

Service Design Site Visit Report

East Carolina University
Greenville, North Carolina



Date of Site Visit: January 16–17, 2014

◆ Targeted Capacity Expansion Technology-Assisted Care ◆

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East Carolina University

Grantee Name	East Carolina University
Address	College of Allied Health Sciences Department of Addictions and Rehabilitation Studies 4355 Health Sciences Building, Greenville, NC 27858
Site Visit Dates	January 16–17, 2014
Program Name	Operation Reentry North Carolina: Veteran Resiliency and Reintegration Through Technology
Grant TI Number	TI024755
SAIS Number	3905
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The ORNC: R&R team (from left) Ted Morris, Paul Toriello, and Jim Menke

Grantee Project Sites Visited

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Navigate Counseling Clinic Department of Addictions and Rehabilitation Studies	4410 Health Sciences Building, Greenville, NC 27858
Renaissance Computing Institute Outreach Vehicle for Education and Research	Mobile clinic van

Executive Summary

In 2013, East Carolina University's (ECU) College of Allied Health Sciences' Department of Addictions and Rehabilitation Studies launched the Operation Reentry North Carolina: Veteran Resiliency and Reintegration Through Technology (ORNC: R&R) program. The program's staff work with military veterans and their families living in rural, eastern North Carolina who are struggling with substance abuse and/or psychosocial challenges, many of whom are homeless and severely economically disadvantaged. The program will further the strategic initiatives outlined by the Substance Abuse and Mental Health Services Administration's Targeted Capacity Expansion Technology-Assisted Care (TAC) grant.

ECU is situated amid six major military installations and the country's third most concentrated military corridor, home to hundreds of thousands of active-duty and veteran men and women and their families. The area's pervasive military presence spurred ORNC: R&R to consider how technology-enhanced services could benefit veterans by reducing health disparities, homelessness, and recidivism while improving health outcomes, employment opportunities, and general welfare.

The ORNC: R&R program was designed to strengthen the resiliency and facilitate the reintegration of veterans through creative and innovative uses of technology. When the program is fully operational, ORNC: R&R staff will deliver services to veterans using a mobile outreach vehicle equipped with state-of-the-art technology, including satellite communication, Web- and mobile-based applications, shortwave radio, GPS tracking, and Polycom teleconferencing capacity. In situations where access to transportation was once a barrier, the ORNC: R&R team has made it possible to bring needed medical and behavioral health services to veterans and their families living in Craven, Cumberland, Onslow, Wayne, and several other surrounding counties (approximately a dozen total).

A team from JBS International's TAC portfolio conducted a site visit to ECU on January 16–17, 2014, to review program accomplishments and identify potential areas where technical assistance may enhance achievement of program goals. The site visit team focused on understanding current design, implementation, and service delivery strategies. The team met with program staff (faculty and students) and participated in a teleconference with partners from the regional Department of Veterans Affairs in Fayetteville, North Carolina. A highlight of the visit was touring the ORNC: R&R mobile clinic and meeting with veterans to consider their input regarding effective outreach and engagement approaches. Discussions focused heavily on fine-tuning tactics in preparation for going into the community, while also being mindful of how evaluation data gathered for the program can support future quality improvement and sustainability activities driven by the Patient Protection and Affordable Care Act.

The site visit team finds ORNC: R&R to be well positioned to meet program objectives. While the program is still in the early design and implementation stages, staff have a firm understanding of technology's role in the changing health care landscape and are mindful of

long-term strategies to support program success. The site visit team identified several noteworthy accomplishments and areas that may warrant additional consideration. ECU has a longstanding history of rehabilitation programming for veterans, which makes the ORNC: R&R program an appropriate extension of existing services. North Carolina's strong military presence and the demonstrated need to engage veterans into service have generated an abundance of champions for ORNC: R&R. The program has garnered campus-wide support from departments affiliated with ECU's Brody School of Medicine, the College of Allied Health Sciences, and the College of Human Ecology. There is also close collaboration with external veteran service providers at the State and local levels, including county Veterans Affairs offices and community- and faith-based organizations (e.g., soup kitchens, homeless shelters, the Salvation Army).

ECU has extensive experience delivering telehealth services. The university began offering telehealth consultation in the early 1990s to reach populations in rural communities and correctional facilities. Its technology has also assisted with disaster relief operations in remote parts of the State. ECU has developed an expansive technology-based support system that can adapt to growing connectivity and bandwidth demands. The program has access to experienced and capable staff with the appropriate technology and know-how to facilitate ORNC: R&R needs.

Although ORNC: R&R has robust telemedicine capabilities, it may wish to consider a phased approach to implementing technology as opposed to launching multiple platforms simultaneously. Low-tech options such as Skype may offer flexibility and portability in place of more sophisticated systems, especially in situations where protected health information is not being exchanged.

Bureaucracy affiliated with large institutions such as government entities and universities is often challenging to navigate. ORNC: R&R must comply with established ECU and Federal protocols and approval processes, which can sometimes be time and labor intensive. Such procedural requirements have slightly delayed the program's implementation. In the meantime, ORNC: R&R has focused extensively on branding and outreach strategies, and its staff are prepared to begin enrolling clients in the near future. It was recommended that ORNC: R&R consider using fliers, billboards, social media, video testimonials, and public service announcements to spread the word about its services.

Technology can also be used to enhance client outreach, engagement, and retention strategies when the mobile clinic is serving other areas. As shared during the discussion with the veterans, ORNC: R&R may benefit from developing person-centered plans that account for clients' unique biopsychosocial needs in addition to recognizing their preferences for using and accessing technology. Establishing a dedicated Web presence that includes information on topics that affect clients' lives beyond substance use—such as resources on employment, dealing with emotions, and housing—may be helpful. The program may also wish to collaborate with local merchants to offer vouchers for food, clothing, and other necessities as further incentives to participate.

Establishing workflows to address continuity of care, efficiencies, and growth will be essential to ORNC: R&R's success. The team is aware of this need and already meets regularly to refine existing program workflows. Important components of the plan should include setting up a regular route for the mobile clinic, addressing expansion of client rosters, and managing data collection requirements. It will also be important for the program to continue to adjust workflow assumptions as increasing numbers of individuals access services.

The ECU site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the ORNC: R&R team to enhance productivity and plan for the future.

Grantee Overview and Environmental Context

East Carolina University (ECU) is located in Greenville, North Carolina, the Emerald City. The urban campus of 27,300 students prides itself on training the largest number of nurses, primary care, and allied health professionals in North Carolina.¹ With many health-related degree programs offered, students can choose courses specific to substance abuse and rehabilitative services provided by the College of Allied Health Sciences Department of Addictions and Rehabilitation Studies (DARS). There, students are equipped with the skills, concepts, and strategies to effectively address the complexities of substance abuse and co-occurring mental health issues that affect clients, their families, and the community.

ECU is the second-largest and most rapidly expanding public institution in the University of North Carolina system. ECU's strategic direction emphasizes, among other objectives, the importance of health, health care, and medical innovation to shape service delivery and foster community wellness.

In 2009, ECU adopted a federally funded, campus-wide initiative—Operation Reentry North Carolina—to confront the unique rehabilitation and reentry issues of those in the Armed Forces. The program is concentrated in five areas: (1) research; (2) workforce training, recruitment, and jobs; (3) clinical services; (4) telemedicine and advanced technology; and (5) statewide leadership, planning, and coordination. ORNC: R&R is an extension of this broad effort.

Eastern North Carolina has a strong military presence. It is home to several large installations including Camp Lejeune (Marine Corps training base), Fort Bragg Army Base, Marine Corps Air Stations (Cherry Point and New River), and Pope and Seymour Johnson Air Force Bases. According to a 2011 North Carolina Institute of Medicine report, “Approximately one-third (35 percent) of the state’s population is in the military, a veteran, spouse, surviving spouse, parent, or dependent of someone connected to the military.”² (See exhibit 1 for the catchment area for ORNC: R&R.)

Reports compiled by the Congressional Research Service (2013)³ and the U.S. Department of Housing and Urban Development (2009)⁴ show that veterans account for 14 percent of homeless adults. The majority of ORNC: R&R veterans are male (92 percent), White (52

¹ Operation Re-Entry North Carolina. (n.d.). *A research Initiative in support of military service personnel, veterans and their families*. Retrieved from <http://www.ecu.edu/cs-dhs/ah/ornc/>

² North Carolina Institute of Medicine. (2011). *Honoring their service: A report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families*. Retrieved from http://www.nciom.org/wp-content/uploads/2011/03/MH_FullReport.pdf

³ Congressional Research Service. (2013). *Veterans and homelessness*. Retrieved from <http://www.fas.org/sgp/crs/misc/RL34024.pdf>

⁴ U.S. Department of Housing and Urban Development. (2009). *Veteran homelessness: A supplemental report to the 2009 Annual Homeless Assessment Report to Congress*. Retrieved from <http://www.hud.gov>

percent), and aged 31 to 61 (82 percent). Approximately 19–29 percent of veterans in the State are unemployed.

Exhibit 1. ORNC: R&R Catchment Area



Veteran communities clustered in Craven, Cumberland, Onslow, and Wayne counties have significantly higher incidences of homelessness, unemployment, and health disparities compared to the State’s nonveteran population. According to representatives from the Fayetteville Department of Veterans Affairs (VA) office, cocaine, alcohol, marijuana, and prescription drugs are prevalent among veterans seeking services.

Data from the Institute of Medicine indicate that of the 125,000 veterans in the ORNC: R&R catchment area, approximately 20 percent experience substance abuse and/or mental health issues (IOM, 2013)⁵ and are less likely to seek and/or receive care (North Carolina Behavioral Risk Factor Surveillance System, 2011).⁶ Limited access to care outside of services provided by the VA negatively affects how veterans address their health, particularly in rural environments. Rapidly increasing rates of depression, substance abuse, anxiety, and posttraumatic stress disorder (PTSD) have contributed to increased risk of suicide among veterans. According to the Armed Forces Health Surveillance Center, a service member takes his or her life every 80 minutes (AFHSC, 2012).⁷

Among veterans presenting at the regional VA center in Fayetteville, North Carolina, at least 15 percent are dishonorably discharged. Many suffer from PTSD and traumatic brain injury (TBI). They may use drugs and alcohol to cope, which often contributes to financial troubles and impending homelessness. Dishonorably charged veterans are not eligible for VA benefits; however, they can obtain emergency services and seek approval to receive nonemergency

⁵ IOM. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, DC: The National Academies Press.

⁶ North Carolina Behavioral Risk Surveillance System. (2011). *2011 behavioral risk factor surveillance system survey results*. Retrieved from <http://www.schs.state.nc.us/schs/brfss/>

⁷ AFHSC (Armed Forces Health Surveillance Center). (2012). *Medical surveillance monthly report*, 19, 6 (June).

clinical care. The approval timeline can vary, which is why interim service provided by ORNC: R&R can significantly influence access to care and improve health outcomes.

In light of the growing need to intervene with homeless and underserved veterans in rural, eastern North Carolina, the ORNC: R&R project is committed to using technology to engage and retain individuals in treatment and recovery services who might not otherwise have the ability to access and/or remain in care.

1. Site Visit Overview

A team from JBS International's TAC portfolio conducted a site visit to ECU on January 16–17, 2014, to review program implementation progress and identify potential areas where technical assistance may enhance program goals. Day 1 of the visit began with a meeting of the JBS team and ORNC: R&R staff to learn about the organization and the staff's role in supporting the program's success. The team received an indepth overview of the program and discussed general implementation and service delivery strategies. The discussion aimed to identify how technology is intended to be put into practice and the benefits and burdens of implementation. In the afternoon, the site visit team had the distinct honor of meeting with two veterans—Richard and Craig—to discuss outreach, engagement, and retention strategies. They also met with doctoral-level students who will work on the mobile clinic and communicate with clients. The day ended with a discussion about evaluation efforts and the program's plans to meet Government Performance and Results Act (GPRA) targets and other data collection findings.

On day 2, the site visit team continued discussions with ORNC: R&R staff about the importance of incorporating technology into existing provider practices. The team then spoke with representatives from the Fayetteville VA about coordinating care for veterans. This was followed by a discussion about how data can support quality improvement and sustainability activities driven by the Patient Protection and Affordable Care Act (ACA). The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer Kate Wetherby to recount the team's overall observations and recommendations.

2. Program Vision and Design

ORNC: R&R is a component of a larger campus-wide initiative—Operation Reentry North Carolina—which focuses on the advancement of telehealth technology. Specifically, the initiative aims to accomplish the following:

- ▶ Expand the use of telemedicine and advanced technology to address issues of psychological health and TBI.
- ▶ Use ECU's extensive telemedicine network to expand services and explore new capabilities.

- ▶ Build upon ECU's telemedicine experience in psychiatry, mental health care, dermatology, and other areas.
- ▶ Apply the latest technologies to address military rehabilitation from injury and illness: virtual reality, serious gaming, human simulations, etc.
- ▶ Train military clinicians in the latest approaches in telemedicine and advanced technology.⁸

ORNC: R&R will use innovative technological strategies to assist homeless and underserved veterans and their families residing in rural, eastern North Carolina who are struggling with substance abuse and co-occurring mental health issues. The program is designed to improve service provision among veterans and facilitate engagement between different systems of care as part of ECU's broader strategic vision for advancing telemedicine and technology capabilities.

As outlined in its grant application, ECU will use a van (on loan from the University of North Carolina Chapel Hill) (see exhibit 2) called the Outreach Vehicle for Education and Research (ROVER) to provide mobile outreach services to homeless veterans within their catchment area. The van has been outfitted with state-of-the-art technology, including satellite connectivity and a Polycom telehealth system to handle remote operations (see exhibit 3). ORNC: R&R seeks to meet people where they are, literally and figuratively.

Exhibit 2. ORNC: R&R Mobile Unit



Exhibit 3. ORNC: R&R Polycom System



⁸ Operation Re-Entry North Carolina. (n.d.). *A research initiative in support of military service personnel, veterans and their families*. Retrieved from <http://www.ecu.edu/cs-dhs/ah/ornc/>

The program has also opted to use the Addiction–Comprehensive Health Enhancement Support System (A-CHESS) mobile application system to address the substance abuse treatment needs of clients between visits by the mobile unit. ECU is in the process of finalizing a consortium agreement with the University of Wisconsin to allow the program to utilize the A-CHESS mobile application.

The A-CHESS application (see exhibit 4) is designed to complement existing treatment opportunities for those in recovery. The application is intended to supplement the time when clients are not participating in face-to-face activities with their recovery coach, clinician, or peer group. A-CHESS is a tool that can be accessed anywhere and at any time through a smartphone, tablet, or personal computer. It offers substance-dependent patients valuable recovery-oriented resources, such as audio functions for those with literacy challenges and enhanced relapse prevention support. In addition to individualized resources, clients have the option to communicate with peer support groups and addiction experts, receive reminders to help them remain on course with goals, and complete a weekly Brief Addiction Monitor (BAM) screening tool to assess their risk and protective factors.

Exhibit 4. The A-CHESS Application



There is a growing literature base in support of the effectiveness of the A-CHESS application. A-CHESS was recently evaluated in one randomized controlled trial in which patients were randomly assigned to either a treatment group that received usual recovery services plus use of the A-CHESS application or a control group that did not use technology enhancements in the recovery program. After a 1-year followup, A-CHESS users demonstrated statistically significant decreases in risky drinking behavior when compared to the control group. Moreover, a statistically significant percentage of patients in the treatment group reported increased abstinence from alcohol consumption at months 8 and 12 (Gustafson, McTavish, Atwood, Chih, Shah, Boyle, & Levy, 2012).⁹ According to the study's authors—

This randomized trial demonstrates that technology such as A-CHESS can help provide continuing care to people struggling with alcohol use disorders and improve outcomes. Smartphones applications could be a practical and cost-effective way to provide continuing care. While further research needs to be done (including cost benefits of such systems), this is an encouraging first step into using smartphones technology in alcohol treatment followup care. (Discussion section)

ORNC: R&R has incorporated evidence-based strategies, including the principles of motivational interviewing and cognitive behavioral therapy, in its treatment approach. Such strategies have

⁹ Gustafson, D., McTavish, F., Atwood, A., Chih, M., Shah D., Boyle, M., & Levy, M. (2012, December 4). Effects of a mHealth intervention for alcohol and relapse prevention. *iMedicalApps*. Retrieved from <http://www.imedicalapps.com/2012/12/mhealth-intervention-alcohol-relapse-prevention/>

been shown to be effective—in research and practice—to improve outcomes (i.e., substance abuse reduction and abstinence) among a wide range of individuals of different ages and ethnicities. Other evidence-based principles used by ORNC: R&R include biofeedback training, community reinforcement, telepsychiatry consultation, relational health consultation, and vocational counseling. See exhibit 5 for a listing of goals and objectives.

Exhibit 5. ORNC: R&R Goals and Objectives

Goals and Objectives
Goal 1: Deploy a clinical team in a technology-equipped van (i.e., mobile clinic) in the catchment area to conduct mobile outreach to veterans and their families who are homeless or underserved.
Goal 2: Coordinate services with the VA and community-based treatment providers and resources.
Goal 3: Provide state-of-the-art, evidence-based interventions via telehealth, Web, and mobile application-based service delivery systems.
Goal 4: Share practices and the results of the project with the VA and community-based providers in rural, eastern North Carolina.
Objective 1: Increase the number of rural, eastern North Carolina homeless and underserved veterans and their families who access medical, psychiatric, and behavioral health services.
Objective 2: Reduce substance use and symptoms of co-occurring mental health disorders (e.g., suicide, posttraumatic, stress, depression)
Objective 3: Reduce the number of veterans and their families experiencing a homeless episode.
Objective 4: Increase social and vocational functioning among veterans and their families.
Objective 5: Measure the impact of the use of technology-based delivery systems from baseline to 6 months post-baseline.

The program team plans to use the Global Appraisal of Individual Needs Short Screener (GAIN-SS) developed by Chestnut Health Systems to effectively and efficiently identify behavioral health issues and make appropriate referrals to care. The GAIN-SS consists of 23 scored items that fall into 4 categories of disorders: internalizing, externalizing, substance, and crime/violence. The screener has been rigorously evaluated and found to accurately identify clients suffering from a disorder (Dennis, Chan, & Funk, 2006).¹⁰

Over the course of the 3-year grant, ORNC: R&R plans to enroll 320 homeless or underserved veterans living in its catchment area. At the time this report was drafted, no clients had been formally enrolled in the program; however, ORNC: R&R had met with six homeless veterans and signed up two to receive regular outreach updates on the mobile clinic’s activities.

¹⁰ Dennis, M., Chan, Y., & Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *The American Journal on Addictions*, 15, 80–91.

3. Grantee Leadership

ORNC: R&R has identified internal and external champions from among staff, clinicians, and community partners. These leaders are responsible for encouraging and facilitating program implementation objectives as needs evolve.

ORNC: R&R's core leadership has years of direct service experience in fields such as addiction and rehabilitation, psychology, social work, and program management and a clear understanding of the value of technology to enhance treatment outcomes. Leadership is keenly aware of technology's role in the future of health care and is invested in adapting its strategies to comply with changes anticipated by ACA.

ORNC: R&R's successful design and implementation progress are attributed to the tireless efforts of its team—most notably, program director Paul Toriello and Navigate counseling clinic director Leigh Atherton. Both are passionate champions of the program and eager to promote technology as a mechanism to support veterans on the road to recovery. With clinical backgrounds in addictions and rehabilitative studies and experience working with veteran populations, Paul and Leigh can effectively mentor the master's- and doctoral-level students staffing the mobile clinic. They have invested much time in forming and maintaining relationships with partner agencies, coordinating outreach activities, and taking necessary steps for the mobile clinic to begin enrolling clients. The team has remained flexible in its implementation strategy, recognizing there is no one-size-fits-all approach to service delivery. The team is amenable to adapting the program as needed to address challenges and considerations beyond implementation—including sustainability and readiness for ACA.

4. Implementation Plan

The ORNC: R&R team has largely focused on program design and has not yet fully implemented its services; however, staff have developed a plan to address veteran outreach, engagement, and retention strategies. Upon receiving the SAMHSA grant in 2013, the team spent considerable time coordinating with internal and external partners to develop the technology and workflow processes essential to delivering care.

ORNC: R&R will significantly expand and enhance the services provided by the Navigate Counseling Clinic and its associates (described in section 5). Organizational operations are centered on the use of the ORNC: R&R's mobile clinic. The ROVER van is outfitted to perform outreach, research, and education, and to respond to emergencies using state-of-the-art technology on the go, including a satellite connection, laptops, and a radio system. The van has been equipped with seating and storage to accommodate client intakes on site. The team is in

the process of procuring a trailer that can store miscellaneous incentives for homeless veterans (e.g., food, clothing, blankets, other essentials).

The ORNC: R&R ROVER mobile clinic team consists of graduate- and doctoral-level students in clinical counseling and medical family therapy, addiction and rehabilitative counseling, biofeedback research, and evaluation. The team will strategically deploy to locations throughout ECU's catchment area, often to support activities sponsored by the VA and other community-based partners. In addition to meeting directly with veterans, the team will continue to foster relationships with potential partners and promote ORNC: R&R services.

Veterans who are interested in participating in the program will complete an established screening protocol using a computer in the mobile clinic. Team members will review the screening results, recommend appropriate services, and schedule an intake appointment. Depending on volume and availability, clients may be seen immediately after the outreach/screening step is completed.

Intake consists of prospective clients completing an informed consent release, the Government Performance and Results Act (GPRA) interview, and a comprehensive clinical assessment; that is the GAIN Assessment Building System (GAIN-ABS) and the VA neurobehavioral symptom inventory offered via the Web through the InterVA system. The team reviews the results of the initial screening with the prospective client and offers and discusses suggestions for services. Interested clients may then complete the assessment tools.

Based on the assessment results, the ORNC: R&R staff will draft a preliminary treatment plan. Staff will ensure clients' participation in the development of the treatment plan, which must include mutually agreed-upon goals. Based on assessment results, treatment plans must contain the following elements: (a) client goals, (b) client strategies to achieve identified goals, (c) the names of those in the support network involved in the client's life, (d) interventions to assist the client in achieving goals including interventions with responsible individuals, and (e) a crisis prevention and response plan individualized to the client's needs and resources.

In addition to outlining the client's goals while being seen at the mobile clinic, the site visit team discusses the importance of generating a treatment plan to the address client's needs between visits. The A-CHESS application, for example, is intended to supplement the time when clients are not participating in face-to-face activities with their counselor. Clients will have access to the A-CHESS mobile application via smartphone, tablet, or a personal computer. The tool has several useful functions for clients. The "easing distress" feature provides clients with brief guided exercises to help them learn refusal skills, relaxation techniques, assertiveness strategies, tips on how to cope with urges to use substances, and what to do if a relapse occurs. Clients can also find information to learn more about their addiction and the recovery process. Audio files of prerecorded shows and materials are available from others sharing the story of their recovery and are especially helpful for those with low literacy levels. A panic button is available when a client feels recovery is in jeopardy. Clients can enter contact information for their loved ones or others in their support system who will receive a text message when a crisis

arises. Discussion boards are particularly helpful to serve as a followup to counseling sessions and for others to share messages of encouragement.

The site visit team recommended that ORNC: R&R also consider establishing a Web presence with portal access that clients can use to access resources via a smartphone, a public library computer, or other available instruments. While online, clients can view client-centered resources and participate in discussion rooms facilitated by ORNC: R&R staff.

5. Community Linkages, Partners, and Participation

The ORNC: R&R program has been diligent in its efforts to identify partners to facilitate veteran care. Educating veterans on available services is critical to ensuring they receive the care they need.

ORNC: R&R's primary partner is the Navigate Counseling Clinic housed in DARS. Navigate is designed to help clients identify and overcome challenges caused by substance use and to forge a new direction for their lives. The clinic promotes "a holistic approach to counseling individuals, families, and groups utilizing evidence-based and innovative interventions on an outpatient basis." Services are provided on a sliding scale, and clients are not turned away if they are unable to pay. Navigate offers cloud- and Web-based technological support, including use of the Epic electronic health record system, to securely store and access client data for clinical and evaluation activities.

ORNC: R&R is fortunate to have access to a highly proficient team affiliated with the Brody School of Medicine's Telemedicine Center to assist with outfitting the mobile clinic. The center began offering telemedicine services in 1992 and boasts one of the world's oldest telemedicine programs. According to the center's mission statement—

We envision that telemedicine technologies, systems, principles and practices will enable the provision of health care where it's needed, when it's needed. Telemedicine is a critical part of ECU's effort to improve the health of the region's citizens and prepare the next generation of health professionals with contemporary skills and knowledge.

ORNC: R&R is also collaborating closely with VA offices in Durham and Fayetteville to coordinate veteran-specific services. Together, ORNC: R&R and VA partners will support referrals between organizations, facilitate care of shared clients, co-locate activities with the mobile clinic, and share information on best practices to support mutual goals.

ORNC: R&R is also establishing collaborative relationships in the community. It has partnered with Waynesboro Family Clinic and Carolina Outreach and faith-based and criminal-justice

agencies to help with veteran outreach and service coordination. The program plans to participate in area stand-down¹¹ events and attend activities planned at local soup kitchens, shelters, and other facilities targeted to homeless veterans. Most recently, the ORNC: R&R team was invited to participate in an upcoming event by the director of Operation Inasmuch¹² in Fayetteville.

Other valued partners affiliated with ECU include the following:

- ▶ The Department of Child Development and Family Relations' Family Therapy Clinic delivers care by medical family therapists, including master's- and doctoral-level students. The clinic offers a holistic, family-centered approach to addressing collaborative/integrative care. The clinic is operated on a fee-for-service basis and is entirely self-supported.
- ▶ The Department of Psychiatric Medicine will support ORNC: R&R's telepsychiatry activities. Its professor and chair Dr. Sy Saeed has been instrumental in expanding telepsychiatry for the entire State. The department currently serves as the regional hub for managed care psychiatric services.
- ▶ The Department of Recreation and Leisure Studies Psychophysiology Lab and Biofeedback Clinic will facilitate the ORNC: R&R's biofeedback training activities. The clinic has already taken an active role in delivering biofeedback training to veterans in collaboration with the Marine Corps Wounded Warrior Training Program, which helps wounded Iraq and Afghanistan War veterans address issues related to PTSD and TBI.
- ▶ The Office of Innovation and Economic Development was instrumental in coordinating the use of the ROVER mobile clinic. The office will also support activities related to portal development and Web-based services.

Based on their grant application, ORNC: R&R anticipates partnering with several other external organizations. Le Chris Health Systems and Alternative Care Treatment Systems, Inc., will offer intensive, community-based treatments including, but not limited to, substance abuse intensive outpatient programming, assertive community treatment, and/or psychosocial rehabilitation. Services will be reimbursed through multiple funding sources (e.g., Tricare, North Carolina's integrated payment and reporting system fund, Medicaid). Dedicated liaisons will assist with coordinating client care.

¹¹ According to the U.S. Department of Veterans Affairs: *Stand Downs are typically one to three day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless.* Retrieved from: <http://www.va.gov/homeless/standdown.asp>

¹² According to the Operation Inasmuch mission: *Operation Inasmuch is a national nonprofit that employs proven models to motivate, train, and equip churches to move more congregants out of the sanctuary seats and into the streets to serve the neediest in their communities.* Retrieved from: <http://operationinasmuch.org/about/>

6. Client Outreach, Recruitment, and Referral

ORNC: R&R will facilitate referrals between the VA and its community-based partners to provide services to homeless and underserved veterans and their family members. Clients will be able to access all ORNC: R&R services through the mobile clinic, including telepsychiatry consultation, biofeedback training, vocational evaluation, and/or telecounseling sessions with a Navigate community reinforcement approach counselor, relational health consultant, and/or vocational counselor. Clients may also complete telehealth followup sessions at the Navigate Counseling Clinic or with one of ORNC: R&R's partnering VA medical centers.

ORNC: R&R will retain clients in services for at least 90 days, even if the client is only interested in implementing a contact plan. Clients will have the option to complete services in person at the Navigate Counseling Clinic. Client treatment plans will be modified as needed.

According to its grant application, ORNC: R&R's coordinated outreach strategy will include "scheduled stops at counties' veterans' services offices and regional medical clinics, collaboration with VA's benefits enrollment outreach services, and participation at community- and faith-based events for the homeless and underserved."

Every second Tuesday of the month, the director of the Navigate Counseling Clinic (Leigh Atherton) has been invited to participate in the Onslow County crisis consortium meeting led by a local managed care organization (Coastal Care) and attended by various other partners, including local law enforcement departments, emergency department staff, and mental health and substance abuse providers. ORNC: R&R will contribute outreach, engagement, and service coordination assistance to veterans in partnership with local resource providers.

Clients in need of intensive community-based services will be referred to one of ORNC: R&R's community-based partner locations. These sites have assigned a member of their staff to serve as a liaison to support ORNC: R&R service coordination efforts. The mobile clinic will make regular visits to partner locations so clients can access ORNC: R&R's specialized services as part of their treatment plan.

During the initial outreach process, prospective clients who choose not to enroll in services will be given ORNC: R&R contact information on a business card that shows the Web site address and a one-time password to complete the ORNC:R&R screening, should clients opt to do it at another time. The business card also includes details on how to access the Internet in the community.

7. Affordable Care Act Readiness

ORNC: R&R staff have only recently begun to implement their program; however, they are mindful of the changes outlined under ACA, particularly with regard to technology use and increased focus on quality metrics. Fortunately, ECU is a large academic institution with an expansive medical center tasked with paving the way to meet Meaningful Use data standards established under ACA. The Vident Health System, affiliated with the Brody School of Medicine and its satellite clinics, is actively transitioning to the Epic electronic health record platform. Epic is compatible with the systems used by the VA (Veterans Health Information Systems and Technology Architecture, known as VistA) and the Department of Defense (Armed Forces Health Longitudinal Technology Application, known as AHLTA). Once fully operational, the program team can use Epic to view and add client information across agencies.

Offering technology to supplement treatment services is a strong leveraging tool for organizations to compete in today's health care environment and represents the future of health care. A solid data-informed strategy will help ORNC: R&R secure ECU's role as a leader in technology-supported behavioral health care.

8. Sustainability Planning

While program implementation has been ORNC: R&R's primary focus, staff are also considering the long-term future of their program. The site visit team recommended that sustainability planning begin early and include a focus on adapting workflow and financial strategies that can support the program beyond the life of the grant. ORNC: R&R should also consider developing a strategic plan for the next several years with a focus on how the program will adapt to technology requirements outlined under ACA. Involvement of key stakeholders in sustainability discussions will be critical for continued buy-in.

Diversifying its menu of services to offer a holistic approach to wellness will enhance ORNC: R&R's sustainability potential. The program has the capacity to support a variety of different behavioral health products. In addition to the mobile clinic and the A-CHESS application, online portals and texting features will help to expand ORNC: R&R's technology portfolio and secure ECU's position as a leader in recovery services.

Establishing policies and procedures that can be used with new student cohorts will assist with program expansion and long-term sustainability. Training recovery coaches, for example, to promote the program will help staff to cast a wider net in the community. Incorporating a train-the-trainer model among students, recovery coaches, and other partners will help to hone expertise and reduce the amount of time program staff must devote to education. This will free them to deliver direct client services and collect data.

ORNC: R&R may wish to consider how it can benefit ECU on a broader level by demonstrating its cost-saving and efficiency potential. A cost-benefit analysis will help to build the case for ORNC: R&R's value. Important outcome measures include ORNC: R&R's capacity to increase client compliance with treatment plans and reduce unnecessary emergency department services.

It is believed that ORNC: R&R's program could become a self-sustaining operation once initial design, implementation, and evaluation phases are underway.

9. Grantee Evaluation

Robust program evaluation results are not yet available because ORNC: R&R has not begun enrolling clients. When fully operational, ORNC: R&R's goal is to continuously measure and improve how the use of technology-based services can improve the care provided to underserved veterans and their families. The program plans to hold quarterly focus groups to learn about how its services have improved clients' treatment/recovery experience.

ORNC: R&R staff will use the evaluation model from a previous SAMHSA grant, the Strengthening Treatment Access and Retention Project (known as STAR). They plan to have weekly and monthly monitors in place to track progress and make changes to operations as needed. ECU also partnered with Chestnut to offer the CSAT-adapted version of the GAIN screening tool. The team will use software developed by Wayne State University that automates the screening process and includes the option to use an avatar.

ORNC: R&R plans to use the Epic electronic health record system to collect and monitor all GPRA-related data. Staff completed training on how to deliver the GPRA tool; however, they have not yet administered it to clients. The site visit team recommended that ORNC: R&R develop a protocol to facilitate GPRA intake and followup procedures to minimize its effects on workflow. Staff may find it necessary to adapt their approach for completing the instrument to more effectively use the time they have available with clients.

Doctoral-level students will be designated to monitor client contact information, complete the 6-month followup GPRA interviews, and enter GPRA data into the Services Accountability Improvement System (known as SAIS). Followup interviews will be particularly challenging to complete because of the transient nature of the program's client population. To ensure the success of the 6-month followup interviews, clients will be asked to leave multiple points of contact information, including those of family and friends. The site visit team recommended asking clients where and with whom they typically spend their time as an additional backup measure.

Once clients are discharged from the program, they will receive a 6-month reminder card with instructions on how to report changes in their contact information. All clients that complete the 6-month followup interview will receive a \$20 incentive to use with local vendors.

ORNC: R&R is currently seeking institutional review board (known as IRB) approval to move forward with collecting evaluation data outside of the required GPRA question set. ORNC: R&R plans to use a blend of qualitative and quantitative methods to evaluate program outcomes. According to the grant application, the program anticipates measuring the number of (1) clients who are trained on how to use the program's technology, (2) active client users of the technology, and (3) technology-based delivery systems that are expanded or enhanced as a result of participating in the program.

When the agreement with the University of Wisconsin is finalized, ORNC: R&R can run data linked to clients using the A-CHESS mobile application. The tool can show in real time what information is accessed and how it is being used. There is also a weekly survey—the BAM—that clients can complete. BAM consists of a series of questions that evaluate symptoms and help monitor indications of relapse potential for clients working on their recovery. The BAM survey is grouped into two primary domains consisting of protective factors and risk factors, items that can both encourage and threaten successful recovery. Depending on client responses, clinicians and staff can revise recovery plans to address strategies that will most effectively prevent a relapse. As an incentive to use the A-CHESS application, the site visit team suggested offering minutes on smartphone data plans to further engagement and retention.

A successful evaluation will inform technology's ability to add value to health outcomes and effectively demonstrate its return on investment. These factors will be particularly helpful to garner stakeholder buy-in and support future expansion efforts.

Summary

The ORNC: R&R program is supporting the expansion of technology-assisted care to homeless veterans in rural, eastern North Carolina. The program is backed by a university-wide initiative to support active military personnel, veterans, and their families and reflects the collaboration of several internal and external partner groups. While still in the early stages of implementation, ORNC: R&R has crafted a well-planned approach to provide direct service and coordinated care with agencies throughout its catchment area.

The program has a thoughtful and experienced team to guide program design and implementation processes. As the program's client roster grows, it will be critical for ORNC: R&R to establish a meaningful workflow strategy that can balance a rigorous travel schedule with providing client services and meeting data collection requirements. Clients may benefit from an expanded menu of technology (e.g., Web portals, mobile applications, texting features)

to help them remain on course between visits by the mobile clinic. ORNC: R&R may also wish to offer low-tech options on its mobile clinic to handle additional clients.

Although implementation considerations are most critical at this juncture, it is also worthwhile for ORNC: R&R to consider how the TAC program can benefit the organization more broadly. Similarly, ORNC: R&R should develop strategies to demonstrate the cost-benefit and value of using technology to improve health outcomes and comply with ACA requirements.

The site visit to ECU was an inspiring look at how technology can meaningfully benefit a traditionally hard-to-reach population. With strong leadership and community support, the ORNC: R&R program has positioned itself to influence meaningful change in the lives of North Carolina's veterans.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- ORNC: R&R is well organized and prepared to launch its services in the community.
- ECU has a longstanding history of providing treatment and recovery services to veterans in their catchment area. ORNC: R&R is one of several grant-funded projects (e.g., ECU Wounded Warrior Project) geared toward veterans. DARS also offers a certificate program in military and trauma counseling to prepare graduate-level students to work with veteran populations.
- ORNC: R&R has access to robust, state-of-the-art technology, including satellite connectivity and Polycom teleconferencing capabilities, on its mobile clinic.

CHALLENGES

- Point-to-point technology, such as the Polycom system, offers a seamless connection between remote participants; however, it may limit the number of clients that can receive simultaneous counseling services. Low-tech, Web-based applications such as Skype require simpler equipment and can increase service delivery potential, particularly when sensitive client information is not being shared.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	ORNC: R&R may benefit from adapting its workflow to (1) establish a routine travel schedule for the mobile clinic, (2) manage increased client enrollment, and (3) complete data collection requirements. Attention to these details will be particularly important to support program growth.	X		
2	ORNC: R&R may wish to pare down its rollout of different technologies and consider a phased approach that incorporates low-tech options to meet immediate needs, while still protecting client information.	X		
3	Connect with fellow TAC grantees to learn about the technologies they are using at their sites. JBS provided links to presentations delivered during biweekly grantee calls that show examples of various technologies in action: <ul style="list-style-type: none"> • First Call: Community Care links and outreach strategies • First Choice Services: ACHES mobile application • Loyola Recovery Foundation: ACHES and veteran focus • River Edge Behavioral Health Center: VeaMea teleconferencing platform 			X

Grantee Leadership

STRENGTHS

- ORNC: R&R program staff have strong backgrounds in behavioral health care and understand the complex biopsychosocial needs of veteran populations.
- ORNC: R&R program staff believe in the value of technology to support client health outcomes.
- The program team demonstrates passion, drive, and flexibility to achieve goals.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue to identify champions within ECU, across partner organizations, and among clients to promote the value of using technology to enhance substance abuse treatment services.	X		

Implementation Plan

STRENGTHS

- ORNC: R&R has a well-developed implementation plan and the technology in place to support service delivery.
- Program staff have remained flexible in their implementation strategy and are willing to adapt delivery mechanisms as needed.

CHALLENGES

- Approval processes within academic institutions and government agencies can be time intensive and may delay program implementation.
- ORNC: R&R does not yet have a Web-based presence that clients can access when the mobile clinic is not in their area.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Developing a Web presence with public- and private-facing resources will benefit clients when they are not accessing services from the mobile clinic. Include resources that affect clients' lives, such as information related to employment, dealing with emotions, child welfare, or housing. Content must be applicable and easy to find.	X		

Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	Social media platforms such as Facebook are popular ways to promote program activities. Consider using these tools to announce van routes/schedules and other special events.	X		
3	There are many recovery-centered resources that clients can access in addition to the ones currently offered through A-CHESS. Consider linking to resources such as the In the Rooms portal, My Spiritual Toolkit, the Recovery App, PTSD Coach, and other motivational podcasts.	X		
4	Develop a plan to offer free or low-cost smartphones to clients so they may access A-CHESS and/or other mobile and texting applications.	X		
5	ORNC: R&R may wish to consider developing a “newcomers” guide to introduce clients to the program. It could include video testimonials from fellow veterans who have benefitted from using ORNC: R&R services.	X		
6	JBS sent examples of recovery-focused mobile applications.			X

Community Linkages, Partners, and Participation

STRENGTHS

- ECU has aligned itself with a variety of different organizations to facilitate veteran outreach and service coordination activities. ORNC: R&R has effectively collaborated within the ECU campus network and beyond to partner with State- and local-level organizations.
- ORNC: R&R program staff have successfully identified champions from among its partners to assist with program implementation.

CHALLENGES

- Technology is essential to effectively manage program activities in rural settings.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	ORNC: R&R may benefit from developing a detailed workplan that captures best practices for streamlining staff workflow and continuity of care strategies for clients who are transitioning to different service providers/agencies.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- ORNC: R&R staff have actively participated in outreach activities while awaiting the official launch of their program. Continued exposure in the community will encourage veterans to seek out their services and will help with word-of-mouth marketing campaigns.
- ORNC: R&R has met directly with veterans to understand which outreach strategies would most effectively meet their needs. Program staff are committed to asking what veterans need instead of making assumptions.
- ORNC: R&R has found that despite veterans' precarious housing situations, veterans are connected to technology via computers at local libraries and/or cell phones.
- ORNC: R&R has an extensive partner network with identified staff available to engage clients in service.
- The mobile outreach clinic improves service engagement and facilitates client handoff between systems.

CHALLENGES

- Homeless populations may not have consistent phone numbers, data plans, or email addresses that would facilitate receiving information and/or access to technology-based services.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	ORNC: R&R may wish to use technology as an outreach and engagement tool, in addition to encouraging client retention. Diversified forms of technology can benefit clients even before they are formally enrolled in services.	X		
2	ORNC: R&R may wish to adjust its workflow to enhance engagement strategies.	X		
4	The program may benefit from identifying clients who have had success in their own recovery to serve as champions to others.	X		
5	Texting may serve as an effective marketing mechanism to spread the word about ORNC: R&R and to complement other outreach activities. Consider incorporating "thought-of-the-day" or other motivational messages as part of engagement and retention strategies.	X		
6	Consider offering vouchers to local vendors for food, clothing, and other services not only to engage clients but to encourage continued participation.	X		

Client Outreach, Recruitment, and Referral

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
7	Consider using recovery coaches in the field to enhance program capacity.	X		
8	Use technology to market technology's potential to improve client health outcomes.	X		
9	Developing a fact-or-fiction handout related to accessing services might help to dispel inaccurate information circulating among veterans about wait times or fees at VA offices.	X		

Affordable Care Act Readiness

STRENGTHS

- ORNC: R&R program staff are knowledgeable about the effects ACA will have on health care delivery systems.
- ACA compliance will be driven by ECU's Division of Health Sciences (affiliated with the Brody School of Medicine and a large provider network, Vidant Health System).
- ORNC: R&R staff understand the value of distance treatment technology on client outcomes and appreciate the role technology will have on the future of patient care.
- ECU is in the process of converting its electronic health record system to the Epic platform. This system has the capacity to meet continuity of care requirements mandated by Meaningful Use (stages 1 and 2).

CHALLENGES

- ECU is cautious about protecting client privacy. HIPAA considerations have somewhat delayed program implementation.
- The VA and Department of Defense are currently integrating their electronic health record systems (Vista and AHLTA, respectively). This is a massive undertaking, but it will enable ECU's system (Epic) to view and add client records.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Technology will serve as the currency of ACA reform. Consider using the ORNC: R&R program as a way to demonstrate technology's effectiveness in improving health outcomes for clients outside static clinical settings.	X		

Affordable Care Act Readiness

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	ORNC: R&R may benefit from technical assistance to learn about the different data collection strategies that will be useful to consider under ACA.		X	
3	JBS provided staff with a draft of the <i>Behavioral Health Summary of Care Standards</i> document released by SAMHSA in early 2013.			X

Sustainability Planning

STRENGTHS

- While implementation has been their primary focus, staff are mindful of the importance of sustaining the project beyond the grant.
- To promote long-term sustainability, ORNC: R&R program staff are developing policies and procedures to provide direction to current and future cohorts of students responsible for assisting with service delivery.
- ORNC: R&R does not seek third-party reimbursement to provide counseling services. This allows for greater flexibility and keeps the clinic's overhead costs to a minimum.
- ORNC: R&R has the appropriate technical and clinical infrastructure to build on existing program offerings.
- ECU's Department of Psychiatric Medicine has plans to expand telepsychiatry for the entire State.

CHALLENGES

- As the program grows, there will be increased demand on staff; this may affect the ability to meet program requirements.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Sustainability planning should begin early and include a focus on workforce and financial strategies that can support the program beyond the life of the grant. Develop a strategic plan for the next several years with a focus on how the program will adapt to the technology requirements outlined under ACA.	X		
2	ORNC: R&R may wish to expand its menu of technology options beyond the A-CHESS smartphone application. Consider developing a client portal and incorporating other goal-setting tools that can assist clients with their treatment plans.	X		

Sustainability Planning

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	Training recovery coaches to promote the program will help to embed the program in the community and reduce strain on staff.	X		
4	Demonstrate the value of technology in supporting broader ECU initiatives by showcasing ORNC: R&R's cost-benefit and savings potential.	X		
5	Develop efficient work policies, and ensure staff are operating at the top end of their licenses.	X		

Grantee Evaluation

STRENGTHS

- ORNC: R&R offers incentives to clients to encourage continued program participation.

CHALLENGES

- ORNC: R&R does not yet have evaluation results to draw from.
- Program workflow may need to be adjusted to accommodate the collection of GPRA data.
- Long-term GPRA followup may be challenging because of the transient nature of homeless veterans. Obtaining multiple points of contact information and/or identifying usual places clients spend time will be essential to meeting followup target rates.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It may be beneficial to consider collecting additional data beyond GPRA requirements. Include questions that capture clients' use of and satisfaction with technology.	X		
2	ORNC: R&R may wish to streamline data collection strategies to ease respondent fatigue. Organizing the progression of questions, using skip patterns, and linking responses to tailored resources may increase completion rates.	X		
3	Consider developing simple inquiries to gauge the technology features that are most useful to users. Use the data to develop a menu of options for clients to tap into.	X		
4	Outcomes data are essential to diversify funding. Collect evidence of program effectiveness to demonstrate why distance treatment services should be funded in the future.	X		

Abbreviations and Acronyms

ACA	Patient Protection and Affordable Care Act
A-CHESS	Addiction, Comprehensive Health Enhancement Support System
AHLTA	Armed Forces Health Longitudinal Technology Application
BAM	Brief Addictions Monitor
DARS	Department of Addictions and Rehabilitation Studies
ECU	East Carolina University
GAIN-ABS	Global Appraisal of Individual Needs, Assessment Building System
GAIN-SS	Global Appraisal of Individual Needs, Short Screener
GPRA	Government Performance and Results Act
ORNC: R&R	Operation Reentry North Carolina: Veteran Resiliency and Reintegration through Technology
PTSD	Posttraumatic stress disorder
ROVER	RENCI Outreach Vehicle for Education and Research
SAIS	Services Accountability Improvement System
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Technology-assisted care
TBI	Traumatic brain injury
Vista	Veterans Health Information Systems and Technology Architecture