

**From:** [Lees, Doug \(SAMHSA/OFR\)](#)  
**To:** [Matthew Hardy](#)  
**Cc:** [Kathie Williams](#); [Rosas, Laura \(SAMHSA\)](#); [DGMPProgressReports \(SAMHSA/OFR\)](#)  
**Subject:** RE: TCE-TAC Bi-Annual Report: TI024724\_Tennessee e-ROSC  
**Date:** Thursday, September 03, 2015 9:58:45 AM  
**Attachments:** [Sept 2015 TI024724 Tennessee E-ROSC Biannual Report 09-01-2015\[2\].docx](#)

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Thanks for your report. Just FYI

SAMHSA is implementing a new e-address to send grantee periodic programmatic reports. The e-address is [DGMPProgressReports@samhsa.hhs.gov](mailto:DGMPProgressReports@samhsa.hhs.gov). Below is a cut and paste from the term and conditions of your recent notice of award providing more detail. I do not need to be copied when submitting future reports since the SAMHSA grants office receives its' copy via the new address. In this email, I have forwarded your report to the new e-address.

**CUT AND PASTE FROM NoA:  
REPORTING REQUIREMENTS:**

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - March 1, 2016  
2nd Report - September 1, 2016

**Please submit your Programmatic Reports to [DGMPProgressReports@samhsa.hhs.gov](mailto:DGMPProgressReports@samhsa.hhs.gov) and copy your Program Official**  
(HARD COPIES SUBMISSION IS NOT REQUIRED)

Should you have any questions, please let me know.

Doug

**Doug Lees**

Grants Management Specialist  
HHS Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Suite 7-1091  
Rockville, MD 20850  
240-276-1653

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**From:** Matthew Hardy [mailto:[Matt.Hardy@centerstone.org](mailto:Matt.Hardy@centerstone.org)]  
**Sent:** Wednesday, September 02, 2015 1:49 PM  
**To:** Lees, Doug (SAMHSA/OFR)  
**Cc:** Kathie Williams  
**Subject:** FW: TCE-TAC Bi-Annual Report: TI024724\_Tennessee e-ROSC

Mr. Lees, please see below. I am forwarding my email and our bi-annual report to you as I have not received a confirmation of receipt from Ms. Passman. I thought she might be out of the office and I wanted SAMHSA to be aware of our submission as the report was due yesterday. Please let me know if I should submit our report to someone else. Thank you, Matt

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**From:** Matt Hardy <[matt.hardy@centerstone.org](mailto:matt.hardy@centerstone.org)>  
**Date:** Tuesday, September 1, 2015 at 3:04 PM

**To:** "Dina.Passman@samhsa.hhs.gov" <Dina.Passman@samhsa.hhs.gov>  
**Cc:** "Zahnwhea D. Harmon" <Zahnwhea.Harmon@centerstone.org>, Kathie Williams  
<Kathie.Williams@centerstone.org>  
**Subject:** TCE-TAC Bi-Annual Report: TI024724\_Tennessee e-ROSC

Ms. Passman,

I believe I should be submitting the attached bi-annual report to you. Please let me know of I am mistaken and I should be submitting the report to someone else.

As requested, we are submitting our biannual report via email. Could you please provide me an email acknowledging receipt of this report. If you have questions about the information in this report, please contact me at 615-734-9819, or e-mail me at [matt.hardy@centerstone.org](mailto:matt.hardy@centerstone.org).

Thank you,

Matt Hardy

Matt Hardy, Psy.D.  
Regional Vice President  
Centerstone  
cell: 615-734-9819  
[matt.hardy@centerstone.org](mailto:matt.hardy@centerstone.org)

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

**RFA # TI024724**

**CSAT BIENNIAL PROGRAMMATIC REPORT**

**Program Reporting Period: March 1, 2015 –  
September 1, 2015**

### **Instructions for Completing this Report**

1. Save the report to your computer.
2. Click on the darkened box next to each item to fill in your response.
3. Save your completed survey BEFORE returning it.
4. Return the completed report by email to:  
[granteereports@jbsinternational.com](mailto:granteereports@jbsinternational.com)
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: August 1, 2014-February 28, 2015
2. RFA #: TI024724
3. Grantee: Centerstone of Tennessee, Inc.
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Centerstone of Tennessee, Harriett Cohn Center, Outpatient Office	511 8 <sup>th</sup> Street, Clarksville, TN 37040	Matthew Hardy, Psy.D.	(931) 920-7249

5. Project Director: Matthew Hardy
6. Evaluator: Zahnwhea Harmon
7. Evaluator Phone/Email: (615) 463-6647/ Zahnwhea.harmon@centerstone.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
Mandy Davis	Add	4/20/15	Mandy.Davis@centerstone.org	
Bridget Connolly	Loss	5/1/15	Bridget.Connolly@centerstone.org	

**TABLE OF CONTENTS**

BACKGROUND .....	1
PROJECT IMPLEMENTATION .....	3
Project Goals and Objectives .....	3
Status Toward Goals .....	11
ORGANIZATION AND MANAGEMENT .....	11
Personnel .....	11
Partnerships .....	12
Training and Technical Assistance (TA) .....	13
PERFORMANCE INFORMATION .....	14
GPRA Performance .....	14
Evaluation .....	15
Interim Financial Status .....	16
Other Significant Project Activities .....	17
LIST OF ATTACHMENTS .....	17

## 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:**

Centerstone's *Tennessee Web-based Recovery Oriented System of Care (TN e-ROSC)* will develop and implement enhanced technology to expand and enhance access to culturally competent, evidence-based, trauma-informed, community-based healthcare for 150 adults (Year 1: 25; Year 2: 75; Year 3: 50) with substance use disorders (SUD) in nine underserved, primarily rural counties surrounding Clarksville, Tennessee and the adjacent Fort Campbell Army Post.

Individuals with SUD living in the **TN e-ROSC** focus counties (*Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart* in Tennessee, and *Christian, Trigg, and Todd* in Kentucky), including veterans, racial/ethnic minorities, individuals with a history of criminal justice involvement, and those with co-occurring substance use and mental health disorders, experience significant disparities and face multiple barriers to treatment access. The focus area experiences high rates of poverty (19%) and unemployment (8.4%), which have been shown to increase susceptibility to SUD. Tennessee ranks among the top ten states in the nation for the percentage of young adults with substance abuse/dependence (8.5%), as well as those reporting illicit drug use other than marijuana (9%) and nonmedical use of pain relievers (13%). Community-based services in this primarily rural area are highly limited, and providers face communication barriers, both with other providers and with clients, that limit their ability to engage/retain this hard-to-reach population in treatment and recovery services.

**TN e-ROSC** will address these barriers using the evidence-based Recovery Oriented System of Care (ROSC) model, complemented by a SUD-specific web portal application (*e-ROSC*) that uses health information technology tools to enhance care coordination, improve communication with consumers, and enable program participants to track and manage their own health indicators via a personal recovery health record (PHR), text messaging, a mobile platform/applications for smartphones/tablets, and interconnectivity with Centerstone's electronic health record (EHR).

This technology will increase the number of participants accessing SUD treatment/recovery services and improve quality of care for adults in need of SUD treatment. Project outcomes to be achieved include increased participant recovery capital (i.e., intrapersonal, interpersonal, and environmental resources that can be used to aid recovery) by 50%, reduced substance use by 60%, and education/training for 200 community resource partners on *e-ROSC* use/applications. An Advisory Council comprising program participants and family members, primary/behavioral health professionals, state/local government agencies, and other stakeholders will support **TN e-ROSC** infrastructure/capacity development and lead community awareness efforts, building stakeholder consensus and relationships integral to sustainability. Key project partners include local primary and behavioral healthcare providers, county health departments, veterans

services offices, courts, and other state/local stakeholders. Staff experienced in substance use and co-occurring mental disorders will conduct the Evaluation, and all GPRA requirements will be met.

### **TECHNOLOGIES Being Used/Changes from Initial Application**

Third party mobile application technology is currently being used with e-ROSC clients. After a site visit from JBS International and feedback from professionals, community members, and current Centerstone clients regarding the V-Recovery website currently used by Centerstone of Indiana's e-ROSC, it was decided that a mobile application would better serve e-ROSC clients. Additionally, Centerstone of Tennessee clients indicated a preference for mobile technology services. Therefore, the program has moved forward with the creation of the Centerstone mobile application, with development now in the final stages. The app and connected web portal's functionality will feature a client-centered team approach, with providers involved in patient care forming "client teams". The app will utilize the Recovery Capital Scale as a "living recovery plan" and data from the scale will be used to prompt clients to complete tasks necessary to their recovery. The app's functionality will include secure messaging, the ability to request appointments, scheduling reminders, and an electronic version of the Recovery Capital Scale.

Client satisfaction surveys for technology (smartphones) utilized in the TN eROSC program have been actively given and analyzed. The survey consists of a series of seven questions with a five-point rating scale. Of participating clients, 67% strongly agreed that the technology equipment was easy to use, while 20% somewhat agreed and 13% neither agreed nor disagreed. 100% of the participants strongly agreed that the training and support received from staff helped them to better understand how to use the technology equipment to connect with Centerstone staff. Use of the technology equipment helped 87% of participants receive the care that they needed to make their situation better, while 13% somewhat agreed with this statement. 55% of participants strongly agreed with being comfortable using the technology equipment, 20% somewhat agreed, 33% neither agreed or disagreed, and less than 1% somewhat disagreed. 76% strongly agreed that the services using the technology equipment were just as helpful as meeting with someone in person, 20% somewhat agreed and less than 1% neither agreed nor disagreed. 80% of participants strongly agreed that they would like to use technology equipment for future services at Centerstone while 20% somewhat agreed. 93% strongly agreed to provide a recommendation for technology equipment to others who receive services at Centerstone with less than 1% somewhat agreed.



## 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: Develop a sound infrastructure and capacity to enhance and expand care coordination.

**Obj. A: Enhance** Centerstone's culturally competent team of therapists, care coordinators, and outreach/referral staff by supplementing them with Recovery Coaches trained in using and teaching the e-ROSC system.

**Status- COMPLETE:** This objective has been met. Therapists have received training in using and teaching the e-ROSC system. An additional therapist has been added to assist in recovery coaching and e-ROSC implementation.

**Obj. B: Provide** e-ROSC enabled treatment services and follow-up for 150 adults (year one: 25; year two: 75; year three: 50).

**Status-ONGOING:** To date, we have enrolled 82 adults in the e-ROSC program, an increase of 16 people from the previous reporting period. TN e-ROSC has made significant strides in technology integration into the delivery of clinical services, and now fully provide tele-health counseling services with program-provided iPhones. If a client successfully completes 8 tele-health sessions within the 10 week period, they are able to keep their iPhone. Thus far, 40 iPhones have been deployed to clients and over 200 tele-health sessions with program therapists have been completed.

**Obj. C: Ensure** consumer representation and community participation in all phases of the planning, implementation, and evaluation of **TN e-ROSC**.

**Status- ONGOING:** This objective is ongoing. We conducted a focus group of consumers to solicit input to better determine access to and preference for using different types of technology to enhance treatment services. Consumers preferred a mobile application and we are currently in discussion with vendors to determine the functionality needed for e-ROSC purposes. Meetings have focused on how to integrate this grant's technology components into Centerstone's larger Strategic Plan for Technology Services. Specifically, we are in the final stages of building a mobile application that will assist the clients enrolled in this grant, but also

be of use to the larger Centerstone client population which spans 4 states (TN, KY, IL, and IN) and totals over 100,000 clients served on an annual basis. While development of the mobile application is in progress, clients enrolled in the e-ROSC program are able to utilize technology services as part of their clinical treatment services via third party mobile applications with similar functionality as to what is being developed in the Centerstone app. The third party applications we are currently using include: Ginger.io, HIPAA Chat, Breathe2relax, In the rooms, Celebrate Recovery, and Virtual Hope Box. These third party mobile applications allow for secure messaging, Tele-health services, and behavioral health applications to assist in recovery/treatment.

**Obj. D:** *Establish* and *Maintain* a *TN e-ROSC* Advisory Council including participants/family members, behavioral health professionals, and other stakeholders.

**Status-COMplete/ONGOING:** This objective has been met and will be ongoing. Advisory council members have been identified and the council currently meets every quarter.

**Obj. E:** *Develop/Sustain* linkages with community-based organizations/agencies that provide wraparound recovery services for the focus population.

**Status-ONGOING:** This objective is ongoing. In previous months, e-ROSC has held community training with the local Health Department and a local community group. These trainings have allowed the program to develop linkages with these organizations, and have subsequently resulted in referrals for the program. Additionally, our partnership with Centerstone of Indiana is ongoing and has proved beneficial in our program design and technology integration.

**Goal:** Establish a fully functional web-based Recovery Oriented System of Care (e-ROSC) in the focus area.

**Obj. A:** *Implement* the *e-ROSC* web portal, including integrated web-based tools for identifying needs, tracking treatment progress, and adjusting treatment alternatives based on outcomes.

- **Status- ONGOING:** The program has moved forward with the creation of the Centerstone mobile application, with development now in the final stages. The app and connected web portal's functionality will feature a client- centered team approach, with providers involved in patient care forming "client teams". The app will utilize the Recovery Capital Scale as a "living recovery plan" and data from the scale will be used to prompt clients to complete tasks necessary to their recovery. The app's functionality will include secure messaging, the ability to request appointments, scheduling reminders, and an electronic version of the Recovery Capital Scale. Full completion of Obj. A. is contingent upon the Obj. B. and Obj. C. being fully implemented and fully

functional.
<b><u>Obj. B:</u></b> <i>Link</i> the e-ROSC web portal to Centerstone’s new meaningful use-certified EHR.
<p><b>Status-ONGOING:</b> This objective is in process. The e-ROSC web portal has been completed and we are beta testing the functionality at this time. The web portal is being developed in conjunction with the Centerstone mobile application to ensure that both will work with Centerstone’s new meaningful use EHR. CRI has completed the designs for both the mobile application and has contracted with a developer to build the mobile application. At this time, the mobile application is in final development stages. Once the mobile application is completed, we will beta test the mobile application and the web portal in order to ensure that data is able to move between systems and out to the mobile application.</p>
<b><u>Obj. C:</u></b> <i>Develop/Refine</i> e-ROSC mobile platform/applications for smartphones and tablets.
<ul style="list-style-type: none"> <li>• <b>Status-ONGOING:</b> This objective is in process. We have finalized the functionality that will be developed in the mobile application and have selected a vendor. Presently, the Centerstone application will include the following functionality: secure messaging, the ability to request appointments, an electronic version of the Recovery Capital Scale, the ability to view treatment goals and objectives, the ability to update the status of treatment goals and objectives. CRI has completed the designs for both the mobile application as well as the portal for managing user access. The portal was necessary to control how data would move between systems and out to the mobile app as well as managing user access (both clients and staff) and the teams that would be working the clients. Additionally, the mobile app vendor has produced a shell mobile app demonstrating how the functionality will work on the phone. While the development of the mobile application is ongoing, clients have begun using the aforementioned third party applications (Ginger, io; HIPAA Chat, and Breathe2relax. These third party applications allow clients to participate in tele-health counseling, secure messaging, and behavioral health related applications to assist in the client’s recovery/treatment process.</li> </ul>
<b><u>Obj. D:</u></b> <i>Connect</i> e-ROSC to Centerstone’s analytics platform in order to measure technology use of the Personal Health Record (PHR) web portal by consumers and <b>TN e-ROSC</b> partners, identifying components of typical use.
<p><b>Status-ONGOING:</b> This objective is in progress and relies on the ongoing creation of the e-ROSC web portal and the Centerstone mobile application. Centerstone Analytics will be able to maintain aggregate data on usage, as well as aggregate data from the Recovery Capital Scale that will be pulled from the Centerstone web portal. This data will be communicated to evaluation staff for grant reporting on target objectives.</p>

**Goal:** Increase the awareness/education of TN e-ROSC participants and partners on use of the e-ROSC portal.

Obj. A: **Train** at least 150 adults with SUD to use the e-ROSC to track and manage their health.

**Status-ONGOING:** This objective is in progress and relies on the improvement and creation of the e-ROSC web portal and smartphone technology. We anticipate a more in- depth discussion regarding this objective during the next reporting period.

Obj. B: **Educate/Train** 200 community resource partners (e.g., law enforcement, judges, medical providers, faith leaders) in use of the e-ROSC and related privacy issues.

**Status-ONGOING:** This objective is in progress. Community training has been held in recent months at the Health Department. A subsequent training was held with a local faith based organization. These trainings have had over 50 attendees and have resulted in referrals of clients into the e-ROSC program.

**Goal:** Improve outcomes for program participants.

Obj. A: **Increase** participants' recovery capital (i.e., sum of supports needed to help them reach/sustain recovery) by 50%.

**Status-ONGOING:** Data for the recovery capital scale has been actively collected and prepared for analysis. The RCS consists of 43 questions with a five-point scale in the following categories: career/education; leisure/recreations; independence from legal problems and institutions; financial independence; drug/alcohol recovery; relationships/social support; medical health; mental wellness/spirituality/self-efficacy; and living situation. At the baseline level, the average RCS score is 146 out of a maximum of 225. Under career/education, the questions of satisfaction with current level of employment and having a stable job that is enjoyable and provides for basic necessities have the lowest averages, at 2.6 and 2.73 respectively. Feeling that others rely on the participant to support their own recoveries averaged at 2. The highest average is having family members supportive of their recovery process, at 4.6. At the 6-month follow, the average score dropped five points to 140, with career/education category continuing to receive the lowest scores, averaging at 2.2.

Obj. B: **Reduce** substance use by 60% at 6-month and discharge follow-ups.

% at Intake	% at 6 Months	Rate of Change	Status on Objective
--	--	--	Unknown

% at Intake	% at Discharge	Rate of Change	Status on Objective
--	--	--	Unknown

**Status-ONGOING:** Analysis of substance use data could not be completed because of ongoing problems with the Common Data Platform.

**Obj. C: Reduce** mental health symptomatology by 50% at 6-month and discharge follow-up for participants with mental health conditions.

**Status- ONGOING:** Analysis of mental health symptomatology could not be completed because of ongoing problems with the Common Data Platform.

**(Depression)**

% at Intake:	% at 6 Months	Rate of Change	Status on Objective
--	--	--	Unknown

% at Intake	% at Discharge	Rate of Change	Status on Objective
--	--	--	Unknown

**(Anxiety)**

% at Intake	% at 6 Months	Rate of Change	Status on Objective
--	--	--	Unknown

% at Intake	% at Discharge	Rate of Change	Status on Objective
--	--	--	Unknown

**Obj. D: Achieve** 80% participant retention rate.

**Status-ONGOING:** We currently have a 31% retention rate in the e-ROSC program, consisting of 22 successful graduates, 70 total discharges, and 43 completed follow-ups. The retention rate has increased since the previous reporting period, although is still below the targeted 80%. Reasons for this include the difficulty in assessing client motivation, as many clients have legal obligations and may be court-ordered to participate in recovery programs. Once these legal obligations have been met, client motivation may decrease, resulting in a lack of participant retention in the program. Some clients also leave the program voluntarily, either moving out of the local area, moving out of state, entering an in-patient rehabilitation program, while some have been incarcerated. The program staff is aware of the need to increase participant retention, and has offered incentives for them to do so. A client's ability to keep their iPhone if they successfully complete the program serves as the main incentive for participant retention. Additionally, clients who miss appointments are tracked and contacted to re-engage them in the program. With these changes and incentives, we anticipate an increase in the retention rate in future reporting.

**Obj. E: Enhance** the functionality of Centerstone's current SUD services, including SAMHSA funded projects, to include access to the e-ROSC system.

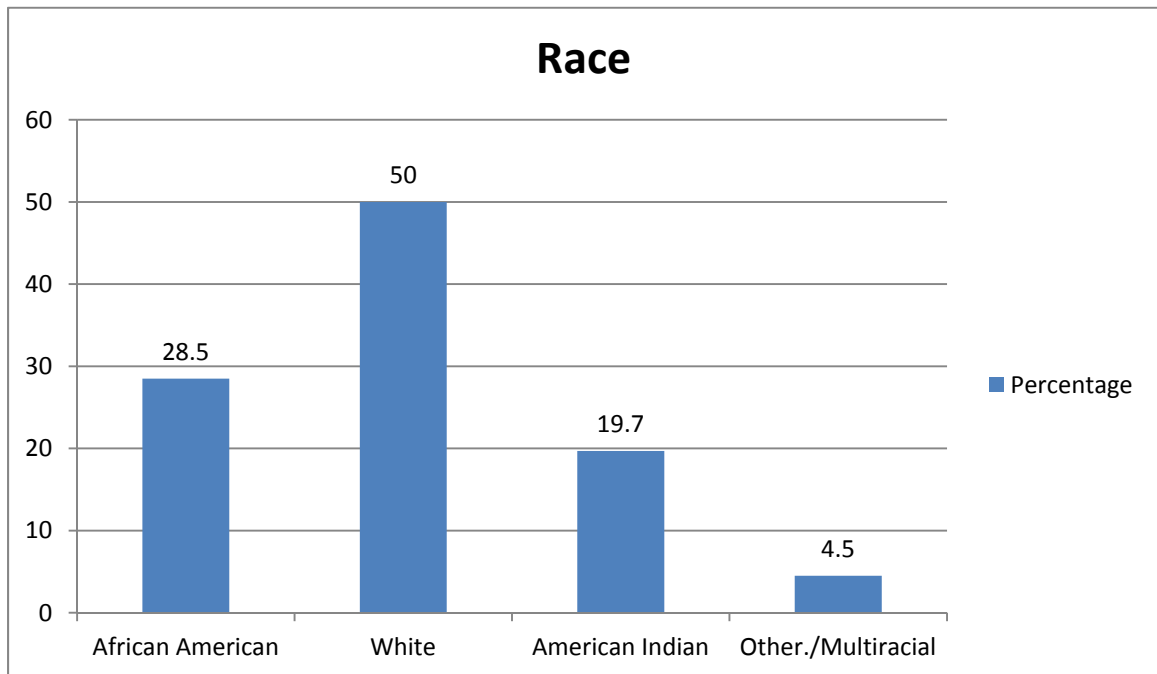
**Status-ONGOING:** This objective is in progress. While the development of the application is ongoing, clients have begun using the aforementioned third party applications. These third party applications allow clients to participate in tele-health counseling, secure messaging, and behavioral health related applications to assist in the client's recovery/treatment process.

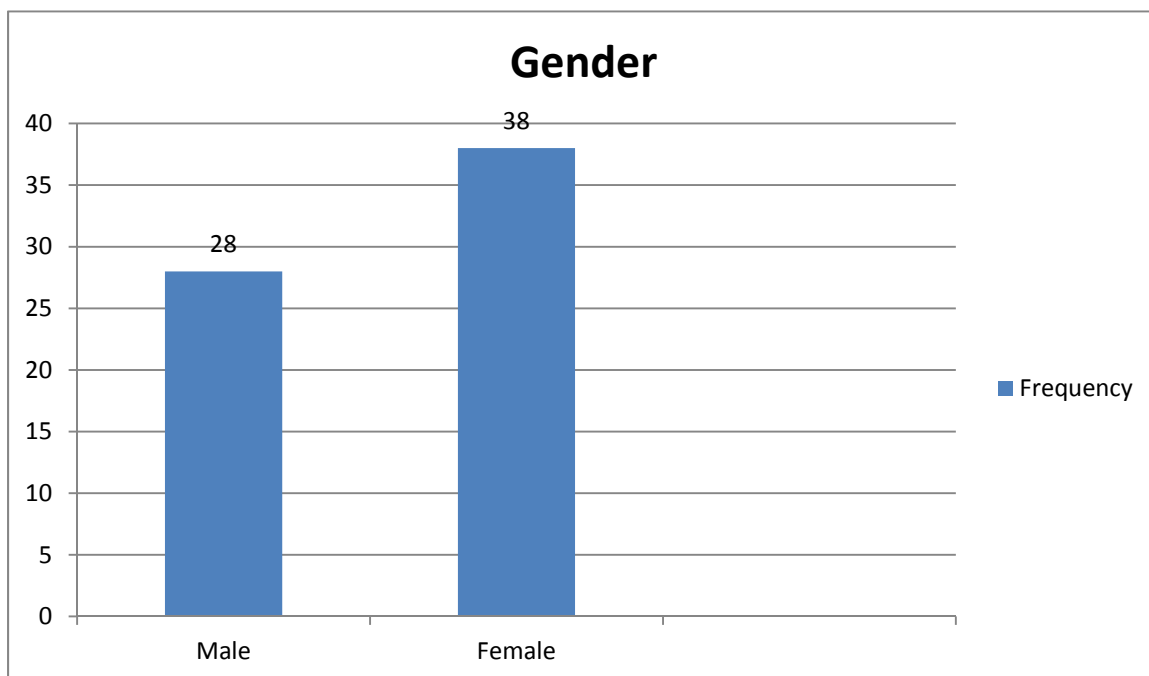
**Goal:** Develop/disseminate a thoroughly documented service model for replication across the state and nation.

**Status-ONGOING:** This objective is in progress and ongoing.

**Obj. A: Conduct** a comprehensive evaluation, including documentation of fidelity, process, and outcomes, and report on required performance measures.

**Status-ONGOING:** This objective is in progress. Activities aligned with the evaluation have primarily consisted of updating the evaluation plan, clinical flowchart, client tracking spreadsheets, and procedures for collecting baseline, 6-month follow-up data, and discharge data. To date, we have provided services to 82 clients, 36 men and 46 women. Approximately seventy percent of clients identify themselves as white (58 clients), twenty-seven percent identify themselves as African American (23 clients) and less than one percent identify has Hispanic (1 client). More than fifty percent of clients are aged between 25 and 44 (43 clients), while less than one percent are 55 and older (6 clients). Clients reported alcohol and marijuana as their primary substance of choice. Evaluation activities have also consisted of working with the program and technology staff to conceptualize technology-related questions to integrate into the evaluation model to enhance client outcomes. Findings from the technology-related questions and data from our data collection tools have been shared with program staff to report on progress toward goal achievement and recommendations for mid-course adjustments in implementation.





**Obj. B:** *Track, assess, and reduce* sub-population disparities through a data-driven quality improvement process.

**Status:** This objective is in progress and ongoing.

**Obj. C:** *Produce* manuals, materials, publications, presentations, and other products for dissemination and replication of the model.

**Status:** This objective is in progress and ongoing.



## 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.

While technology is currently being used in the e-ROSC program, we have not begun using the newly created Centerstone Mobile App with clients. At this time, we are using 3<sup>rd</sup> party apps such as: Ginger.io, HIPAA Chat, Breathe2relax, In the rooms, Celebrate Recovery, and Virtual Hope Box. These third party mobile applications allow for secure messaging, Tele-health services, and behavioral health applications to assist in recovery/treatment.

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

No changes were made to the project goals and objectives

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.)

We do not intend on making a request for changes to project goals and objectives during the next reporting period.

## ORGANIZATION AND MANAGEMENT

### Personnel

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

Position Title	Incumbent Name	Percent Time
Project Director	Matthew Hardy	15%
Grant program Manager	Aaron Stormer	60%
Recovery Coach	Menzo Faassen	100%
Recovery Coach	Jerome Viltz	20%

Position Title	Incumbent Name	Percent Time
Evaluation Associate	Zahnwhea Harmon	60%
Research Associate	Mandy Davis	20%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Bridget Connolly		5/1/2015	Loss
Mandy Davis		4/20/2015	Add

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

N/A

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

none

### Partnerships

List each of the partner organizations.

Partner
Montgomery County Drug Court
Montgomery County Health Department

Partner
Montgomery County DCS
Radical Mission
Career Center
CARE – Goodwill
Safe Harbor
Fire House Day Shelter

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

Bridget Connolly is no longer a Research Associate on the TN e-ROSC project. Mandy Davis took over her responsibilities as Research Associate on 4/20/15.

### Training and Technical Assistance (TA)

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

Staff Development Activity	Date	Number of Participant s	Training Provider
American Counseling Association Conference 2015	March, 2015	1	American Counseling Association
“The Do, The Undo, and the Redo in Psychodrama”	8/22/15-8/23/15	1	The Mid South Center for Psychodrama: Tupelo, MS
Staff Development Activity	Date	Number of Participant s	Training Provider
Co-Occurring Disorders: Proper Treatment for Successful		1	

Staff Development Activity	Date	Number of Participant s	Training Provider
Outcomes			
Addiction and Alternative Therapies Biopsychosocial Model of Addiction  Barriers to Recovery		1	

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

No trainings or TA activities are scheduled for the next reporting period at this time. We anticipate that as we further our technology usage, we will schedule trainings that will be addressed in our next report.

## 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.

Status: We are unable to report GPRA statistics due to ongoing problems with the Common Data Platform.

Type	Target	Actual	%
Intakes (Baseline)	--	--	--

6-Month Follow	--	--	--

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

We are unable to report due to ongoing problems with the Common Data Platform.

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.

n/a

## Evaluation

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

Evaluation has continued to monitor program progress. To date, a mobile app has been created with functionality as described above.

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 were made to the evaluation plan.

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

No new evaluation findings outside of GPRA reporting.

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

No problems have been encountered in conducting the evaluation.

Discuss how evaluation findings were used to improve the project.

Evaluation data has been disseminated to program staff. Biweekly meetings continue to be held to create strategies around improving the project.

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

No new evaluation reports from the last reporting period.

### 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*: \$280,000		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$16,901	\$68,377
Fringe	\$3,809	\$19,007
Contracts	\$7,895	\$37,934
Equipment	-0-	-0-
Supplies	\$175	\$2,950
Travel	\$3,087	\$5,899

Facilities	\$2,459	\$4,983
Other	\$6,912	\$15,143
Total direct expenditures	\$41,238	
	\$156,243	
Indirect costs	\$6,546	\$14,105
Total expenditures	\$36,076	\$154,432

### 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.

At this time, there are not any other project activities, events, or other issues that have occurred other than what has been previously described, such as a focus on Telehealth and mobile smartphone technology.

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

TN e-ROSC uses Centerstone's established policies and procedures. No specific project policies and procedures have been written at this time.

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.

No publications or presentations have been completed since last reporting period.

### LIST OF ATTACHMENTS

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

Attachment 1:

Attachment 2:

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: