

**Grants to Expand Care Coordination
Through the Use of Technology Assisted
Care in Targeted Areas of Need
(TCE-TAC)**

RFA # TI-13-008

CSAT BIANNUAL PROGRAMMATIC REPORT

**Program Reporting Period:
Feb. 1, 2015 – July 31, 2015**

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

1. Reporting Period: Feb. 1, 2015 – July 31, 2015
2. RFA #: TI-13-008
3. Grantee: The Centers, Inc.
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
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5. Project Director: Alma I. Rosario
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7. Evaluator Phone/Email: 352-291-5428 arosario@thecenters.us
8. Signature Alma I. Rosario Sept. 1, 2015
Project Director Signature Date

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

Staff Member	Add/Loss	Effective Date	Email	Phone
N/A				

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BACKGROUND

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

Abstract from Grant Application (*some of the information contained was changed with the Change in Scope Request which was approved on July 18, 2014*)

The Centers, Inc., a Behavioral Health Center in Ocala, Florida currently provides a continuum of care of inpatient and outpatient behavioral health services that are designed to help people with substance abuse (SA) and co-occurring (COD) attain their highest level of functioning. The TCE-TAC program will provide tele-assisted care in the rural areas of Marion and Citrus counties to residents with SA/COD, low income and limited access to public transportation.

In 2012, The Centers served net, after dropout 4,015 clients with SA/COD. The program will serve 5,300 clients the first year with 7% to 10% increase each year. Unduplicated clients are estimated at 5,700 for year 2 and 6,200 for year 3. The cost per unit for each year is \$123.94. \$105.69, and \$97.71, with a three year average of 108.44.

The Centers will develop systems integration to achieve best practices integrated services using three Evidenced Based Models: the Intensive Outpatient Model, ASAM Level II Intensive Outpatient Program, and the Wellness Recovery Action Plan. We will also install interoperable electronic health records (EHRs) equipment and software in the two county area. The majority of funding for the program will be for equipment that will include audio/visual, specialized computer server, video centers and bridges, and equipment software and mechanical management equipment. Program goals include: 1) expand treatment opportunities, communication, and education to client and people living in Marion and Citrus Counties, 2) encourage and measure continued after-care and follow-up of SA/COD services, and 3) meet the goals outlined in *Purpose of Initiative #6* as modified for our organization.

The Centers, in collaboration with Kids Central, Heart of Florida Health Center, the Citrus County Department of Health, and Langley Health Services and local prevention specialists, healthcare providers, and grassroots organizations, will work to bring the health care through tele-services to the underserved people in the area.

The amount requested is \$280,000 each year of the three year grant. The total cost of the TAC program will be 2,331,439. The Centers will fund the difference between the grant award and the program cost through revenue and grant awards.

PROJECT IMPLEMENTATION

Project Goals and Objectives

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

Goal 1: Expand treatment opportunities, communication, and education to clients and people living in Marion and Citrus Counties.

Objective 1A: *Develop an Information Technology Strategic Plan that will assist in the implementation of the TCE-TAC Grant, support infrastructure improvements, and identify resources to meet the identified needs.*

Objective 1A Status: Completed

The Centers adopted its Information Technology Strategic Plan in June of 2014. The Centers sought to improve staff efficiency and thereby improve client services. The foremost need of the agency was a new Electronic Health Record (EHR). The existing EHR was outdated, poorly implemented, and poorly supported. Staff were forced to spend valuable time fighting an antiquated interface, entering duplicated services, and enduring lengthy outages. The Centers undertook a lengthy EHR evaluation and selected Credible Behavioral for its EHR Partner in April of 2015.

Credible is a cloud based Software as a Service (SaaS) electronic health record provider. They are the third largest behavioral health EHR vendor. They have 17 other partners in Florida. Credible includes a very simple intuitive user interface. In early testing The Centers found that they could reduce the time to add a new client by 66% and the time to record a group service by more than 80%. Credible includes clinical behavioral support tools and the ability to incorporate evidence based tools directly into the EHR. Credible also makes advanced reporting tools available to all users and provides powerful business intelligence to company leaders.

The Centers' timeframe for deployment was ambitious. The Centers will go-live in Credible in all programs on October 1, 2015. All Centers' programs are participating in the deployment and The Centers is on-schedule.

The Centers also suffered from a 15 year old phone system. Centers' clients were often times unable to reach their therapists due to outages and malfunctions. The expense of a new EHR and a Phone System at the same time was a daunting prospect, but The Centers could not operate without a reliable communication system. After a year of research and evaluation, The Centers chose Cisco to provide the unified communications system.

The Cisco BE6000 Unified Communication Manager (UCM) is a state of the art phone system that integrates IP Telephony, Video, and instant messaging into a single platform. The system will be integrated with the Centers' existing tele-health infrastructure. Once fully deployed it

will enable clients to click a link on The Centers' website and receive services via a clientless (WebRTC) video session with Centers' staff. The system is also highly resilient, ensuring that all campuses can communicate with the outside world even if they are disconnected with each other. The system will be installed and operational by the end of October 2015.

Some of the other major IT projects include a unified data-warehouse which will house data from The Centers' two legacy EHRs, Credible, accounting and HR databases, and future databases. It will enable reporting across multiple EHRs and in-depth analysis of the agency's data. The Centers will also build client engagement and treatment applications and house the information in the data-warehouse. Predictive Analytics will identify client risk factors and enhance treatment.

The goal of all these Information Technology enhancements, and others not mentioned, is to empower staff and aide clients. Better communication, better data, and better analytics will ensure The Centers is able to meet the needs of its clients for years to come. (See Attachment 1 The Centers, Inc. Information Technology Plan 2013-2015)

Objective 1B: *Establish telehealth programming in the agency's outpatient, intensive outpatient and residential programs to provide assessments, individual therapy, group therapy and medication management to substance use disorder and co-occurring clients. These services will be accessed at a remote location or in-home, utilizing video conferencing application via computer, smartphones, or tablet.*

Objective 1B Status: *Actively Making Progress*

The Centers has established tele-health services in its outpatient and residential programs utilizing the hub and spoke model (client in one location; providers in another). For this reporting period, The Centers provided 1,326 adult tele-health services and 675 clients were served. Of those services, 1,048 were for SA/COD treatment and 278 were for MH treatment. We also provided 269 Children's Tele-health services which served 265 clients. Tele-health services currently being conducted include: Individual Therapy, Group Therapy, Medication Management, Psychiatric Evaluation, State Outcome Measures and ASAM Assessments. Tele-health services comprises 5% of the agency's services. Our goal is to continue to increase the use of tele-health as a service delivery.

At our MLK campus, we have dedicated a building for tele-health services. The building was wired and tele-health equipment installed in 5 offices. The office environment was created to be more relaxing by creating a "lounge" setting instead of an "office" with desk and chairs. The feedback from clients has been positive. We did have a break-in in this building and in an adjacent one which resulted in the loss of some tele-health equipment and structural damage due to vandalism. Services had to be temporarily relocated to a different building but they have since been moved to the original building.

Ongoing barriers have been related to both the funding source limitations for clients related to tele-health service payment, and the immense difficulties developing sites for tele-health services in agencies outside of The Centers. Funders, public and private, appear to be willing to

address their self-imposed rejections and restrictions, but this process is taking much longer than we anticipated.

Site difficulties are being addressed by our pursuit of taking over the FQHC grant in Citrus County which will allow us to expand under our own oversight into several areas that the present grantee had not followed through on.

The focus for year 3 of the grant is to launch our in-home tele-health services.

Objective 1C: Establish integrated telehealth services in partnership with the Federally Qualified Health Centers (FQHC) in Marion and Citrus Counties.

Objective 1C Status: Unable to meet object as written but the agency is moving towards becoming an FQHC with tele-health service delivery method.

The Heart of Florida was unable to collaborate effectively with The Centers' co-located site due to two factors: first, their EMR required them to have services begin at their main office in downtown Ocala, then schedule follow-up appointments at The Centers' site. This created a gap in service provision and difficulty for The Centers to track the shared client information between their two sites and ours. Secondly, the provider assigned to The Centers' site became ill, stopping services for several months, then passed away, creating a huge staffing gap. These two factors exacerbated existing medical/behavioral discontinuity.

The FQHC in Citrus is in its competitive year and the state has publicly expressed that it will not pursue the grant renewal. The Centers has observed the downhill slide of the Citrus FQHC over the past 18 months and began to position ourselves to transform into an FQHC. We have been transitioning our board of directors into an FQHC compliant board, adopting integration strategies, and educating ourselves in FQHC functions. One year ago we applied for, and received a small integration grant from our managing entity to begin shifting our service menu and infrastructure into a FQHC- friendly platform. In August of this year we were awarded a SAMHSA PBHCI grant to expand and build on the initial stages of integration. The goal of the SAMHSA grant is to achieve Level 6 Integration, including a full range of tele-health services for both medical and behavioral health programs connecting through one EMR. The funding cycle begins on September 30, 2015.

We are in full swing to apply for the FQHC grant in Citrus County and are busy writing the proposal. Our grant writers have federal grant writing experience. They have both been in FQHCs as federal reviewers. The grant is due in Sept. and Oct. 2015, and will encompass tele-health as part of its scope of services. We have received letters of support from our longstanding local partner agencies, community government, state government, and the primary care association of Florida.

Now that we have the direction the agency is heading in, if we are not awarded the Citrus FQHC in January 2016, we will continue to pursue opportunities [competitive FQHC renewals

and New Access Points (NACs)] while we are transitioning over the next three years into a fully integrated medical and behavioral health care system.

Objective 1D: Redesign The Centers' website to increase patient engagement, education and treatment monitoring. The website will support clients in their recovery plan by: establishing a client portal, providing online recovery support tools, including links to educational webinars and information, and featuring online recovery support videos through our Video Center.

Objective 1D Status: Actively Making Progress

The Centers contracted with NetSource technologies to build a state of the art, secure and engaging website. NetSource is a nationally recognized web developer located in Ocala, FL. The first state of the project will replace the existing Centers' website. The Centers' website will provide clients with access to MyHealthStory Information Exchange (HIE). Future expansion will include access to tele-health services and give potential clients the ability to complete intake paperwork securely online. The first stage will be completed in November of 2015.

Overall Goal 1 Status: Actively Making Progress

Goal 2: Encourage and measure continued after-care and follow-up of substance use/co-occurring clients on a long-term continuing basis.

Objective 2A: Establish a structured Alumni Program in Marion & Citrus Counties to increase aftercare support and enhance recovery.

Objective 2A Status: Ongoing

Attempts have been made to establish the Alumni Program in Marion & Citrus Counties however it has been a challenging endeavor. In the process we learned that we needed to revamp our residential and outpatient substance abuse program with an emphasis on clinical treatment and less reliance on adherence to 12 Step meetings; more a focus on change as opposed to just compliance with attendance at meetings. Therefore, there has been key staff changes in these programs and current staff is being trained on clinically utilizing the Living In Balance curriculum by Hazeldon. The Mobile MORE e-app will be introduced to help support clients in their recovery.

A barrier to this process has been the lack of a Clinical Director whose responsibility would be to help move this directive forward. The Centers is engaged in recruiting a qualified individual with experience in implementing an evidenced based program. In the meantime, our current COO, who is our former Clinical Director is overseeing the restructuring of these programs.

Once the programs have been restructured, the establishment of the alumni programs will follow.

Objective 2B: *Peer Counselor and staff will identify and encourage clients at the end of their clinical treatment to participate in the Alumni Program for a minimum of three months; building a bridge for smooth transition into structured aftercare.*

Objective 2B Status: Actively making progress

The Peer Counselor was hired and was meeting with our residential clients who were beginning to attend the aftercare support group. The group met once a week for a 2 hour duration. Participation ranged from 4-8 persons. Unfortunately, the Peer Counselor is no longer with the agency. We are currently actively seeking to fill the position.

Overall Goal 2 Status: On Hold – revamping the program to create the foundation that will enable this goal to succeed.

Goal 3: Meet the goals outlined in SAMHSA's "Purpose of Initiative #6" as modified for The Centers.

Objective 3A: *Develop the infrastructure for interoperable Electronic Health Records (EHR) within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards.*

Objective 3A Status: Actively Making Progress

The go-live date for our new electronic health record, Credible, is Oct. 1, 2015. It will be 100% interoperable and contain full clinical content. (refer to object 1A for complete details)

Objective 3B: *Create an agency culture which empowers clients to take on a more active role in their health and recovery. The Centers staff will encourage clients to use Health Information Technology (HIT) and EHR tools available to them, including: appointment requests, appointment reminders, access to treatment diagnosis and medication lists, and the ability to share their information with other local providers.*

Objective 3B Status: Actively Making Progress

Both our integrated health care grants identify the means and methods to involve wellness coaches, peer specialists, and recovery coaching into our menu of services. One of the targeted areas is the training and utilization of our HIE "MyHealthStory: by our clients and care givers. Another priority is to integrate the four federal health initiatives related to co-morbid medical conditions (COPD, diabetes, high blood pressure/hyperlipidemia, and heart disease) into all aspects of our programming: prevention, wellness, chronic disease management, and lifestyle adaptation. Our behavioral health therapists are now being educated on identifying and intervening with primary care providers in these medical conditions and how they can develop into a mutually negative synergy with behavioral health

conditions. Growing the holism in approach of behavioral health care providers has demonstrated positive outcomes on both the physical and behavioral health conditions.

Objective 3C: Provide technical assistance to local leaders, behavioral health and health providers, patients and clients, and others to increase adoption of EHR and HIT with behavioral health functionality.

Objective 3C Status: Actively Making Progress

We worked with CommunityHealthIT (local HIE) and RelayHealth to adapt MyHealthStory for a behavioral health agency. Our CEO has worked with The United Way and the Marion County Board of Education to educate them on the importance of tele-health services. The Centers in conjunction with the Marion County Board of Education submitted a proposal to The United Way for funding to provide Behavioral Health Services at our Marion County Schools beginning in the Fall of 2016. We are awaiting the final decision.

Objective 3D: Achieve clinical integration, patient engagement and meaningful use by leveraging the MyHealthStorySM Health Information Exchange (HIE) which will extend The Centers' access to the Florida HIE, as well as the national exchange (eHealth Exchange).

Objective 3D Status: Making Active Progress

The Centers has worked with CommunityHealthIT (local HIE) and RelayHealth (vendor) to configure MyHealthStory for our behavioral health agency. MyHealthStory has mainly been utilized for medical practices therefore some customization had to be done to meet our needs. Staff have been trained not only on the functionality of MyHealthStory but also on understanding the healthcare reform and important role of Health Information Exchange. The Centers will go-live with MyHealthStory Phase 1 Patient Engagement on Sept. 1, 2015. Interface between MyHealthStory and Credible (new EHR) is targeted for Jan. 2016

In the upcoming months, our buildings will be wired so that we can provide wireless access and kiosks will be set up so that clients can register and access MyHealthStory.

Overall Goal Status: Making Active Progress

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.

Not Applicable

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.

Not Applicable

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.)

Not Applicable

ORGANIZATION AND MANAGEMENT

Personnel

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

Position Title	Incumbent Name	Percent Time
TAC Grant Project Director	Alma Rosario	100%
TAC Grant Program Assistance	Karen Baptist	20%
QM Compliance Specialist/TAC Grant GPRA Interviewer	Lois Lombard	30%
IT Director	JD McFarland	20%
CEO	Timothy Cowart	10%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Karen Baptist	1	06/18/15	Loss

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

The overall restructuring of The Centers in the short term has been a hindrance due to some temporary vacancies in key agency positions which affect the implementation of our goals and objective for the grant. However, the restructuring is a crucial process in our becoming an FQHC and it will be very beneficial in the long term because we will be more efficient. We have been able to keep the impact to a minimum by working with the Assistant Directors, clinical staff, and operation staff. New key positions have been established like Practice Managers and Office Managers to increase adherence to policies and procedures.

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

The TAC Program Assistant position has been difficult for us to fill because of the complexity of the various projects of the grant, and the skills needed to this position. As a result, the tasks assigned to this position have been assigned to other staff members within the agency.

Partnerships

List each of the partner organizations.

Partner
None for this reporting period

Partner

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

Details were provided in the Project Goals and Objectives section under Objective 1C

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
MyHealthStory Configuration Meeting with CommunityHealthIT	02/11/15	4	Lila DeCubellis from CommunityHealthIT
CDP/DCI Training for CSAT Projects	02/18/15	2	CDP Developers
DCI Training for Interviewers I	02/20/15	10	Alma Rosario, Project Director
MyHealthStory Configuration Meeting with CommunityHealthIT	02/23/15	4	Lila DeCubellis from CommunityHealthIT
CDP Training New Site	02/23/15	2	CDP Developers
GPRA Training for New Interviewers	02/24/15	5	Alma Rosario, Project Director
DCI Training for Interviewers II	02/27/15	10	Alma Rosario, Project Director
Telehealth Provider Training – Citrus County	03/02/15	2	Alma Rosario, Project Director
Telehealth Provider Training I – Marion County	03/13/15	2	Alma Rosario, Project Director

Staff Development Activity	Date	Number of Participants	Training Provider
Telehealth Provider Training II – Marion County	03/25/15	2	Alma Rosario, Project Director
Telehealth Nurses Training	04/26/15	4	Alma Rosario, Project Director
MyHealthStory Configuration Training with RelayHealth and CommunityHealthIT	04/29/15	4	Debra Randles (RelayHealth)
Telehealth Provider Training I (Doctor)	05/05/15	2	Alma Rosario, Project Director
GPRA Training for new interviewers	05/06/15	6	Alma Rosario, Project Director
MyHealthStory Training for Program Managers	05/08/15	11	Lila DeCubellis & Kendra Siler-Marsiglio (CommunityHealthIT)
Telehealth Provider Training II (Doctor)	05/11/15	2	Alma Rosario, TAC Project Director
New TAC Program Assistant	05/11/15 – 05/25/15	2	Alma Rosario, TAC Project Director
MyHealthStory Training for Staff	05/27/15- 06/30/15	62	Alma Rosario, TAC Project Director
MyHealthStory Training for Program Managers	06/26, 07/17, 07/24, 07/31, 08/07, 08/14	10	Alma Rosario, TAC Project Director

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
N/A				

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

N/A

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: July 31, 2015

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	Example: 10	15	150%	525	297	56.6%
6-Month Follow	Example: 0	0	0%	141	65	46.1%

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

One of the main reasons our intake rate is below 80% is due to the unforeseen issue of partnering agencies like West Central Florida Driver Improvement and Drug Court refusing to let us provide substance use treatment via tele-health services. West Central Florida Driver Improvement even put a clause pertaining to such in our contract. Since these two partners comprise the majority of our substance use referrals, and they are not open to learning the benefits of substance use treatment via tele-health, we will continue to have difficulties reaching our target numbers.

Another reason is that our partnership with the existing FQHCs did not develop as originally planned. The reason for this was documented above. Therefore, we have not been able to establish remote sites closer to where the clients live. We are in ongoing conversations as to how to make this happen and have reached out to several providers in the community. Negotiations with them are ongoing.

The delay in launching MyHealthStory due to needing to have customization for behavior health and clients not having the appropriate phone to utilize the Mobile MORE app were also unexpected. However, we are continuing to evaluate to determine how this can be improved, and use the client focus group as a way to get client feedback.

Internally, we are restructuring the agency to function more efficiently. Tele-health is being implemented as a delivery method in our adult residential and outpatient therapy/med clinic program; not as a separate program. Two Practice Managers and several Office Managers have been hired to ensure that directives are implemented by the programs. One of their responsibilities is to ensure that tele-health and technology assisted care be utilized to the maximum.

The follow-up rate is also below the 80% because of the clientele that we serve. Many of our substance use clients are homeless, do not have a stable living environment, or do not utilize technology like cell phone or email address. Even though we are offering gift cards as an incentive and reaching out to them via phone and email messages, whenever possible, it is still difficult to locate them. We will continue to make every effort to engage them.

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 ran into an error utilizing the CDP website for client who returned to treatment after being discharged from the program and their 3 collections points had not been completed. The SAIS system would automatically close the record, once we inputted the new GPRA Intake;

however the CDP site did not do that and an error was made on the data entry on our part by not identifying the type of interview. Instead of the system returning an error, it would identify the new GPRA Intake as a follow-up (even if the follow-up window was not open). Therefore, the numbers are off by some 5-10 people. Efforts were made to discuss this issue with the CDP helpdesk to no avail. Actually, they were not even open to listen to us even when we were telling them that we had identified what was causing the error and what a potential solution might be.

Evaluation

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

The Centers contracted WellFlorida Council to conduct the TCE-TAC Grant Evaluation for Year II. Three focus groups were conducted by Douglas Monroe from WellFlorida Council: Outpatient Tele-health Client Focus Group (08/20/15), Residential Tele-health Client Focus (08/21/15) Group and Tele-health Staff Focus Group (08/21/15). The Centers' responsibility was to organize the client and staff participants and secure a meeting location. The original plan was to have the focus groups be held at an off-site location; however, logistical issues prevented this from happening and they were held in our Administration Building at our main facility on 60th Ave.

Client Focus Group Findings - Overall clients expressed positive views of the program.

1. *Accessibility – some outpatient clients discussed the ease with which they were able to access telehealth services in comparison to traditional office appointments. Decreases in waiting time and the need to interact with fewer people in order to access services were seen as positive aspects of the program.*
2. *Availability – outpatient and residential clients expressed the view that they feel that they are receiving services through the telehealth program that they might not otherwise be able to receive because of time, money, and transportation issues for themselves as well as their providers. Although, this was more of a concern for outpatient clients.*
3. *Quality of care – outpatients and residential clients alike described the quality of care they received through the telehealth program to be comparable to and in some cases better than through traditional means because less time was spent on non-care-related activities (e.g. waiting line, filling out forms).*

In terms of difficulties that clients experienced with telehealth and suggestions for improving the program, both outpatient and residential clients discussed the following:

1. *Expanding locations – This was more of an issue for outpatient clients =, but residential clients also discussed this when they considered their eventual transition to outpatient services. While several clients expressed the desire to eventually access telehealth services in the privacy of their own homes, several others felt that more locations to obtain services at would be helpful to them especially in terms of keeping their appointments.*
2. *Establishing relationships – Residential clients discussed the importance of feeling like they have an authentic relationship with their counselors/providers, and suggested that the opportunity to meet and speak with their counselors in person occasionally would make them feel more comfortable with their telehealth encounters.*
3. *Assuring privacy – Clients expressed a degree of uncertainty about the privacy and security of their telehealth encounters. Clients wondered if their telehealth sessions could be recorded, stored, and/or shared with outside parties. Both outpatient and residential clients were interested in learning more about their privacy rights, and the privacy policies that are applicable to telehealth services.*

Staff Focus Group Findings

Similar to client focus groups, staff members expressed positive views of the program and spoke at length about how it helped to facilitate or improve their work with their clients. After describing their various roles in the program, staff members discussed the logistical difficulties of providing quality care to patients with diverse needs when time, transportation, and personnel all exist in limited supply. Interestingly, there was a substantial degree of overlap in terms of what the staff found most positive and most in need of improvement with the program.

In terms of accessibility and availability staff members discussed the idea that they are able to work with clients using telehealth that they would be unable to serve otherwise because of time and transportation especially. Just as clients have to travel to locations to meet with providers, so are the providers forced to spend considerable time on commuting in order to meet with clients.

With regards to quality of care, staff members generally expressed the view that services rendered through telehealth are comparable to what they would be able to give their clients in a traditional setting. Some staff members explained that there was some initial resistance to the telehealth encounter, both on their parts and on the parts of their clients, but once they became comfortable with the mode of interaction, both they and their clients became adept at using it.

Just as there was a high degree of overlap between clients and staff regarding what they saw as most positive about the program, there was also broad agreement on areas where improvements could possibly be made.

For instance staff members discussed the possibility of establishing additional locations where telehealth services could be rendered for outpatients. This led them to speculate that perhaps at some point in the future, clients could interact with their counselors without leaving their homes. Staff members explained that the need for additional locations was simply unavoidable given the breadth of the service area.

Several staff members also expressed the desire to have more face to face interaction with their clients. They indicated that initiating and maintaining contact with a client through the telehealth system can be challenging and the at occasional face time would help to:

1. Establish trust
2. Build rapport
3. Improve accountability

While staff did not share all of the privacy concerns of their clients, they did indicate that providing clients with more information about what the program is, how it works, and what they can expect from it, would be very helpful. Several staff members suggested that providing

more information about the program at the outset might counteract the initial reluctance some clients have to using telehealth services.

Our progress is multidimensional and has changed the fundamental structure of our agency. This grant funding has pushed us to re-evaluate our priorities, our reach into the community, and reform our infrastructure to pursue completely new avenues for programs and services. This grant has been the impetus to rebuild every aspect of our agency, from the Boardroom to our aftercare and wellness policies. Although this was an unintended outcome, it has been revolutionary for every employee, client, and potential client of our agency.

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

Not Applicable

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

See Attachment 2 "TCE-TAC Group Analysis Preliminary Report 2015" by WellFlorida Council

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 several problems encountered during the evaluation: logistics for a neutral location site, client transportation & inclement weather the day of the client focus group. Originally, the thought was to have the focus groups at a neutral location off-site. However, we did not factor in some requirements that locations wanted, especially insurance coverage because we were having clients attend. Another was the advance scheduling they wanted. This together with clients having transportation issues to get to an off-site location forced us to have the focus groups in a meeting room at our main facility.

Inclement weather was a factor on the day of the outpatient focus group so turnout was low. We contacted the clients to see if they would be willing to participate in a phone interview instead, and the WellFlorida Council facilitator conducted the phone interviews.

Discuss how evaluation findings were used to improve the project.

Since the evaluation was conducted during Aug. 2015, we were not able to use the finding to improve the project during this reporting period; however, WellFlorida Council has agreed to meet with leadership staff to discuss the finding. Leadership staff in conjunction will the TAC program staff will develop the Year 3 plan that take into consideration the evaluation findings;

especially addressing the need of more remote locations geographically closer to where the clients live.

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

See Attachment 2 "ECE-TAC Group Analysis Preliminary Report 2015" by WellFlorida Council

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.

Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	46,042.72	188,106.77
Fringe	8,706.67	34,968.03
Contracts	8,000.00	31,775.00
Equipment	26,079.67	291,447.88
Supplies	N/A	N/A
Travel	596.30	4,729.82
Facilities	N/A	N/A

Other	4,972.50	4,972.50
Total direct expenditures	94,397.86	556,000.00
Indirect costs		
Total expenditures	94,397.86	556,000.00
Remaining balance		278,000.00

*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.

None for this reporting period then what has been document above.

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

None for this reporting period

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.

None for this reporting period

LIST OF ATTACHMENTS

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

Attachment 1: The Centers, Inc., Information Technology Plan 2013-2015

Attachment I



Information Technology Plan

2013 - 2015

Prepared by

J.D. McFarland

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Executive Summary

The Centers' Mission is to offer a wide variety of behavioral health care services designed to help people of all ages reach their highest level of functioning. In pursuit of its mission the Centers is committed to improving service provision and access to care, treatment and services for all people regardless of age, gender, sexual orientation, race or ethnicity in its identified service area of North Central Florida in Citrus and Marion Counties. The Information Technology Plan identifies initiatives which will improve the accessibility to and quality of the care, treatment and services provided. Improving the technology infrastructure will support the implementation of an electronic health record, the provision of services via telehealth, enhance the end user's experience, and improve efficacy and efficiency.

Introduction

The Centers, Inc. is a comprehensive behavioral health organization which provides a continuum of behavioral health and substance abuse services to persons of all ages with mental illness and/or substance abuse disorders. We are a private not-for-profit organization located in Central Florida, primarily serving the residents of Marion and Citrus Counties. The Centers' strives to achieve our mission of 'offering a wide variety of behavioral health care services designed to help people of all ages reach their highest level of functioning' and our vision of being 'unsurpassed in the delivery of behavioral health services'. The Centers' governing body is a Board of Director's consisting of community volunteers; which has delegated oversight of daily

operations to the Chief Executive Officer. The Chief Executive Officer is supported by the Executive Management Team and Program Directors.

Organizational Goals

The Centers' has established goals and objectives which will support its mission of "offering a wide variety of behavioral health services designed to help people of all ages reach their highest level of functioning" and the vision of "being unsurpassed in the delivery of behavioral health services". The goals and objectives are reviewed at least annually and a summary report of progress presented to the Board of Director's. The current goals are:

- To expand and/or enhance services to meet the identified needs of our client population.
- To encourage staff to be health conscious.
- To improve financial outcomes.
- Continue to work toward the implementation of the David Lloyd Accountable Care Model throughout the Centers.
- To become technologically efficient.
- Recruit and maintain quality staff.
- Improve agency performance with contractual services.
- Continue to provide safe, attractive, and efficient facilities.
- To improve patient accessibility to the Centers' services.

Technology Initiatives

- Support the expansion of services via tele-health.
 - Deploy gigabit, POE switches to all sites (This will permit faster data transfer between sites and provide the infrastructure for modern voice of IP phone systems, IP camera systems, and wireless access points)
 - Filter internet traffic to reserve network bandwidth for tele-health
 - Utilize Quality of Service (QoS) controls on network traffic to prioritize tele-health sessions.
 - Deploy VLANs to segregate network traffic.
 - Renegotiate internet service provider agreements to increase internet speed, WAN speed, and eliminate legacy features.
 - Deploy video conferencing endpoints in the community.
 - Provide in-home services using mobile devices and client PCs
 - Enhance the Center's website to engage clients, capture data, and streamline the patient onboarding process
 - Utilize video calls and instant messaging for assessment and treatment
 - Develop and deploy client apps to aid in treatment and provide data to clinicians and counselors.
- Become Efficient through the use of technology
 - Renegotiate copier contract to include modern technology:
 - Follow me printing

- Full featured fax server
 - Color printing and quantity restrictions
 - Centralized management
 - Automatic failure notification
- Utilizing Follow me printing and centralized fax management to dramatically reduce the paper, ink and toner costs at the Centers.
- Remove most desk printers from the Centers to encourage staff to use of multifunction devices with a dramatically lower cost per page.
- Move all faxes to the fax server to eliminate lost faxes, track transmission failures, and reduce wasted paper and ink, and lower monthly telecom costs.
- Utilize modern technology to allow staff to work more efficiently.
 - Allow clients to obtain treatment from home.
 - Allow clinicians to work from home.
 - Allow clinicians to see more clients through tele-health
 - Reduce no-shows through tele-health
 - Leverage Community Based Care sites and clients by using tele-health to provide clinical assessment and treatment onsite
- Deploy Document Management Centers-wide
 - Reduce staff time spent on complex paper-centric workflows
 - Scan all client records and eliminate the need for long term records storage

- Fulfill client information requests in just a few minutes versus days
 - Stop losing paper documentation
 - Create searchable document databases for HR, Finance, and client records
 - Create Electronic workflows for AP, AR, PO requests, IT request, etc
 - Provide granular security for each department and user
- Reform Data Capture and Reporting
 - Deploy a replacement State Data collection system
 - Utilize logic to prevent staff errors
 - Receive ongoing support
 - Create a unified reporting structure
 - Automate the reporting process
 - Allow staff to pull relevant reports from a single website
 - Reports will automatically update at intervals, not pulled real time by staff in the field
 - All reports will be pulled from a single data warehouse instead of each separate database. The data warehouse will have connectors to each database and automate collection
 - Simply data reporting
 - Utilize new State Reporting System to collect data
 - Pull reports from the data warehouse

- Program data validation and error checking into the reporting process
 - Automate as much of the reporting process as possible
 - Develop mobile Apps for clients and staff to collect data
- Improve Electronic Health Record Performance
 - Move the SQL cluster to the new Storage Area Network (SANs)
 - Build more application servers to improve performance
 - Work with CoCentrix to ensure that all technical decisions are in line with their best practices.
 - Work closer with line staff to address shortcomings in Pro-Filer and then work with CoCentrix to find solutions
 - Deploy electronic Signatures
- Improve Backup and Disaster Recovery
 - Migrate from Tape to Cloud Backup
 - Deploy “high availability” backup server to Lecanto to provide rapid recovery
 - Backup all data to hosted cloud providers that can provide recover solutions during regional disasters such as hurricanes.
 - Test backups on a quarterly basis, and test full disaster recovery at least once per year.
- Replace aging phone system
 - Deploy a modern unified communications system

- Support modern IP phones
 - Include Video Communication
 - Integrate our existing video conferencing endpoints to form a unified solution
 - Empower a mobile workforce through the use of mobile communication apps and VPN enabled phones.
 - Provide faster IT response to ads/moves/changes by managing the system directly instead of through a vendor.
 - Provide modern call center management tools and quality assurance tools to the call center management.
 - Support Modern Session Initiation Protocol Trunks (SIP Trunks) which can reduce local and long distance costs.
- Improve IT responsiveness
 - Deploy a modern helpdesk solution to integrate IT, HR, Plant Ops and other departments
 - Deploy network management tools to monitor the network and alert IT staff
 - Deploy server management tools to monitor server cluster and alert IT staff
 - Deploy security monitoring tools to monitor network intrusion, file integrity, internal threats and to alert staff

- Deploy network access control to prevent unauthorized access to the network
 - Deploy Terminal Services to most users. This will provide nearly instant recovery for damaged profiles, the ability to work from anywhere, and vastly simplify IT management.
 - Become “self-maintainers”. Each hardware vendor has programs that allow IT departments to service their own equipment and receive reimbursement for warranty coverage. This reduces warranty costs and downtime.
 - Partner with local technical schools to recruit high quality candidates and skilled interns.
- Client/Staff Security
 - Deploy a unified camera system throughout the Center
 - Provide a single point of management for all Cameras in the Centers
 - Provide authorized staff with remote and mobile monitoring of the camera system
 - Provide recording capacity for all sites
 - Deploy a phone system that supports paging at each extension
- Infrastructure improvements:
 - Airport Road Campus Building 1
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access

- Airport Road Campus Building 2
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
- Airport Road Campus Building 4
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
 - Deploy Enterprise Grade IP Camera System with remote monitoring and recording features
- Airport Road Campus Building 6
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
- Airport Road Campus Building 7
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
 - Construct a modern training center
- MLK Campus Building 2
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
- MLK Campus Building 1
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
- Lecanto Campus Building 1

- Upgrade all wiring to support Power Over Ethernet (POE)
- Deploy Enterprise Managed Wireless Access
- Lecanto Campus Building 2
 - Upgrade all wiring to support Power Over Ethernet (POE)
 - Deploy Enterprise Managed Wireless Access
 - Deploy Upgraded Camera System

Attachment 2

TCE-TAC Focus Group Analysis – Preliminary Report 2015

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

Introduction

The purpose of these focus groups was to gather information and generate insights from the program staff and clients involved in the Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) program at The Centers. The focus groups were conducted as part of an evaluation of TCE-TAC grant program.

Methodology

A trained facilitator from the WellFlorida Council, Inc. conducted a total of three focus groups with program clients and program staff over the course of two days. Client focus groups were divided into residential and outpatient groups. Since weather limited attendance for the outpatient group, the facilitator followed up with four telephone interviews with individuals who had expressed an interest in participating.

Recruitment

Senior staff at The Centers invited both residential and outpatient clients to participate in the groups. Since transportation was a concern for a number of participants, the groups were conducted in a private meeting room at The Centers main facility. Each participant received a thank you gift in the form of a 25 dollar pre-paid Visa debit card.

Staff members were recruited to participate in the same manner as the clients were. They were asked by a senior staff member to meet with the WellFlorida Council facilitator in a private meeting room at The Centers main facility. Participants were provided with refreshments and the group was conducted during the lunch hour.

In total, 16 clients and 11 staff members participated in the groups. Four of the clients participated via telephone interviews.

Instruments

In consultation with senior staff members at The Centers, the WellFlorida Council developed two focus group topic guides, one designed for use with clients and one designed for use with staff. The focus group guides followed a funnel-like structure, starting with very broad and open-ended topics before moving to more specific questions. Both instruments can be found in the appendix of this document.

Analysis

With the permission of participants, the focus groups were audio recorded. Once complete, the audio recordings were partially transcribed and the transcripts were evaluated using MAXQDA qualitative data analysis software. In the preliminary stages of analysis basic quantitative measures such as lexical searches and word frequencies were used to detect possible patterns and themes within the texts. Secondly, a series of structural codes was applied to the transcripts. Structural codes bracket particular topic areas (e.g. “client narratives”) in order to contextualize emergent themes. Finally, a round of inductive coding was used to identify themes both within and between the groups.

Preliminary findings

Client focus groups

Overall, across focus groups and telephone interviews clients expressed positive views of the program. Positive aspects of the program that were emphasized by clients included:

1. Accessibility – some outpatient clients discussed the ease with which they were able to access telehealth services in comparison to traditional office appointments. Decreases in waiting time and the need to interact with fewer people in order to access services were seen as positive aspects of the program.
2. Availability – outpatients and residential clients expressed the view that they feel that they are receiving services through the telehealth program that they might not otherwise be able to receive because of time, money, and transportation issues for themselves as well as their providers. Although, this was more of a concern for outpatient clients.
3. Quality of care – outpatients and residential clients alike described the quality of care they received through the telehealth program to be comparable to and in some cases better than through traditional means because less time was spent on non-care-related activities (e.g. waiting in line, filling out forms).

In terms of difficulties that clients experienced with telehealth and suggestions for improving the program, both outpatient and residential clients discussed the following:

1. Expanding locations – This was more of an issue for outpatient clients, but residential clients also discussed this when they considered their eventual transition to outpatient services. While several clients expressed the desire to eventually access telehealth services in the privacy of their own homes, several others felt that more locations to obtain services at would be helpful to them especially in terms of keeping their appointments.
2. Establishing relationships – Residential clients discussed the importance of feeling like they have an authentic relationship with their counselors/providers, and suggested that the

- opportunity to meet and speak with their counselors in person occasionally would make them feel more comfortable with their telehealth encounters.
3. Assuring privacy – Clients expressed a degree of uncertainty about the privacy and security of their telehealth encounters. Clients wondered if their telehealth sessions could be recorded, stored, and/or shared with outside parties. Both outpatients and residential clients were interested in learning more about their privacy rights, and the privacy policies that are applicable to the telehealth services.

Staff focus group

Similar to client focus groups, staff members expressed positive views of the program and spoke at length about how it helped to facilitate or improve their work with their clients. After describing their various roles in the program, staff members discussed the logistical difficulties of providing quality care to patients with diverse needs when time, transportation, and personnel all exist in limited supply. Interestingly, there was a substantial degree of overlap in terms of what the staff found most positive and most in need of improvement with the program.

In terms of accessibility and availability staff members discussed the idea that they are able to work with clients using telehealth that they would be unable to serve otherwise because of time and transportation especially. Just as clients have to travel to locations to meet with providers, so are the providers forced to spend considerable time on commuting in order to meet with clients.

With regards to quality of care, staff members generally expressed the view that services rendered through telehealth are comparable to what they would be able to give their clients in a traditional setting. Some staff members explained that there was some initial resistance to the telehealth encounter, both on their parts and on the parts of their clients, but once they became comfortable with the mode of interaction, both they and their clients became adept at using it.

Just as there was a high degree of overlap between clients and staff regarding what they saw as most positive about the program, there was also broad agreement on areas where improvements could possibly be made.

For instance staff members discussed the possibility of establishing additional locations where telehealth services could be rendered for outpatients. This led them to speculations that perhaps at some point in the future, clients could interact with their counselors without leaving their homes. Staff members explained that the need for additional locations was simply unavoidable given the breadth of the service area.

Several staff member also expressed the desire to have more face to face interaction with their clients. They indicated that initiating and maintaining contact with a client through the telehealth system can be challenging and that occasional face time would help to:

1. Establish trust
2. Build rapport
3. Improve accountability

While staff did not share all of the privacy concerns of their clients, they did indicate that providing clients with more information about what the program is, how it works, and what they can expect from it, would be very helpful. Several staff members suggested that providing

more information about the program at the outset might counteract the initial reluctance some clients have to using the telehealth services.

Appendix – TCE-TAC Focus Group Questions

The Centers TCE-TAC Evaluation

Staff Focus Group questions

1. INTRODUCTION

1.1. The focus group facilitator will introduce his/her self and describe the purpose of the discussion (e.g. the main goal is to elicit feedback from a diverse group of staff members about how TCE-TAC is working, the extent to which it is meeting the needs of clients, and what can be done to improve it in the future).

1.2. The focus group facilitator will request permission to make an audio recording of the discussion to ensure that perspectives are accurately represented in the final report.

1.3. Each participant will be asked to introduce themselves and briefly describe their role(s), large or small, in the program.

2. GENERAL KNOWLEDGE ABOUT THE PROGRAM

2.1. To start out, we'd like to get a sense of people's individual knowledge about the program and how it works. Could you share some of your ideas about the main purpose and goals of TCE-TAC?

2.1.1. PROBE: Have you ever received specific instructions/policies/training, relating to the program?

2.2. Depending on how familiar you are with the program, how do you think things are going so far?

2.2.1. PROBE: Do you get the sense that things are working the way they are supposed to?

3. CLIENT EXPERIENCES

3.1. We'd like to get a sense from you about whether you think this approach is helping the clients who are enrolled.

3.1.1. Is telehealth easy for clients to use?

3.1.2. Do you feel like it is helpful to them?

3.1.2.1. Helpful in terms of whether or not they keep their appointments?

3.1.2.2. Helpful in terms of adhering to treatment instructions, etc.?

3.1.3. Do you know of things that make it difficult for clients to use?

3.1.3.1. Timing?

3.1.3.2. Transportation?

3.1.3.3. Technology?

3.1.4. Do you have thought on what could make it easier for clients to use?

3.1.5. Do you get the sense that people are aware of the program? That is, do they know if they are eligible to participate?

3.1.5.1. What if anything should be done to improve client awareness about telehealth services?

4. STAFF/PHYSICIAN EXPERIENCES

4.1. As you may be aware, the Centers is using a new application (phone app) (smartphone app) called MyHealthStory to help connect clients with their health care histories and their health care providers. Can you talk a little bit about what you know about this new initiative?

4.1.1. PROBE: Have you ever heard of the app?

- 4.1.1.1. Are you currently using it?
- 4.1.1.2. Have you spoken to clients about using it?
- 4.1.1.3. What are your impressions?
- 4.1.1.4. What can be done to get “buy in” from clients?

4.2. Depending on your specific role/relationship with telehealth, what are your thoughts about what's working so far?

- 4.2.1. PROBE: What's working in terms of:
 - 4.2.1.1. Staffing?
 - 4.2.1.2. Training?
 - 4.2.1.3. Technology?

4.3. What are your suggestions for improving the program moving forward? Specifically, what are your ideas regarding:

- 4.3.1. Ensuring everyone on staff has the right training?
- 4.3.2. Maximizing enrollment of eligible clients?
- 4.3.3. Getting clients to use the MyHealthStory application?

5. WRAP-UP

5.1. If there is an important topic, or a point that needs to be made that we haven't covered in our discussion, please tell us about it.

- 5.1.1. PROBE: Any stories you wish to share about successes, or areas of improvement?

The Centers TCE-TAC Evaluation

Client Focus Group questions

1. INTRODUCTION

1.1. The focus group facilitator will introduce his/her self and describe the purpose of the discussion (e.g. the main goal is to elicit feedback from a diverse group of clients about how telehealth is working for them, how much they know about the program and services, whether or not they are able to use the services, whether or not the program is helpful to them, and what they think might be done to make things easier).

1.2. The focus group facilitator will request permission to make an audio recording of the discussion to ensure that their perspectives are accurately represented in the final report. The facilitator will assure participants that they will not be identified in any report (their identities will be held in confidence).

1.3. Each participant will be asked to introduce themselves and briefly describe when, if ever, they started using the telehealth service.

2. GENERAL KNOWLEDGE ABOUT THE PROGRAM

2.1. To start out, we'd like to learn about your broad experience with the telehealth program. For instance, how did you hear about it, how long have you been using it, etc.

2.1.1. PROBE: Was it something that your doctor or a Centers staff person brought to your attention?

2.2. We'll get in to specifics later in the discussion, but overall, do you think the program is a positive thing in your life?

2.2.1. PROBE: Has it made communicating with your doctor or other folks from the Centers any easier?

3. CLIENT NARRATIVES ABOUT THE TELEHEALTH ENCOUNTER

3.1. Now I wonder if you could walk us through the process of using telehealth services. I mean, just explain the experience step by step.

3.1.1. PROBE: How is it different for you than say just going to your doctor's office for a traditional type of appointment?

3.2. Could you also talk about the specific services you are using through the telehealth service?

3.2.1. Individual vs. group encounters?

3.2.2. Medications?

3.3. Are there any things you can think of that you could do with a traditional doctor's appointment that you can't get done with one of these telehealth encounters?

3.4. One other thing before we move on: Have any of you heard about, or use, the "MyHealthStory" application (a program for your phone (smart phone) that can help you to access information and interact with health care providers)?

4. CLIENT DIFFICULTIES USING TELEHEALTH

4.1. Now we'd like to hear about anything and everything that makes the telehealth services difficult to use. Anything that's too complicated, uncertain, or unavailable?

4.1.1. PROBE: (mention any of these that don't come up)

4.1.1.1. Getting in to the program?

4.1.1.2. Transportation? Getting to sites?

4.1.1.3. Technology? Bugs in the system? Anything that slows the encounter down?

4.1.1.4. Timing of meetings?

4.1.1.5. Trust in physicians or staff?

5. CLIENT SUGGESTIONS FOR IMPROVEMENT

5.1. Thinking about some of these difficulties that you've talked about, we'd like to know your thoughts on what kinds of improvements you believe could be made so that you can get everything you need out of the program.

5.1.1. If you experienced any difficulty getting in to the program (getting enrolled), what do you think is the best way to fix that?

5.1.2. What about transportation and timing? How can getting to the meeting sites be made easier?

5.1.3. Is there anything that physicians and the Centers staff can do to make you feel more safe and comfortable using the telehealth services?

6. WRAP-UP

6.1. We've covered a lot of ground, but before we conclude, I'd like to ask: is there anything you think is important, that you want to talk about, that hasn't been covered so far in our conversation?

Quality Management and Evaluation Team (QMET) Interview Questions

1. Please provide me your position title and your role at The Centers and your role in the implementation of the TCE-TAC Grant?
2. What do you believe is the vision for implementation of the programs and services proposed in the TCE-TAC grant?
3. How is project/grant coordination accomplished for the TCE-TAC Grant? What is your perception on the how the grant coordination and management activities have flowed thus far in the project?
4. In what ways were you involved or engaged in the development in the TCE-TAC grant proposal?
5. In what ways were you involved or engaged in the initial program planning for TCE-TAC once the grant was initially awarded?
6. What are your perceptions of the overall input you had in designing the processes for TCE-TAC grant-funded services?
7. What do you feel The Centers management team's technological readiness was for implementing the services as proposed in the grant? What do you feel The Centers key staff members' technological readiness was for implementing the services as proposed in the grant? What do you feel the technological readiness was of the overall client base of The Centers regarding the technological changes to the service delivery proposed under this grant? How have these readiness levels helped or hindered the progress of TCE-TAC grant services implementation?
8. What do you believe are the key departments, programs and staff persons at The Centers that should be working together to ensure successful implementation of the services proposed under the TCE-TAC grant?
9. How would you characterize the implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?

10. What have been the most positive aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?
11. What have been the most challenging aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?
12. How well do you feel that the essential departments, programs and staff have worked together in the implementation of the proposed program services under the TCE-TAC grant?
13. Has it been made clear who needs to participate in the services proposed under the TCE-TAC grant? In other words, what are the admission and the exclusionary criteria for patient participation (these will of course differ for the different programs proposed in the grant)?
14. What has been the biggest barrier to participation in the TCE-TAC grant-funded services by clients? How can we engage the clients better? How can we increase client participation?
15. What do you believe are the clients' perceptions on these TCE-TAC grant-funded services
16. Do you believe the appropriate amounts of space and technology have been allocated for the TCE-TAC services proposed under the TCE-TAC grant? Please explain your response.
17. What have been the greatest barriers in implementing services as proposed in the TCE-TAC grant? What barriers, if any, do you foresee for the future of these services proposed in the TCE-TAC grant?
18. In what ways should the Quality Management and Evaluation Team (QMET) be working together to ensure the best implementation and operation possible of the services proposed under the TCE-TAC grant?
19. Are there any other issues, concerns, insights or comments that you would like to add regarding the TCE-TAC grant program services for The Centers?