

**Grants to Expand Care Coordination**

**Through the Use of Technology Assisted**

**Care in Targeted Areas of Need**

**(TCE-TAC)**

**RFA # 1H79TI024765-01**

**CSAT BIANNUAL PROGRAMMATIC REPORT**

**Program Reporting Period:**

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**February 2014 – July 2014**

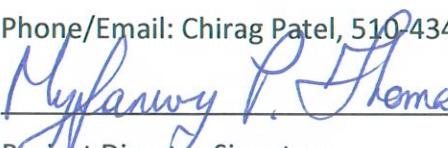
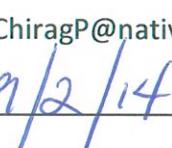
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1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to:  
[granteereports@jbsinternational.com](mailto:granteereports@jbsinternational.com)
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: February 2014 – July 2014
2. RFA #: 1H79TI024765-01
3. Grantee: Native American Health Center
4. Provider Site(s): Native American Health Center, Inc.

Provider Site Name	Address	Contact Person	Phone/Email
Native American Health Center, Inc.	3124 International Blvd, Oakland, CA 94601	Podge Thomas	510-434-5456 <a href="mailto:PodgeT@nativehealth.org">PodgeT@nativehealth.org</a>

5. Project Director: Podge Thomas
6. Evaluator: Data & Evaluation Team
7. Evaluator Phone/Email: Chirag Patel, 510-434-5467, [ChiragP@nativehealth.org](mailto:ChiragP@nativehealth.org)
8. Signature  

Project Director Signature

Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
Alex Denning	Loss	March 2014		

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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.

**iNative** will enhance and strengthen Native American Health Center's (NAHC) current substance abuse treatment, recovery, and support services through integration of technology for underserved American Indian and other local urban underserved populations. Goals include increased patient access, engagement, and individual empowerment surrounding health literacy and recovery, inclusion of cultural tools, and an enhancement of NAHC's current Electronic Health Record (EHR) implementation.

The program will utilize health technology: messaging, electronic health records, web-based patient portals, tele-medicine, peer-to-peer support groups, and social media as essential components in the development of innovative substance abuse programming for those with limited access. Services will be provided to those with socioeconomic and/or psychosocial issues, including challenging living conditions, financial situations, and family responsibilities. Patients will experience an increase in their ability to monitor and track their individual health status, access to substance abuse and mental health treatment, recovery, and support services, patient/ provider access to case management information, and greater care coordination and peer support. **iNative** will serve 650 unduplicated patients over three years.

NAHC has provided medical care, mental health, and substance abuse services to AI/AN families for twenty-five years. Thirty percent of NAHC's AI/AN clients suffer from two or more chronic health conditions, diabetes, obesity, CVD, depression, and 38% living with one chronic medical condition. Of 295 clients receiving ongoing counseling services in 2011, 36% had co-occurring mental health and substance abuse disorders, 56% substance abuse only, 18% PTSD, and 8% depression.

NAHC has developed a culturally-competent, client-centered, family-driven system of care in the San Francisco Bay Area through the Federal Center for Mental Health Services, State of California, Indian Health Service, and County funds. This 'Holistic System of Care for Native Americans in an Urban Environment' has been identified as an evidence-based practice based in peer reviewed journals and is validated as a Best Practice by the Indian Health Service, State of California Department of Mental Health and the National Center for Urban Indian Health.

NAHC currently integrates services through the use of technology through active implementation of EHR. NAHC has a contract with NextGen, a certified Practice Management and Electronic Health Records system. Previous integration of technology has provided NAHC with a prior platform for and knowledge of technological enhancements.

## 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:** Implement a web-based interactive portal for patient health records to increase patient access, engagement, and individual empowerment surrounding health literacy and recovery, inclusion of cultural tools, and an enhancement of NAHC's current Electronic Health Record (EHR) implementation.

**Status:** A contract was executed with Intelichart to provide a Patient Portal service that will interact with our existing Electronic Health Record system, NextGen. During this project period a team has formed between the Electronic Health Record (EHR) staff, Media staff, iNative staff and Member Services to put together a comprehensive training and marketing strategy for the Patient Portal rollout. The training will commence in August and the October launch will coincide with the agency's accreditation rollout and movement toward a patient centered health home while changing the "client/patient" language to "member".

The staff training on Intelichart will begin in August and last approximately 3 weeks. There remains ongoing discussion around which functions will be offered in the initial stage once the portal is launched, however, what we currently are aiming for is appointment reminders, lab results & prescription refills. The limited functions are to ensure realistic adaption for a our large staff of medical providers and meaningful use for our members with the goal of adding further functions as we move forward.

The Member Portal rollout anticipates a large number of members will require an email address, which will add to the sign up time. Staff and volunteers will utilize the laptops in the waiting rooms to assist members in signing up for the Member Portal while the marketing will include promotion of the staffed Coffee & Computers group as an opportunity to sign up for an email account and sign up for the Member Portal

**Goal:** Implement web-based substance abuse treatment, recovery, and support services through online peer-to-peer support groups provided through social media tools for substance abuse and after-care.

**Status:** iNative purchased 5 laptop computers to use in new programming areas that would begin to bridge the digital divide for clients utilizing our substance abuse and behavioural health services. Based upon the data collected from the surveys distributed earlier in Year 1, the iNative team examined existing programmatic areas to identify ways in which agency programming could be enhanced through collaboration. We identified the Sage Center as a choice location for implementing the new iNative groups. The Sage Center is located on the 1<sup>st</sup> floor and operates as a hub for community groups, events and socializing. The space is managed and often staffed by Program Assistant, Cynthia Quoshena who is instrumental in

communicating all Sage Center activity to clients, community members and staff. During this process the iNative team increased in numbers as we began to collaborate with other staff members whose focus is on community outreach, substance abuse and programming. Along with Cynthia Quoshena, Michael Dyer, Program Manager and Kathryn Budd, Peer Specialist and CADAC joined us. As a larger team we established two new groups: Coffee & Computers and iNative.

'Coffee Hour' which was under-attended on Monday and Thursday mornings from 9am to 11am became 'Coffee & Computers' and is now open for any community member to come into the space, get a cup of coffee and use the laptop computers for any appropriate use. We have also ordered a printer so that members can print out applications or resumes within a reasonable limit.

In addition to the Coffee & Computers group, we ran an 8 week, closed group, 'iNative', with a cohort of 5 individuals, all in recovery from substance abuse and all with varying levels of computer literacy. We loosely structured the first 4 weeks around keyboard basics, email, internet navigation and social media while also following the instincts and needs of the group members and tailoring the remaining 4 weeks accordingly. Attendance was moderate with 3 of the members showing up consistently while 2 members were less consistent; still, we were able to raise the ability level across the board. What also emerged was an interest in web-based storytelling and so by the 5<sup>th</sup> week we had 4 group members working with staff to build online stories about their recovery.

**Goal:** Expand the behavioral health services to include telehealth and telepsychiatry.

**Status:** Tele-psychiatric services are now being administered through a remote system activated by phone through Alameda Behavioral Health Services. This service is shared among many local agencies in order to reduce the cost of hiring a full time psychiatrist. The service is looking into using additional technology that allows for face-to-face interaction, however, this service expansion has no specified time frame.

## 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.

N/A

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.

We changed the GPRA number from 30 to 100. This was approved on 5/12/14 and transmitted on 5/15/14

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.)

N/A

## ORGANIZATION AND MANAGEMENT

### Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Podge Thomas	50%
Evaluator	Vacant	30%
Care Coordinator	Nina Guitierrez	100%
Peer Specialist	Cara Little	100%

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

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

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

The entire Data Team has been responsible for all data and analysis on this project under the supervision of the department Director, Serena Wright.

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

We are currently looking at a possible candidate who has previously worked for Native American Health Center and may return from out of state. We hope to have this position filled within the next month.

### **Partnerships**

List each of the partner organizations.

Partner
Friendship House
SNAHC

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

N/A

#### Training and Technical Assistance (TA)

Describe staff development activities, including orientation and training for this reporting period.

Staff Development Activity	Date	Number of Participants	Training Provider

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

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue
6 Biweekly TAC Grantee Conference Calls	2/1/14 – to date	Presentations and updates	JBS	
TCE-TAC Grantee Conference	3/20/14-3/21/14	Presentations/TA/Networking	SAMHSA/JBS	
JBS Site Visit	3/10/14-3/11/14	Technical Assistance	JBS	

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

A conference call with SAMSHA GPO and staff from JBS has been scheduled to discuss the progress of the program and what is planned moving forward. iNative project staff hopes to get insight and input into next steps.

## 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: August 2013 – July 2014

	Target	Actual	%
Intakes (Baseline)	100	42	21
6-Month Follow	0	N/A	N/A

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

We have administered 42 baselines, using the GPRA, for the iNative project. The project hired a new project director, evaluator, and peer specialist in the first months of the grant resulting in a delay with enrolling members into the project. Unfortunately, because of the delay in enrolling members, and the subsequent delay in baseline GPRA's, there have been no follow-up GPRAs due. Despite not having a follow-up percentage for this reporting period, we do expect to reach the 80% follow-up rate by the next reporting period and have implemented multiple measures of tracking and reminders for staff. The project team trained staff on the importance and the protocol of both the intake and follow-up GPRAs.

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.

We have no discrepancies.

## Evaluation

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

From previous evaluation efforts we established that many of our members weren't able to have consistent access to internet and there was a demand for groups that focused around computer literacy and computer access. In response the project team has implemented two new groups that focus around technology and increasing computer competency. There were a number of surveys that were administered to the groups; they tracked how the group's curriculum increased participant's computer literacy, familiarity and comfort level.

There were a total of 5 participants in the closed focused group called *iNative* and the participants included varying levels of computer competency. The results from the analysis showed an increase in almost all criteria measured from baseline to exit survey.

The other group that was implemented was named *Coffee and Computers* and focused on access to computers and the internet. This group addressed the issue that our members were having in that they didn't have an accessible means to engage with the internet or computers. Also, when our agency launches our patient portal this group and space will be a place that members can use the portal to access their medical information and get in contact with their providers. Because of the nature of the *Coffee and Computers* group the surveys that were administered only focused on how the participants were using the computers during that specific group (see below for more evaluation information).

The next reporting period, we plan to have more data to establish how these groups have made an impact on limitations that our members are facing in regards to accessing technology.

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

No changes have been made.

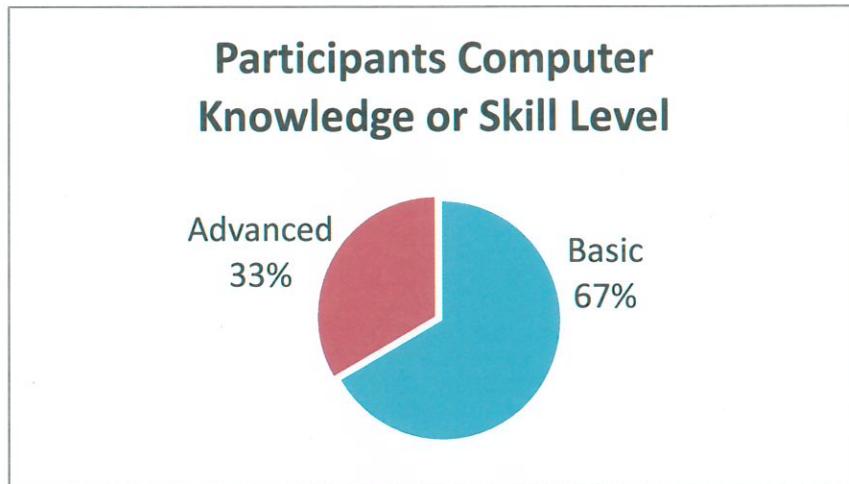
Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

Below are some of the findings from both groups along with some notable data from the administered surveys.

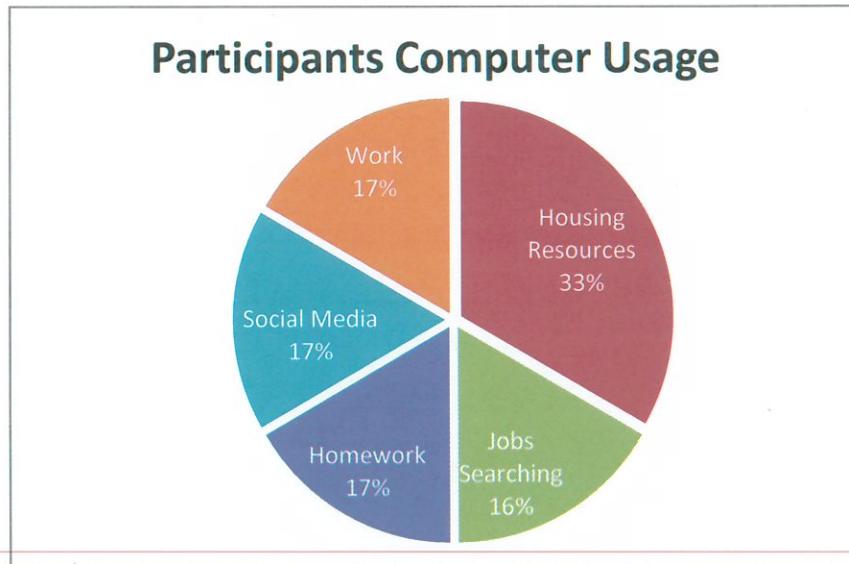
### **Coffee and Computers Group:**

The Coffee and Computers Group administered a survey at the end of each group in which there were 6 total respondents. The survey asked the respondents of their computer knowledge or skill level, if they had a goal with using the computers, how long they spent using the computer, what they used the computer for, and if they printed anything.

Four respondents described their computer knowledge or skill level at a basic level while two respondents described their computer or skill level as advanced.



The participants reported that their usage was for various activities including looking for/working on: Housing Resources, Job Searching, Work, Social Media, and Homework.

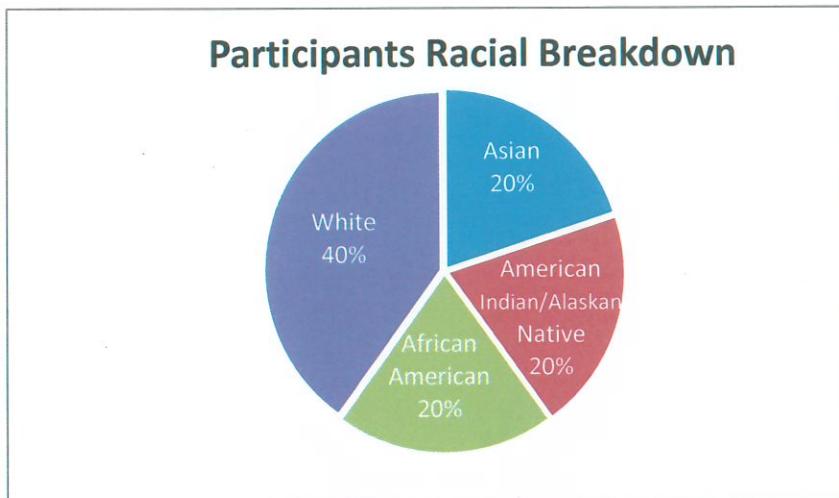


#### iNative Group:

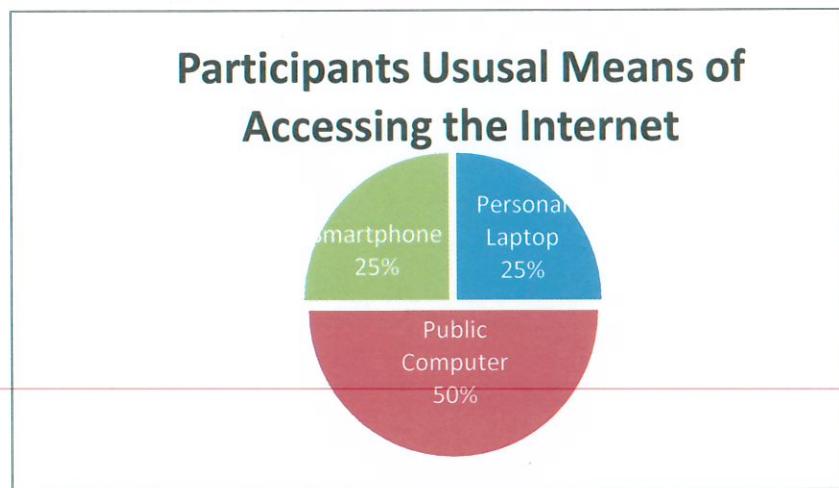
The iNative group administered a survey once at the first meeting and another at the 8<sup>th</sup> and final meeting. There were a total of 5 respondents. One respondent's data is omitted on everything but the demographic data since both surveys were not received by that participant. The survey asked demographic data such as: Race, age range, and gender. The survey also asked how the participants accessed the internet, frequency of internet and computer usage. Finally, there were a group of questions that were based off of the curriculum of the group itself. By doing this we hoped to see how the participants improved in their frequency familiarity, and

comfort of use of different digital activities like using word processors or utilizing social media.

Gender was defined as four females and one male. Age ranges were defined as 25-35, 36-59 and 60+ years of age. There was one participant in the 25-35 age category, three participants in the 36-59 year age range and one participant in the 60+ year age range. The racial breakdown as defined by the participants as two White, one Asian, one African American and one American Indian/Alaskan Native.

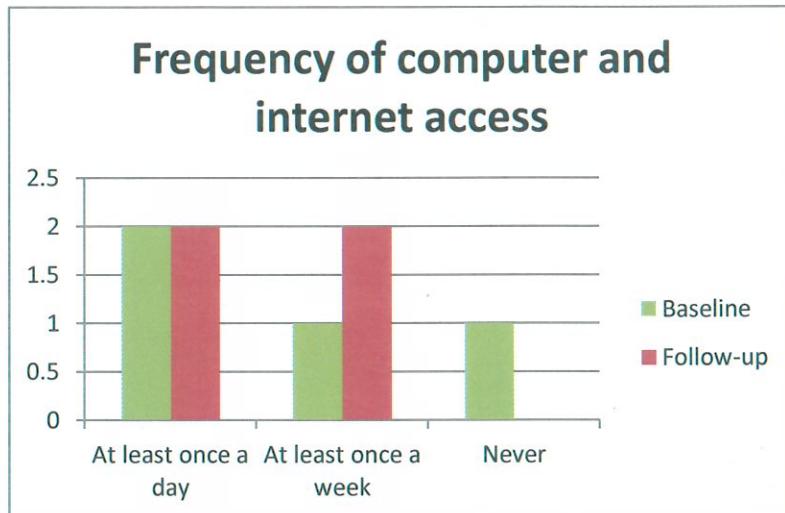


The participants had different means that they usually utilized to access the internet. One participant used a smartphone, one used a personal laptop and two used public computers.



### Frequency:

One frequency question asked how regularly the participants used the internet and computers. All of the participants responses remained the same except one; one participant reported that they never used a computer or the internet and in the follow-up reported that they used a computer and internet at least once a week. As for the other participants: two participants reported that they used computers and the internet at least once a day, and one participant reported that they used computers and the internet at least once a week.



There were also a number of questions based on a 5 point scale which asked frequency of use of certain activities like using email and computer based learning. Between baseline and follow-up there was a 12% change in the total score for the cohort. Therefore on a group level the cohorts participation with the group correlated with an increase in frequency of use of computer based activities asked.

Questions Asked	Participants total sum at baseline	Participants total sum at follow-up	Percent Change
How often do you use email?	9	11	22%
How often do you use Facebook?	8	9	11%
How often do you use internet forums/chat rooms?	2	2	0%
How often do you use computer based learning (examples: online classes or online education)?	5	5	0%
How often do you use Google Talk or Skype?	2	2	0%
Totals	26	29	12%

### Familiarity

Lastly, the participant's familiarity and comfort was also assessed. Between baseline and follow-up there was a 15% change in the total score for the cohort. Therefore on a group level the participants increased the familiarity and comfort within the questions that were asked.

Questions	Participants total sum at baseline	Participants total sum at follow-up	Percent Change
Computers and the internet make my life easier.	12	12	0%
I contact my friends and family through the internet.	9	12	33%
I know how to find entertainment and news on the internet.	12	12	0%
I know how to look for employment using the internet	9	10	11%
I know how to look up hobbies through the internet	10	14	40%
Totals	52	60	15%

#### **Conclusion:**

Through our findings of both the Coffee and Computers and iNative Group we will continue to try and improve the curriculum and provide for the community's needs. Going forward Coffee and Computers will continue and we hope to have a higher attendance and an improved evaluation survey to inform necessary changes. The iNative group will change from a closed group to a workshop structure so the information and training can reach more members.

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.

There were no problems in conducting the evaluation.

Discuss how evaluation findings were used to improve the project.

The member surveys further help us understand how to engage with our member with technology. Also, by increasing internet and computer access we are also evaluating how this would promote use of our patient portal that is being launched in the near future. We find this integration and implementing changes based off of our evaluation efforts critical for success with being successful with the grant.

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

No new written evaluation reports.

#### **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 the 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	\$92,648.28	\$169,966.82
Fringe	\$36,004.23	\$59,427.50
Contracts	\$0	\$0
Equipment	\$0	\$341.63
Supplies	\$591.02	\$1,518.82
Travel	\$3,888.11	\$5,514.02
Facilities	\$16.70	\$16.70
Other	\$7,314.22	\$10,784
Total direct expenditures	\$140,462.56	\$229,118.36
Indirect costs	\$26,277.12	\$54,580.80
Total expenditures	\$166,739.68	\$283,699.16
Remaining balance		\$ 0.00 or 0%
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

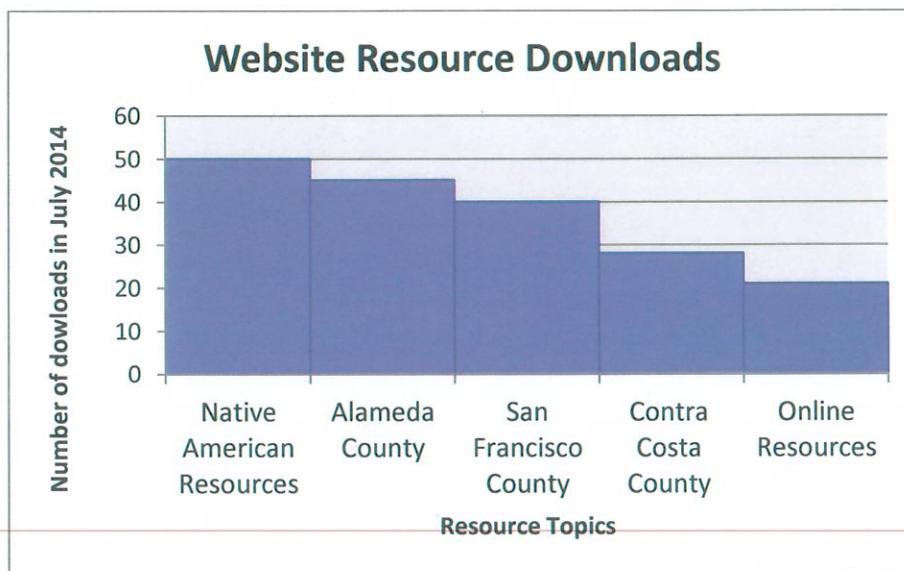
## Other Significant Project Activities

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.

Gathering of the Lodges – a sobriety event held every year to celebrate the recovery of our community members. Between 300 and 400 people attend this event where we have workshops and hand out recovery chips and sage.

Spring Gathering – a sober community and staff event celebrating the new season.

Online Resource Guide – the website is currently under a remodel which will be launched along with the patient portal in October. The iNative team and NAHC Media have been working closely together to develop a resource guide to better assist our front line staff as well as our clients and members. The guide is an external link at this point and is fairly static, however, we are working to create a more dynamic structure within the new website. In the meantime, the chart below shows activity beginning in the month of July when the guide was created.



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

N/A

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

N/A

#### **LIST OF ATTACHMENTS**

N/A