

**Targeted Capacity Expansion:**

**Technology-Assisted Care**

**(TCE-TAC)**

**RFA # TI-11-0023 827**

**CSAT BIENNIAL 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](mailto:granteereports@jbsinternational.com)  
Copy SAMHSA Grants Management Specialist, Doug Lees ([doug.lees@samhsa.hhs.gov](mailto:doug.lees@samhsa.hhs.gov)),  
and your Government Project Officer to the email
5. Save the confirmation receipt of your submission.

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

1. Reporting Period: March 1, 2014-August 31, 2014
2. RFA #: TI-11-0023 827
3. Grantee: River Edge Behavioral Health Center
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
River Edge Behavioral Health Center	175 Emery HWY, Macon, GA 31217	Tammy Beall	(478) 803-7817
ViewPoint Health	175 Gwinnett Drive SW Lawrenceville, GA 30046	Chandra Hohn	(770) 963-8141

5. Project Director: Ali Yallah
6. Project Director Phone/Email: (478) 803-7807 / ayallah@river-edge.org
7. Evaluator: Charles Martin
8. Evaluator Phone/Email: (478) 607-2730 / Charles.martin@gcsu.edu
9. Signature \_\_\_\_\_ 10/06/2014 \_\_\_\_\_

Project Director Signature

Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone

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## BACKGROUND

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

River Edge Behavioral Health Center (River Edge) in partnership with ViewPoint Health, formally known as Gwinnett, Rockdale and Newton Community Services Board (GRN) with the support of the Georgia Department of Behavioral Health and Developmental Disabilities have developed the I-Care Network which utilizes innovative technology to expand and enhance the ability of these providers to effectively communicate with individuals in substance abuse treatment and community partners, and to create access for the individuals served to track and manage their own wellness and recovery.

This network will improve integrated, coordinated, person-centered service delivery through web-based and electronic applications. This project will also increase service access, improve processes, remove barriers to care and provide needed education to increase awareness and improve self-management for more than 4,000 underserved individuals with substance abuse disorders who live across 10+ Georgia Counties in Central and Northeast Georgia.

The target population is underserved adults, 18 and over, who have a substance abuse disorders and who may have one of the following additional needs that increase their vulnerability and decrease their access to high quality care: (1) co-occurring mental health disorders, (2) experiences of trauma, (3) co-morbid health conditions (i.e., cardiometabolic illnesses, HIV/AIDs), and (4) interface with the criminal justice system. In addition to the 4,000 served, due to the expansion of service delivery into rural and underserved areas through new software and products such as telemedicine, an additional 400 individuals will be served per year (1,200 individuals over 3 years).

The purpose of the I-Care Network is to advance service delivery and adapt to changes in the behavioral healthcare environment through leveraging modern technological evolution that enhances the content, access, and social service support to clients. This will be accomplished through the following goals: **Goal 1:** *To enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders.* **Goal 2:** *To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners.* **Goal 3:** *To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.* The defined measures of technology outcomes in treatment is clients finally having their “own electronic destiny in their hands”. Recovery is possible!

Technologies being used are: (1) Telemedicine (Tele-Health), (2) Computer labs in 6 locations for clients to access iCare web portal, perform job searches, access linkages to benefits and lodging 4) iCare portal for clients to track recovery, set and track goals, access linkages to community services Smoke Signal (Appointment reminder system) for all Substance Abuse Clients and Icare Recovery web portal for all clients with Substance Abuse disorders.

## 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 enhance and expand current technology of partnering organizations that improves capacity, service delivery and use of evidence-based practices to underserved individuals with substance abuse disorders.

**Status:**

- We have exceeded our original goal of enhancing and expanding our current technology and thus improved our capacity by over 20% as a direct result of this grant funding. This includes the use of new yearly evidenced based practices that are updated annually.
- We met each goal/deliverable with our signature iCarerecovery site used by clients to track and enhance their recovery journey. Our Icarerecovery usage increased by over 50% each month over the last year. This is due in large part to clinician and client feedback over the course of several months meeting with clinicians who shared their thoughts and ideas as well as their clients suggestions to improve the iCarerecovery site.
- When we first started building/developing iCarerecovery, we were hosting it outside of our network. This was costing us monthly but did not give us a guarantee of security, ownership and sustainability. We brought the website in house and hosting it on our network. In addition to ensuring that client data is protected and safeguarded against disaster, as well as safeguarding the source code of the web development, we invested in the backup solution. We are able to backup Smoke Signal, Telemed, Icarerecovery to a remote server in Baldwin and can restore data within hours if there were ever a major disaster. This also gives us sustainability since we purchased the backup solution outright.

**Goal:** To fully integrate appropriate technologies into the behavioral healthcare services provided by treatment and support service staff and partners.

**Status:** 100% of individuals currently enrolled in substance abuse treatment and services have access to enhanced services (over 4,000 served annually).

**2.** Expanded services to an additional 10% of clients (400) through the implementation of web-based services.

**3.** Clients receiving enhanced services.

Enhancements to current technology will be made throughout the funding award, a total of 4 major technological improvements.

**4.** 100% of relevant staff receive computer-based training of systems related to health care technologies and information resources.

6. 100% of substance abuse treatment staff receive ongoing training on identifying symptoms of behavioral health conditions, trauma-informed care, evidence-based practices and core competencies through web-based training.
7. 100% of participants are screened for trauma and will be referred to appropriate trauma-informed care if needed.
8. 100% of participants receive equitable, culturally competent and evidence-based treatment and recovery supportive services.
9. Provide linkage to recovery supportive services including Supportive Housing and Supported Employment for 100% of eligible participants receiving supportive services.
10. A Medicaid Eligibility Specialist works with 100% of participants to obtain reimbursement for behavioral health services.

**Goal:** To develop and implement a sustainability plan that appropriately identifies and evaluates state and federal Health IT Initiatives.

**Status:** A sustainability plan was developed and implemented in year 3. The partners of the I-Care Network believe that the sustainability of this project is critical and realize that in order to make a genuine difference, this project must continue beyond the funding period. The I-Care Steering Committee worked with project staff to develop and implement a sustainability plan and support campaign that will lead to diverse revenue streams. Partners have identified critical activities, roles and responsibilities that will enhance sustainability and will be used as non-federal match contributions. Some of the actions include: (1) Interagency trainings and an annual community-wide forum will be offered to broaden the pool of providers. Additionally, by using a Train the Trainer approach, as staffing patterns change, new staff can be trained on the screening, assessment and treatment approaches. (2) Reassessing the emerging needs of the community and redeveloping plans of service delivery to meet those needs. (3) Partners will provide training and education to policy makers, community business owners, and potential partners to elicit county support in the way of cash, donated space, and gifts of property or equipment. (4) Partners value the need for dissemination of innovative and best practice methods. Partners will provide technical assistance to other communities. After evaluating the project, partners are committed to helping other communities in their discovery and implementation process through technical assistance. (5) Partners will educate federal and state legislatures of the positive impact the project has had on the communities involved to generate support for a process that encourages changes to the allocation of funding. (6) The infrastructure was developed and the members have seen the value of having staff in the community and therefore cost sharing will be encouraged for positions. Several action steps will also be taken to ensure program continuity when there is a change in the operational environment (staff turnover and change in program leadership) to ensure stability over time. Examples of the action steps for ensuring program continuity are outlined as follows: (1) continuity will be ensured through a shared responsibility for the project's execution by all program partners; (2) specific attention will be given to building a committed staff, which will reflect a solid match with the mission of the program; (3) establishment of a transition period for orienting new staff; (4) provide necessary and requested trainings and equipment to ensure staff feels safe and competent to perform their responsibilities; (5) regular consultation with staff about morale, feelings of satisfaction, and needs; and (6) work with program partners to develop

contingency plans for staff turnover and/or changes in leadership.

**Goal:**

**Status:**

### **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.

We have met all project objectives

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 project goals or objectives changed during this reporting period.

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 in project goals or objectives will be requested moving forward.

### **ORGANIZATION AND MANAGEMENT**

#### **Personnel**

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

Position Title	Incumbent Name	Percent Time
Project Director	Ali Yallah	25%
Program Assistant	Tammy Beall	100%



Position Title	Incumbent Name	Percent Time
Computer Based Trainer Designer	Rick Riley	100%
River Edge Clinical Director	Miranda Nunez	20%
River Edge Substance Abuse Supervisor	Elaine Brockman	20%
SA Gender Specific Outpatient Director	Susan Johansen	20%
HIV Early Intervention Coordinator	Geraldine White	20%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss

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

No changes in personnel to report

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

No obstacles to report

## Partnerships

List each of the partner organizations.

Partner
ViewPoint Health

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

No significant changes to report.

## 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
Bi-Weekly phone conference	Every Tuesday	9	Ali Yallah
Icare Recovery Trainings	Twice/month	5	Ali Yallah

If you received technical assistance from a SAMHSA TA provider, describe it. N/A

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.

N/A
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## PERFORMANCE INFORMATION

### GPRA Performance

As close to the last day of the reporting period as possible, check your official GPRA statistics on the SAIS webpage. Complete the table below. Enter the cumulative numbers (from beginning of the grant) from the SAIS reports.

Date on which reporting quarter data was obtained: By the time we discovered that a Bi-annual report was required along with a final report, we had been locked out of the GPRA-CSAT system and could not retrieve GPRA statistics.

	Target	Actual	%	Target	Actual	%
Intake (Baseline)	<i>Example: 10</i>	<i>15</i>	<i>150%</i>			%
6-Month Follow-up	<i>Example: 5</i>	<i>5</i>	<i>100%</i>			%

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

Follow-ups continued to be our main struggle within this grant with the same barriers. Many clients are no longer in River Edge and ViewPoint Health services for six months and their contact information is not current. After leaving services, many clients are not interested in returning to complete a GPRA follow-up even when offered a gift card as an incentive. We will add to their contact information, space to include nearest family member and neighbor to use as back up to contact clients once they leave our program. Most of the outpatient clients who voluntarily signed up for the GPRA were treated and released and are difficult to track down. Most have no phones, some are back in jail while others have just moved out of state to avoid bad influences. We have worked fervently to make each component of our program successful even though our follow-up GPRA number does not reflect 80%. Bi-Weekly update meetings were conducted in the first three months of the reporting period with all stake holders to strategize on how best to track the clients we have signed up. We also had two team members to attend the CSAT GPRA Train the Trainer training in December to learn new ways to collect GPRAs. We would like to point out that we met and exceeded our original goals stated in our proposal. While we are introducing over 4,000 clients to our new TAC services, we cannot require each client to complete a follow-up GPRA (SAMHSA policy).

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.

## Evaluation

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

### REGULARLY SCHEDULED CONFERENCE CALLS

#### Weekly Update meetings

Weekly update meetings were scheduled to include reports from the project leadership on each of the four major program components: 1) iCare Recovery Care client website; 2) computer labs; 3) client reminder systems (Smoke Signal and ClientTell); and 4) telemedicine. Due to scheduling conflicts and circumstances beyond the control of the project, meetings were not able to take place every week during the reporting period.

#### SAMHSA HIT Conference calls

For the evaluation team, these are informational conference calls.

## OVERVIEW OF EVALUATION ACTIVITIES

### Data Collection and Completion of September 2014 Semi-Annual Report and Year 3 Evaluation Plan

On September 4, evaluators discussed final data collection plans for the October semi-annual report and Year 3 evaluation plans with project leaders.

### Client Satisfaction Survey

Client satisfaction surveys developed collaboratively by Evaluators and project leadership at River Edge and View Point Health were administered to clients at River Edge. They had previously been administered at VP sites. The purpose of the survey was to obtain feedback from clients about their experiences with the program components. River Edge Behavioral Health staff administered client surveys to clients at their sites. 145 surveys were returned to evaluators. Results were analyzed and are presented below.

### Computer Lab Use

Detailed data on lab use was reported in the last period. These data were not collected again for this report and there were indications that lab use was consistent with the previous reporting period.

### iCare Recovery Portal Development and Implementation

Google analytics data was provided to evaluators. Results are analyzed and presented below.

### Telemedicine

Telemedicine usage data was provided to evaluators. Results are analyzed and presented in Question 3 below. Evaluators also conducted interviews with a small number of telemedicine clients.

### GPRA Results

Monthly, evaluators monitor GPRA initial client intake and follow-up data. In addition, every six months evaluators analyze changes client outcome measures on GPRA. These results are not included in this report.

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 have been no changes to the evaluation this 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.

#### Client Satisfaction Survey

In an effort to collect client-level data about services being provided by HIT grant funding, evaluators worked to develop a satisfaction survey.

Client surveys were administered by VPH staff to clients its sites in March. Surveys were completed by 145 clients. The surveys focused on three areas: 1) reminder system, 2) computer labs, and 3) the iCare client portal. Reports for each site and for combined sites are attached. 95% of the surveys were from the Emery Adult Outpatient Site. No responses were received from either the Monroe or the Baldwin site. Results are summarized below.

72% of respondents said they received appointment reminders. Almost all of those clients said the system was helpful (14.1%) or very helpful (76.8%). Medication refill reminders was the most suggested improvement for the system (60.0% of all respondents and 59.5% of those who use the reminder system). Another suggestion was that the reminder system include options to cancel or to reschedule their appointments (46.3% of all respondents and 40.0% of those who use the reminder system.)

15% of respondents indicated they used RE computer labs. Twenty-one clients indicated how they used the lab. Most frequently mentioned were job searches (8) and internet/email (6). Five clients suggested that the labs might be improved by having more computers.

Asked about the iCare portal, 21% of clients responded that they had heard of the website.

#### Computer Lab

Tracking lab usage without electronic sign-on has proven difficult throughout the project. It's reported that clients are reluctant to sign-in and resources are not available to monitor the labs. No affordable solution to this problem was identified during the period of the grant, so no systematic records are available to document the scope of lab use. However, and as previously reported, the project leadership indicates that the 6 lab locations at RE and VPH and all are still in use. Additional Firewall and antivirus software has been deployed to guard against clients visiting adult rated sites. Clients use the lab for job search activities, writing resumes, and seeking information for benefits such as housing.

#### i-Care Portal

Google analytic data for the iCare Recovery Portal from March 1, 2014 through September 30, 2014 are listed below. Figures for the reporting period are compared with those for the previous year and compared per month.

Analytic Area	Per Month 10/2012-10/2013	Per Month 3/2014-9/2014	Change per month
Analytic Area	Per Month 10/2012-10/2013	Per Month 3/2014-9/2014	Change per month
Visits	26.1	63.7	+144%

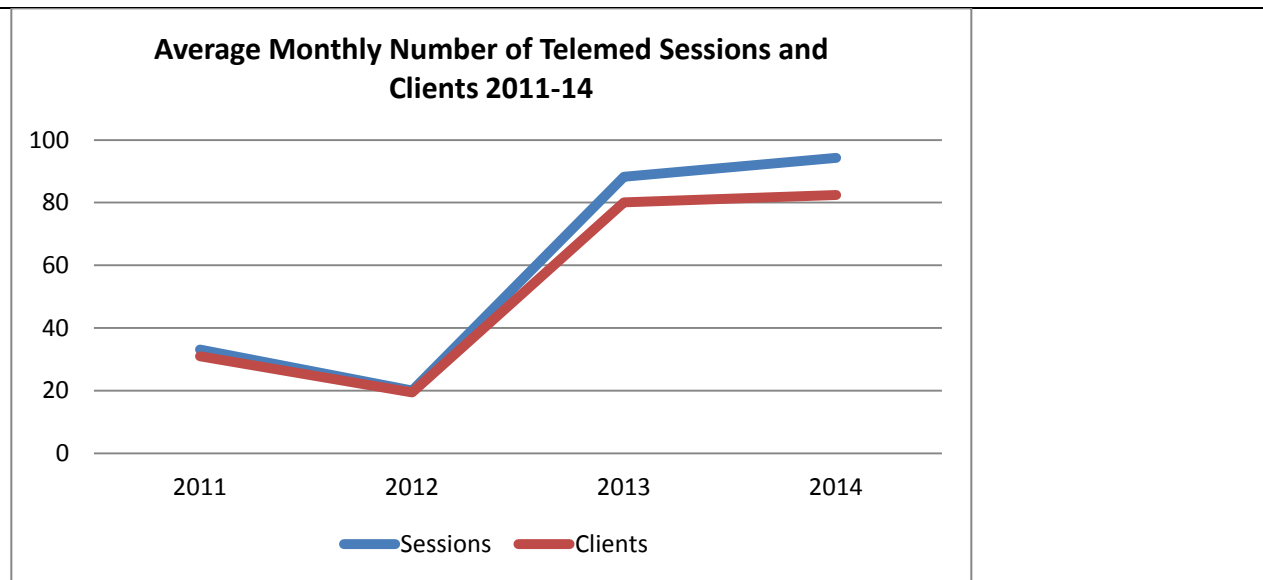
Unique Visitors	20.0	84.1	+320%
Page views	22.0	270.1	+1127%
Pages/visit	3.78	4.24	+12.1%
Visitors by location	27.8 US 20.9 of US from GA	52.1 US 41.9 of US from GA	+87% US +100% of US from GA
Top Pages			
Main Page	30.7	84.3	+175%
My-iCare	19.5	22.6	+11.6%
Recovery goals	5.1	7.7	+50.9%
Community resources	3.0	18.2	+506%

Figures show a dramatic increase in portal use per month as compared with the previous year monthly use rates. This may be attributable to increased efforts to involve clinicians in providing content for the site (e.g., community resources) and encouraging their clients to use the site. However, the total number of registered users is still low, only 78.

#### Use of Telemedicine Services

This section updates our last semi-annual analysis of the number of telemedicine sessions and unique clients at River Edge since the beginning of the program in February 2011 through September 2014. Note that currently View Point is not using telemedicine, although these services were provided through their Gran offices earlier in the program.

As we pointed out in our last report, there are two things of note in the data. First is the rapid increase and sustained use of telemedicine from an average of below 40 sessions per month in the first two years of the program to over 80 sessions per month in 2013 and over 94 per month in 2014. Also, there is a slight trend over the past year to clients averaging more than one session per month. The chart below shows that in 2011 and 2012 the number of session and the number of clients each month were about the same. Beginning in 2013, the number of sessions began to exceed the number of users. In 2011-12, users had 1.05 sessions per month. This increase leveled off to about 1.1 sessions per user per month in 2014.



### Summary of Telemedicine Client Interview Results

The purposes of the telemedicine client interviews were to learn more about what happens during a session, technical assistance or technical issues, and client impressions about how well the system works. In March 3 clients at the Baldwin River Edge site were interviewed individually. Bullet points below summarize the three interviews:

- All clients indicated the nurse checks their vital signs before the telemedicine session and that the nurse is present throughout the session.
- The technology is already set up upon the client's entry into the room. According to the clients, the technology works well. In one case a client had a difficult time understanding a particular doctor's accent. In another case, a computer was down in Macon, which resulted in the telemedicine session starting later. However, there seem to be few barriers related to the technology not working. Clients reported there being few glitches and that they were able to hear and see the doctor.
- The actual session entails the doctor asking questions about medication and if it needs to be adjusted/changed and how the client is doing/progressing (e.g., discussing mental state). Follow-up might involve filling a prescription prescribed during the session. One client indicated that his sessions typically last around 10 minutes.
- Two of the clients indicated they don't feel like they are missing anything by having telemedicine sessions as apposed to having face-to-face sessions.
  - *"I think I would be getting the same treatment if the doctor was right in front of me, then being on telemed. So to me, there is not really a difference because the doctor is pretty good about taking care of all of my issues."*
  - *"I can talk to the doc about anything that's on my through telemedicine just like I could if they were sitting in front of me."*
- Some benefits mentioned were being able to get the same treatment as they would if they were sitting with the doctor face-to-face. Two mentioned not having to drive far to see the doctor (i.e., Macon).
  - *"The benefits are I don't have to drive, or I don't have to seek transportation to*



*see my doctor.”*

- Of the three clients, one said he prefers face-to-face because he feels like he can better express himself in person. Aside from this, there were no other mentions of there being any disadvantages with telemedicine.

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.

#### Date Collection

No significant problems to note.

Discuss how evaluation findings were used to improve the project.

In the last reporting period the focus of the evaluation has shifted to being primarily summative in nature. So there's been little formative feedback on program components this period and mainly information gathered in preparation for the final report on goals outcomes.

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

No new formal evaluation reports during the reporting period. Other data reported to the project has been reported above.

#### **Interim Financial Status**

Attach an updated program budget and any budget modifications.

#### **Financial Status**

Attach an updated program budget and any budget modifications.

Instructions for completing the following budget worksheet:

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

Note:

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

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

<b>Total Grant Award:</b>	\$ 839,999.00	
	<b>Expenditures</b>	
	<b>Expenditures Since the Last Reporting Period</b>	<b>Cumulative Expenditures To Date</b>
<b>Direct Costs:</b>		
Staff Salaries	\$ 60,291.00	\$ 295,716.00
Fringe Benefits	\$ 24,094.00	\$ 118,168.00
Contracts	\$ 43,541.00	\$ 225,577.00
Equipment	\$ -	\$ -
Supplies	\$ 840.00	\$ 4,820.00
Travel	\$ 9,346.00	\$ 37,304.00
Facilities	\$ -	\$ -
Other Direct Costs: (please identify below)		
	\$ 38,244.00	\$ 134,593.00
	\$ -	\$ -
	\$ -	\$ -
<b>Total Direct Costs:</b>	\$ 176,356.00	\$ 839,999.00
<b>Total Indirect Costs:</b>	\$ -	\$ -
<b>Total Expenditures (Sum of Direct and Indirect Costs):</b>	\$ 176,356.00	\$ 839,999.00
<b>Remaining Balance (Based on Total Grant Award):</b>		\$ -

### 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.

No other significant activities to report.

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

N/A

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

Ali Yallah presented to the ATA in May 2014 and to SAMSHA at the Grantee meeting in
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#### **LIST OF ATTACHMENTS**

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

Attachment 1: A Yallah presentation ATA May 2014

Attachment 2: AYallah presentation SAMHSA HIT Grantee 2014 meeting

Attachment 3:

Attachment 4:

Attachment 5: