

From: [Lees, Doug \(SAMHSA/OFR\)](#)
To: [Toriello, Paul](#)
Cc: [Washington, Wilson \(SAMHSA\)](#); [DGMPProgressReports \(SAMHSA/OFR\)](#)
Subject: RE: East Carolina University biannual report for TI-13-008 grant number TI024755-02
Date: Thursday, August 27, 2015 7:41:41 AM
Attachments: [East Carolina University TAC CSAT Bi-Annual Programmatic Report August 2....docx](#)

Hello Paul,

Thanks for your report. I have a few comments. I think JBS International is a former subcontractor with SAMHSA. They are not formally involved with SAMHSA program progress reporting, but feel to send a copy to whomever you like.

SAMHSA is implementing a new e-address to send grantee periodic programmatic reports. The e-address is 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. I copied the appropriate email with your information.

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 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

From: Washington, Wilson (SAMHSA)
Sent: Wednesday, August 26, 2015 12:22 PM
To: Toriello, Paul
Cc: Lees, Doug (SAMHSA/OFR)
Subject: RE: East Carolina University biannual report for TI-13-008 grant number TI024755-02

Hi Paul,

We are in receipt and review of your semiannual report.

Wilson J. Washington, Jr., M.S.
Public Health Advisor
Center for Substance Abuse Treatment (CSAT)
Performance Measurements Branch (PMB)
1 Choke Cherry Road, Room 5-1055
Rockville, MD 20857
Tel: (240) 276-2973
Fax: (240) 276-2900
Email: wilson.washington@samhsa.hhs.gov

From: Toriello, Paul [<mailto:TORIELLOP@ecu.edu>]
Sent: Wednesday, August 26, 2015 11:54 AM
To: Washington, Wilson (SAMHSA)
Cc: Lees, Doug (SAMHSA/OFR); Toriello, Paul
Subject: East Carolina University biannual report for TI-13-008 grant number TI024755-02

Colleagues-

Attached are the documents pertaining to our semiannual report.

Best,
Paul

Paul Toriello, RhD, CRC, CCS, LCAS, LPCA
Associate Professor, Chair, and Director of Graduate Programs
Department of Addictions & Rehabilitation Studies
College of Allied Health Sciences
East Carolina University
Mailcode #677
Greenville, NC 27858-4353
ph 252-744-6297
fax 252-744-6302
toriellop@ecu.edu
www.ecu.edu/rehb

From: Toriello, Paul
Sent: Thursday, February 26, 2015 1:48 PM

To: granteereports@jbsinternational.com

Cc: Toriello, Paul

Subject: East Carolina University biannual report for TI-13-008

Importance: High

Dear Colleagues-

Attached is our biannual report and attachments for our TAC grant.

Thank you.

Paul Toriello, RhD, CRC, CCS, LCAS, LPCA
Associate Professor, Chair, and Director of Graduate Programs
Department of Addictions & Rehabilitation Studies
College of Allied Health Sciences
East Carolina University
Mailcode #677
Greenville, NC 27858-4353
ph 252-744-6297
fax 252-744-6302
toriello@ecu.edu
www.ecu.edu/rehb

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

RFA # TI-13-008

CSAT BIENNIAL PROGRAMMATIC REPORT

Program Reporting Period:

02/01/15-07/31/15

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
5. Save the confirmation receipt of your submission.

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

1. Reporting Period: February 1, 2015 through July 31, 2015.
2. RFA #: TI-13-008
3. Grantee: East Carolina University
4. Provider Site(s):

| Provider Site Name | Address | Contact Person | Phone/Email |
|---------------------------------------------------------|---------------------------|----------------|------------------------------------|
| East Carolina University dba Navigate Counseling Clinic | 2200 S. Charles Boulevard | Paul Toriello | 252-744-6297/ toriellop@ecu.edu |

5. Project Director: Paul Toriello
6. Evaluator: Paul Toriello
7. Evaluator Phone/Email: [252-744-6297/toriello@ecu.edu](tel:252-744-6297)

8. Signature  08/26/15

Project Director Signature

Date

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

| Staff Member | Add/Loss | Effective Date | Email | Phone |
|--------------|----------|----------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

TABLE OF CONTENTS

| | |
|----------------------------------------------|----|
| BACKGROUND | 1 |
| PROJECT IMPLEMENTATION | 2 |
| Project Goals and Objectives | 2 |
| Status Toward Goals | 5 |
| ORGANIZATION AND MANAGEMENT | 5 |
| Personnel | 5 |
| Partnerships | 7 |
| Training and Technical Assistance (TA) | 7 |
| PERFORMANCE INFORMATION | 8 |
| GPRA Performance | 8 |
| Evaluation | 9 |
| Interim Financial Status | 11 |
| Other Significant Project Activities | 1 |
| LIST OF ATTACHMENTS | 12 |

BACKGROUND

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

Operation Reentry North Carolina:

Veteran Resiliency and Reintegration through Technology (ORNC: R&R)

Military veterans (veterans) are at a significantly high risk for substance abuse and co-occurring mental health disorders. This risk is compounded by the facts that veterans and their families (a) have a significantly greater chance of experiencing a homeless episode, (b) are more likely to experience these issues when representing minority sub-populations such as racial/ethnic, gender, and/or sexual orientation minorities, and (c) are unlikely or unable to seek treatment due to a number of barriers including stigma or residing in a rural area. Thus, the mission of ORNC: R&R is to strengthen the resiliency and facilitate the reintegration of veterans through creative and innovative uses of technology. Our project will focus on veterans struggling with substance abuse and co-occurring mental health issues who live in rural, eastern North Carolina.

Eastern North Carolina (NC) is an epicenter for these issues. First, six major military bases are located in four rural, eastern NC counties and approximately 125,000 veterans reside in and around these bases. Second, eastern NC is rural, and rife with poverty, unemployment and limited treatment resources specific to veterans and their families. The goals of ORNC: R&R will include (a) deployment of a clinical team in a technology equipped van in rural, eastern NC to conduct mobile outreach to veterans who are homeless or under-served, (b) coordinate services with the Veterans Affairs homeless and rural health programs and community-based treatment providers and resources, (c) provide state-of-the-art, evidence-based interventions via telehealth, web- and application-based service delivery systems, and (d) share these practices and the results of our project with providers in rural, eastern NC. ORNC R&R's technology-delivered interventions will be based on motivational interviewing, biofeedback training, community reinforcement approach, telepsychiatry consultation, relational health consultation, and vocational counseling. The objectives of ORNC: R&R include (a) increasing the number of veterans and their families who access medical, psychiatric, and behavioral health services, (b) reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc.), (c) reducing the number of veterans and their families experiencing a homeless episode, (d) increasing their social and vocational functioning, and (e) measuring the impact of the use of technology-based delivery mechanisms on these objectives.

Technologies being used. Those with an ** represent changes from initial application.

1. Telehealth,
2. Mobile clinic with satellite internet connection
3. A-CHESS**
4. Biofeedback
5. Outreach via texting, emails**
6. Service-based websites
7. Ipads
8. EPIC electronic health record

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: Deployment of a clinical team in a technology equipped van in rural, eastern NC to conduct mobile outreach to veterans who are homeless or under-served

Status: We began deployment of our mobile clinic in February 2014. We originally planned to deploy the mobile clinic on December 15th, 2013 but due to delays in implementing our new electronic health record, our project was behind approximately 45 days. Since initial deployment, our mobile clinic completed 220 missions. In addition to Beaufort, Carteret, Craven, Cumberland, Nash, Onslow, Pitt and Wilson Counties of eastern NC, we are now conducting missions in Duplin, Lenoir, and Wayne County. Due to a high density of homeless Veterans, a significant portion of missions have been to Cumberland County. Cumberland County is home to Fort Bragg and Pope Air Force Base.

Goal 2: Coordinate services with the Veterans Affairs homeless and rural health programs and community-based treatment providers and resources

Status: We continued to provide all participants information for County-based Veteran Outreach Program Specialist (DVOPs). DVOPs facilitate job readiness and placement services for Veterans with Disabilities. We are also building a new relationship with “Outside the Wire,” a peer-support based 501c.3 organization with a state wide infrastructure.

Goal 3: Provide state-of-the-art, evidence-based interventions via telehealth, web- and application-based service delivery systems

Status: We have organized our interventions under several categories. These categories and reporting period frequencies are as follows:

1. Outreach
 - a. Mobile Clinic Missions- 220
 - b. Text message blasts- 220
 - c. Monthly check-ins- We continued to attempt tp make contact with each

participant at least once per month. We make this contact via phone, emails, text, and/or in person.

2. "Who's hiring"- Our team cold calls potential employers in our catchment area to inquire as to who is currently hiring. We then send text messages to participants, by County, containing the contact information of companies that are hiring.
 - a. Who's hiring text message- Over 1000.
3. Clinical Encounters- These are more formal and structured clinical counseling services delivered via various means. Below are the method of delivery frequencies (for discharged participants only) for each method of delivery.
 - a. Electronic- 130
 - b. Phone- 456
 - c. Face-to-Face- 215
 - d. Biofeedback- 3

Goal 4: Share these practices and the results of our project with providers in rural, eastern NC

Status: We had a regional workshop planned for April 2015 but cancelled due to lack of registration. We plan to try again in the Spring of 2016 with earlier and enhanced marketing.

Objective 1: Increasing the number of veterans and their families who access medical,

psychiatric, and behavioral health services

Status: We look at our performance on this goal across three measures. Below is a description of each measure and our performance for the reporting period.

1. Number of participants enrolled in our project.
 - a. Thus far we have enrolled 269 participants. This represents 84% of our three year goal.
2. Increasing the proportion of participants who elect to receive for formal/structured clinical counseling services.
 - a. For the reporting period, 23% (63 of 269) of our participants have elected to receive said services. This is a 9% increase over the previous reporting period which is below our goal of a 30%. We will continue to strive toward a 30% enrollment in formal/structured clinical counseling services.
4. Increasing the number of clinical encounters completed by participants. This measure will include discharged participants only. Below are the method of delivery and reporting periods' frequencies (for discharged participants only) for each method of delivery.

| | 08/14-01/15 | 02/15-07/15 | Net change |
|------------------|-------------|-------------|------------|
| a. Electronic- | 72 | 130 | +58 |
| b. Phone- | 126 | 456 | +330 |
| c. Face-to-Face- | 124 | 91 | +62 |
| d. Biofeedback- | 3 | 3 | +1 |

Objective 2: Reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc).

Objective 3: Reducing the number of veterans and their families experiencing a homeless episode.

Objective 4: Increasing their social and vocational functioning.

Objective 5: Increasing their social and vocational functioning, and (e) measuring the impact of the use of technology-based delivery mechanisms on these objectives

- **Status:** Data not available due to suspension of CDP system.

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.

Due to delays in implementing our new electronic health record, our project is behind approximately 45 days. We originally planned to deploy the mobile clinic on December 15th, 2013 but were delayed until February 1st, 2014.

We also plan to add more mission locations to increase enrollment.

6-month follow-up rate is unknown due to suspension of CDP system.

Due to an outstanding enrollment, we have reduced our cost per adjusted reported intake by \$393 or 30%.

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.

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.)

No intention to change at this time.

ORGANIZATION AND MANAGEMENT

Personnel

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

| Position Title | Incumbent Name | Percent Time |
|------------------|-------------------|--------------|
| Project Director | Paul Toriello | 20% |
| Coordinator | W. Leigh Atherton | 20% |
| Coordinator | Lisa Tyndall | 20% |

| Position Title | Incumbent Name | Percent Time |
|----------------------|--------------------|--------------|
| Military Liaison | Jim Menke | 10% |
| Senior Clinician | Matt Putts | 50% |
| Evaluation Assistant | Jeff Thomas | 50% |
| Senior Clinician | Franciso Limon | 50% |
| Evaluation Assistant | Roberta Bellamy | 50% |
| Associate Clinician | Victoria Brodersen | 25% |
| Associate Clinician | Sarah Cullpepper | 25% |
| Associate Clinician | Tiara Tate | 25% |
| Biofeedback Director | Vacant | 10% |

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

| Staff/Contractor Position Title | FTE | Date Change Occurred | Addition or Loss |
|---------------------------------|-----|----------------------|------------------|
| | | | |
| | | | |
| | | | |

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.

N/A

Partnerships

List each of the partner organizations.

| Partner |
|-------------------------------------|
| Le Chris Health Systems |
| Waynesboro Family Clinic |
| Carolina Outreach Inc. |
| Durham Va |
| Fayetteville VA |
| Operation In As Much (Fayetteville) |
| Joy Communities |
| Rocky Mounty Shelter |

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

None during the reporting period.

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 |
|----------------------------|---------|------------------------|-------------------|
| Electronic Health Record | Various | 9 | ECU |

| Staff Development Activity | Date | Number of Participants | Training Provider |
|----------------------------|------|------------------------|-------------------|
| | | | |
| | | | |

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

| Type of TA Received | Date | Purpose of Assistance | TA Provider | Additional Assistance Planned for this Issue |
|---------------------|------|-----------------------|-------------|----------------------------------------------|
| | | | | |
| | | | | |

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

| |
|------------------------------------------|
| Electronic health record, SBIRT, A-CHESS |
|------------------------------------------|

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: Unknown due to suspension of CDP system.

| | Target | Actual | % | Target | Actual | % |
|--------------------|--------------------|--------|---|--------|--------|---|
| Intakes (Baseline) | <i>Example: 10</i> | | | | | |
| | | | | | | |
| 6-Month Follow | <i>Example: 0</i> | | | | | |

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

Despite not knowing our GPRA follow-up rate due to suspension of the CDP system, we still continue to improve in this regard with reminder phone calls, text messages, and appointment cards.

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.

Using a continuous quality improvement model, we have made several changes to our operations to improve their effectiveness. Example of changes include, but are not limited to, location of mission locations, departure time of missions, order of operations of workflow, additional of services to increase contact with participants.

We have also been collecting qualitative data from participants on which technologies they use and how they or others may use technology to help with health problems. See below.

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

N/A

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.

We have been conducting focus groups and interviews with participants on which technologies they use and how they or others may use technology to help with health problems. The data are tabulated on the attached spreadsheet.

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.

N/A

Discuss how evaluation findings were used to improve the project.

Using a continuous quality improvement model, we have made several changes to our operations to improve their effectiveness. Example of changes include, but are not limited to, location of mission locations, departure time of missions, order of operations of workflow, additional of services to increase contact with participants.

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

No new report.

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*: | | \$390,253.00 |
|---------------------------|--------------------------|---------------------------------|
| Expenditures | | |
| Expense Category | Expenditures This Period | Cumulative Expenditures To Date |
| Staff salaries | \$96,349.12 | \$169,928.00 |
| Fringe | \$7,316.06 | \$12,544.00 |
| Contracts | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 |
| Supplies | \$12,132.42 | \$13,541.59 |
| Travel | \$1,600.35 | \$3030.05 |
| Facilities | \$0.00 | \$0.00 |
| Other | \$7,263.29 | \$14,985.87 |
| Total direct expenditures | \$124,661.24 | \$218,563.11 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| Indirect costs | \$31,152.03 | \$55,728.57 |
| Total expenditures | | \$274,292.68 |
| Remaining balance | | \$115,960.32 |
| *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.

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

See attached.

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 at this time.

LIST OF ATTACHMENTS

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

Attachment 1: Navigate SOP Manual

Attachment 2: ORNC Master Workflow

Attachment 3: Client clinical packet

Attachment 4: Focus Interview Data Tracker

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: