

Casa Esperanza Retreat

17 September 2019

Brandeis University



Welcome and
introductions



Casa Esperanza

Hot off the Press Findings

CONSOLIDATED SURVEY ITEMS – 81 INTAKES (SOME DUPLICATES)

Substances with lifetime use, 1 or more years

Type of Drug	Yes, response
Cocaine/crack	77.8%
Marijuana	62.8
Heroin	62.7
Percocet	18.5
Oxycodone	9.9
Benzos	12.3
K2	6.2
Fentanyl	28.4
Non-prescription bupe	7.4
Tobacco	53.1
Any drug overdose	36.3

Substance Use Characteristics

- ▶ Alcohol is substance that is major problem, 30.9%
- ▶ Alcohol treatment is “considerably” or “extremely” important to me, 45.7%
- ▶ Drug treatment is “considerably” or “extremely” important to me, 65.5%
- ▶ Injected drugs in past 90 days prior to incarceration, 7.4% (16% not applicable)

- ▶ How long ago was your last period of voluntary abstinence, average (median) = 8.0 months (50% less than that, 50% more than that); mean (SD) = 21.2 months (28.0)
- ▶ How many months ago did this abstinence end? Average (median) = 1 month; mean (SD) = 5.1 months (11.6)

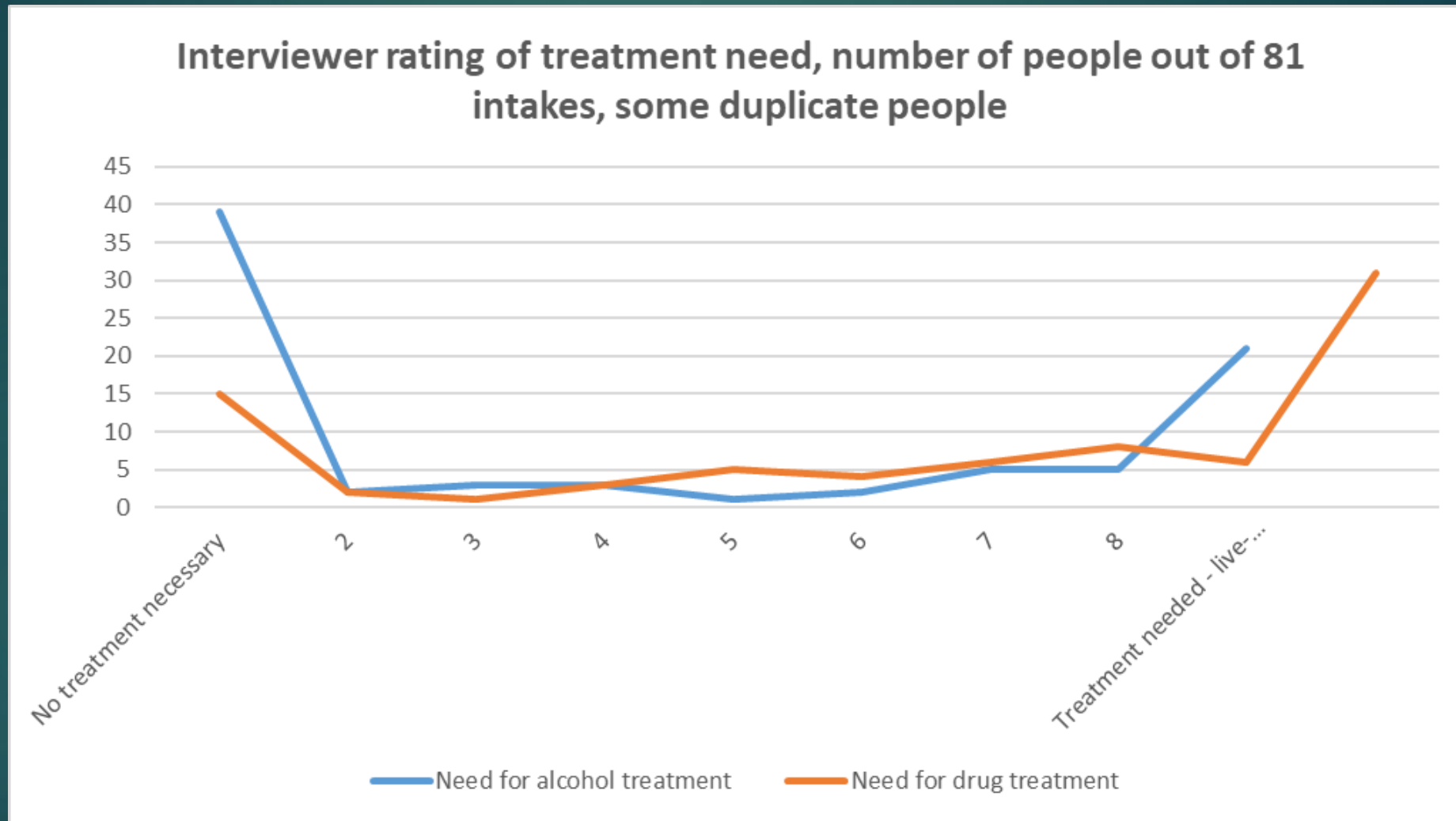
Lifetime treatment episodes, 1 or more prior treatment episodes

	Yes, response
Alcohol abuse	29.6%
Alcohol, Detox only	25.9
Drug abuse	75.3
Drug abuse, detox only	70.4

Where living the past 30 days

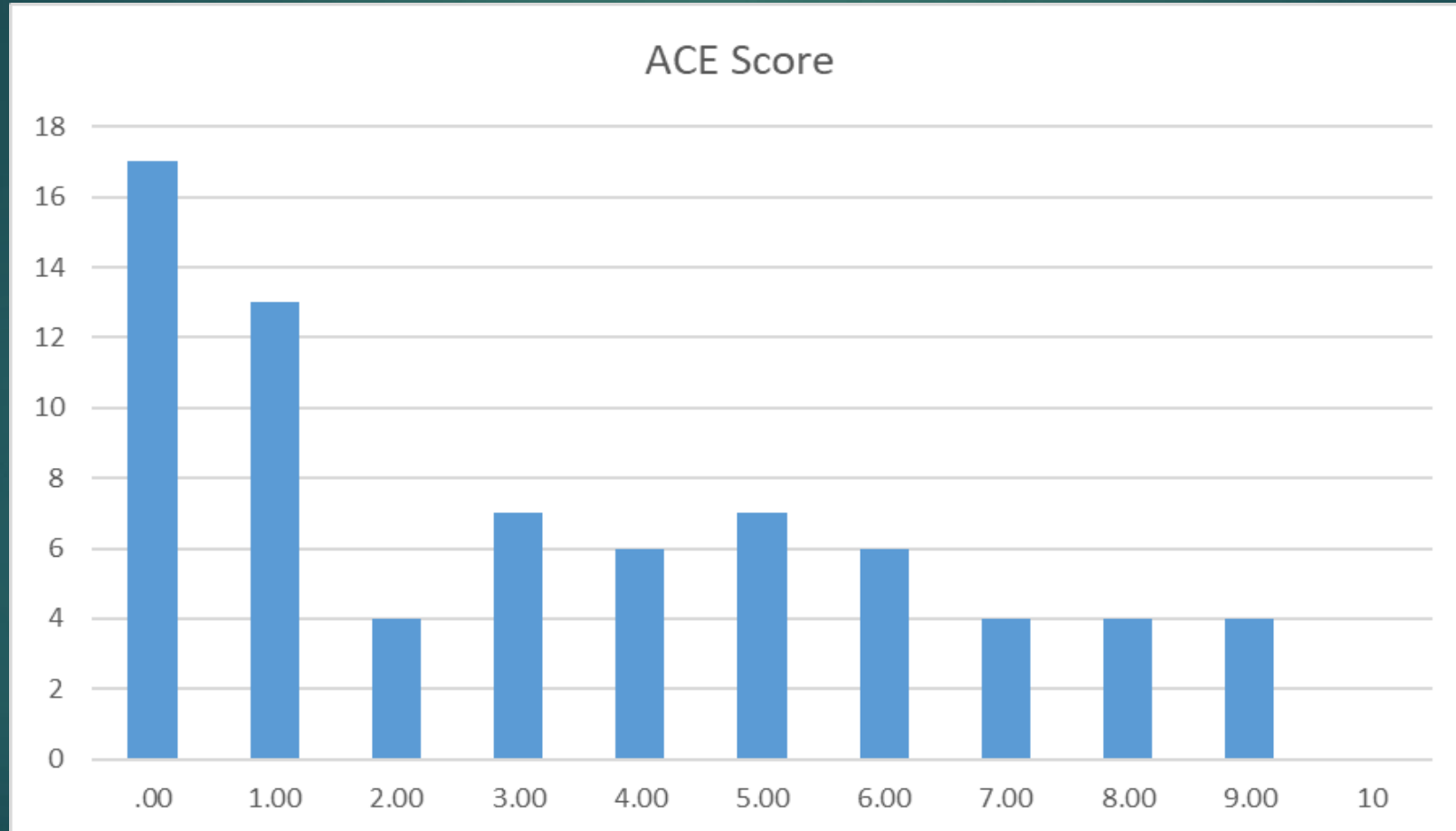
	Yes, response
Shelter	14.8%
Street/Outdoors	3.7
Institution	33.3
Housed	48.1
Own/rent apartment, room, or house	28.2%
Someone else's apt, room, or house	10.3
Halfway house	2.6
Residential treatment	59.0

Interviewer Rating of SU Treatment Need (ASI)



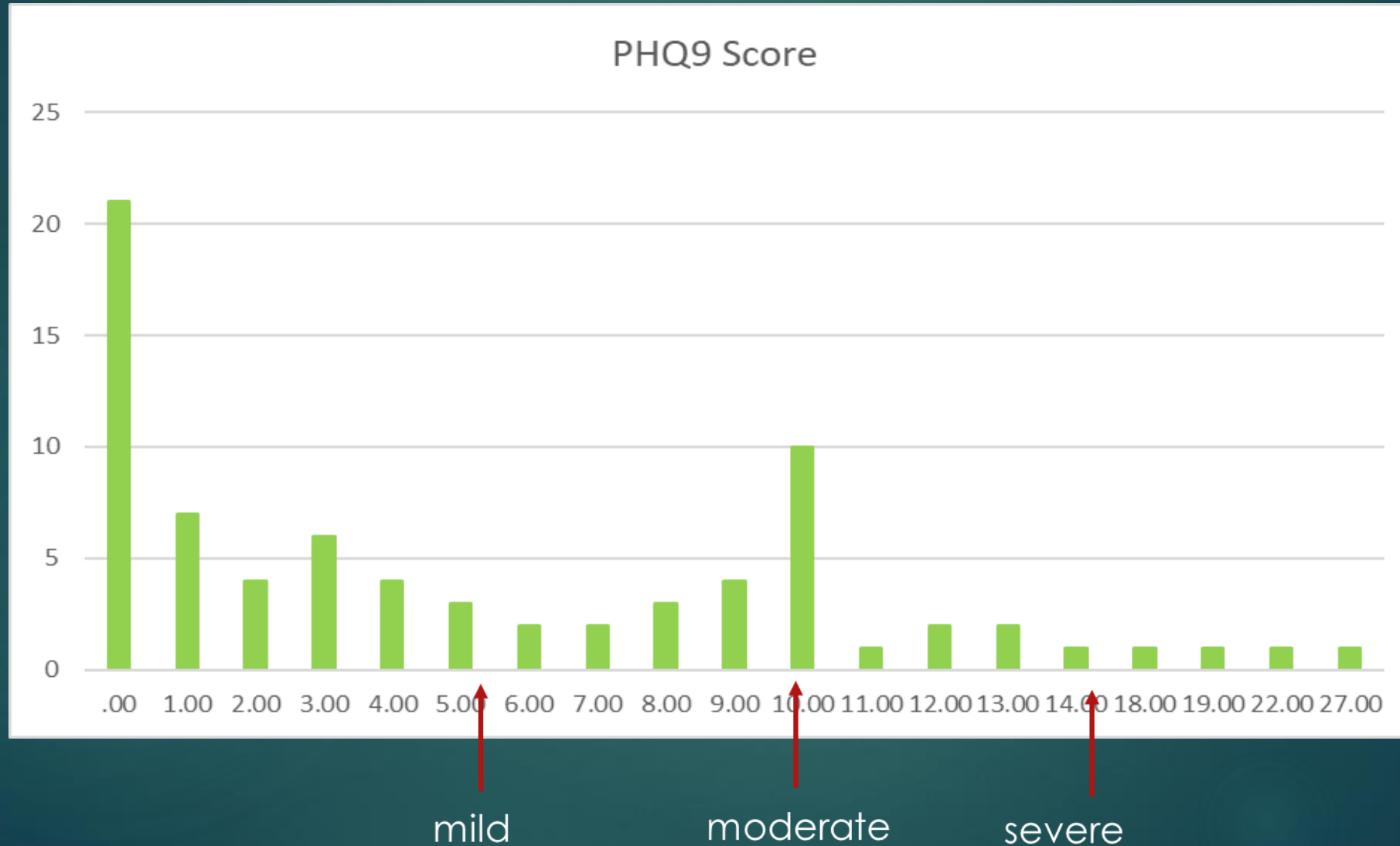
Adverse Childhood Events Score (10 contributing items) (n=72)

52% of respondents reported that they lived with someone who was a problem drinker or alcoholic or who used street drugs.

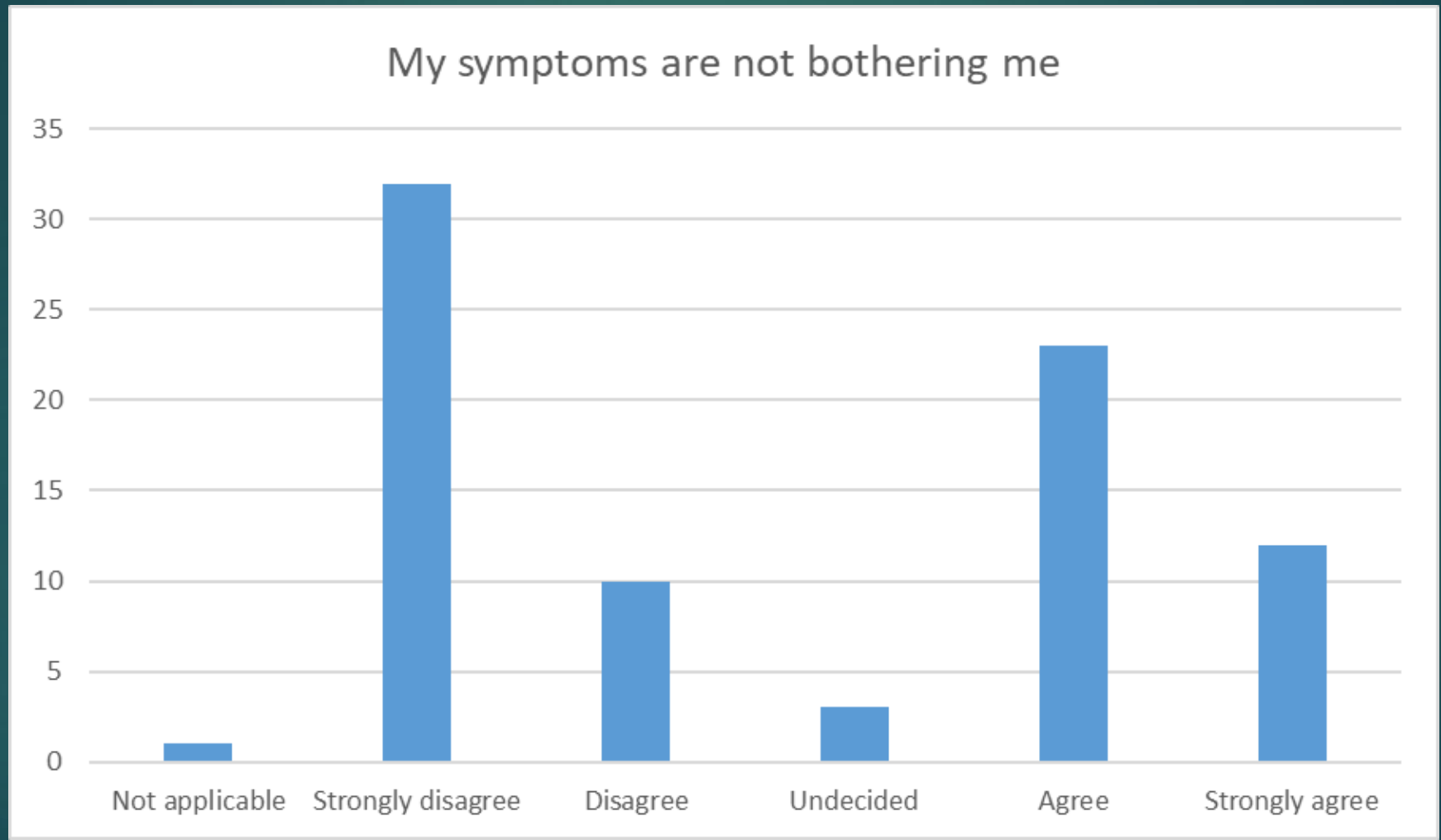


PHQ-9 Score. 9 Depression screening items

11.3% reported that they had been bothered by thoughts that they would be better off dead, or of hurting themselves several days or nearly every day in past 2 weeks.



Substance Use Symptoms: Agreement with the statement “my symptoms are not bothering me”



SPARS Data - Analysis by Grant Project

Funded Project	Number of Records		
	Intakes	Follow-ups (admin)	Discharge (terminated)
BCOR	106	43 (1)	19 (3)
Mi Camino	182	105 (4)	22 (5)
HIV Tu Bienestar	85	43 (1)	37 (1)
MAT (3 mo followup)	26	5	0
ORP	19	0	0
Casa Care II (CMHS)	38	0	0

SPARS Findings on co-occurring disorder, diagnoses, medications planned

	# Intakes	Co-occurring, yes	Diagnosis present					FDA Opioid Medication Planned				
			#9	#8	#24	#48+						
			OUDD, in remission	OUDD, current	Cocaine, in remission	Any MH	Missing	Methadone	Buprenorphine	Naltrexone	ER Naltrexone	Missing
BCOR	106	99	12	1	8	11	80	2	4	1	1	93
Mi Camino	182	174	12	0	8	10	158	2	4	1	1	169
HIV Tu Bienestar	85	72	5	4	2	15	62	0	1	0	0	82
MAT	26	20	5	13	2	2	1	0	1	0	1	22
ORP	19	17	7	0	8	5	1	0	2	1	1	0
Casa Carell	38	n.a.	5	17	1	30	2	n.a.	n.a.	n.a.	n.a.	



Evaluation dissemination

Targeted research-program dissemination

- Why:
- To promote the Casa Esperanza model and quality of care provided
- Target audience:
- Potential funders.
- Behavioral health provider community.
- Policy makers influencing national /regional/local health related priorities.

CONFERENCE PRESENTATIONS


Organization	Abstract due date	Meeting date (location)	Plan to submit (Yes/no)
Research Society on Alcoholism	Program proposals Dec 2, 2019 Poster abstracts Jan 10, 2020	June 20-24, 2020 (New Orleans)	
AHSR	May 1 (2019 conference)	Oct 16 - 18 (2019)	
APHA	Feb 19 - 23/March 1 depends on the section (2019 conference)	November 2 - 6 (2019)	
AMERSA	May 1 (2019 conference)	November 7 - 9 (2019)	
CPDD	Dec 2, 2019	June 20 - 24, 2020 (Hollywood, FL)	
AcademyHealth (ARM)	Jan 8 (2019 conference)	June 13 - 16, 2020 (Boston)	
ASAM	Aug 12, 2019 - Oct 4, 2019 (general, 1st period) Jan 2, 2020 - Jan 27, 2020 (poster presentation only; deadline extended).	April 2 - 5, 2020 (Denver, CO)	

Webinars-video clip

- Webinars through for example:
 - Regional Addiction Technology Transfer Center (s).
 - Recommend to SAMHSA.
- Video-clip: Part of every conference-funder presentation.

Next Step in Research: Identify Research Questions:

- Did integration of treatment for SUD and serious mental illness- reduce client drop-out, increase length of stay among Casa Esperanza Latinx clients?
- What were barriers and facilitators to introducing medications for Opioid Use Disorder in a behavioral health treatment system for Latinx clients with SUD and MHD?
- Does introducing medications for opioid use disorder in a residential treatment program for SUD change client drop-out rates, length of stay and.....



Meeting CSAT and CMHS Data Collection Requirements

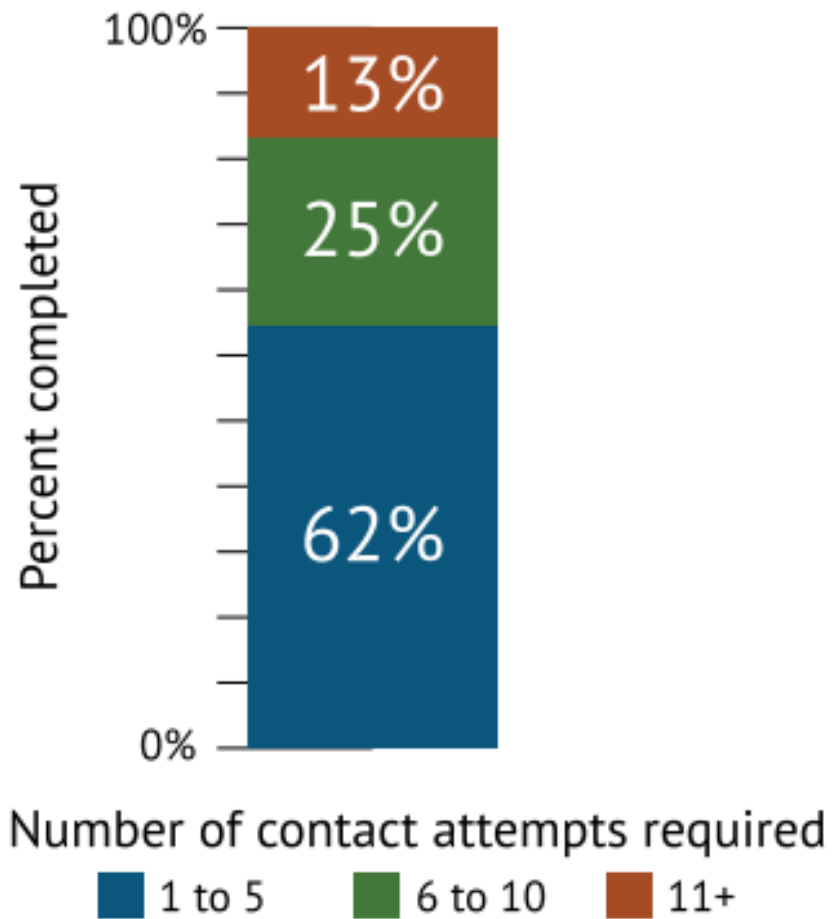
Standards We Want to Meet if Possible

- ▶ Best possible recontact and follow-up rate (3 months, 6 months)
 - ▶ CSAT – 80% re-interview rate
 - ▶ CMHS – attempt to get 100%, do not have to recontact if out of treatment
 - ▶ To answer our research questions – 90%, no bias in who is responding
- ▶ Reassessment/Followup & Discharge information
 - ▶ CMHS – when no contact with a patient for 90 days, complete administrative discharge
 - ▶ CMHS – when no interview at 180 (any) reassessment, complete administrative follow-up items
 - ▶ CSAT/CMHS – provide reason for no reassessment/follow-up interview; provide patient status

Getting highest possible follow-up rate requires dedicated resources (ala “Staying in Touch” fieldwork manual)

- ▶ Did you know, follow-up begins at the first contact?
 - ▶ rapport building
 - ▶ Reminder of next interview date
 - ▶ Complete locator information
- ▶ Did you know, efficient follow-up requires a tracking log?
 - ▶ Each time you attempt recontact – who, when, how, disposition
- ▶ Did you know, on average
 - ▶ Each contact attempt takes 10 minutes
 - ▶ Each successful recontact takes 20 attempts
- ▶ A dedicated “tracking coordinator” can increase efficiency and improve success at going from 60-70% follow-up to 80% follow-up; assists on challenging cases only

Figure 1: Contact attempts needed at six-month follow-up



Adapted from Meyers, K., Webb, A., Frantz, J., & Randall, M. (2003). What does it take to retain substance-abusing adolescents in research protocols? Delineation of effort required, strategies undertaken, costs incurred, and 6-month post-treatment differences by retention difficulty. *Drug and Alcohol Dependence*, 69(1), 73-85.



Review of current evaluation tools

Weekly update



Every Friday afternoon



Highlights (text)

A small table with 5 columns and 6 rows, showing data for intake and follow-up rates. The table is color-coded with yellow, green, and orange rows.

Summary table for intake & follow-up rates

A small table with 5 columns and 10 rows, showing a list of open follow-up windows. The table is color-coded with green and yellow rows.

List of open follow-up windows

Dear all,

There are only 16 days until all the Mi Camino follow-up windows close. Learn more in this week's highlights:

1. The Mi Camino grant officially ends on 30 September. If you get all 18 open (between now & 30 Sept.) follow-up surveys in by 30 Sept., you will achieve a **78%** rate (that is about 9 Mi Camino follow-up surveys per week until 30 Sept.). We moved them all closer to the top of the window list and highlighted in yellow.
2. 30 September is also the end of the reporting cycle for all the CSAT grants (all the others but CasaCare2). This means it is more important to have a big push to get follow-ups in during the final weeks of September than to have lots of intakes in the first week of October.
3. There are 50 follow-up windows open (all types/programs) for around 37 unique clients. All windows for Mi Camino close on 30 September (no matter what the official deadlines say).
4. Don't let an easy opportunity to increase your numbers go by—check all programs relevant for a given patient during each interview! Here is your cheat sheet for knowing who is eligible for each program:
 - a. Crossroads (BCOR) – Any client is eligible. Program provided bilingual/bicultural recovery services.
 - b. MAT/OBOT – Clients with SUD/COD who screen appropriate for MAT and will be engaged in Casa therapy are eligible. Program provides office based opioid treatment/medication-assisted treatment.
 - c. Mi Camino (Peer-to-Peer) – Any client is eligible. Program provided bilingual/bicultural recovery services.
 - d. Transcend (ORP) – Clients with SUD/COD who have been incarcerated in the past 4 months and served at least 3 months or violated parole and served at least 1 month. Program provides bilingual/bicultural recovery and reentry services.
 - e. Tu Bienestar (HIV) – Clients who have HIV or are at risk for HIV are eligible. Program provides bilingual/bicultural substance use, mental health, and HIV screening, testing, specialty care services.
 - f. CasaCare 2 (TIEH) – Clients with SUD/COD who are homeless or under-housed are eligible. Program provides services for housing, substance use, and mental health.

WEEKLY UPDATE 9/13/19	INTAKE COMPLETED /TARGET	INTAKE CASA RATES	INTAKES RECEIVED	6 MONTH FOLLOW- UP COMPLETE D/TARGET	6M FOLLOW- UP CASA RATES	6M FOLLOW- UP RECEIVED	3 MONTH FOLLOW-UP COMPLETED / TARGET	3M FOLLOW- UP CASA RATE	3M FOLLOW- UP RECEIVED
CROSSROADS/BC OR	110/133	83%	-	45/73	62%	-	N/A	N/A	N/A
MI CAMINO	186/206	90%	-	104/150	69%	-	N/A	N/A	N/A
TU BIENESTAR/HIV	87/95	92%	-	45/54	83%	-	N/A	N/A	N/A
TRANSCEND/ORP	22/35	63%	-	-	-	-	N/A	N/A	N/A
MAT/OBOT	29/35	83%	2070,11 75	1/0	N/A	-	9/23	39%	1469
CASACARE 2/TIEH	44/61	72%	2070, 2145, 2039	-	-	-	N/A	N/A	N/A

Date in **green** means window is open

Date in **yellow** means window is closing with a month

Date in **red** means window closed, follow up not completed, but administrative discharge survey encouraged

<i>Program</i>	ID	Intake Date	3 Mo Open	3 Mo Anniversary	3 Mo Close	6 Mo Open	6 Mo Anniversary	6 Mo Close
<i>Mi Camino</i>	1447	1/10/19				6/10/19	7/10/19	9/10/19
<i>Crossroads</i>	1447	1/10/19				6/10/19	7/10/19	9/10/19
<i>MAT/OBOT</i>	1471	4/23/19	6/23/2019	7/23/2019	9/23/2019	9/23/2019	10/23/2019	12/23/2019
<i>MAT/OBOT</i>	1777	4/25/19	6/25/2019	7/25/2019	9/25/2019	(see below)	(see below)	(see below)
Mi Camino	1713	2/5/19				7/5/19	8/5/19	10/5/19
<i>Crossroads</i>	1713	2/5/19				7/5/19	8/5/19	10/5/19
<i>Crossroads</i>	1470	2/7/19				7/7/19	8/7/19	10/7/19
Mi Camino	1571	2/14/19				7/14/19	8/14/19	10/14/19
<i>Crossroads</i>	1571	2/14/19				7/14/19	8/14/19	10/14/19

Enrollment emails



Approximately once a week



Enrollments already checked



Possible enrollments still allowed



Previous enrollments (in blue)



2 week deadline listed explicitly

Hi all,

Here are the most recent enrollments. Please let us know if there are any other projects the clients may be eligible for prior to the cutoff date. I've included the table I sent earlier this week.

A date in blue means that an intake for that program was conducted previously on that date.

Client ID	Intake Received	Intake Completed	Programs selected						14 day cutoff date
			Crossroads (BCOR)	Mi Camino	Tu Bienestar	Transcend (ORP)	MAT/OBOT	CasaCare 2	
1175	9/13/19	9/13/19					Yes		9/27/19
2145	9/13/19	9/13/19						Yes	9/27/19
2070	9/13/19	9/13/19					Yes	Yes	9/27/19
0648	9/13/19	9/13/19	7/25/19	7/25/19		7/25/19		Yes duplicate 7/25/19	9/27/19

Client ID	Intake Received	Intake Completed	Programs selected						14 day cutoff date
			Crossroads (BCOR)	Mi Camino	Tu Bienestar	Transcend (ORP)	MAT/OBOT	CasaCare 2	
551	9/5/19	9/5/19	Yes	Yes		Yes			9/23/19

Thanks,
Mindy

Survey submission notices



All front-line staff included



Full text included



to me ▾

A Casa Esperanza interview has been submitted and recorded.

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2019-09-13 10:07:04 MDT

IP: 74.94.163.129

ResponseID: R_3hzGpCtuTXuE0Si

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#: https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Fbrandeis.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_enCFWxphFQVq0It%26R%3DR_3hzGpCtuTXuE0Si&token=ZKnSk9EjrbAmxzBolgKXlaUGold3bNxoHxu2so3EyNc%3D

#DistributeSection, ResponseSummary#:

Interviewer Initials

CR

Client ID

2070

Interview Type

Intake

Interview Date CSAT/CMHS

09-13-2019

Individual survey item clarification emails



Usually from Yinuo



Directly to interviewer
and cc'd Micaurys



Sent immediately around
SPARS data entry so closer
to interview date (fresher
memory)

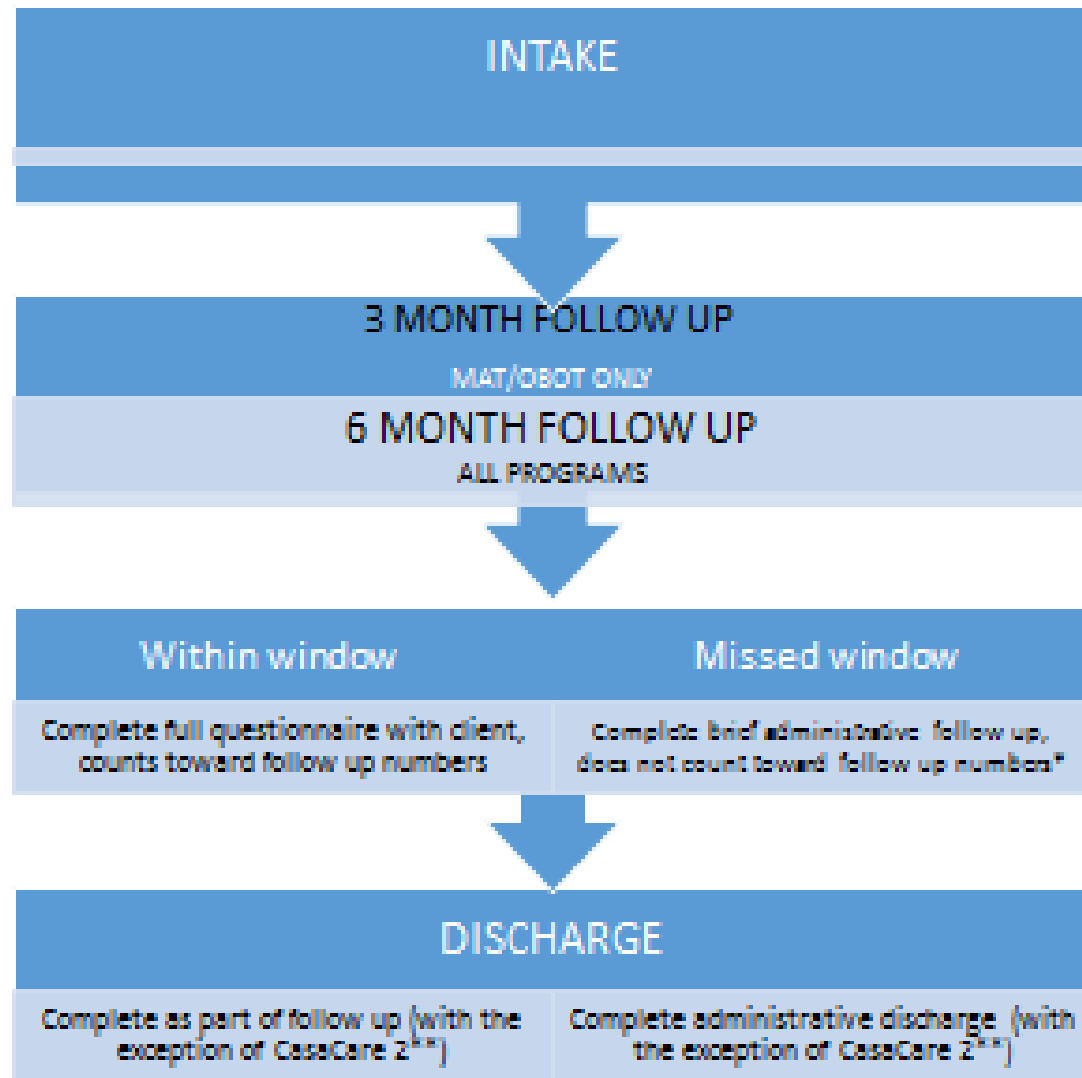


Consolidated survey
workflow:
Review & recommendations

Recommendations and SAMHSA guidelines

- Intake interview
 - CSAT: within 3 (residential clients) or 4 days of entering program.
 - CMHS: within 7 days of entering program
- **All** clients should have a completed intake, follow up, and discharge
- **All** follow ups and discharges should be completed *even if interview does not occur.*
 - CSAT:
 - Follow up target is 100% of clients, 80% is minimum (with interview)
 - Defers to program discharge policy; if no policy discharge after 30 days of last service
 - Expects discharge interview, but accepts administrative discharge
 - No minimum discharge requirement
 - CMHS:
 - Administrative follow up (contains services received questions) due 30 days after anniversary = no later than end of follow up window.
 - Defines discharge as 90 days without contact with client or client death
 - No minimum discharge requirement

Interview flow chart



*This brief administrative follow up allows us to better understand characteristics of clients who are lost to follow up.

** CasaCare 2 has ongoing reassessments so a discharge should not be completed until actually discharged from the program (SAMHSA defines as 90 days without client contact). For this grant, services received are included in the follow up, not discharge. An administrative follow up should still be completed by the end of the follow up window if no interview occurred.

Intake workflow

Describe how a client goes from being identified as eligible for SAMHSA funded projects to interview completion.

- Identify clients eligible for SAMHSA funded programs (Who does this?)
- Understand eligibility for each grant (intake workers, grant project staff)
- Know where to find clients current/former enrollment status (Has the client been enrolled previously, and which grants? Using log? Evolv?)
- Use consolidated survey to enroll into all projects client is eligible for by checking off all appropriate projects in the survey
- Documentation of interview/enrollment?
- Complete locator and enrollment forms (when does this happen? Where do the locator forms live?)
- How are planned services determined?

Follow up and discharge workflow:

Describe current practice of tracking, locating, and completing follow up interviews.

- Follow up tracking? Who decides who completes the interview?
- How are services received retrieved in Evolv? Is there a system/report that generates information?
- Logging completed interview
- What is the interview incentive? How is this distributed?
- For closed windows, mechanism for completing administrative follow up/discharges?

Creating step by step workflow

Based on feedback from today and evaluation team recommendations
for your review/revisions.

Step by step workflow instructions: purpose

Based on feedback from today and evaluators' recommendations

- Clarifies procedures for all staff
- Provides training document for all staff
- Creates uniformity in data collection
- Increases intake and follow up rates
- Consolidates information so all Casa staff access

Evaluation team will create and Casa will amend/approve prior to use.

File

Home

Insert

Design

Layout

References

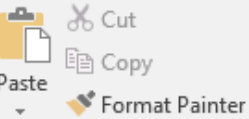
Mailings

Review

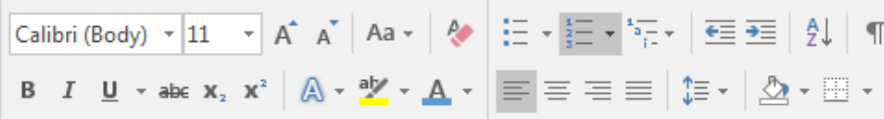
View

ACROBAT

Tell me what you want to do...

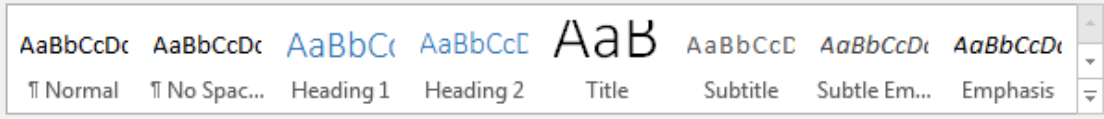


Clipboard



Font

Paragraph



Styles



Editing

1. Identify client eligible for SAMHSA grant funded projects (Mi Camino, Crossroads, MAT, CasaCare, Transcend, Tu Bienestar).
2. Check to see if they have been enrolled in any of these programs already (**using shared log**).
3. Survey link is https://brandeis.qualtrics.com/jfe/form/SV_enCFWxphFQVq0It Password is: Esperanza
4. Proceed with interview, using Evolv generated (NOT residential) client ID.
5. Select interview type
6. Please provide answers for all questions. **More here? Helpful hints?** See interview tips below.
7. Select ALL projects that client is eligible for and not already enrolled in (**check log for this**). This serves as enrollment for the projects. A client can be enrolled in one or all, depending on eligibility. Below is a guide, which is also included in the survey. If you submit the survey and then realize the client was eligible for additional projects, please contact us at CasaEval@brandeis.edu or 781-736-4994 within 14 days so we can include the additional projects on the original survey. After 14 days a new intake interview will be required for enrollment.
 - a. **Crossroads** (BCOR) – Any client is eligible. Program provided bilingual/bicultural recovery services.
 - b. **MAT/OBOT** – Clients with SUD/COD who screen appropriate for MAT and will be engaged in Casa therapy are eligible. Program provides office based opioid treatment/medication-assisted treatment.
 - c. **Mi Camino** (Peer-to-Peer) – Any client is eligible. Program provided bilingual/bicultural recovery services.
 - d. **Transcend** (ORP) – Clients with SUD/COD who have been incarcerated in the past 4 months and served at least 3 months or violated parole and served at least 1 month. Program provides bilingual/bicultural recovery and reentry services.
 - e. **Tu Bienestar** (HIV) – Clients who have HIV or are at risk for HIV are eligible.

How can we support you?

Training opportunities in support of data collection and best practices:

- In person trainings (one on one, group)
 - Currently Mindy and Micaurys are planning training on the consolidated survey and clarifying work flow
 - Brandeis team can provide trainings on specific topics (follow up, locator form, etc.) as requested

- SPARS courses we recommend (available on demand)
 - Online Course: SPARS Video Series: A Trauma Informed Approach to Data Collection
 - On Demand Courses: CSAT-GPRA Tool On-Demand Course; CMHS Data Collection On-Demand: Adult Services
 - Archived webinar: Data Follow-up Clinic



Top issues identified
during SPARS data entry

- issue sample #1 - Conflicting diagnosis**

Q112. BEHAVIORAL HEALTH DIAGNOSIS

Interviewer answers the following questions. If you do not know the client's diagnosis made by a licensed professional, select "Don't know". If the diagnosis is not listed, select "None of the above".

Q113. Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) descriptors.

Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

	Diagnosis	Level
Diagnosis 1	Alcohol use disorder, uncomplicated, moderate/severe	Primary
Diagnosis 2	Cocaine use disorder, uncomplicated, moderate/severe	Secondary
Diagnosis 3	Cocaine use disorder, moderate/severe, in remission	Tertiary

Brandeis note: 2 different diagnoses for the same drug are not logical.

Record the most recent diagnosis. If record contains both opioid use disorder, moderate/sever, in remission and opioid use disorder, uncomplicated mild, only one can "current".

- Issue sample #2 - Criminal and justice status**

- You reported that you have used illegal drugs during the past 30 days (B.1.c), then E4 (how many times have you committed a crime) should be no less than B.1.c, since taking illegal drugs is a crime. Do you wish to continue?

- Issue sample #3 - Stability/Living status**

The following error(s) occurred:

- The total number of nights homeless + nights hospital MHC + nights detox + nights jail cannot be greater than 30.

C. STABILITY IN HOUSING

1. In the past 30 days how many...

	Number of Nights/Times	
a. nights have you been homeless?	30	⬇
b. nights have you spent in a hospital for mental health care?	0	⬇
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	30	⬇
d. nights have you spent in correctional facility including jail or prison?	0	⬇
Total items for a, b, c, and d	60	
e. times have you gone to an emergency room for a psychiatric or emotional problem?	0	⬇

CMHS QxQ guidance:

Add up the total number of nights spent homeless, in hospital for mental health care, in detox/inpatient or residential substance abuse treatment, or in a correctional facility (the total of items a-d cannot exceed 30 nights).