.7%	0	0	0% %

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

> We continue to work with CKF to increase intakes and we anticipate an increase in our numbers with the new partners on board, including the use of the new ACHESS system. The summer months are extremely slow due to the break in the academic year. Last reporting period there were only 17 intakes. This is a 59% increase in a 6 month period, which is by far the largest increase in the history of the project.

If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ from those shown in your GPRA report, specify and account for the differences. Identify steps taken to seek assistance, if needed, to remedy the discrepancy.

> The original number of 1,000 still appears in the GPRA program. It should read 120. This has been addressed, but it has not been changed.

Evaluation

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

> Record of Consult (ROC) is used for each scheduled student appointment to track each appointment and outcome. ROCs are completed for every appointment, even when the appointment is cancelled or the students do not show. Second, we uploaded completed GPRAs for initial intake appointments. With the addition of ACHESS, Mental Health First Aid and eCHUG, we are reviewing options for additional evaluation tools.
>
> There will be events at the newly recruited colleges/universities where the project will be discussed in detail. All locations have been encouraged to provide feedback regarding the response of students and staff upon hearing about the program. This will guide us toward next steps and elucidate ways to improve the process, if needed.

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

There were no changes to the evaluation plan during the reporting period.

Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

No new documentation to report at this time.

Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.

No problems to report at this time.

Discuss how evaluation findings were used to improve the project.

We are using Continuous Quality Improvement as we continue this project. Several discussions have been held with partner's organizations, including colleges to improve and streamline the process.

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

Nothing new to present at this time. We anticipate a full evaluation at the end of the no-cost extension.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Report expenditures, not obligations. For instance, if you have a contract with an evaluator for $50, 000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since tile initiation of the grant. For instance, if you are in the second year of the grant and received $400,000 each year, you would enter $1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.

Total Funding*:		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	$58,459	$231,267
Fringe	$18,259	$65,854
Contracts	$61,368	$181,278
Equipment	$0	$0
Supplies	$237	$15,709
Travel	$5,622	$16,767
Facilities	$0	$0
Other	$17,889	$56,217
Total direct expenditures	$161,834	$567,092
Indirect costs	$30,181	$130,175
Total expenditures	$192,015	$697,267
Remaining balance		$142,733
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

Other Significant Project Activities

Discuss any notable project activities, events, or other issues that occurred during the reporting period not previously described. Describe any problems that emerged, the effect it had on the project and steps taken or planned to overcome the barrier.

Project Manager has met with each participating school to introduce herself and to assist with iPad updates and technical assistance to increase numbers. One story told by a participating college is that a student attributed this program in allowing her to successfully graduate. She actually made an appointment in person with her counselor to thank them for the help and she said that she never would have been successful without this program!

Slow Wi-Fi as the broadband continues to cause problems for Highland. It is their server that is extremely slow. Cell signal is also weak

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

Attach copies of any publications in professional journals or presentations about your project during the reporting period. Indicate if there have been no publications or presentations since the last reporting period.

Bi-Weekly Call Presentation June 19, 2014 See Attachment 3

LIST OF ATTACHMENTS

List each attachment separately here and attach to the back of this report.
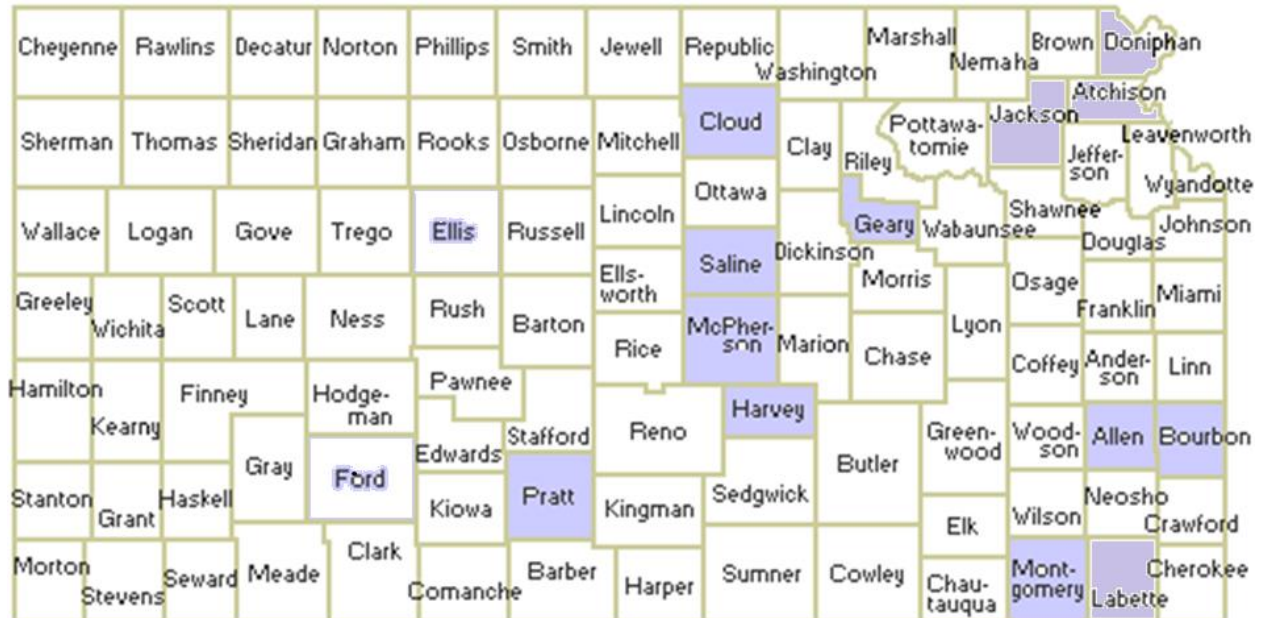
Attachment 1: Updated Map and Contacts of Participating Schools/Counties

Attachment 2: JBS Technical Assistance Minutes

Attachment 3: Bi-Weekly Presentation Power Point

Attachment 4: Sustainability Action Plan

Attachment 1: Map and Contacts of Participating Schools/Counties

Institution:	Contact:
Allen County Community College	Dr. McLean mclean@allencc.edu 620-365-5116 x255
Bethany College	David Olsen olsends@bethanylb.edu 785-227-3380 x8320 Tammy Barlett bartlettt@bethanylb.edu
Cloud County Community College Junction City	Jennifer Zabokrtsky jzabokrtsky@cloud.edu
Cloud County Community College Concordia	Ashley Douglas adouglas@cloud.edu Judith Bunting jbunting@cloud.edu 800-729-5101
Fort Scott Community College	Robert J. Goltra III

robertg@fortscott.edu
Janet Fancher
janetf@fortscott.edu

Hesston College   Julie Lehman
                                                juliel@hesston.edu
                                                620-327-4221 x8238

Independence Community College   Mary Bailey
                                                mbailey@indycc.edu
                                                800-842-6063

Kansas Wesleyan   Bridget Weiser
                                                bridget@kwu.edu
                                                785-827-5541 x. 1168

Labette Community College   Tammy Fuentez
                                                TammyF@labette.edu
                                                620-820-1264

Pratt Community College   Amy Jackson
                                                amyj@prattcc.edu
                                                620-450-2135

Central Kansas Foundation   Victoria Hoyt
                                                vhoyt@c-k-f.org
                                                785-825-6224

The University of Kansas Medical Center   Janine Gracy
                                                jgracy@kumc.edu
                                                913-588-2352

Attachment 2:

Division of Services Improvement, Clinical Technical Assistance
Technology-Assisted Care
University of Kansas Medical Center
Call Summary
Tuesday, June 3, 2014 • 4:00 pm (ET)

Submitted to: Kate Wetherby, Janine Gracy, Eve-Lynn Nelson, Sarah Velasquez, Les Sperling, and Mary Beth Chambers
Date of Submission: June 5, 2013
Attendees:

University of Kansas Medical Center (KUMC): Janine Gracy, Eve-Lynn Nelson and Sarah Velasquez
Central Kansas Foundation (CKF): Les Sperling and Mary Beth Chambers
JBS International (JBS): Dave Wanser, Leslie McElligott and Iris Chai

_____

Meeting Purpose

The purpose of the call was to discuss KUMC's technical assistance needs and identify next steps for achieving implementation and sustainability goals.

Overview of Discussion

- • KUMC is starting to see an increase in client intake now that there are more partners affiliated with the program. Developing a strategy to continue to enroll/treat clients is important particularly over the summer months when school is out of session. o There is one student who will continue to be seen over the summer.

- • Janine Gracy (KUMC) attended the American College Health Association conference in May. There was much interest in using technology and telemedicine to address service delivery to rural populations.

- • KUMC is working toward a no-cost extension plan to be able to continue outreach efforts with college partners.

- • KUMC would like guidance to work with college health centers to, negotiate telehealth as part of the insurance package targeted to 18-25 year olds.
    - o The KUMC team has solicited information from the telehealth resource centers regarding this issue; however, the resource center lacks experience in reaching college student populations.

Conference Call Summary: KUMC - June 3, 2014 1
o   KUMC can consider seeking guidance (e.g., white papers) from Regional Extension Centers (REC) - http://www.healthit.gov//providers-professionals/rec-highlights on this topic. The REC for Kansas is the Kansas Foundation for Medical Care- http://www.kfmc.org/index.php/health-information-technology.

• CKF is part of the Addiction Comprehensive Health Enhancement Support System (A-CHESS) consortium. CFK was able to negotiate an agreement with the University of Wisconsin to use the A-CHESS platform. Client participation and engagement has been positive. They currently have 40 individuals in their cohort.

   o   A-CHESS has many useful features, such as the panic button. Many clients take comfort in the availability of this function. It has the potential to act as an immediate link to telehealth tools (i.e., a crisis support system). Telehealth tools should be portable and scalable to provide adequate support to clients.
   o   The majority of A-CHESS consortium participants are also Technology-Assisted Care (TAC) grantees.
   o   One of the main challenges in using A-CHESS is its subscription charge.

• CKF is currently working with Charlie Curie (The Curie Group) and Chris Wilkins (formerly of the Loyola Recovery Foundation) in the development of the MyStrength mobile application.

• Peer support specialists are assets to TAC programs as they can also provide technology assistance to clients.

• Consider an information strategic plan to move the agency in the direction of long-term technology adoption.

Next steps
• KUMC will seek permission from SAMHSA GPO Kate Wetherby to expand their population focus beyond college students and adjust intake targets.

• CKF will share more information KUMC regarding A-CHESS.

   • If KUMC would like to submit a TA request for assistance with developing an implementation strategy for launching A-CHESS, requests can be sent through the Services Accountability Improvement System (SAIS). Information about technical assistance and making a request can be found in the following Ideas Exchange links: o   About TA: https://www.ideas-exchange.net/about/about-technical-assistance-and-journey-partners
   o   Requesting TA: https://www.ideas-exchange.net/manage-your-grant/gpra-information

Attachment 3:

Using Telemedicine Services to Expand and Enhance Alcohol and Substance Abuse Treatment for Rural College Students

June 19, 2014

KU MEDICAL CENTER
The University of Kansas

History of KUCTT

- First implemented in 1991 with one hospital
- Expanded programs to 250 sites
  - hospitals, nursing homes, schools, and clinics
- Primarily facilitated by interactive videoconferencing
- First program in country to deliver school-based telemedicine beginning in 1998
- One of the longest running and most successful telehealth programs in the world

KU MEDICAL CENTER
The University of Kansas

Substance Abuse on the

- Half of all full-time college students binge drink, abuse prescription drugs and/or illicit drugs
- 1 in 4 meet the medical criteria for substance abuse or dependence
- Drug and alcohol abuse is the leading cause of death for people between the ages of 15 and 24
- 95% of all college campus violence is related to alcohol
- 40% of all college students having academic problems abuse alcohol

KU MEDICAL CENTER
The University of Kansas

Missing Student Found

An autopsy indicates that a 23-year-old *University of Kansas student died* in December 2013 from a

September 03, 2013 2:00 AM DURHAM —

The overdose death of a 20-year-old University of New Hampshire student at a New York City music and dance festival over the weekend is believed to have been caused by a popular club drug

Ohio University Student Found Dead, factor in his death from exposure.

USC Student Found Dead, Alcohol Poisoning Suspected
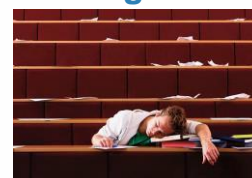Oct. 29, 2013 A University of Southern California student who was found dead last weekend may have died from *alcohol poisoning*, just as the school started to crack

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Consequences of Abusive College Drinking

- Injury
- Assault
- Sexual Abuse
- Unsafe Sex
- Academic Problems
- Drunk Driving
- Alcohol Poisoning
- Dependence

KU MEDICAL CENTER
The University of Kansas

Healthy Limits

No Drinking = No Risk

Men Low Risk

- 14 drinks per week
- 4 per occasion

Women Low Risk

Risky Drinking Amounts:

Amounts that Risk Adverse Consequences

Binge Drinking

- Men
  – 5 or more in 2 hours
- Women
  – 4 or more in 2 hours

KUCTT SAMHSA Grant

Provide clinical telemedicine services to college students with mental health and alcohol and substance abuse issues
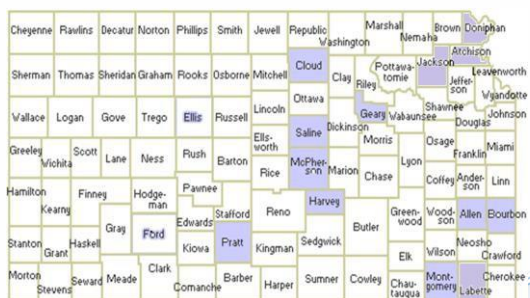
Goal 1: Substance abuse treatment

Central Kansas Foundation
High-quality treatment and prevention services since 1967

- Extend Central Kansas Foundation telemedicine expertise to rural college campus settings

  – Motivational Interviewing

Highland Community College

Goal 2: Dual diagnosis treatment over telemedicine:

Extend University of Kansas Medical Center telemental health expertise to rural college campus settings

- Depression and other mental disorders often co-occur with substance abuse

Goal 3: Substance use prevention using web-based strategies:

- eCHUG or eTOKE from San Diego State University
  - Provides 5-page report
  - Takes 15 minutes to complete
  - Prevention and intervention
  - Can customize for campus need

- Mental Health First Aid Training
  - 8 Hour Training for Faculty, Staff, Student Leaders

Equipment Provided

- iPad
  - PolyCom
  - Zoom.us

Getting Started:

- Write and Adopt Protocol
- Obtain Equipment
- Find a secure room for telemedicine appointments
- Work with staff and student leaders to promote this program.

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- Write and Adopt Protocol
- Obtain Equipment
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What types of Referrals?

- Student with an alcohol and/or drug violation Campus
- Student who self-identifies an alcohol and/or drug abuse problem or addiction
- Student Health Center referral
- Professional Staff member who witnesses concerning behavior while student is in class or on the premises

How Does This Work?

- Student Services Professional will refer students to Central Kansas Foundation and KUMed and assist with paperwork.
- Referred student will be provided with an iPAD to check out through Student Services utilized for the sole purpose of substance abuse counseling and treatment with the provider.
- Student will be provided a private, quiet, and safe environment to receive counseling and treatment. Students will return the iPAD to Student Services immediately after completion of appointment with the provider.

Anything Else?

- Assistance with 6 month Follow-Up Information
- Reduce stigma associated with Mental Health
- Train faculty, staff and student leaders to recognize signs and symptoms

SUCCESS STORIES

LESSONS LEARNED

- Extremely slow to begin
- Standard Protocol needed
- Need a variety of data plans
- 6 month follow-ups are difficult as college students tend to be transient
- Students are the clients/College staff are the partners

For More Information Contact:

Janine Gracy

The University of Kansas Medical Center

Attachment 4
University of Kansas Medical Center #TI023800-03

(1) A Brief Overview/Update of your Technology Innovation
The University of Kansas Medical Center for Telemedicine and Telehealth's (UKMCTT) technology-assisted care (TAC) program to delivers telemedicine services to rural universities and community colleges located throughout Kansas. The goal is to expand opportunities to connect students, their families, and campus health professionals with appropriate substance abuse and mental health treatment services using Web-based technology offered via iPad.

(2) A Summary of Goals and Percentage/Level of Accomplishment
While the project was slow to start, it is just now beginning to show increased utilization due to increased number of college partners. In addition, the recent approval of Mental Health First Aid and eCHUG in the year 3 carryover should begin to help numbers when these evidenced based programs are implemented this fall.

As a new project manager with years of experience in college student health, treatment and prevention, our low numbers can be attributed to the fact that rural college personnel often feel that substance abuse is just 'college student behavior'. Students in the beginning stages of addiction are not likely to self-refer. The tools of eCHUG as well as Mental Health First Aid can teach faculty, staff and student leaders the signs and symptoms of addictive behavior and help them understand that the earlier a person gets help, the better the outcome. Therefore it is our belief that recruiting additional colleges and the implementation of eCHUG and Mental Health First Aid will assist in increasing the number of students referred to treatment to our telehealth services.

(3) Strengths of your Program
This project provides rural college students access to quality behavioral health services that small rural colleges or communities cannot afford to staff.   It is important to note that in the western, frontier section of the state there is limited or no choice of substance use disorder providers and services. According to the Kansas Department for Aging and Disability Services (our Single State Agency for Substance Abuse Services), there are only 28 licensed Substance Use Disorder providers in western Kansas.

An additional strength of this program is that telemedicine is a convenient service for tech-savvy students to access quality behavioral healthcare without compromising time spent in class or studying due to traveling for hours to seek therapy. Site coordinators report that students feel a sense of decreased stigma by utilizing behavioral health telemedicine. Furthermore, by offering this service, behavioral health is reaching underserved areas and populations.

(4) Barriers to Program Continuity

In the state of Kansas, Medicaid will reimburse for behavioral health telemedicine, however, not all private sector insurance companies reimburse for these services. With the Affordable Care Act provisions that extend dependent coverage to age 26, it is critical that we take the time to work with private sector insurance companies to ensure that our college-aged and young adult population receives the quality services that they deserve. We will address this problem in action steps for sustainability.

Additional barriers are: broadband speed and rural Wi-Fi capability; technical problems; affordability for implementation with new college campus partners; dwindling higher education budgets that may or may not provide funds for site coordinators, equipment, software and data plans.

(5) Action Steps for Ensuring Program Continuity/Sustainability beyond 9/30/2014
This project will be requesting a no-cost extension that will provide this service for one more academic year for expansion throughout Kansas and to evaluate this highly replicable model. In addition, a rigorous evaluation will be implemented to augment studies that are proving behavioral health telemedicine is increasing access to underserved populations and that it is effective, convenient and affordable.

Additional program sustainability will be explored to expand the number of providers that offer telemedicine, increase clinical competency and increase companies that offer behavioral health telemedicine reimbursement.

Please see attached document for action steps.

Respectfully Submitted, May 23, 2014:

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University of Kansas Medical Center #TI023800-03 Sustainability Action Plan

Goals, Objectives, & Strategies	Primary Responsibility	Time Frame	On Target	Needs Attention	Behind Schedule/Obstacle	Completed	Comment
Goal 1: To expand evidence-supported substance abuse treatment services delivered by telemedicine to rural college students.							
Sustainability Objective 1.1: Private sector Insurance companies will reimburse for behavioral health telemedicine.							
Action Step 1.1.1: Obtain technical assistance from JBS concerning approaching and negotiating with private sector insurance companies	Grant Staff	Beginning June 3, 2014					
Action Step 1.1.2: Assess current private sector insurance reimbursement policies	Janine Gracy	Immediately					
Sustainability Objective 1.2: Expand the number of providers that offer behavioral health telemedicine.							

University of Kansas Medical Center #TI023800-03 Sustainability Action Plan

Action Step 1.2.1: Identify organizations, agencies, and that have an interest in providing telemedicine	Janine Gracy	Beginning July 1, 2014					
Action Step 1.2.2: Increase clinical competency through technical assistance and training opportunities • Identify the best resources on telemedicine training • Create plan for training • Update materials on ongoing basis	KUMed & CKF	Fall, 2014					
Sustainability Objective 1.3: Kansas Department of Aging and Disability will include behavioral health telemedicine on the college campus in the state's access to recovery strategic plan.							
Action Step 1.3.1: Inform, educate, support and collaborate with local, regional and state partners to increase capacity for state funded agencies to provide behavioral health telemedicine to college students	KUMed & CKF	July, 2014					
Action Step 1.3.2: Create a tool kit for college campuses to implement behavioral health telemedicine	KUMed, CKF & Federally Funded Telehealth Resource Center	Fall, 2014					

University of Kansas Medical Center #TI023800-03 Sustainability Action Plan

GOAL 2: Utilize evidence-based Mental Health First Aid and the early intervention program, e-Checkup to Go (eCHUG) to broaden the project's reach.					
Sustainability Objective 2.1: Campus partners will incorporate Mental Health First Aid in their regularly scheduled trainings for staff and students					
Action Step 2.1.1: Introduce Mental Health First Aid to campus partners	Janine Gracy	Summer, 2014			
Sustainability Objective 2.2: Campus partners will incorporate eCHUG in new student orientation classes for assessment and educational purposes					
Action Step 2.2.1: Introduce and provide technical assistance concerning eCHUG to campus partners	Janine Gracy	Summer, 2014			