

**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:

02/01/14-07/31/14

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

1. Reporting Period: August 1, 2013 through January 31, 2014.
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](tel:252-744-6297)/toriellop@ecu.edu

8. Signature  08/27/14

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	6
ORGANIZATION AND MANAGEMENT	6
Personnel	6
Partnerships	8
Training and Technical Assistance (TA)	8
PERFORMANCE INFORMATION	9
GPRA Performance	9
Evaluation	11
Interim Financial Status	12
Other Significant Project Activities	13
LIST OF ATTACHMENTS	14

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.

During the reporting period, our mobile clinic completed 70 missions. Our missions covered Beaufort, Carteret, Craven, Cumberland, Nash, Onslow, Pitt and Wilson Counties of eastern NC. 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: The relationships we built with collaborators prior to deployment of our mobile clinic have paid off significantly since deploying the mobile clinic. For example, our liaison to the Durham VA Medical Center, which covers the Nash-Edgecombe-Pitt-Wilson Counties portion of our catchment area, introduced us to many of our initial participants and organizations where we currently conduct missions. As another example, we built a relationship with "Operation In As Much (OIAM)," a soup kitchen for the homeless in Cumberland County. We now have a mission to OIAM every Thursday as they have made Thursday a designated day for Veterans. OIAM allows us to use their space to conduct groups and other services with participants. As a final example, our liaison to the Fayetteville VA Medical Center has introduced us to mission locations in the Onslow County area. Onslow County is home to the Camp Lejeune Marine Corps Base. We now have a mission to the Onslow Community Outreach center every other Friday.

During the reporting period, we have made many referrals to local providers of various services. Examples of providers include housing services, employment services, and intensive treatment services.

We have learned that our participants are more often than not reluctant to go to the VA for services. We anticipated this but have been surprised at how pervasive this sentiment is for the Veterans we have encountered. In response, we do not argue with participants about accessing

VA services but take person centered approach to listen to the participants concerns as well as explore treatment alternatives.

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- 70
 - b. Text message blasts- 70
 - c. Monthly check-ins- Many of our participants are reluctant to receive services above and beyond outreach. Thus, we have less contact with these participants. In response, we recently implemented a system where we attempt to make contact with each participant at least once per month. We make this contact via phone, emails, text, and/or in person. During the reporting period, we made 192 monthly check-ins.
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- 110
3. Clinical Encounters- These are more formal and structured clinical counseling services delivered via various means. Below are the means and reporting period frequencies for each means of delivery.
 - a. Electronic- 33
 - b. Phone- 32
 - c. Face-to-Face- 62
 - d. Biofeedback- 2

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

Status: This goal will be addressed in years 2 and 3 of the project.

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 88 participants. According to the SAIS system, 88 represents 110% of our goal.
2. Increasing the proportion of participants who elect to receive for formal/structured clinical counseling services.
 - a. For the reporting period, 21.5% (19 of 88) of our participants have elected to receive said services. Our goal is to increase that proportion to 30% over the next reporting period.
3. Increasing the number of clinical encounters completed by participants. This measure will include discharged participants only. We have only discharged only participant this far. That participant did not elect to receive formal/structured clinical counseling services beyond outreach services. We will have a baseline data point for this measure for our next semi-annual report, as a larger sample of discharges will have occurred by then.

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

Status: We do not have any data to report at this time. Our participants are just now becoming eligible for 6-month GPRA follow-up surveys. We will have data for the next semi-annual report.

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

episode

Status: We do not have any data to report at this time. Our participants are just now becoming eligible for 6-month GPRA follow-up surveys. We will have data for the next semi-annual report.

Objective 4: Increasing their social and vocational functioning

Status: We do not have any data to report at this time. Our participants are just now becoming eligible for 6-month GPRA follow-up surveys. We will have data for the next semi-annual report.

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: We do not have any data to report at this time. Our participants are just now becoming eligible for 6-month GPRA follow-up surveys. We will have data for the next semi-annual report.

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 request a carryover of year 1 funds for year 2.

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	15%
Coordinator	Lisa Tyndall	15%
Military Liaison	Jim Menke	10%
Senior Clinician	Matt Putts	50%

Position Title	Incumbent Name	Percent Time
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	7	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-CHES

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: 08/26/14

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i> 80	15 88	150% 110	0	0	0% %
6-Month Follow	<i>Example: 0</i>	0	0% %	0	0	0% %

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

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. Thus, we are just beginning 6-month follow up surveys.

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.

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. Thus, we are just beginning 6-month follow up surveys.

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.

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*:		\$276,277.00
Expenditures		
Expense Category	Expenditures This Period	Cumulative Expenditures To Date
Staff salaries	50,998.59	73,156.11
Fringe	4,769.12	7,755.46
Contracts	0	0

Equipment	0	23,109.18
Supplies	20,313.82	20,843.81
Travel	752.64	752.64
Facilities	0	0
Other	8,389.27	8,389.27
Total direct expenditures	85,223.44	134,006.47
Indirect costs	22,158.09	28,833.30
Total expenditures	107,381.53	162,839.77
Remaining balance		113,437.23
*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_ORNC

Attachment 4: Focus Interview Data Tracker

Attachment 5:

Attachment 6:

Attachment 7:

Attachment 8:

Attachment 9:

Attachment 10: