

**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: February 1,

2014 – July 31, 2014

Instructions for Completing this Report

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

1. Reporting Period: February 1, 2014-July 31, 2014
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 th 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
Heather Nelms	Loss	July 1, 2014	heather.nelms@centerstone.org	
Zahnwhea Harmon	Add	July 1, 2014	zahnwhea.harmon@centerstone.org	
Bridget Connolly	Add	July 28, 2014	Bridget.connolly@centerstone.org	
Jerome Viltz	Add	July 28, 2014	Jerome.viltz@centerstone.org	

TABLE OF CONTENTS

BACKGROUND	1
PROJECT IMPLEMENTATION	2
Project Goals and Objectives	2
Status Toward Goals	9
ORGANIZATION AND MANAGEMENT	9
Personnel	9
Partnerships	10
Training and Technical Assistance (TA)	11
PERFORMANCE INFORMATION	12
GPRA Performance	12
Evaluation	13
Interim Financial Status	14
Other Significant Project Activities	15
LIST OF ATTACHMENTS	15

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

No technologies are currently being used in the project. The initial application states that we will use a web-portal application, as well as mobile platform/applications for smartphones/tablets, and interconnectivity with Centerstone's electronic health record (EHR). 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, the technological focus has changed slightly. We still plan to pursue the use of this website; however, we would like to request some changes be made to the website before it goes live. This discussion is in process with SPINN, the developer of the V-Recovery website. Due to the delay in having a live web portal at this time, telehealth (internet based therapy) is an option that we have begun to explore. Centerstone of Tennessee is still very committed to creating a mobile platform for smartphones/tablets and is in the process of issuing an RFP to vendors.

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 49 adults in the e-ROSC program. We have exceeded our target for year one of the program.

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 have 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 app 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 working on 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.
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. During the previous months, we have had the opportunity to receive ongoing consultation and assistance from our partner organization Centerstone of Indiana. Our partnership with Centerstone of Indiana has helped our program with efforts to refine clinical processes to meet technology requirements for our target population. We have continued to seek partnership opportunities with multiple Federal, State, and local agencies to continue our collaboration efforts.

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: 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 noted that the website could be improved to better serve clients. Our proposed changes to the V-Recovery website will require further conversation with SPINN about the possibilities and costs of improvement, which is in process.
Obj. B: Link the e-ROSC web portal to Centerstone’s new meaningful use-certified EHR.
Status-ONGOING: This objective is in progress and relies on the improvement and creation of the e-ROSC web portal, which we anticipate the ability to discuss in more depth during the next reporting period.
Obj. C: Develop/Refine e-ROSC mobile platform/applications for smartphones and tablets.
Status-ONGOING: This objective is in progress. We have begun the process of issuing an RFP to vendors and have begun to work on identifying the functionality that we are able to produce “out of the gate” on a mobile platform. Initial meetings have identified schedule reminders for clients and

the ability to send/receive messages with providers.
<u>Obj. D:</u> Connect e-ROSC to Centerstone’s analytics platform in order to measure technology use of the Personal Health Record (PHR) web portal by consumers and TN e-ROSC partners, identifying components of typical use.
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.

Goal: Increase the awareness/education of TN e-ROSC participants and partners on use of the e-ROSC portal.
<u>Obj. A:</u> 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.
<u>Obj. B:</u> 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 with 40 attendees. Training has resulted in referrals of clients into the e-ROSC program.

Goal: Improve outcomes for program participants.
<u>Obj. A:</u> Increase participants’ recovery capital (i.e., sum of supports needed to help them reach/sustain recovery) by 50%.
Status-ONGOING: Data for the recovery scale is being collected and prepared for analysis. We expect robust reporting on this objective in the next reporting period.
<u>Obj. B:</u> Reduce substance use by 60% at 6-month and discharge follow-ups.

% at Intake	% at 6 Months	Rate of Change	Status on Objective
54.5*	54.5*	0%	60% below target

% at Intake	% at Discharge	Rate of Change	Status on Objective
61.5**	61.5**	0%	60% below target

*Based on 11 matched cases.

** Based on 13 matched cases

Status-ONGOING: GPRA data serves as the source for this outcome objective. Analysis of substance use reduction is preliminary and includes a limited data set. We expect a larger sample size and more robust findings in the next reporting period.

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

Status- ONGOING: GPRA data serves as the source for this outcome objective. Currently, the intake to follow up sample is (n=11), and the intake to discharge sample is (n=13).

(Depression)

% at Intake:	% at 6 Months	Rate of Change	Status on Objective
54.5*	54.5*	0%	50% below target

% at Intake	% at Discharge	Rate of Change	Status on Objective
53.8**	61.5**	14%	64% below target

(Anxiety)

% at Intake	% at 6 Months	Rate of Change	Status on Objective
63.6*	27.3*	-57%	7% above target

% at Intake	% at Discharge	Rate of Change	Status on Objective
61.5**	61.5**	0%	50% below target

*Based on 11 matched cases

** Based on 13 matched cases

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

Status-ONGOING: We have a 15% participant retention rate in the e-ROSC program, consisting of 13 discharges and 2 completions. Some of the reasons for this include the difficulty involved in assessing client motivation. Additionally, many of our clients have legal requirements that are fulfilled through participation in the program. Once those legal requirements are met, their motivation may decrease, resulting in a lack of participant retention in the program. The program staff is aware of the need to increase participant retention. To that end, bi-weekly meetings have been scheduled to examine retention and strategize around how to increase client motivation and retention.

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 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.

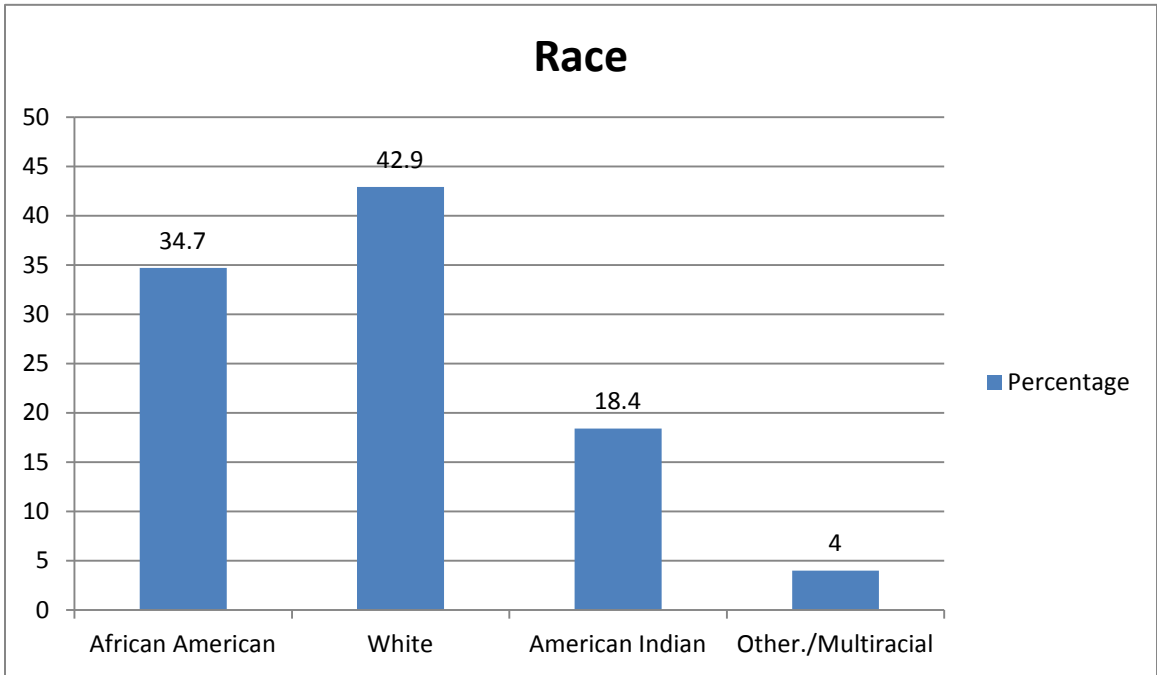
Goal: Develop/disseminate a thoroughly documented service model for replication across the state and nation.

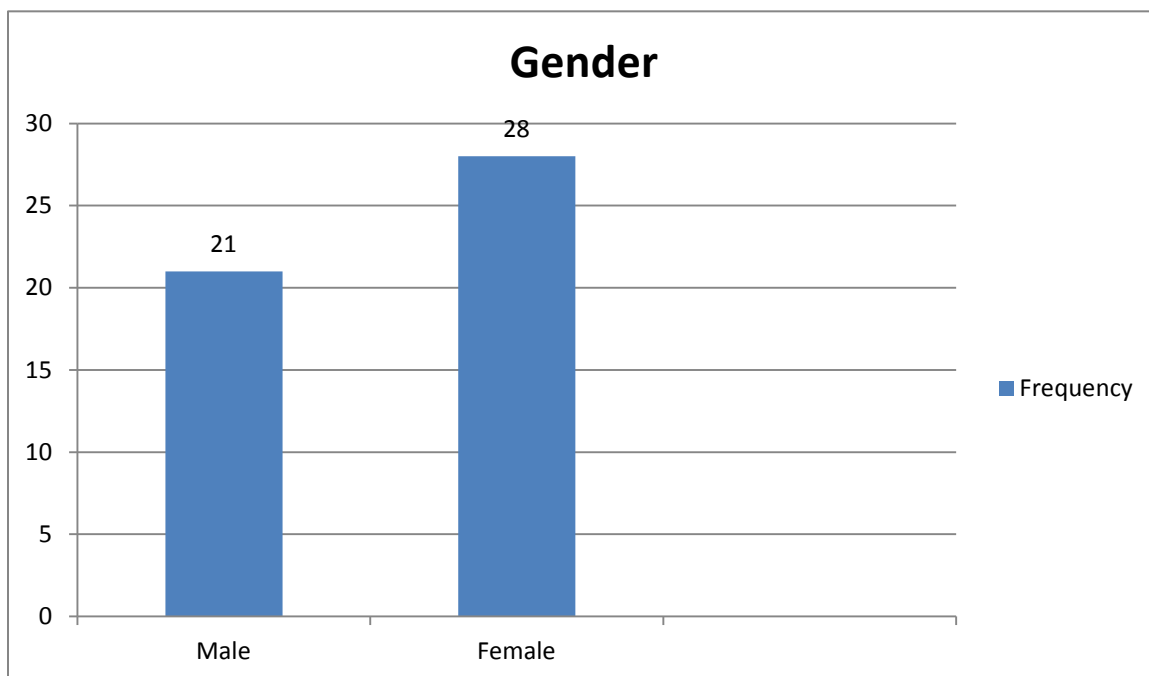
Status-ONGOING: This objective is in progress and ongoing.

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 establishing the evaluation plan, clinical flowchart, client tracking spreadsheets, and procedures for collecting baseline, 6-month follow-up data, and discharge data.

Our program has been operating for a short time and we do not have robust evaluation data to report. To date, we have served 49 clients (21 men and 28 women). Forty-seven percent of clients are between ages 25 and 44. Clients identified themselves as White (42.9 percent), African American (34.7 percent), or other (4 percent). Clients reported alcohol and marijuana/hashish as their primary drug 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.

At this time no technologies are currently being used in the project. Preparations are being made for the implementation of a Telehealth therapy component of the program. The initial application states that we will use a web-portal application, as well as mobile platform/applications for smartphones/tablets, and interconnectivity with Centerstone's electronic health record (EHR). 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, the technological focus has changed slightly. We still plan to pursue the use of this website; however, we would like to request some changes be made. This discussion is in process with SPINN, the developer of the V-Recovery website. Due to the delay in having a live web portal at this time, telehealth (internet based therapy) is an option that we have begun to explore. Centerstone of TN is still very committed to creating a mobile platform for smartphones/tablets and is in the process of issuing an RFP to vendors. We anticipate the ability to report on the progress of our technology use during the next reporting period.

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%

Position Title	Incumbent Name	Percent Time
Recovery Coach	Menzo Faassen	100%
Recovery Coach	Jerome Viltz	20%
Evaluation Associate	Zahnwhea Harmon	60%
Research Associate	Bridget Connolly	20%

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

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Heather Nelms		7/1/2014	Loss
Zahnwhea Harmon		7/1/2014	Add
Bridget Connolly		7/28/2014	Add
Jerome Viltz		7/28/2014	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

Partner
Montgomery County Health Department
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.

Jerome Viltz was moved into the position of therapist, while Bridget Conolly took over his role as Research Associate. Implications include an increase in help with recovery coaching for clients and new resources for community linkages.

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
PESI Mental Health Training- “i-Pad Applications for Use in Neurogenics”	May 31, 2014	1	PESI
2014 Addiction Treatment Technology Summit	August 26-27, 2014	2	Addiction Technology Transfer Center Network

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
JBS International Site Visit	February 6-7, 2014	Reviewed program accomplishments and identified potential areas where technical assistance may enhance achievement of program goals.	JBS International	No additional assistance is planned at this time. The JBS staff made suggestions that might assist the TN e-ROSC team plan most efficiently in completing goals and milestones during the upcoming year.

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.

Date on which reporting quarter data was obtained: 8/25/2014

Type	Target	Actual	%
Intakes (Baseline)	25	49	196%
6-Month Follow	None due at this time.	0	n/a

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

Our intake percentage exceeds 80% for intakes. No six month GPRA's due at this time.

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 established a clinical flowchart for enrolling TN e-ROSC participants, providing services, and completing evaluation instruments (GPRA). An Evaluation Plan has been written. A one-page preliminary findings report was created for JBS International during their site visit with first participants demographics presented. A focus group was held in order to elicit feedback regarding the V-Recovery website, the use of Telehealth, and client technology usage.

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 will 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	\$15,600	\$52,706
Fringe	4,565	\$15,195
Contracts	\$7,701	\$56,002
Equipment	-0-	-0-
Supplies	\$56	\$2,513
Travel	\$357	\$2,062
Facilities	\$893	\$2,740
Other	\$1,041	\$2,757
Total direct expenditures	\$30,123	\$134,279

Indirect costs	\$5,950	\$20,153
Total expenditures	\$36,076	\$154,432
Remaining balance		\$125,568
*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.

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: