

Foster, Alania (SAMHSA)

From: Jan Goodson [Jan.Goodson@centerstoneresearch.org]
Sent: Friday, June 21, 2013 4:57 PM
To: Foster, Alania (SAMHSA)
Cc: Matthew Hardy
Subject: Re: TI024724 - TCE-TAC - Application Review - Response Requested
Attachments: Centerstone TI024724 Response to Questions 6 21 13.pdf

Ms. Foster:

On behalf of the Project Director, Matt Hardy, I am submitting the attached document with Centerstone's responses to the questions in your email below. The attached includes a revised budget and SF 424A form. We inadvertently submitted a response earlier today without the revised budget. I apologize for any confusion this may have caused.

Please let us know if you need any additional information, or further clarification, as your review progresses.

Sincerely,

Jan Goodson

Centerstone Research Institute
Vice President, Grant Writing and Research Communications
615-463-6654 (O) | 615-305-9066 (C) | 615-463-6242 (F)
www.CenterstoneResearch.org | www.EnlightenAnalytics.org

From: Foster, Alania (SAMHSA) [<mailto:Alania.Foster@samhsa.hhs.gov>]

Sent: Monday, June 17, 2013 10:24 AM

To: Matthew Hardy

Cc: Kathie Williams; Bob Vero

Subject: TI024724 - TCE-TAC - Application Review - Response Requested

Dear Matt,

My name is Alania Foster from the Division of Grants Management at SAMHSA.

Your organization recently applied to the FY 2013 Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need announcement, RFA # TI-13-008. I have started the financial review of your application, and the following items need to be addressed before I can complete the review:

1. It was noted that your organization did not provide a breakdown for the fringe costs. List all components that make up the fringe benefit rate. See the example in the RFA example budget.
2. It was noted that your organization did not provide the annual salary for the positions listed. Provide the annual salary for each position listed.
3. It was noted that your organization did not provide an adequate calculation for the costs listed under 'Contractual'. Provide the calculation(s) used for each costs (8,000 and 56,000).
4. It was noted that your organization did not provide an adequate calculations for some of the costs listed under 'Other'. Provide the calculation(s) used for each costs (60,000).
5. Since your organization is requesting rent costs, you must complete the attached questionnaire. Also, review the calculation provided for rent costs ($75*2*15 = 2,250$), you have listed 3,375.
6. Provide a copy of your current Indirect Cost Rate Agreement showing the requested IDC rate of 29.1%.

If you make any changes to the budget you must submit a full revised detailed budget and a revised SF424A. Also, if any changes are made to the budget, please ensure that the bottom line of \$280,000 does not change.

The requested items should be submitted to me via e-mail as one PDF attachment by **COB on June 21, 2013**. If you have questions regarding this request, do not hesitate to contact me.

Please be informed that funding decisions have not been made; however, these are items that needs to be addressed before your application can be further reviewed.

Please note: Any correspondence/response must be sent from the Project Director, Business Official or Authorizing Representative of your organization. If prepared by someone other than those individuals listed above, the correspondence/response must be forwarded to the Project Director, Business Official, or Authorizing Representative then sent to this office with their comments.

Thank you,

Alania Foster

Alania Foster, M.S.
Grants Management Specialist
U.S. Department of Health and Human Resources (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Financial Resources (OFR), Division of Grants Management (DGM)
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Centerstone's Response to Questions Regarding TCE-TAC, RFA # TI-13-008

- 1. It was noted that your organization did not provide a breakdown for the fringe costs. List all components that make up the fringe benefit rate. See the example in the RFA example budget.**

Centerstone's fringe benefits contain the components identified below. Note, Major Medical costs are a fixed amount per employee. Because of this, rates fluctuate between staff members based on salaries. Fringe benefits are allocated to each program based on staff FTE. Based on the anticipated salaries for this program, the 28% requested in the budget reflects Centerstone's best projection of the costs. Only actual amounts incurred based on staff FTEs will be charged to the grant program.

Major Medical	\$10,775.00 (per FTE)
Employer FICA	7.6500%
Pension	0.0010%
Workman's Compensation	0.2000%
LTD/Life/AD&D	0.6200%

- 2. It was noted that your organization did not provide the annual salary for the positions listed. Provide the annual salary for each position listed.**

Project Director	\$75,000
Program Manager	\$37,000
Recovery Coach	\$30,000
Centerstone Research Institute CEO (<i>in kind</i>)	>\$179,700*
Chief Information Officer (<i>in kind</i>)	\$150,000
Vice President, Information Technology (<i>in kind</i>)	\$120,000

*In the budget originally submitted, there was an error regarding the Centerstone Research Institute CEO's in-kind commitment. In line with Pub. L. 112-74, the Centerstone Research Institute CEO's in-kind commitment to this project shall be \$8,985 (.05 FTE x \$179,700). This will not change the budget's bottom line of \$280,000.

- 3. It was noted that your organization did not provide an adequate calculation for the costs listed under 'Contractual'. Provide the calculation(s) used for each cost (\$8,000 and 56,000).**

The contractual costs for Centerstone of Indiana (\$8,000) were calculated as follows:

Activity	Explanation	Hours	Hourly Rate*	Total
Consultative Services	Linda Grove-Paul, Vice-President for Recovery and Innovation, Centerstone of Indiana, will provide a range of consultative services to support project success, specifically in implementing the electronic Recovery Oriented System of Care (e-ROSC) that will engage/retain hard-to-reach, underserved consumers in treatment. Ms. Grove-Paul will work collaboratively with Project Leadership to assist implementation of the web portal application (e-ROSC) as specified in the proposal. Information will be shared, including financial and technology strategies, training design for project staff, and lessons learned, based on her successful experience of developing and implementing e-ROSC in Indiana; feedback provided to project leadership in addressing any barriers and managing implementation; and ongoing consultation and assistance provided to ensure problems are identified proactively so solutions can be quickly implemented.	80	\$100	\$8,000

*Note: Hourly Rate is inclusive of all expenses of providing the services, e.g., communications, supplies, local travel, mileage, etc.

The contractual costs for Centerstone Research Institute (\$56,000) were calculated as follows:

Activity	Explanation	Hours	Hourly Rate*	Total
Evaluation Management and Oversight	In partnership with Project Leadership CRI will provide a range of evaluation services to support project success. The Lead Evaluator from Centerstone Research Institute will work collaboratively to review and update the logic model with project stakeholders, successfully implement the evaluation plan as specified in the proposal. Data and feedback will be provided to project leadership to meet federal reporting requirements, and otherwise work as needed to ensure project success. CRI will participate in SAMHSA grantee meetings as requested by the Project Director.	300	\$100	\$30,000
Data Collection & Performance Measurement/Assessment	CRI will develop and support the methodology to collect data, submit it to SAMHSA's data portal, and prepare it for analysis to support data needs for SAMHSA and continuous quality improvement for the program.	200	\$75	\$15,000
Reporting Requirements	Evaluation staff will provide data and progress updates to the Project Director necessary to meet all federal reporting requirements, including detailed quarterly and six-month reports, annual Performance Assessment Reports, and other documentation as requested.	50	\$100	\$5,000
Using Data for Continuous Quality Improvement	In order to assist program implementation and ensure achievement of goals & objectives, the evaluation will train project staff on use of evaluation data for program improvement, develop monthly reports on specific program goals, and provide ongoing consultation and assistance to ensure that problems are identified proactively so that solutions can be quickly implemented.	80	\$75	\$6,000
TOTAL		630		\$56,000

*Note: Hourly Rates are inclusive of all expenses of providing the service, e.g., staff expenses, space rental, supplies, local travel, mileage, etc.

The general evaluation design includes both process and outcome objectives, with the goal of ensuring program fidelity, improving program implementation, and satisfactory clinical outcomes. Performance on GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness will be reported using the GPRA tool. GPRA data will be collected at baseline, discharge and 6-months post-baseline and submitted via the online Services Accountability Improvement System. For the process evaluation, key informant interviews, observations of program activities, program records abstraction, and program document reviews will be implemented in order to describe patient demographics and the Recovery Oriented System of Care currently interwoven into Centerstone's treatment programs. The outcome evaluation will examine the impact of adding the e-ROSC system on participant outcomes (e.g., substance use, mental health symptomatology, criminal justice involvement, service use, recovery support, etc.) through the use of a longitudinal design (appropriate for analysis using hierarchical linear models – HLM).

- 4. It was noted that your organization did not provide an adequate calculations for some of the costs listed under ‘Other’. Provide the calculation(s) used for each costs (60,000).**

Activity	Cost*
Developing a care unit in the e-ROSC portal for the proposed project's focus counties and integrate resources to help with the specific needs of the focus population.	\$20,000
Linking the e-ROSC portal to Centerstone's new EHR to enhance communication with other medical providers serving the population of focus	\$20,000
Developing Phase I of e-ROSC mobile platform/applications for participants enrolled in the program	\$20,000
Total	\$60,000

*Note: All projected costs are estimates and include funds for requirements gathering, design specs documents completed and approved, construction of functionality, and integration of functionality into the existing e-ROSC portal.

- 5. Since your organization is requesting rent costs, you must complete the attached questionnaire. Also, review the calculation provided for rent costs ($75*2*15 = 2,250$), you have listed 3,375.**

The required questionnaire is attached on the next page.

There was a typo in the narrative description's calculation provided for occupancy expenses. The correct calculation should read (75 sq. ft. x 3 @ \$15/sq.ft.).

- 6. Provide a copy of your current Indirect Cost Rate Agreement showing the requested IDC rate of 29.1%.**

Centerstone's current Indirect Cost Rate Agreement showing the requested IDC rate of 29.1% is attached on page 10 of this document.

RENT QUESTIONS TO BE ANSWERED BY THE APPLICANT/GRAANTEE

WHO OWNS THE BUILDING?:

1. [**HHS Grants Policy Statement**](#): Rental costs under a “less-than-arms-length” arrangement is allowable only up to the amount that would be allowed under the applicable cost principles had title to the property been vested in the recipient. A less-than-arms-length lease is one in which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to, those between divisions of an organization; between organizations under common control through common officers, directors, or members; and between an organization and its directors, trustees, officers, or key employees (or the families of these individuals), directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.
2. Identify the owner(s) of the building (e.g. – individuals’ or organization’s name) for the space costs (rent) included in the budget and describe his/their or its relationship (i.e. - Board member, Officer, related party, related organization, etc..) to the grantee organization, if any. Are there any relationships between the grantee organization and building owner’s(s’) Board Members and Officers that could be considered a real or apparent conflict of interest.

The State of Tennessee owns the building located at 511 Eighth Street, Clarksville, TN, and leases to Centerstone of Tennessee, Inc., the grantee and service provider.

3. IF GRANTEE OWNS THE BUILDING:

- (a) Describe and provide supporting documentation to include: Settlement Statement (HUD 1 Form) for the purchase of the building which reflects the calculation of purchase price attributable to the building; IRS Form 4562 (Depreciation and Amortization); Tax Assessment or Appraisal; documentation supporting estimates for utilities, maintenance, taxes, insurance, etc..). Provided below is a SAMPLE TEMPLATE of the typical depreciation calculations.

Depreciation amount was determined as follows:

Total Cost with settlement expenses	\$ _____ N/A _____
Land Allocation	
(as reflected on IRS Form 4562, Tax Assessment or Appraisal form)	\$ _____ N/A _____
Basis of Building	\$ _____ N/A _____
Monthly Depreciation (# years of life)	\$ _____ N/A _____

Occupancy expenses for 6/1/12 – 5/31/13 were:

Depreciation	\$30,029
Utilities	\$168,656
Insurance	\$2,281
Repairs and Maintenance	\$52,802
 TOTAL	 \$253,768

ALL GRANTEES MUST PROVIDE:

1. A signed copy of the current lease which specifically identifies the owner of the facility.

This building is owned by the State of Tennessee and is located on the campus of Austin Peay State University in Clarksville, TN. Under an agreement with the state that pre-dates most of the Centerstone staff, the arrangement is for Centerstone to occupy the building at a cost of \$1/year, as long as the building is being used to provide mental health services in that community. Centerstone is entirely responsible for maintenance, repair, upkeep, utilities, etc. Depreciation expenses of \$30,029 represent the cost of necessary repairs to meet required standards for licensure and service delivery.

2. Whenever rental costs are include in the budget you must provide a copy floor plan to include the following:
 - (a) The method used to determine the base most often used to allocate space costs is square footage; however, full-time equivalents (FTEs) are sometimes utilized and are acceptable. Calculate the space costs using an appropriate base (square footage or FTEs) and provide a copy of the calculation along with documentation supporting the calculation (e.g., lease agreement; documentation supporting estimates for utilities, maintenance, taxes, insurance; FTE or SF analysis; etc.). Other funding sources utilizing space must be identified and included.
 - i. If square footage is selected for multiple programs, a floor plan of the building must be provided that specifically identifies the space used exclusively by the SAMHSA grant program, including common areas, and general and administrative areas. Show the individual's name and position in the space or other identifier. In addition, any other programs supported by the grantee organization must be identified in the floor plan. This will determine SAMHSA's fair share of the space cost(s).

Attached is a copy of the floor plan for Centerstone's Clarksville location. On the plan, we have identified the spaces that we will negotiate for if this grant is funded. Actual allocations for this program cannot be determined until funding is available; therefore, actual costs to a specific program could fluctuate. We would expect that to be within 10% of our budgeted projections. Only space used by the program will be allocated directly to the grant.

Room A: We anticipate using this space for Stacey Coulter, Program Manager (130 sq. ft.)

(This position is currently funded by another grant program which terminates September 29, 2013)

Room B: We anticipate using this space for this space for To Be Hired, Recovery Coach (106 sq. ft.)

Room C: We anticipate using this space for Matthew Hardy, Project Director (132 sq. ft x .15 FTE = 19.8 sq. ft.)

Total direct service space occupied (proposed) 255.8 sq. ft.

Cost per sq. ft.: \$13.21

TOTAL Cost: \$3,379.11

Note: any occupancy expenses in excess of those in the budget will be calculated as in-kind.

A list of current programs and occupants also at the Clarksville location is attached as an example of how square footage costs are allocated.

- ii. If FTEs are selected for multiple programs, a floor plan of the building must be provided that specifically identifies the space used exclusively by the SAMHSA grant program, including common areas, and general and administrative areas. Show the individual's name and position in the space or other identifier. This will determine SAMHSA's fair share of the space cost(s). In addition, any other programs supported by the grantee organization must be identified in the floor plan.

INDIRECT COSTS:

1. If the budget includes Office space and indirect costs, office space is included in the indirect cost pool therefore the grantee may not charge this expense

as a direct cost. It will be disallowed. This may require renegotiating with the Division of Cost Allocation to include all office space.

2. If the space is programmatic/service site expense, the cost may be a direct charge.
3. If budget includes office space, but the grantee has not negotiated and indirect cost rate agreement charging this expense as part of a direct cost is appropriate and will be allowed

Centerstone, the grantee and service provider, has a negotiated indirect rate agreement, which covers the costs of administrative space. However, space occupied by staff who provide direct services to clients, or specific services to programs, is allocated based on square footage utilization. A copy of Centerstone's current rate agreement is attached. The space for which rent will be charged to the project will be a programmatic/service site expense.

ALL QUESTIONS MUST BE ANSWERED CLEARLY AND JUSTIFIED.
EXPLAIN HOW YOUR ORGANIZATION ARRIVED AT THESE FIGURES AND HOW THE FIGURES CORRESPOND WITH THE APPROVED BUDGET AND SUBMIT SUPPORTING DOCUMENTATION.

IN ADDITION, CROSS-REFERENCE THE DEPRECIATION, ETC., WITH THE BUDGET AND SUPPORTING DOCUMENTATION.

****Included as an example only******Office Assignment**

Address: 511 Eighth Street, Clarksville

Location: # 63001 - Montgomery County

Date Reported: June 6, 2013

Code	Room #	Occupant	Replacement	Sq. Footage	Program	Phones	Mon	Tues	Weds	Thurs	Fri
N	1	Jan Oakes		156	010101	1		8		8	
N	2	Waiting Area for Jan Oakes		156	010101						
N	3	Kathy Perry		143	703003	1	8	8	8	8	8
N	3	Annie Sloan		143	703003	1	8	8	8	8	8
N	3	Kari Swaw		143	703003	1	8	8	8	8	8
N	4	Berta Byard		120	703003	1	8	8	8	8	8
N	4	Megan Madden		120	703003	1	8	8	8	8	8
N	5	Conference Room		595		2					
N	6	Work Area		150	010101	1	8	8	8	8	8
N	7	Kerri Sumner		128	703003	1	8	8	8	8	8
N	8	Pam Mitchell, Office Mgr		118	703003	1	8	8	8	8	8
N	9	Mobile Crisis Emergency Room		107		1					
N	10	Pam Wilson, Area Mgr		252	703001	1	8	8	8	8	8
N	11	Stacey Coulter		290	011802	1	8	8	8	8	8
N	12	Meeting Room		855		1					
N	13	Group Room		609	010101	1	8	8	8	8	8
N	14	Tommy Gillespie		94	703205	1	8	8	8	8	8
N	15	Veterans Grant Team		59	020203	1	8	8	8	8	8
N	16	Jail Waiting Room		59		1					
N	17	C & Y Case Mgmt		88	030201	1	8	8	8	8	8
N	18	C & Y Case Mgmt		79	030201	1	8	8	8	8	8
C	19	Scott Wilson		132	030201	1	8	8	8	8	8
N	20	Matt Hardy, Regional Dir		132	020205	1				8	
N	20	John Garrison		132	010101	1		8			
N	21	Vacant		106	010101	1	8	8		8	
C	22	Linsday Thomas NP		98	010101	1	8	8	8	8	8
N	23	Sherie Giles		98	010101	1	10	10	10	10	
N	24	Melissa Clark		98	010101	1	8	8	8	8	8
N	25	Kim Broome		98	703003	1	8	8	8	8	8
N	26	Med Room		118	010101						
N	27	Dr. Jalovec		120	010101	1					
N	28	Evan Witherington, NP		120	010101	1					
C	29	Vacant		120	010101	1					
N	30	Lori Dickson, NP		195	010101	1	8	8	8	8	8
N	31	Dr Abubucker		195	010101	1	10	10	10	10	
N	32	Connie Shelby		98	010101	0.5	4	4	4	4	4
N	32	Connie Shelby		98	011901	0.5	4	4	4	4	4
N	32	Yasmin Sarwar		195	010101	1	8	8	8	8	8
N	33	Krystle Berryman		120	010101	1	8	8	8	8	8
N	34	Shirley Talbott		120	010101	1	10	10	10		
N	35	John DeMarco		119	010101	1	8	8	8	8	8
C	36	Janet Niinness		90	010101	1	8	8	8	8	8
N	37	Dr. Begtrup		91	010101	1		8			
N	38	Stephanie Solomon LCSW		91	010101	1	8	8	8	8	8
N	39	Katie McWilliams LCSW		91	010101	1	8	8	8	8	8
N	40	Sarah Slade		91	030705	1	8	8	8	8	8
N	41	Chris Gertig		106	010101	1	8	8	8	8	8
N	42	Valarie James		45	020201	1	8	8	8	8	8
N	43	Suzie Premo		45	021509	1	8	8			
N	43	Suzie Premo		45	021508	1			8	8	8
N	43	Sandra Thomas		130	020201	1	8	8	8	8	8
N	44	Brenda Boyd		128	020305	1	8	8	8	8	8
N	45	Menzo Faassen		115	011802	1	8	8	8	8	8
N	46	Aaron Stormer		115	011802	2	8	8	8	8	8
N	47	Vicki Bailey		115	011802	1	8	8	8	8	8
N	48	Jodie Robison		115	010101	1	8	8	8	8	8
	49	Group Room		620		1					
	50	Adult Case Mgmt		639	020201		8	8	8	8	8
** Bas	51	Jerome Viltz		128	011801	1	8	8	8	8	8
	52	Total		9874		66					

Codes: F=First N=No Change C=Change

Centerstone—Tennessee e-ROSC

- Revised Budget Justification
- Revised SF 424A

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. TI-13-008	93.243	\$ []	\$ []	\$ 280,000.00	\$ 32,770.00	\$ 312,770.00
2.						
3.						
4.						
5. Totals		\$ []	\$ []	\$ 280,000.00	\$ 32,770.00	\$ 312,770.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) TI-13-008	(2)	(3)	(4)	
a. Personnel	\$ 78,250.00	\$	\$	\$	\$ 78,250.00
b. Fringe Benefits	21,910.00				21,910.00
c. Travel	4,346.00				4,346.00
d. Equipment	0.00				
e. Supplies	3,960.00				3,960.00
f. Contractual	64,000.00				64,000.00
g. Construction	0.00				
h. Other	78,387.00				78,387.00
i. Total Direct Charges (sum of 6a-6h)	250,853.00				\$ 250,853.00
j. Indirect Charges	29,147.00				\$ 29,147.00
k. TOTALS (sum of 6i and 6j)	\$ 280,000.00	\$	\$	\$	\$ 280,000.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT

Centerstone of Tennessee

TN e-ROSC

Friday, June 21, 2013

Year 1 (10/1/13-9/30/14)				
CATEGORY	CSAT PROGRAM	Non-Federal	TOTAL	
PERSONNEL	Effort			
Project Director <i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>	0.15	\$11,250	\$0	\$11,250
Program Manager <i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>	1.00	\$37,000	\$0	\$37,000
Recovery Coach <i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders. (8 month salary in Year 1 and only 1 Recovery Coach in year 1 to allow for start-up)</i>	1.00	\$20,000	\$0	\$20,000
E-ROSC IT Project Manager <i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>	0.10	\$10,000	\$0	\$10,000
Centerstone Research Institute, CEO	0.05	\$0	\$8,985	\$8,985

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$7,500	\$7,500
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Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.

Vice President, Information Technology	0.05	\$0	\$6,000	\$6,000
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Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.

Total Salary		\$78,250	\$22,485	\$100,735
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Fringe Benefits

Total Fringe Benefits @ 28%		\$21,910	\$4,092	\$26,002
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Total Personnel		\$100,160	\$26,577	\$126,737
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TRAVEL

Regional Travel

Required grantee meetings

Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
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Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
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Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200
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Local Travel	\$1,840	\$0	\$1,840
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For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 1 Recovery Coach. 4,000 x 1 staff x \$0.46/mi

Total Travel		\$4,346	\$0	\$4,346
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EQUIPMENT

None requested.	\$0	\$0	\$0
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Total Equipment		\$0	\$0	\$0
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SUPPLIES

Office Supplies	\$2,400	\$0	\$2,400
<i>Initial setup and ongoing supply costs for 1 Program Manager and 1 Recovery Coach. Includes office supplies, consumable and other necessary supplies for data management, copies, postage, desks, chairs, etc. \$100/month x 12 months x 2 employees</i>			
Computer Related Supplies	\$1,560	\$0	\$1,560
<i>2 Laptops (Program Manager & Recovery Coach) @ \$35 x 2 staff x 12 months=\$840; 1 desktop computer @ \$35 x 1 staff x 12 months=\$420 for volunteers and participants at office; 1 printer @ \$300</i>			
Total Supplies	\$3,960	\$0	\$3,960

CONTRACTUAL

Centerstone of Indiana, Inc.	\$8,000	\$0	\$8,000
<i>Consultation and training with Linda Grove-Paul, Indiana EROSC Project Director, concerning eROSC implementation, including financial and technology strategies, lessons learned, etc.</i>			
Centerstone Research Institute	\$56,000	\$0	\$56,000
<i>Data Collection & Performance Measurement/ Assessment</i>			
<i>Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.</i>			
Total Contractual	\$64,000	\$0	\$64,000

OTHER

E-ROSC Web and Technology Expenses	\$60,000	\$0	\$60,000
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Includes expenses related to contract for HealthVault Solution Provider application developer (i.e., White Pines Systems) to adapt their chronic care PHR HealthVault module to meet the e-ROSC specifications and provide comprehensive web portal features for individuals with SUD with multiple chronic care needs. Also includes development of mobile technology applications (additional year 1 costs due to initial development costs).

Occupancy Expenses	\$3,375	\$0	\$3,375
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Includes expenses related to occupancy of space located at 511 Eighth Street, Clarksville, TN (75 sq. ft. x 3 @ \$15/sq.ft.).

Telecommunications	\$4,320	\$0	\$4,320
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Mobile phones and Internet services for 3 laptops/computers. \$120/month x 12 months x 3 staff

Non-clinical Support Services/Incentives	\$4,000	\$0	\$4,000
--	---------	-----	---------

Provision of SmartPhone phone plans to enable indigent consumer involvement/participation in e-ROSC. 10 consumers @ average \$50/month for 8 months in year 1.

Staff Training/Professional Growth	\$4,992	\$0	\$4,992
------------------------------------	---------	-----	---------

Training of Trainers for Program Manager to use (and to train all members of the e-ROSC in using) technologies to support chronic disease management and recovery. Also, Training in Recovery Oriented System of Care model, training in using technologies to support chronic disease management and recovery, cultural competence, Training of Trainers for Recovery Coach and certification, Medicaid eligibility, & other areas to support team development. Includes workshops, books/manuals, & travel expenses for CDP trainer (2 staff @ \$2,496 each)

Educational/Therapeutic Materials	\$1,700	\$0	\$1,700
-----------------------------------	---------	-----	---------

Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers to use the e-ROSC (25 consumers x \$18 + \$1,250 for video development costs)

Total Other	\$78,387	\$0	\$78,387
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TOTAL DIRECT COSTS	\$250,853	\$26,577	\$277,430
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TOTAL INDIRECT COSTS	\$29,147	\$6,193	\$35,339
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(Calculated @ 29.1% x Personnel Costs)

TOTAL PROJECT COSTS	\$280,000	\$32,770	\$312,769
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BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT

Centerstone of Tennessee

TN e-ROSC

Friday, June 21, 2013

Year 2 (10/1/14-9/30/15)				
CATEGORY	Effort	CSAT PROGRAM	Non-Federal	TOTAL
PERSONNEL				
Project Director	0.15	\$11,588	\$0	\$11,588
<i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>				
Program Manager	1.00	\$34,299	\$3,811	\$38,110
<i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>				
Recovery Coach	2.00	\$54,810	\$6,090	\$60,900
<i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders.</i>				
E-ROSC IT Project Manager	0.10	\$12,360	\$0	\$12,360
<i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>				
Centerstone Research Institute, CEO	0.05	\$0	\$18,540	\$18,540

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$12,360	\$12,360
<i>Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.</i>				
Director of Enterprise Applications	0.05	\$0	\$9,270	\$9,270
<i>Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.</i>				

Fringe Benefits

Total Fringe Benefits @ 28%	\$31,656	\$9,113	\$40,769
Total Personnel	\$144,712	\$59,184	\$203,896

TRAVEL

Regional Travel			
<i>Required grantee meetings</i>			
Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200
 Local Travel			
	\$3,220	\$0	\$3,220

For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 2 Recovery Coaches. 3,500 x 2 staff x \$0,46/mo

Total Travel \$5,726 \$0 \$5,726

EQUIPMENT

None requested.	\$0	\$0	\$0
Total Equipment	\$0	\$0	\$0

SUPPLIES

Office Supplies	\$1,920	\$0	\$1,920
<i>Ongoing supply costs for 2 staff. Includes office supplies, consumable and other necessary supplies for data management, copies, desks, chairs, etc. \$80/month x 12 months x 2 employees</i>			
Computer-related Supplies	\$1,320	\$0	\$1,320
<i>1 laptop for 1 new Recovery Coach @ \$35 x 1 staff x 12 months=\$420; Computer-related supplies, maintenance, & updates @ \$75 x 12 months= \$900</i>			
Total Supplies	\$3,240	\$0	\$3,240

CONTRACTUAL

Centerstone Research Institute	\$56,000	\$0	\$56,000
Data Collection and Performance Measurement/ Assessment			
Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.			
Total Contractual	\$56,000	\$0	\$56,000

OTHER

E-ROSC Web and Technology Expenses	\$10,000	\$0	\$10,000
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Includes expenses related to maintaining and refining chronic care PHR HealthVault module and web portal features for individuals with SUD with multiple chronic care needs. Also includes updating and maintenance for mobile technology applications.

Occupancy Expenses <i>Includes expenses related to occupancy of space located at 511 Eight Street, Clarksville, TN (100 sq. ft. x 3 @ \$15/sq.ft.).</i>	\$4,500	\$0	\$4,500
Telecommunications <i>Internet services for 3 laptops/computers. \$120/month x 12 months x 3 laptop/computers</i>	\$4,320	\$0	\$4,320
Non-clinical Support Services/Incentives <i>Provision of SmartPhone phone plans to sustain indigent consumer involvement/participation in e-ROSC. 10 consumers @ average of \$50/month cost.</i>	\$6,000	\$0	\$6,000
Staff Training/Professional Growth <i>Includes workshops, books/manuals. Professional development activities (conferences, trainings, etc.) concerning EBP updates and related focus areas to enhance service delivery quality (3 staff @ \$550 each).</i>	\$1,652	\$0	\$1,652
Educational/Therapeutic Materials <i>Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers (75 consumers x \$18)</i>	\$1,738	\$0	\$1,738
Total Other	\$28,210	\$0	\$28,210
TOTAL DIRECT COSTS	\$237,888	\$59,184	\$297,072
TOTAL INDIRECT COSTS (Calculated @ 29.1% x Personnel Costs)	\$42,111	\$13,790	\$55,901
TOTAL PROJECT COSTS	\$280,000	\$72,974	\$352,973

BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT

Centerstone of Tennessee

TN e-ROSC

Friday, June 21, 2013

Year 3 (10/1/15-9/30/16)				
CATEGORY	Effort	CSAT PROGRAM	Non-Federal	TOTAL
PERSONNEL				
Project Director <i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>	0.15	\$11,935	\$0	\$11,935
Program Manager <i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>	1.00	\$34,935	\$4,318	\$39,253
Recovery Coach <i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders.</i>	2.00	\$53,945	\$7,904	\$61,849
E-ROSC IT Project Manager <i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>	0.10	\$12,731	\$0	\$12,731
Centerstone Research Institute, CEO	0.05	\$0	\$19,096	\$19,096

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$12,731	\$12,731
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Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.

Director of Enterprise Applications	0.05	\$0	\$9,548	\$9,548
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Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.

Total Salary		\$113,547	\$53,597	\$167,143
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Fringe Benefits

Total Fringe Benefits @ 28%		\$31,793	\$9,755	\$41,548
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Total Personnel		\$145,340	\$63,351	\$208,691
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TRAVEL

Regional Travel

Required grantee meetings

Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
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Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
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Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200
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Local Travel	\$3,220	\$0	\$3,220
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For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 2 Recovery Coaches. 3,500 x 2 staff x \$0.46/mi

Total Travel		\$5,726	\$0	\$5,726
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EQUIPMENT

None requested.	\$0	\$0	\$0
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Total Equipment		\$0	\$0	\$0
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SUPPLIES

Office Supplies	\$1,923	\$0	\$1,923
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Ongoing supply costs for 2 staff. Includes office supplies, consumable and other necessary supplies for data management, copies, desks, chairs, etc. \$80/month x 12 months x 2 employees

Computer-related Supplies	\$900	\$0	\$900
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Computer-related supplies, maintenance, & updates @ \$75 x 12 months= \$900

Total Supplies	\$2,823	\$0	\$2,823
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CONTRACTUAL

Centerstone Research Institute	\$56,000	\$0	\$56,000
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Data Collection and Performance Measurement/
Assessment

Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.

Total Contractual	\$56,000	\$0	\$56,000
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OTHER

E-ROSC Web and Technology Expenses	\$10,000	\$0	\$10,000
------------------------------------	----------	-----	----------

Includes expenses related to maintaining and refining chronic care PHR HealthVault module and web portal features for individuals with SUD with multiple chronic care needs. Also includes updating and maintenance for mobile technology applications.

Occupancy Expenses <i>Includes expenses related to occupancy of space located at 511 Eight Street, Clarksville, TN (100 sq. ft. x 3 @ \$15/sq.ft.).</i>	\$4,500	\$0	\$4,500
Telecommunications <i>Internet services for 3 laptops/computers. \$120/month x 12 months x 3 laptop/computers</i>	\$4,320	\$0	\$4,320
Non-clinical Support Services/Incentives <i>Provision of SmartPhone phone plans to sustain indigent consumer involvement/participation in e-ROSC. 10 consumers @ average of \$50/month cost.</i>	\$6,000	\$0	\$6,000
Staff Training/Professional Growth <i>Includes workshops, books/manuals. Professional development activities (conferences, trainings, etc.) concerning EBP updates and related focus areas to enhance service delivery quality (3 staff @ \$570 each).</i>	\$1,710	\$0	\$1,710
Educational/Therapeutic Materials <i>Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers (50 consumers x \$18)</i>	\$1,288	\$0	\$1,288
Total Other	\$27,818	\$0	\$27,818
TOTAL DIRECT COSTS	\$237,707	\$63,351	\$301,058
TOTAL INDIRECT COSTS (Calculated @ 29.1% x Personnel Costs)	\$42,294	\$13,790	\$56,084
TOTAL PROJECT COSTS	\$280,000	\$77,141	\$357,141

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/> <input type="text"/>	
* 3. Date Received:	4. Applicant Identifier:		
04/08/2013	<input type="text"/>		
5a. Federal Entity Identifier:	5b. Federal Award Identifier:		
<input type="text"/>	<input type="text"/>		
State Use Only:			
6. Date Received by State:	7. State Application Identifier:		
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text"/> Centerstone of Tennessee, Inc.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 62-1674308		* c. Organizational DUNS: 022838358000	
d. Address:			
* Street1: Street2:	<input type="text"/> 1101 6th Avenue North <input type="text"/>		
* City:	<input type="text"/> Nashville		
County/Parish:	<input type="text"/> Davidson		
* State:	<input type="text"/> TN: Tennessee		
Province:	<input type="text"/>		
* Country:	<input type="text"/> USA: UNITED STATES		
* Zip / Postal Code:	<input type="text"/> 37208-2650		
e. Organizational Unit:			
Department Name: Clinic Services	Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name:	<input type="text"/> Matt	
Middle Name:	<input type="text"/> M.		
* Last Name:	<input type="text"/> Hardy		
Suffix:	<input type="text"/> Psy.D.		
Title:	<input type="text"/> Regional Director		
Organizational Affiliation: Centerstone of Tennessee, Inc.			
* Telephone Number:	<input type="text"/> (931) 920-7249	Fax Number:	<input type="text"/> (931) 920-7202
* Email:	<input type="text"/> matt.hardy@centerstone.org		

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

* 12. Funding Opportunity Number:

TI-13-008

* Title:

Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

SF 424 Item 14.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Tennessee e-ROSC

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="280,000.00"/>
* b. Applicant	<input type="text" value="34,978.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="314,978.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. TI-13-008	93.243	\$ []	\$ []	\$ 280,000.00	\$ 34,978.00	\$ 314,978.00
2.						
3.						
4.						
5. Totals		\$ []	\$ []	\$ 280,000.00	\$ 34,978.00	\$ 314,978.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) TI-13-008	(2)	(3)	(4)	
a. Personnel	\$ 78,250.00	\$	\$	\$	\$ 78,250.00
b. Fringe Benefits	21,910.00				21,910.00
c. Travel	4,346.00				4,346.00
d. Equipment	0.00				
e. Supplies	3,960.00				3,960.00
f. Contractual	64,000.00				64,000.00
g. Construction	0.00				
h. Other	78,387.00				78,387.00
i. Total Direct Charges (sum of 6a-6h)	250,853.00				\$ 250,853.00
j. Indirect Charges	29,147.00				\$ 29,147.00
k. TOTALS (sum of 6i and 6j)	\$ 280,000.00	\$	\$	\$	\$ 280,000.00
 7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	TI-13-008	\$ 34,978.00	\$ 0.00	\$ 0.00	\$ 34,978.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 34,978.00	\$	\$	\$ 34,978.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. TI-13-008	\$ 280,000.00	\$ 280,000.00	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 280,000.00	\$ 280,000.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:		22. Indirect Charges:	
23. Remarks:	<input type="text"/>		

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Abstract

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

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

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

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

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Tennessee e-ROSC

Centerstone of Tennessee's Web-based Recovery-Oriented System of Care

A. Population of Focus and Statement of Need

A.1. Demographic Profile

The population of focus for **Tennessee (TN) e-ROSC** is adults (18+) with substance use disorder (SUD) living in nine underserved, primarily rural counties (*Cheatham, Dickson, Houston, Robertson, Montgomery, and Stewart* in Tennessee and *Christian, Todd, and Trigg* in Kentucky). These counties surround Clarksville, Tennessee and the adjacent Fort Campbell Army Post, home of the 101st Airborne Division and the Army's most deployed contingency force. This population experiences multiple disparities, including limited access to behavioral and primary healthcare, housing, employment/education, and opportunities for social connectedness. **TN e-ROSC** will help address these disparities by enhancing and expanding SUD services through a web-based Recovery-Oriented System of Care (ROSC). This technology will increase the number of participants accessing SUD treatment/recovery services and improve quality of care for adults in need of SUD treatment.

Consistent with local demographics (see table below), the majority of project participants are expected to be white or African-American men and women with below-average incomes, high rates of unemployment, and low levels of educational attainment/literacy. The focus population for **TN e-ROSC** is expected to align with the population served by *REALives*, the agency's SAMHSA-funded TCE-HIV grant serving many of the same counties. As such, members of the focus population are also expected to identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). Centerstone's internal data confirms that the population of individuals with substance abuse concerns in the focus counties is predominantly white and low/no income, with LGBTQ representation. In addition, these individuals are expected to suffer from co-occurring SUD and mental health disorders as well as physical health problems (Volkow, 2001).

Focus Area Demographics

County	Total Pop.	18+	% White	% Afr-Amer.	% Asian	% Hispanic	% Unemployed	% Below Poverty	% < H.S. Education	% non-Engl. primary lang.	Veteran
Cheatham	39,105	29,353	95.6	1.4	0.4	2.3	6.8	11.4	17.5	3.4	2,714
Dickson	49,666	37,229	91.8	4.1	0.5	3.2	8.0	15.1	18.4	3.2	3,940
Houston	8,426	6,434	95.1	2.3	0.3	1.5	10.3	18.4	18.7	1.1	778
Montgomery	172,331	124,117	71.0	19.1	2.1	8.0	8.0	14.8	9.8	8.6	23,990
Robertson	66,283	23,956	87.4	7.4	0.5	5.9	7.4	13.2	17.3	5.8	4,816
Stewart	13,324	10,278	94.6	1.4	1.0	1.9	11.7	16.9	16.5	2.0	1,816
Christian	73,995	26,674	71.5	21.2	1.0	6.1	10.7	21.1	16.3	7.2	7,673
Todd	12,460	9,067	89.0	8.0	0.1	4.0	8.8	21.6	25.1	8.2	926
Trigg	14,339	5,674	89.1	8.2	0.3	1.2	10.8	15.6	19.0	3.2	1,603
Total Focus Area	449,929	272,782	83.0	13.5	1.0	7.1	8.4	19.0	15.1	6.0	48,256
Tennessee	6,346,105	2,328,323	77.6	16.7	1.4	4.6	7.7	16.9	16.8	6.4	501,665
United States	308,745,538	113,836,190	72.4	12.6	4.8	16.3	7.7	14.3	14.6	20.3	22,215,303

Source: Bureau of Labor Statistics, 2012; US Census, 2009, 2010; US Census American Fact Finder, 2011; US Census Quick Facts, 2010, 2011

This rural area has lost numerous jobs over the last 20 years, resulting in unemployment rates averaging 8.2%, significantly exceeding the state/national rate of 7.8%. A high percentage of the population lives below poverty, reaching levels up to 21%, and the area has a significantly lower per capita income than the State. Combined with the low educational attainment experienced by many individuals in counties where up to 25% of adults lack a high school diploma or equivalent, these factors significantly increase susceptibility to SUD (Census, 2010; Henkel, 2011).

Sub-populations: With Fort Campbell centralized in the focus area, **veterans/military**

Tennessee E-ROSC:

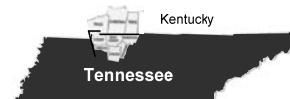
Centerstone's Web-based Recovery-Oriented System of Care

Population of Focus:

Adults (18+) with SUD living in 9 underserved, primarily rural counties

Area to be Served:

Cheatham, Dickson, Houston, Montgomery, Robertson, & Stewart counties in Tennessee; Christian, Trigg, & Todd in Kentucky



Number to be Served:

150 adults over four years
(Year 1: 25; Year 2: 75; Year 3: 50)

personnel and their families will represent a large segment of the focus population. The focus area is saturated with veterans, military personnel, and civilians (over 30,000 active duty, 39,000 retired, 125,000 family members, and 8,000 civilian workers) who work and reside on the Post or in surrounding counties; the majority of military family members (76%) live off-Post (Ft. Campbell, 2010). Most of the area's 45,000+ veterans have been deployed at least once. Studies show a strong link between military deployment, especially combat, and adverse mental/psychosocial effects, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and substance abuse (Hoge & Castro, 2005; SAMHSA, 2007). This is especially true for veterans returning home from the Middle East, often with physical and/or psychological injuries that require more intensive care than in past wars. Surveys also show increases in reported alcohol misuse for soldiers returning from the Middle East (Hoge & Castro, 2005; SAMHSA, 2007). Among veterans returning from Operations Enduring Freedom and Iraqi Freedom, over 11% have been diagnosed with SUD, and 37-50% with a mental disorder (SAMHSA, 2012).

Racial/ethnic **minorities** will make up a significant portion of the focus population (see chart right for current Centerstone SUD client demographics). In addition to the sizeable African-American population, particularly in Montgomery (19%) and Christian (21%) counties, the area includes growing Hispanic and Asian-American communities, which increased by 75% from 2000-2011. About 5% of the focus population speaks a primary language other than English (US Census, 2000; 2011).

Studies have found that cultural issues and stigma play a primary role in the belief systems of these diverse populations concerning substance use/treatment and related issues (CAPS, 2007).

A large percentage of project participants are expected to have **co-occurring** mental and substance use disorders. Studies show that 60% of individuals with SUD have at least one mental disorder, 50% with severe mental disorders are affected by substance abuse, and 29% of individuals diagnosed with mental disorders abuse substances (Volkow, 2007; Drake, 2003). Among Centerstone's current SUD clients in the focus counties, over 80% have co-occurring mental health issues. The project will also serve participants with a history of **criminal justice** involvement in the focus counties. Centerstone provides SUD treatment services for 100+ clients referred by criminal justice contacts in the **TN e-ROSC** focus counties. Results from a statewide treatment services evaluation indicate that nearly 60% of clients in substance abuse treatment have been arrested prior to admission (James & Glaze, 2006), and an estimated 85% of incarcerated individuals have a substance use disorder that frequently goes untreated.

TN e-ROSC will give special attention to the diverse socioeconomic and cultural needs of the focus population, including drug use trends of racial/ethnic groups and the criminal activity amplified by socioeconomic distress, substance abuse, trauma, and mental illness.

A.2. Relationship of Population of Focus to Overall Population in Geographic Area

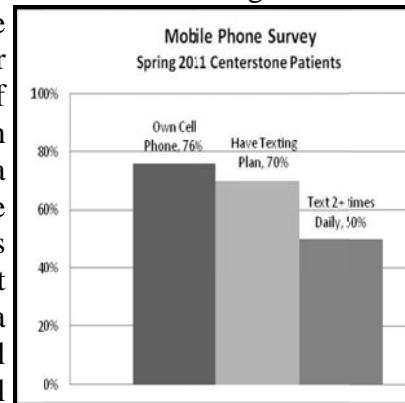
TN e-ROSC's focus **geographic area** includes a cluster of nine primarily rural counties located 20-100 miles northwest of Nashville, the state capital. Clarksville, the area's largest city (population 135,000), is located in Montgomery County at the southern boundary of the Fort Campbell Army Post. Clarksville/Montgomery contains 38% of the focus area's residents and over 40% of the area's behavioral and primary healthcare providers (Census, 2011; County Health Rankings, 2012). The bulk of the surrounding rural communities are remote and isolated, with limited community services and few public transportation options.

Centerstone SUD Clients in Tennessee Focus Counties (data unavailable for Kentucky focus counties)				
	White	African-American	Asian	Hispanic
Cheatham	44	1	0	0
Dickson	647	42	0	12
Houston	0	0	0	0
Montgomery	2492	622	12	91
Robertson	730	132	1	20
Stewart	3	0	0	0
Total	3,916	797	13	123

Source: Enlighten Analytics, 2013

The **relationship of the population of focus to the overall population** in the focus area includes multiple disadvantages and disparities, with members of the focus population generally presenting higher poverty levels as well as lower educational attainment, higher unemployment, more social isolation, and poorer health. For example, individuals with SUD are more likely to have physical health issues, including controllable factors (e.g. tobacco use) that contribute to treatable conditions. Rural minorities appear to be particularly disadvantaged in these areas (AHRQ, Pub No. 05-P022, 2005). Members of the focus population are more likely to have high rates of unemployment (up to 10.4% in the focus area). These individuals often also struggle to find/maintain safe, stable housing. At the last point-in-time count, an estimated 245 individuals in the regional continuum of care were homeless; of these, 83 had chronic substance abuse issues and 33 were severely mentally ill (HUD, 2012). With stable housing and employment, they can substantially improve their prospects for full recovery, achieving better living situations, regaining independence, and integrating fully into the community. Individuals with SUD are often isolated from others due to the social stigma surrounding their disease. **TN e-ROSC** emphasizes social connectedness and will help to break the cycle of isolation and stigma.

Suitability for technology-assisted care: Centerstone service providers have found the focus population to be well-suited for technology-based SUD treatment services, with multiple staff and clients voicing a desire for enhanced technology options. In 2011, the agency partnered with Indiana University to conduct a survey of cell phone usage among 325 clients at five Centerstone treatment locations and found that 76% of participating clients owned a cell phone, 70% had a texting plan, and over 50% sent text messages several times a day (chart right). According to a national survey, 95% of all adults under the age of 35 use a cell phone, and 70% use laptops (Zickuhr, 2011). **TN e-ROSC** will capitalize upon this increasing usage of technology among the focus population, increasing access to treatment, fostering social connections, and providing both consumers and providers with enhanced options to track and share vital health information.



Sub-population Disparities: The focus area's increasing numbers of returning **veterans** with SUD, PTSD, TBI, etc. face disparities in access/use of treatment and recovery services as well as their related outcomes. Vulnerable veterans have difficulty navigating support options available in civilian life as well as through VA centers. With the current backlog of Veterans' disability, pension, and education benefit claims reaching over 900,000, these individuals may go up to a year or more without needed benefits/compensation (VA, 2013). Veterans lacking access to transportation/childcare/other needs find it difficult to access services without additional support. These access disparities, as well as out-of-pocket expenses, prevent many veterans from seeking care. Racial/ethnic **minorities** in the focus population also contend with multiple disparities, especially in behavioral/primary health outcomes, based on a range of biological and socioeconomic factors, with a heightened risk of "poor physical, psychological, and/or social health" due to differences in social status (DHHS, 2011; Aday, 1993). The Agency for Healthcare Research and Quality (2009) has documented that racial and ethnic minorities "often receive poorer quality of care and face more barriers in receiving care, including preventive care, acute treatment, or chronic disease management." In 2010, 21% of African Americans and 31% of Hispanics in Tennessee did not have health insurance coverage, compared to 16% in the U.S. (Census, 2010). Disparities associated with **co-occurring substance use and mental health**

disorders are particularly significant for the focus population. SUD alone can negatively brand individuals and create access disparities; when combined with mental health disorders, it can seriously impair individuals' ability to access and benefit from treatment/recovery support services. While significant strides have been made locally to increase understanding of SUD and co-occurring disorders, the stigma persists. **Ex-offenders** face similar barriers created by stigma associated with incarceration, addiction, and mental illness. In rural areas, individuals with such experiences are often labeled as failures, and the issues surrounding their illnesses are often hidden and unaddressed. Ex-offenders are also isolated from positive peer relationships, have difficulty finding affordable permanent housing, and face burdensome court costs and associated fees (e.g., urine drug screens, GPS tracking). With a lack of community connections and networking skills, they are often unaware of and/or unable to access the treatment/support services necessary for successful recovery.

A.3. Nature of Problem and Extent of Need

Nature of the Problem: The prevalence of SUD in rural Middle Tennessee has created a critical need for enhanced access to culturally sensitive treatment and recovery services. Most treatment providers continue to deliver acute care interventions rather than the chronic disease model now known to be the best approach for treating SUD, and service options are sparse in the rural counties targeted by **TN e-ROSC**. While adults with SUD are seriously underserved throughout the United States, rural residents face particularly significant barriers to quality care. Compared with their urban counterparts, residents of rural areas are more likely to have fair or poor health and suffer from chronic health conditions (Bennett et al., 2008). However, despite greater need for behavioral healthcare that is focused on chronic care management, rural residents have fewer visits to care providers and are less likely to receive recommended preventive services (Larson et al., 2003; Mayne et al., 2003). These barriers to service access, along with the current trend toward addressing SUD in serial episodes of disconnected treatment, guarantee a revolving door of multiple acute treatment episodes for those with SUD.

State and local stakeholders have made great strides toward removing barriers and improving/enhancing treatment and recovery options for the **TN e-ROSC** focus population; however, service efforts are hampered by obstacles to clear and rapid communication among providers and clients. The high demand for the area's limited services ensures that overburdened providers are difficult to reach via phone, and attempts to contact clients (for appointments, medication reminders, follow-up, etc.) are often blocked or delayed by the focus population's frequent changes in residence and phone numbers, limited cellular minutes/texts, etc. The proposed project will create a web portal to serve as a central hub for providers and clients alike to access and share vital information to improve continuity of care for the focus population.

Service Gaps: Comprehensive wraparound treatment options in this primarily rural area are limited, particularly for individuals who lack Medicaid (a.k.a. TennCare in Tennessee) coverage. The chart below details the service gaps affecting the counties targeted by this project.

Limited Resources/Lack of Capacity in Focus Counties									
Service Limitations	Cheatham	Dickson	Houston	Montgomery	Robertson	Stewart	Christian	Todd	Trigg
Limited/No Therapy	■	■			■	■		■	
No Services without Medicaid (TennCare)	■	■	■		■	■	■	■	■
No Outpatient Substance Abuse Treatment	■		■		■	■		■	
No Inpatient Substance Abuse Treatment	■		■	■	■	■		■	

In this rural area, individuals with SUD are often unaware of and/or unable to access the supports that would help them become fully functioning members of their communities, and few resources are available to educate them about their service options. Communication issues complicate this problem. Affordability and accessibility are also major barriers for a significant portion of the focus population. Half of adults needing treatment cannot afford it, and most of the impoverished focus population has limited insurance options (SAMHSA, 2011). Comprehensive programs for SUD, including treatment, recovery support services, and wraparound care (e.g., primary healthcare, housing supports, employment/education, social connections) are especially limited, often located 35-45 miles away, and this rural area has very limited public transportation services. Distance particularly affects ex-offenders, who often lose their driver's licenses.

In addition, the problems of stigma and cultural barriers associated with substance abuse, mental illness, and their related treatments are an overriding factor contributing to individuals not accessing care (DHHS, 2002). This is especially true for the focus population, whose quality of life would be improved by evidence-based substance abuse care, but who fear what accessing services may mean for them (e.g., lack of privacy, disempowerment, being labeled "crazy"). Many isolate themselves from services that could be the difference between illness and recovery. Language barriers from a growing Hispanic population as well as managed care restrictions represent other common local barriers to service use.

Extent of the Need: SAMHSA's 2010-2011 National Survey on Drug Use and Health (NSDUH) reports that Tennessee ranks among the top ten states in the U.S. for the percentage of young adults with substance abuse/dependence (8.5%), as well as those reporting illicit drug use other than marijuana (9%) and nonmedical use of pain relievers (13%). Tennessee treatment admissions over an 8-year period reveal that the top three drugs consistently used throughout the state are alcohol, marijuana, and cocaine; however, race and rural residency impact trends. Rural areas have seen significant increases in opiate/narcotic use in the past 10-15 years, and the use of stimulants has tripled statewide (Kedia, 2007). In the five focus counties for which complete data was available, there were about 870 substance-related hospitalizations, 468 substance-related car accidents, and 286 deaths fully or partially attributed to substance use (see chart above). Excessive drinking is reported among about 10% of the population in these rural counties. About 33% of arrests in the focus area were substance-related, and an estimated 64% of arrests likely involved substances (DeCote & DeWitt, 2006).

Co-occurring mental health and substance use disorders among the population of focus are an increasing concern. Nationally, the number of individuals in substance abuse treatment with co-occurring mental illness increased by over 33% between 1995 and 2001 (SAMHSA, 2004). Research also suggests that exposure to trauma (e.g., the deployment experiences of many military/veterans in the focus population) exacerbates symptoms of behavioral health disorders, with 30-60% of individuals with SUD meeting the criteria for comorbid PTSD (NIDA, 2006).

Physical and cultural service barriers in this rural area prevent many underserved adults from accessing the treatment they need to lead healthy, productive lives. Tennessee ranks ninth in the nation for individuals needing but not receiving treatment for illicit drug use (NSDUH, 2013). Regional treatment admissions for SUD-related issues totaled 1,513 in 2008; of these, 60% (906)

Substance-Related (SR) Issues in TN e-ROSC Focus Area				
	SR Arrests	SR Car Accidents	SR Hospitalizations	SR Deaths
Cheatham	360	77	Unavailable	Unavailable
Dickson	645	107	174	52
Houston	169	12	58	18
Montgomery	2,352	251	340	120
Robertson	1,121	78	257	74
Stewart	194	20	41	22
Christian	2,407	85	Unavailable	Unavailable
Todd	249	10	Unavailable	Unavailable
Trigg	273	21	Unavailable	Unavailable

Sources: www.kentuckystatepolice.org, www.tbi.tn.gov; TDMH, 2011

had at least one prior admission and 27% (413) had co-occurring psychiatric problems (TDMH, 2011), indicating a need for more comprehensive care options for the focus population.

As these statistics illustrate, the need is great, and the resources available to address it are limited. While the necessity for collaboration and unified treatment grows, so does fiscal need. State and local organizations, overburdened with a variety of service demands, are hard-pressed to finance additional SUD treatment programs, including those with proven efficacy. **TN e-ROSC** will help mitigate these issues by expanding access to services and health information and enhancing care quality for the focus population in these communities.

B. Proposed Evidence-Based Service/Practice

B.1. Purpose, Goals, and Objectives

The **Purpose and Mission** of **TN e-ROSC** is to enhance and expand holistic, person-driven, culturally competent, trauma-informed, community-based care coordination through the use of technology-assisted care by establishing a web-based Recovery Oriented System of Care (ROSC) that effectively and efficiently facilitates: 1) increased contact and communication with providers, 2) increased consumer involvement, 3) better monitoring of health outcomes, and 4) more responsive treatment adjustments leading to improved health outcomes for underserved adults affected by SUD in *Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart* counties in Tennessee, and *Christian, Todd, and Trigg* counties in Kentucky.

TN e-ROSC Elements
Personal Recovery Health Record (PHR)
Client Dashboard tracking key outcomes
Text Messaging Alert System
Online "My Recovery" Calendar
Linkage to Electronic Health Record
Mobile Platform/Applications
Recovery Blog/Chat Options
Online Support Group Option

TN e-ROSC will **Expand** access and availability of SUD treatment and recovery support services to persons in need of substance abuse treatment and **Enhance** the quality of existing SUD treatment/recovery services by using a client communication portal (*e-ROSC*) to improve client-provider communication, promote the active involvement of clients in their own health care, and provide prompts, reminders, and positive reinforcement to support recovery

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

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

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

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

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

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

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

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

Obj. B: **Link** the *e-ROSC* web portal to Centerstone's new meaningful use-certified EHR.

Obj. C: **Develop/Refine** *e-ROSC* mobile platform/applications for smartphones and tablets.

Obj. D: **Connect** *e-ROSC* to Centerstone's analytics platform in order to measure technology use of the Personal Health Record (PHR) web portal by consumers and **TN e-ROSC** partners, identifying components of typical use.

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

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

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

Goal IV: Improve outcomes for program participants.

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

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

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

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

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

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

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

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

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

B.2. Evidence-Based Practice

TN e-ROSC will use the Recovery-Oriented System of Care (ROSC) model, an evidence-based practice (EBP) for treating SUD and facilitating recovery. ROSC (see right) is an integrated, person-driven model of care that builds on the strengths and resilience of individuals, families, and communities to coordinate a wide spectrum of services to prevent, intervene in, and treat SUD, and to address stage-specific needs across the span of long term recovery. Recovery-oriented services emphasize the broader adoption of chronic care over traditional acute care methods. Research demonstrates the effectiveness of ROSC and the chronic care framework in addiction treatment over the acute care model (Davidson et al., 2007), and the model is being adopted in an increasing number of communities for treatment of addiction disorders (Halvorson & Whitter, 2009; Halvorson, et. al, 2009; White, 2003). Recovery Coaches work to increase participant engagement in the community, which increases treatment retention and the likelihood that consumers will receive more services they need, desire, and find acceptable, thus promoting favorable outcomes (SAMHSA, 2009; Bott & Warner, 2010; Hser & Anglin, 2011). ROSC involves a personalized treatment approach that incorporates multiple resource partners to holistically engage consumers in improving their own health, eliminating barriers

ROSC Elements and Services
Person-centered
Inclusive of family and other ally involvement
Comprehensive, individualized services across lifespan
Systems anchored in the community
Continuity of care
Partnership-consultant relationships
Strength-based
Culturally responsive
Responsiveness to personal belief systems
Commitment to peer recovery support services
Includes recovering peers & families' voices/experiences
Integrated services
System-wide education and training
Ongoing monitoring and outreach
Outcomes driven
Research based
Adequately and flexibly financed
SAMHSA, 2009

ROSC Guiding Principles
There are many pathways to recovery
Recovery is self-directed and empowering
Recovery involves personal recognition of the need for change
Recovery is holistic
Recovery has cultural dimensions
Recovery exists on a continuum of improved health & wellness
Recovery emerges from hope and gratitude
Recovery involves a process of healing and self-redefinition
Recovery involves addressing discrimination/transcending stigma
Recovery is supported by peers and allies
Recovery involves (re)joining & (re)building a life in the community.
Recovery is a reality.
SAMHSA, 2009

to recovery and enhancing their recovery capital (chart right), i.e., the intrapersonal/interpersonal/environmental resources that can be drawn upon to aid recovery (Sheedy & Whitter, 2009; White, 2003).

Justification: ROSC was selected over other EBPs because of its compatibility with technology-assisted care, as demonstrated by the SAMHSA-funded Health Information Technology (HIT) program currently implemented by the agency's sister organization, Centerstone of Indiana. Ten-month follow-up outcomes in Indiana support the ROSC model and demonstrate that engagement with Recovery Coaches increases several key recovery capital domains, including housing, friends, and community supports. Participants also show decreased dependence on high-intensity services and steady utilization of medium and low-intensity services. These successes may be in large part due to the fact that ROSC wraps the care model in a larger continuum of support services, shifting the focus from one of treating the acute manifestations of addiction to building a life of recovery (White, 2003). ROSC supports recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential by unifying community resource partners to enhance participants' recovery capital. ROSC can also be individualized to meet the varied needs of the **TN e-ROSC** focus population, including veterans/active military, minorities, ex-offenders, and those with co-occurring substance use and mental health disorders.

Addressing Cultural and Other Issues While Retaining Fidelity: **TN e-ROSC** will provide services based on the ROSC model for adults with SUD regardless of race, ethnicity, religion, gender, age, geography, socioeconomic status, language, literacy, sexual orientation, gender identity, or disability, and will faithfully expand/enhance the ROSC model of care with respect/consideration of sub-population cultural issues. Innovators and leaders in the ROSC model have developed guidance and tools that can be adapted to the needs of each unique community while retaining fidelity to the model (Halvorson et al., 2009, Rieckmann, et al., 2010, Scott et al., 2005), and its individualized approach, which elicits and honors consumers' preferences in goals and treatment modalities, makes it flexible for people from a variety of backgrounds. All ROSC services will be adapted as needed to varying races, ethnicities, and cultures, and will honor individual and cultural diversity. **TN e-ROSC** values cultural competence and will ensure that all services are sensitive to individual values, preferences, and **religious beliefs**, including religious/spiritual pathways to, and modalities of, recovery grounded in cultural beliefs/traditions. The program will comply with forthcoming Enhanced National CLAS Standards (see right) and will incorporate guiding principles from *Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups* (DHHS, 2001).

Demographics, Geography, and Socioeconomic Status: The primarily rural focus population is predominantly white or African-American with fast-growing Hispanic and Asian communities. The area is also home to a large number of military personnel, veterans, and their families. Most of the focus counties have relatively low education levels and high poverty levels. **TN**

Recovery Capital

Personal Recovery Capital:

- Physical Capital: health, shelter, food, transportation
- Human Capital: life skills, values, self-esteem, knowledge, self-awareness, optimism, purpose

Family/Social Recovery Capital:

- Family Capital: family and a family of choice, social relationships
- Community Capital: access to community resources

Cultural Recovery Capital:

- Cultural Capital: local availability of culturally-prescribed pathways of recovery

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- Provide respectful care that is compatible with cultural beliefs and preferred languages
- Promote diversity
- Provide cultural competence training
- Provide language assistance
- Provide verbal and written notices of rights to receive language service
- Use interpreters and bilingual staff, not family or friends for interpreters
- Patient related material in languages representative of service area
- Develop a strategic plan for cultural competence
- Conduct self assessments regarding cultural competence
- Maintain current demographic information in order to assess needs more accurately

(Source: US DHHS, 2001)

e-ROSC will recruit members of the Advisory Council and project staff who represent the focus population and are familiar with local culture. All staff will complete cultural competence training that considers the role of demographics, ethnicity, and cultural norms, including those of the military, in the treatment/recovery process. All project materials will be culturally responsive, linguistically sensitive, and Title VI compliant. **Gender:** The project's ROSC-based services emphasize an individualized, comprehensive treatment approach that addresses gender differences/needs (e.g., hours of operation, work/family demands, type of disorder, comorbidity). When addressing the unique needs of women with SUD, complex gender and trauma-specific issues may present and project staff will provide evidence-based trauma informed care as appropriate. **Age:** Services will be individualized and comprehensive across the lifespan. While older adults are less likely to use a web portal or PHR on their own, **TN e-ROSC** addresses this barrier through the role of Recovery Coaches, who will train participants to use the technology. All project staff will also receive training addressing developmental issues of individuals in recovery across the lifespan. **Sexual Orientation and Gender Identity:** The focus population often has complex sexual histories/issues (e.g., sexual abuse/trauma, sexual identity, risky sexual behavior) that impact recovery goals. **TN e-ROSC** staff will encounter participants who identify as LGBTQ, some of whom may hide the fact due to fear of reprisal in the community. These participants may also face difficulties during recovery when confronting feelings of guilt/shame associated with prior risky sexual behaviors. Cultural competence training will address bias and sensitivity for persons of all sexual orientations and prepare staff to educate/serve the focus population with sensitivity and respect. **Language/Literacy:** Given increasing numbers of Hispanic/Latino residents in the focus area, Centerstone already employs bilingual staff, and **TN e-ROSC** will utilize interpreters as needed. Project forms, brochures, and educational materials are written at 6th grade reading level and address varying levels of language proficiency/literacy. If literacy is a barrier, staff will provide individual sessions to support group work and facilitate access to adult education opportunities. **Physical/Mental Disabilities** will be addressed in full compliance with the Americans with Disabilities Act, including facility design/treatment accommodations. Identified disability issues will be assessed and referred for treatment as appropriate. If disabilities inhibit a person's ability to participate and benefit, **TN e-ROSC** staff and the participant will modify the recovery plan as appropriate.

B.3. Addressing Sub-Population Disparities

Adults with SUD in rural communities contend with multiple disparities, especially in health outcomes, based on a range of biological and socioeconomic factors (DHHS, 2011). This is especially true for racial/ethnic minorities and non-English speaking, impoverished rural populations. People with low/no incomes in the targeted rural communities often lack basic supports (e.g., child care, transportation) that facilitate care access. The ROSC model addresses these disparities by adapting to a variety of racial/ethnic/cultural values to reach/engage the focus population. The guiding principles of ROSC emphasize that recovery has cultural dimensions and there are many pathways to recovery (Sheedy & Whitter, 2009). ROSC honors individual and cultural diversity, and the delivery of information can be tailored to a particular population to make it culturally specific. **TN e-ROSC** will also work closely with Centerstone's Immigrant and Refugee Services department to ensure access for this segment of the focus population.

B.4. Modifications

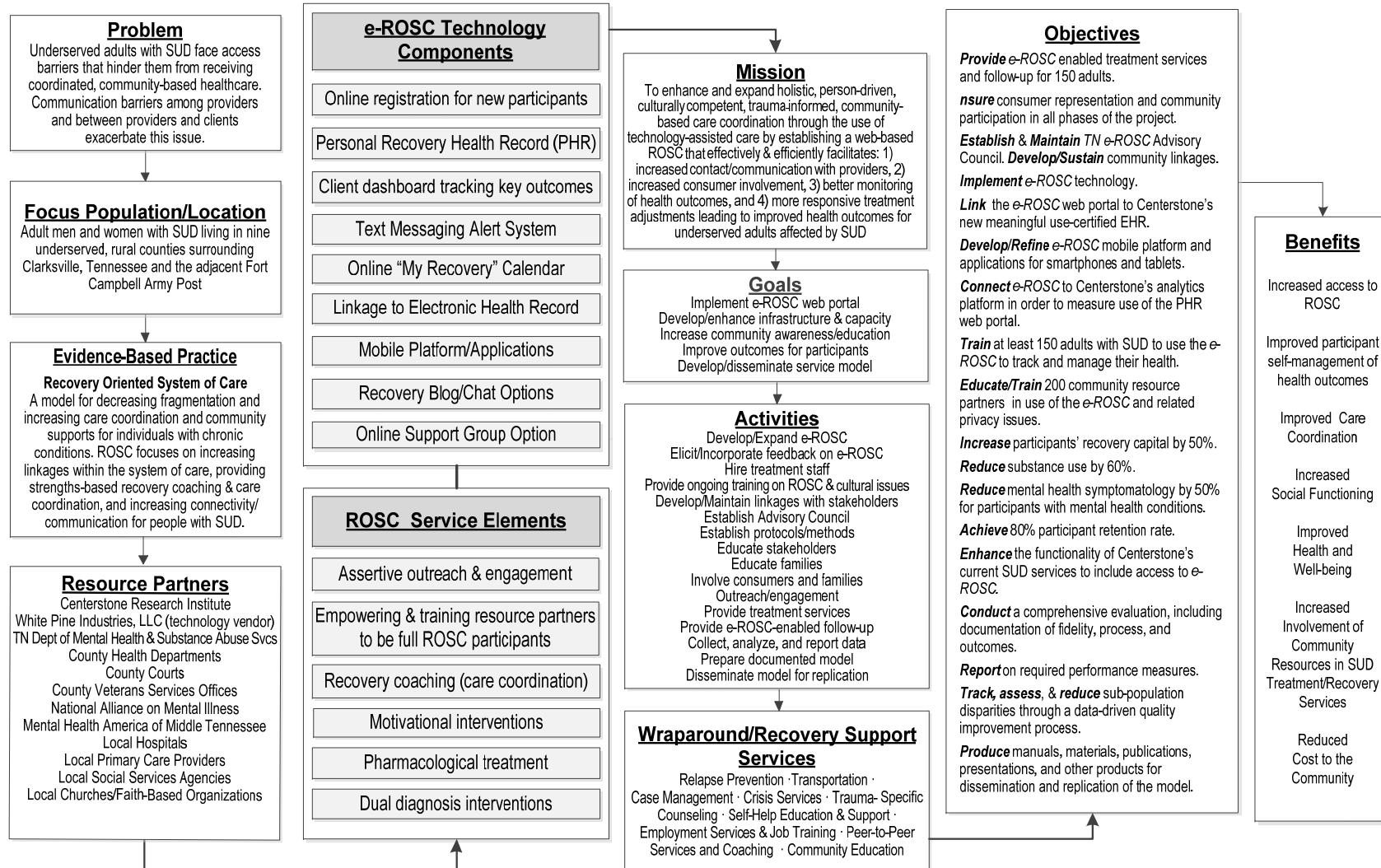
TN e-ROSC aligns with ROSC principles/guidelines; no modifications are anticipated.

B.5. Non-EBP: Not Applicable; the ROSC model is evidence-based.

B.6. Logic Model

TENNESSEE e-ROSC (TN e-ROSC)

CENTERSTONE'S WEB-BASED RECOVERY ORIENTED SYSTEM OF CARE



C. Proposed Implementation Approach

C.1. Supporting Strategic Initiative #6

TN e-ROSC supports-aligns with SAMHSA's Strategic Initiative 6 in the following ways:

SAMHSA Goal 6.1: Centerstone implemented its EHR 12 years ago and continually enhances/expands its use throughout all services/locations. The agency's new, meaningful use-certified system will be fully implemented by early 2014. **TN e-ROSC** will be built upon this infrastructure. All client information available via HIT will honor the principle of security and control by the person receiving care. Clients will be apprised of their privacy rights and can give prior consent for release of their records. Centerstone's privacy, confidentiality, security, and data standards policies and practices include the belief that a confidential HIT system is essential to fostering client-provider trust. **SAMHSA Goal 6.2:** Centerstone has a variety of tools with HIT/EHR functionality already in place and uses the EHR system seamlessly via partnerships with primary/behavioral healthcare providers. **TN e-ROSC** will facilitate this HIT/EHR functionality for new partners by providing/coordinating training (orientation, hands-on training, mastery testing) for their staff in the use of HIT/EHR technology and the *e-ROSC* portal. Sharing client information through **TN e-ROSC** will incentivize other providers, via real time experience with the tools needed, to develop/improve their own HIT/EHR functionality. **SAMHSA Goal 6.3:** Centerstone works to increase adoption of HIT/EHR technology with behavioral health functionality by other local/national healthcare providers. **TN e-ROSC**'s real time utilization of such technology, health information exchange with project partners, and partner training/support to be provided throughout the project, including user manuals/electronic support documents, privacy training, etc., will facilitate a significant gain in knowledge/experience by these additional healthcare providers. Such shared expertise will increase the successful adoption of HIT/EHRs with efficient behavioral health functionality. **SAMHSA Goal 6.4:** A key goal of **TN e-ROSC** is to establish collaborative services and information/data exchange systems among participating providers through EHR expansion. The use of HIT in the form of a website, web portal, and web applications for tablets and phones, will allow clients and clinicians to overcome the barriers of geographic distance and socio-economic status, enabling more effective communication about clients' medication, progress, challenges, etc. The client communication portal enhances/expands data exchange/analysis, improving client-provider communication, promoting clients' active involvement in their own health care, increasing positive health self-management, and providing prompts, reminders, and positive reinforcement to promote recovery. Providers will be able to identify the amount, duration, and scope of behavioral/medical/remedial care services for each client and to access personal health information and wellness progress via the secure web portal.

C.2. Experience Using Technology for Treating Substance-Using Populations

Experience and Successes: Centerstone is an industry leader in the use of HIT/EHR and offers a full continuum of CARF-accredited outpatient and community based substance abuse treatment services. For over a decade, Centerstone has operated a consistently upgraded EHR to assist clinicians in screening/treating/tracking outcomes of consumers with SUD. Centerstone's new, meaningful use-certified EHR comprises an advanced analytics and data warehousing platform leveraged for analysis, research, and clinical decision support purposes in substance abuse and mental health care in a real-world clinical environment (Bennett & Doub, 2010; Bennett, 2011; Bennett et al., 2011). The "drill-down" capabilities of these state of the art analytics tools enable clinicians and administrators to evaluate SUD treatment programming and use the information to inform and improve service delivery. These cutting-edge technologies

have received prestigious national recognition (see examples at right). In 2010, Centerstone of America organizations, including the applicant agency, Centerstone of Tennessee (Centerstone), and sister organization, Centerstone of Indiana, began building on this technological foundation and established an infrastructure to further maximize the use of technology to reach, serve, and improve outcomes for people with SUD. That infrastructure comprises an *e-ROSC* platform that makes evidence-based ROSC services available/accessible to people with SUD in Indiana despite geographic, socioeconomic, and other barriers that have inhibited access/availability. The proposed project will refine and implement that *e-ROSC* platform to meet the specific needs of the focus population.

Centerstone's HIT Recognitions
2012 IBM Return on Investment Award For demonstrating ROI from business analytics
Featured in IBM's <i>Smarter Planet</i> Campaign
Platform recognized by CARF as "Exemplary"
2010 Data Warehousing Institutes Best Practice Award for Data Warehousing

Challenges: Despite the agency's many successful technological advancements, barriers exist to maximizing the reach and benefits of these technologies in the focus area. Centerstone recognizes technology-assisted care as a key tool to advance recovery for people with SUD, but available funding streams do not support their expansion. This grant will provide the funding needed to implement and refine *e-ROSC* for the focus area/population, establishing the foundation for long-term sustainability. Another challenge to maximizing the benefits of technology-assisted care is that people in need of treatment, particularly those in areas with low broadband connectivity and those who are homeless, recently incarcerated, and/or lack technological literacy, often have difficulties accessing and using HIT applications. **TN e-ROSC** will address these issues by providing resources such as cell phones, central computer kiosk(s), *e-ROSC* technology training for participants, etc. The proposed project, including *e-ROSC* implementation, will bridge the gap between cutting edge technology-assisted care and the people who most need it to support sustained recovery from SUD. **Outcomes:** Since 2003, Centerstone has used HIT to collect outcomes data on substance use. Clinicians use HIT to monitor treatment retention, EBP model fidelity, and other essential aspects of SUD care. Dashboard applications developed from the data warehouse help staff maximize time with consumers, check for treatment plan completion, and track consumer outcomes.

Centerstone's **Current Capacity in Technology-Assisted Care** includes work with its sister organization to develop, enhance, and operationalize *e-ROSC* in multiple Indiana counties. The agency's capacity is further exemplified by its award-winning EHR, analytics, and data warehousing efforts, providing the foundation for the proposed project as well as enhanced capacity to quickly and effectively replicate, refine, and make this *e-ROSC* accessible, while targeting it to address the needs of people with SUD in the **TN e-ROSC** focus area.

Interoperable EHR System: Centerstone maintains numerous partnerships with primary care and other stakeholders and has embedded staff working in remote environments where they use the EHR seamlessly. For several years, Centerstone has been developing/deploying EHR components using modular/web services-based protocols and employing interoperable standards for data coding/format. Controlled terminologies such as UMLS (Unified Medical Language System, <http://nlm.nih.gov/research/umls/>) enable Centerstone's EHR platform to "speak the language" of the larger healthcare domain, which is critical given that substance use can cause/impact other primary health conditions (Sullivan & O'Conner, 2004).

All technology components developed and deployed as part of this project will follow similar strictures, employing controlled vocabularies and modular architecture to allow other providers to "plug-n-play" the developed technology. The interoperability of Centerstone's EHR data has been demonstrated in several sites, including the Nashville/Davidson County, Tennessee jail.

The multiple, committed **TN e-ROSC** resource partners from primary care, criminal justice, and social service arenas have varying levels of EHR readiness. Tennessee's Health Information Exchange (HIE) was dissolved in 2012 due to lack of funding; however, Centerstone plans to participate in future HIEs that may be developed. Centerstone uses Microsoft HealthVault as the foundation PHR for the *e-ROSC* and web portal, which ensures interoperability with all partners that have interoperable EHRs. HealthVault enables Centerstone send Continuing Care Document (CCD)/Continuing Care Record (CCR) information to participating organizations.

Enhanced Care Quality: Centerstone's award-winning HIT infrastructure enhances care quality in several ways. Electronic management of patient information allows staff agency-wide records access. Portable access to the EHR via laptops with wireless cards allows for concurrent documentation with clients in their homes or other treatment locations. All providers can use the web to access patient information via VPN technology. Strict security controls ensure that individual providers only view patient information for patients in their care group. Data is aggregated in Centerstone's secure data warehouse. This project will further enhance care quality by reaching the focus population with evidence-based services shown to improve outcomes.

Limitations: Centerstone's current HIT infrastructure has limitations. It lacks an external client dashboard so clients can track their outcomes between visits. It lacks text messaging capabilities to help treatment staff stay in contact with high risk individuals and increase their engagement in treatment. It has no wireless internet access for volunteers and consumers in the clinics, no links allowing pharmacies to notify clients or staff when prescriptions are not filled or need to be renewed, no efficient methodology for appointment reminders, and no communication channels allowing clients to send information to their PHRs. It is unable to make other provider CCD/CCR information clearly visible to all staff responsible for that consumer. Staff also lack an alert mechanism to notify key providers of a crisis or poor lab results. The **TN e-ROSC** project will address many of these limitations, improving participant care quality/outcomes.

Current HIT Implications for Efficiency: In response to fiscal challenges, Centerstone has enhanced efficiency using HIT. Current HIT features inform all relevant staff and manager when necessary documents/fields are not completed, restrict the creation of invoices until all requirements are fulfilled, and give seamless, transparent views of clinical activities by program, individual, location, division, and state. Centerstone's metrics-driven performance dashboards also promote a strategic, data-driven culture across the enterprise, resulting in significant improvements in care provision and cost savings, and providing a framework for clinical excellence. Supervisors can create reports and look at/review/revise clinical documentation quickly and efficiently from any terminal.

C.3. Factors that Influence HIT Expansion

Centerstone and its partner organization, Centerstone Research Institute (CRI), are experienced in addressing critical factors that affect technology implementation. They have used organizational change theory and strategies such as "participatory design" and usability testing to implement HIT and will incorporate these concepts in **TN e-ROSC** to address the following:

Organizational Factors: Centerstone has been paperless since 2003, and management and staff have extensive experience leveraging EHRs, analytics, and other technology to track outcomes and increase care quality across a broad continuum of SUD services. Workflows are adequate, but this project will enable providers to complete workflows more reliably and quickly when community partners are involved. All participating clinicians use laptops and web-accessed EHRs daily. The addition of a PHR component will fit seamlessly into their interactions with clients. The *e-ROSC* will be able to send/receive CCD/CCR documents, and partners that can use

CCD/CCRs and meet ONCHIT meaningful use requirements will be able to port in client demographics and template-level client data. Centerstone has strengthened the hardware backing up the EHR and data warehouse, and has replicated servers in two datacenters to improve performance and enhance data recovery in the event of a power outage or other interruption.

Provider Training and Competence Factors: Centerstone staff dedicated to the project, as well as managers and clinicians across the organization, currently use smart phones and texting to fulfill work responsibilities. Centerstone staff report that texting is effective in reaching clients with SUD, and it is clinical staff's primary form of communication with clients. While IT competence among the *e-ROSC* staff will not be a barrier, IT competence among community partners and other Centerstone SUD providers varies greatly. Centerstone has a system in place to train new staff to adopt new HIT-related technology like *e-ROSC*, including user manuals. The Program Manager will also: 1) Implement a centralized hands-on training rubric for the *e-ROSC* web portal, along with support documents (e.g., animated videos showing system operation); 2) Provide centralized training for Centerstone staff and *e-ROSC* partners using the portal; 3) Provide special privacy training that fits the needs of *e-ROSC* partners not HIPAA-covered and that may not be accustomed to working with protected health information; and 4) Provide *e-ROSC* mastery testing.

Provider-Patient Relationship Factors: Research shows that retention in care facilitates recovery outcomes for people with SUD. However, rural residents often leave care prematurely due to difficulty reaching distant treatment locations. An enhanced means of electronic communication will enable Recovery Coaches to improve treatment retention. The *e-ROSC*-specific components of the PHR were tested/refined via the CRI Human Computer Interaction Lab to ensure ease of use. Early in treatment, Recovery Coaches will discuss the value of electronic communication with clients and train them in use of the web portal and text message components of the *e-ROSC*. Providers will immediately start using these tools to implement the *e-ROSC* model with consumers. Consumer use of these tools will be monitored as they pass through stages of recovery. Peer volunteers will receive *e-ROSC* training to help coach others.

Technical Factors: The website components of *e-ROSC* will be developed by **TN e-ROSC**'s IT Project Manager. The web portal application has already been developed by White Pines Systems, LLC, a HealthVault solution provider that worked with Centerstone's sister organization to develop the web portal application in Indiana. White Pines has been an active partner with Centerstone organizations for 3 years, developing/integrating similar technologies tailored to reach and treat people with SUD. The proposed project will work with White Pines Systems to replicate/refine the technology to benefit the focus population (see Attachment 1). Centerstone and CRI are leaders in the behavioral health industry regarding data mining, data warehousing, and cross-state support of EHRs. CRI currently employs separate teams of database and network administrators and general IT support staff in addition to running a 24/7 "HelpDesk" that handles computer support questions/problems for 2,000 staff. **TN e-ROSC** will have the full support of Centerstone's Information Systems Department, and project partners will have access to the HelpDesk for questions and concerns.

Financial Factors: The proposed budget includes appropriate funds to replicate, refine, and implement *e-ROSC*. The project plans to integrate all *e-ROSC* technology into the existing Centerstone infrastructure, so that hardware/software upgrades, maintenance, etc. will be completed as part of standard organizational operations. The existing partnership with White Pines Systems positions Centerstone to internalize all existing and newly developed project technology without additional maintenance fees/expenses. If the evaluation associated with this

grant application shows cost savings associated with local *e-ROSC* services, the Project Director will work with Tennessee state and county officials regarding sustainability arrangements. Several components of the *e-ROSC* system complement other Centerstone programs, including the agency's integrated care initiatives, child System of Care programs, and court-mandated care programs. Increased revenues related to treatment retention will justify the tool's continued maintenance and support as an integral element of Centerstone's treatment continuum.

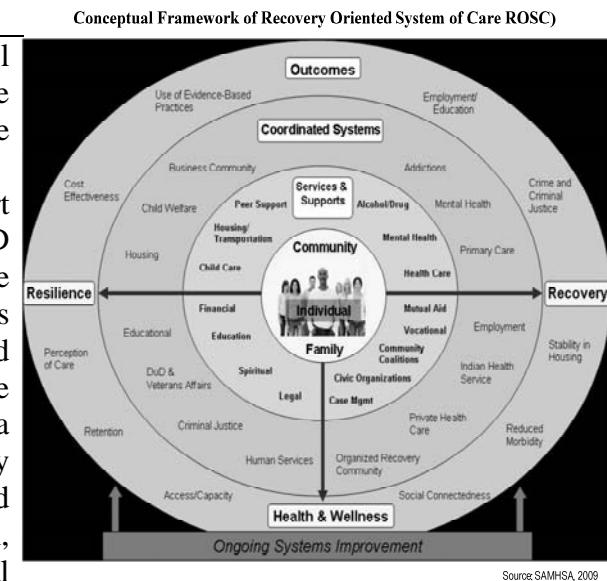
C.4. Obtaining/Tracking Effective Consent

At enrollment, participants will be provided a HIPAA privacy statement and other materials to educate them about patient protections/privacy rights/regulations. All records will be held confidential unless the client gives consent for release. Centerstone has extensive HIPAA and 42 CFR-compliant policies/procedures in place to ensure this. Narrated web-video explanations will be available as an adjunct to the written guide. Recovery Coaches will provide a verbal explanation of the risks/benefits in using a PHR to all *e-ROSC* participants. Consent to communicate with *e-ROSC* resource partners will be obtained at intake. The system will track releases in place for persons with SUD and prevent those records from being viewed by entities without an active release of information. Participants will be able to choose and control which **TN e-ROSC** partners have access to their information and to specify other parties (e.g., AA sponsor, spouse) who can access their individual PHR. In each case, a release of information will be obtained that is compliant with state confidentiality regulations and 42 CFR. Participants can withdraw consent from any party and from participation in the **TN e-ROSC** program at any time.

C.5. Producing Meaningful/Relevant Results

Achieving project goals and objectives will support SAMHSA's goals and produce meaningful and relevant outcomes for the community in the following domains:

All project elements promote and support **Increased Access and Availability** of SUD treatment and recovery support services. The ROSC model, depicted at right, encompasses individuals and families with treatment and resources needed to initiate/sustain recovery. The focus population has limited access to a continuum of addiction treatment and recovery services (e.g., scarcity of services, geographic and socioeconomic factors, limited transportation, stigma). By establishing **TN eROSC** in 9 rural counties and incorporating technological advancements, the project addresses each of these barriers, bringing treatment and support services into reach for those who would otherwise likely go untreated. Technologies include: a web portal where clinicians and participants can maintain consistent, ready contact and awareness of health and recovery status; a recovery progress monitoring/tracking system; PHR development and access, treatment/services alert and reminder system; screenings for ongoing, evolving service needs; and phone/texting/other mobile communication systems that help ensure availability/accessibility of the right service at the right time regardless of clients' historical barriers. The advanced technology will link clients with 24/7 access to Recovery Coaches, peers, their PHR, etc. (24/7 support accessible and available for a



24/7 disease). The project will result in establishing a web-based Recovery Oriented System of Care (*e-ROSC*) and delivery of *e-ROSC* enabled treatment services and follow-up for 150 adults.

Prevention/Outreach: Recovery Coaches will conduct intensive outreach, initiating direct contact, building relationships with clients, and facilitating multiple pathways to recovery while supporting a “No Wrong Door” approach. Outreach is conducted in diverse community venues (e.g., homeless shelters, clients’ homes, social services agencies, religious institutions). Coaches also reach/engage participants via existing community collaborations, educational presentations, and internal Centerstone referrals. All project staff maintain a visible presence in the community, interfacing with state/local agencies, healthcare providers, faith organizations, law enforcement, etc. to identify/assess/engage individuals who are in or seeking recovery. Outreach will also be achieved by developing/expanding relationships with existing/new local stakeholders, both individually and through comprehensive addiction recovery training, reaching at least 1,000 community stakeholders. Trainings will focus on the ROSC model and the importance of services, and raise awareness that the community, when organized, can be a reservoir of hospitality/support by opening resources to enhance participant capacity for recovery self-management. The Advisory Council will harness and build upon existing relationships to create a community culture that removes attitudinal barriers and establishes appropriate supports for the treatment/recovery of individuals in the community. Combined, these outreach activities are key in achieving community inclusion for individuals in recovery so they can flourish in their communities. **Pre-Services:** Participants needing basic services (e.g., primary care, employment assistance, stable housing) are identified at the time of the initial assessment using the Recovery Capital Scale, which is organized into multiple domains (medical care, housing, employment, social support, etc.). Recovery Coaches then help participants access the identified services needed to help stabilize their self-sufficiency at all stages of recovery. Recovery Coaches link participants to allied service providers and a full range of human services that facilitate recovery and wellness (e.g., helping participants navigate the healthcare system, develop new social networks, access housing/employment). These recovery support services focus on eliminating barriers to recovery and enhancing recovery capital. The project web portal will also list community support services available by county. **Prevention/outreach** and **Pre-services** will result in 150 adults accessing/initiating **TN e-ROSC** services and 200 educated community resource partners.

Treatment: Recovery Coaches offer a number of evidence-based treatment interventions, including Hazelden Co-Occurring Disorders Treatment Program, Recovery Life Skills Training, Telephone Monitoring and Adaptive Counseling (TMAC), Contingency Management, Brief Strengths-based Case Management, and Double Trouble in Recovery. These interventions provide an integrated, holistic, person-directed, trauma-informed treatment array that includes substance abuse/co-occurring disorders treatment, counseling, case management, and recovery support groups. Participants, in conjunction with the Recovery Coach, prepare and regularly update an Individual Recovery Plan that documents participant goals and planned activities and covers life domains (e.g., finances, legal difficulties, education/employment, social life, spirituality). Participants are encouraged access and are linked to additional SUD treatment services as appropriate, including Centerstone’s comprehensive care continuum accessible on a 24-hour basis, ranging from medication management to intensive outpatient treatment.

The project uses multiple technology tools to identify participant needs, track progress, and adjust treatment based on changing life circumstances, successes, challenges, and goals. Three web-based tools used for this purpose include the TMAC questionnaire (i.e., the weekly update), the Recovery Capital Scale, and the Recovery Plan. The weekly update provides participants and

Coaches important insights on progress toward recovery goals as well as relapse risk and protective factors. When participants log into the secure site, they will see a dashboard summarizing TMAC reports over time. The Recovery Capital Scale feeds electronically into the participant's personal Recovery Plan, which is modified as participants achieve objectives and needs/circumstances change. Coaches complete the Recovery Capital Scale with participants at intake and incorporate self-assessment data into the system. This data flags domains that are strong risk/protective factors, helping participants and Coaches prioritize recovery objectives. The Recovery Plan, which participants can update at any time, contains an area to record data on abstinence, usage, and high-risk behavior. Treatment services will result in increases in participant recovery capital, reduced substance use (60%), and reduced mental health symptomatology (50%).

Relapse Prevention/Intervention: The project makes relapse prevention/reduction a priority by including a continuum of recovery supports (e.g., evidence-based interventions, 12-step/other support groups, recovery coaching/mentoring, drug free socialization activities, life skills training, web-based portal). TMAC is especially important in relapse prevention because clients are constantly engaged via their weekly updates to the Recovery Coach in person or via e-ROSC or phone. **TN e-ROSC** incorporates tools to "check in" with participants, inviting them to express thoughts about their status/progress and to involve Coaches/peers in time of need. This engages participants early and throughout the duration of their recovery. Coaches play a key role in keeping clients engaged in their treatment/recovery via continuous assessment/check-ins, developing individualized recovery plans, measuring recovery goals weekly in session and via e-ROSC, and helping them develop coping skills to sustain recovery in the face of risk factors or during times of stress or unexpected situations. There is no pressure to discharge, and Coaches continue to follow up with clients, ensuring they stay on their path of recovery without relapse and continue to benefit from services provided. In the event of relapse, all efforts are made to stabilize, reevaluate the client's situation, and guide them back into recovery. Relapse prevention and intervention services will result in at least an 80% participant retention rate, as well as reduced substance use and mental health symptomatology.

C.6. Co-Occurring Mental and Substance Use Disorders

Clients referred to **TN e-ROSC** will be screened for SUD and co-occurring mental health and physical health needs. Project staff will work collaboratively to ensure that individuals with co-occurring substance abuse/mental disorders are identified and their needs assessed and addressed. Staff will use the GPRA screening tool, which focuses on question areas relevant to the population (mental health symptomatology, trauma history, social relationships, etc.). Staff will also use the DDCAT screening tool. Other comprehensive psychosocial and/or psychiatric assessments will be administered as needed to respond to unique cultural and presenting issues. Recovery Coaches will use screenings/assessments to develop treatment plans with participants and family members, as appropriate, and to inform the ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, matching needs with the appropriate levels of care.

Treatment goal setting will be consumer-focused/driven and will encompass evaluating needs, readiness for treatment, targeting behaviors for change, determining interventions to achieve desired goals, stages of recovery, ancillary services, etc. Staff will administer ongoing screenings/assessments to identify co-occurring mental health issues and provide/support access to treatment and wraparound services. The treatment plan will be continuously modified to address the changing level of care/services needed to promote ongoing recovery. Recovery Coaches will provide clinical intervention/treatment via evidence-based models for substance use/co-occurring disorders, case management, family counseling, medical/medication needs, recovery support

services, etc. Treatment services are designed to foster/support a recovery-oriented environment.

Levels of substance use will be routinely recorded and available for review by the participant in the PHR portal. Where appropriate and approved, device capture will be used to immediately monitor levels of alcohol or other drugs. Centerstone will rely on automation in the screening process by using web-based self-reporting tools and database integrated text messaging surveys. **Web-based self-assessment tools** will focus participant attention on problem areas and assist clinicians in assessing recovery status. Participant accounts will be linked to provider accounts so that doctors, therapists, and other providers selected by the client can check client progress, monitor/edit medication lists, enter and view relevant data, and perform service-related tasks.

E-ROSC will screen, evaluate, and track participant progress, using CSAT GPRA, through web-based tools and text messaging. The Recovery Capital Scale will assess risk factors and set meaningful recovery goals via web and text messaging. The OQ-45, a brief self-report outcomes and tracking instrument, and the SF-12 version 2, which gathers self-reported health information, will also be used to assess health and treatment outcomes. Graphical displays, interactivity, and feedback will be used to keep clients engaged and ensure that return visits are not viewed as laborious. **Database integrated text messaging** will also be used to keep clients engaged and to gather data that can be queried for assessment/tracking purposes. The returning text messages will be parsed and stored in a secure database linked to the PHR. Algorithms will scan the data to track progress and identify deviations from treatment progress. When potential problems are identified, the system will send messages to both the client and appropriate providers.

C.7. Project Timeline

Tasks	Yr 1 QTR 1	Yr 1 QTR 2	Yr 1 QTR 3	Yr 1 QTR 4	Yr 2	Yr 3	Responsible Personnel
Orient e-ROSC IT Project Manager	●						Project Director (PD)
Implement grant reimbursement process	●	●	●	●	●	●	PD
Secure Space/Purchase Equipment	●						PD; IT Project Manager (ITPM)
Hire/Orient Treatment Team	●						Program Manager (PM)
Coordinate contracting for EHR linkage & mobile application development/implementation	●	●	●	●	●	●	ITPM
Coordinate/implement technology use tracking with CRI analytics staff	●	●	●	●	●	●	ITPM
Implement space arrangements for staff	●						PM
Develop/expand linkages for services	●	●	●	●	●	●	PM
Develop Policies & Procedures	●						PD; ITPM
Develop brochures & pamphlets	●						PM; Recovery Coach (RC)
Develop evaluation/data collection protocols	●						Evaluator (Ev)
Implement ongoing community outreach & education	●	●	●	●	●	●	PM
Implement participant outreach/engagement	●	●	●	●	●	●	PM; RC
Establish/Convene Advisory Council	●	●	●	●	●	●	PD; Advisory Council (AC)
Coordinate e-ROSC training for program staff	●	●	●	●	●	●	PM
Coordinate staff training on ROSC, cultural competency, etc.	●	●	●	●	●	●	PM
Coordinate e-ROSC training for community partners	●				●	●	PM
Provide e-ROSC training for program participants	●	●	●	●	●	●	PM; RC
Implement/Facilitate intensive ROSC services	●	●	●	●	●	●	PM; RC
Collect data and implement tracking/follow-up	●	●	●	●	●	●	Ev
Develop model manuals, materials, & other products				●	●	●	Ev
Compile, analyze, & present findings				●	●	●	PD; Ev
Participate in national meetings				●	●	●	PD; Ev
Participate in efforts to sustain project				●	●	●	PD; Ev; AC
Train SUD treatment staff in other Centerstone programs to use e-ROSC					●	●	PM; RC

C.8. Identification/Recruitment/Retention of the Population of Focus

Participants will be **identified/recruited** via outreach, internal referral, a referral network, and community outreach/education, all enhanced by existing collaborations with resource partners (e.g., local courts, medical providers, social service providers, family members, faith-based organizations). **TN e-ROSC** will employ Recovery Coaches to interface with these partners for referring adults into the program. Recovery Coaches will visit potential participants in residential treatment facilities, homeless shelters, hospitals, their homes, etc. to establish relationships and educate them about the wide spectrum of recovery support services available. Through training/information sessions, project staff will build on Centerstone's internal referral procedures to ensure existing programs/staff are aware of **TN e-ROSC** services and readily refer clients. Persons eligible for project enrollment will be approached by their providers and educated about the ROSC emphasis on goals regarding increased quality of life and community integration in addition to treatment. Eligible consumers will be linked to a Recovery Coach who will work with them, describe patient protection/confidentiality, and introduce them to **e-ROSC**. All participants will receive a personalized needs assessment regarding access to internet and phone services. Coaches will teach participants how to access and use the **e-ROSC**. The project will also offer **e-ROSC** training for SUD treatment providers within Centerstone, including those linked with other SAMHSA-funded projects, and ROSC organizational partners, as well as for peer volunteers if applicable, to expand the number of individuals who can benefit from **TN e-ROSC** services. Participants will be **retained** in the program through faithful replication of the ROSC model, along with provision of support services (e.g., case management) as needed. This integrated system of care, emphasizing recovery supports and designed to be responsive to individual needs and cultural differences, will encourage retention. The project Advisory Council will ensure services are appropriate for participant age/gender/ethnicity/background. **TN e-ROSC**'s web portal will include engagement elements linking participants to social networks and peer support groups designed to facilitate recovery. Participants will learn to manage their own recovery electronically via their Personal Health Record and individual recovery plan, tracking progress, communicating with members of the recovery team, checking the community calendar for social events, and participating in online discussion forums.

The project will conduct **outreach, engagement, and service delivery** in welcoming environments that are culturally respectful of the beliefs, norms, and values of the focus population. Recovery styles and viable support structures vary by developmental age, gender, ethnicity, social class, and profession. Recovery Coaches will provide social support within the context of many different pathways to recovery, including those that are predominantly religious, spiritual, or secular, involve psychological and pharmacological treatment, or focus on cultural survival and renewal as avenues to recovery. This population values independence, rural identity, and an insular way of life, which can be associated with socioeconomic and educational inequalities. The focus population may be reluctant to share personal problems, believing that behavioral health issues are character flaws rather than chronic diseases requiring specialty care. To counter such beliefs, the project focuses on outreach/education for community gatekeepers (e.g., clergy/lay leaders, educators, medical providers) about events/links that can cause addiction, trauma, and other behavioral disorders, and identifies stakeholders (e.g., Advisory Council members) who have lived experience in addiction and/or hold influence in the community to further educate community members. All staff receive initial and ongoing cultural competence training to ensure they understand, appreciate, and are sensitive to ethnic, religious, and other cultural differences prevalent in the focus area and population.

C.9. Ensuring Client Input

Peer input and involvement in assessing, planning, implementing, and evaluating the project is an essential component in expanding/enhancing local substance abuse treatment services via technology. During the first quarter of Year 1, the project will establish an Advisory Council, including members and/or family members in addiction recovery as well as representatives from state/local agencies, minority communities, consumer advocates, primary/behavioral health entities, social services providers, etc. Meetings will be held regularly and the Council will seek input on service needs/preferences from project participants, staff, and similar advisory councils. The project will implement participant satisfaction surveys and related feedback will inform program refinement. The Council's assessment of project data, milestones, timeframes, satisfaction, and output will ensure participant needs are met. Council members assist in creating education materials and providing community presentations, working actively within the larger community to identify/strengthen existing services/resources that support recovery. By engaging people with lived experience in all aspects of assessment/planning/implementation of services, **TN e-ROSC** will expressly build upon the strengths and insights of those working to achieve/sustain their own recovery goals and who are willing to give back to the community through the peer recovery support efforts.

C.10. Participating Organizations

Described below are the roles, responsibilities, and commitment of local resource partners in **TN e-ROSC**. Letters of commitment/support are included in **Attachment 1**.

The **Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)** will serve as a resource for clients and providers involved in the project. TDMHSAS agrees that SUD is a chronic disease best treated within a community framework structured to address the complex and long-term needs of individuals and families affected by SUD. **Local Hospitals/Physicians** are highly interested in the development of a web portal with PHR capabilities that would enhance their treatment of adults with SUD. These healthcare providers have partnered with Centerstone on multiple similar projects/populations. In addition to participating in the Advisory Council and training their SUD treatment staff in the usage/applications of **e-ROSC**, these providers will serve as reciprocal referral options. **Local health departments** have voiced their support/commitment to **TN e-ROSC**. They have frequent contact with the focus population, will serve on the Advisory Council, and be reciprocal referral sources. Additional commitment/support comes from local **VA offices** and **criminal justice systems**, including law enforcement, jails/prisons, courts, probation/parole, which have frequent contact with the focus population and will serve as referral sources. **AA/NA, Dual Recovery Anonymous, half-way houses, and residential treatment providers** provide local social support for adults with SUD and are available for additional recovery support services. **NAMI** (National Alliance on Mental Illness) maintains a helpline for information on mental illnesses and referrals to local groups who may offer support, advocacy, education, and information about community services for those with co-occurring disorders. **Mental Health America (MHA)** provides education/information to the general public on mental health and addictive disorders. MHA strongly supports the project and is committed to participating in community education efforts to inform the public about the project. **Other Key Community Support** includes local governments and community leaders within the focus area, whose support will be influential as the project seeks sustainability funding. **Centerstone Research Institute's** formidable technological and evaluation expertise will be available on a continuing basis to support project success. **White Pines Systems, LLC**, developer of SPINNphr©'s HealthVault-enabled web

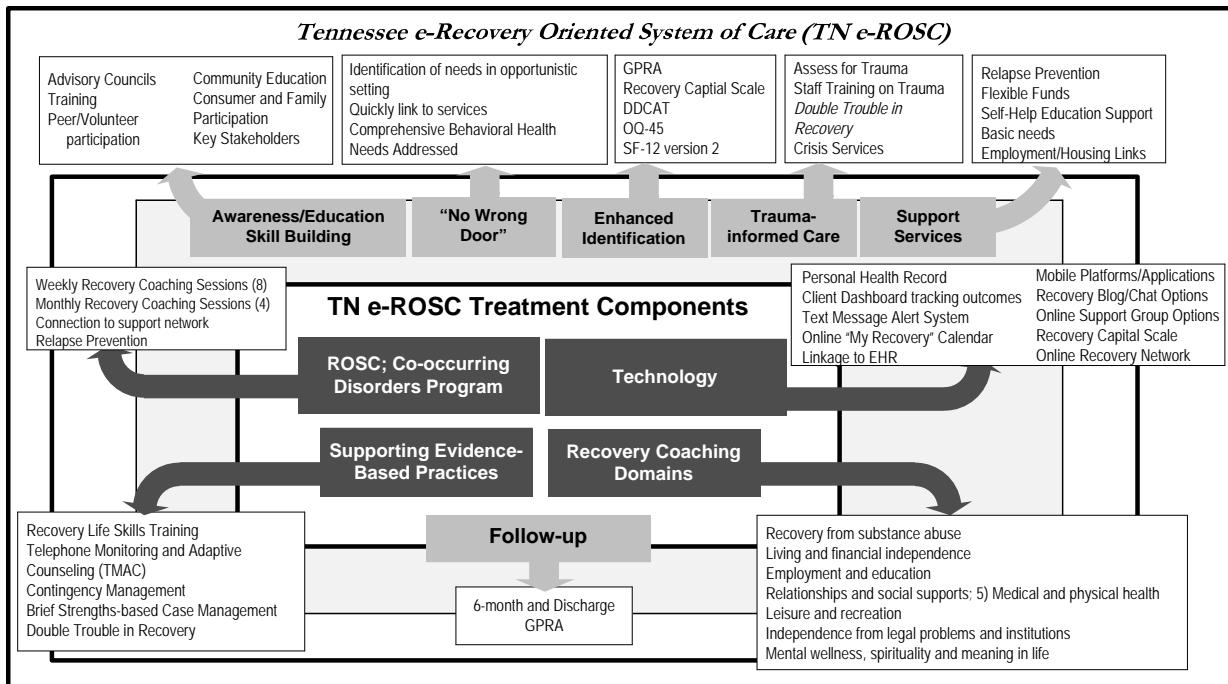
portals for chronic illnesses, has committed to participate as the vendor for EHR connectivity expansion and the development of mobile platform/applications.

C.11. Numbers Served

Numbers to Be Served: The 3-year project will serve an unduplicated total of 150 adults (Year One: 25; Year Two: 75; Year Three: 50), and projects to serve 63 men, 87 women, and diverse racial/ethnic participants (90 White, 45 African-American, and 15 Other; 10 Hispanic/Latino). **Sub-populations:** The project expects to serve an estimated 15 Veterans/ family members, 8 persons with past criminal involvement, and 120 with co-occurring mental disorders.

Types and Numbers of Services Provided/Anticipated Outcomes: Participants enrolled in the intensive care **TN e-ROSC** slots will receive ongoing Recovery Coaching in 8 domains: 1) Recovery from SUD; 2) Living and financial independence; 3) Employment and education; 4) Relationships/social supports; 5) Medical/physical health; 6) Leisure/recreation; 7) Independence from legal problems/institutions; 8) Mental wellness, spirituality, and meaning in life. The Recovery Plan is developed at the beginning of treatment and integrated into the **e-ROSC** web portal. Recovery Coaches assist clients with community re-entry and provide support related to the recovery plan. They also assist in locating safe housing conducive to recovery, health care needs, and working toward a variety of goals, including education/employment.

E-ROSC Intensive SUD Care Core Service Elements: **100% of participants** will receive weekly **Individualized Recovery Coaching** for at least 2 months and monthly Coaching for at least 4 months. Recovery Coaching will be face to face at the beginning of care (at least 8 contacts in the first 8 weeks of intensive program participation) and during high-risk relapse times. Coaching will be provided via phone, texting, and on-line as the participant graduates through stages of recovery. **100% of participants** will be trained to use the **e-ROSC web portal** to: 1) Enroll in the program, 2) Track Recovery Capital progress, 3) Track NOMS progress (e.g., housing, employment) via a client dashboard, 4) Keep an online calendar, 5) Schedule/request text message alerts/reminders/encouragements related to recovery goals, appointments, and meetings, 6) Screen for enhanced services (e.g., case/medication management, therapy) by the treatment provider, and 7) Communicate with the **e-ROSC** team. **100% of all intensive participants** will receive **motivational interventions**, including: 1) motivational interviewing by the Recovery Coach and 2) an individualized recovery coaching plan in which they identify their recovery needs and priorities. **50% of participants** will most likely need ongoing **monitoring** (by a psychiatrist or nurse practitioner) of symptoms related to a co-occurring mental illness or physical health condition and assistance with **medication management**. This will be provided by Centerstone and other **e-ROSC** resource partners. Clients will be trained in utilizing e-medication management services provided by area pharmacies via the PHR. **100% of participants with co-occurring disorders** will be linked with mental health treatment services within Centerstone and other care providers. Recovery Coaches will provide **assertive outreach & engagement** to coordinate participant identification, referral, and enrollment via collaboration with resource partners. Coaches will also **empower/train Resource Partners** to use the **e-ROSC** and incorporate Health IT in their care for people with SUD. Within the **e-ROSC**, this model will be complemented by other support services, including transportation and texting phone access for indigent clients. Clients will also have access to **Online Recovery Tools** (e.g., moderated online addiction treatment forums, linkages to online support communities for people in recovery, self-help tools). **Flexible funds** will be available for all participants as appropriate to ensure access to basic supports (e.g., transportation, eyeglasses) needed to achieve/sustain recovery. **GPRA follow-up** will be conducted for 80% of participants.



C.12. Per-Unit Cost

Per-Person Cost: The proposed model represents a comprehensive continuum of outpatient care based on the ROSC framework, incorporating evidence-based treatment interventions and technological enhancements. The project offers a range of services, including Screening and Assessment, Co-Occurring Disorders Treatment, Recovery Life Skills Training, Telephone Monitoring and Adaptive Counseling (TMAC), Contingency Management, Case Management, Double Trouble in Recovery, Trauma Specific Treatment and Recovery Support, linkages with Nursing and Psychiatric Evaluations, Medication Management, Transportation, etc. It is estimated that project costs will total \$840,000 over three years, with at least \$672,000 (\$840,000 x 0.80, i.e., subtracting 20% for performance assessment) to provide services for 150 unduplicated adults. This establishes an average **per-person cost of \$4,480**.

Maintaining Cost Effectiveness: Financial oversight will include monitoring to ensure a cost effective, on-budget project. The agency's accounting department ensures adequate fiscal controls are in place and will maintain all grant financial records/billing. The Program Manager, with Project Director oversight, will safeguard grant resources and ensure achievement of outcomes and correct allocation of grant-funded activities. This ongoing monitoring/compliance process will inform the project of any issues that may arise (achievement of outcomes, resource allocation, etc.) and ensure the project maintains the highest quality services in a cost efficient manner. If any aspect of the project is found non-compliant with SAMHSA or Centerstone standards, the Program Manager, with appropriate staff, will immediately analyze the cause and develop/implement a corrective action plan. Any deviation from SAMHSA standards, goals and objectives, sound financial practices, etc., will be addressed through targeted training, appropriate program modifications, or technical assistance as needed. Consultation with the SAMHSA/CSAT Project Officer will occur as appropriate.

D. Staff and Organizational Experience

D.1. Organizational Capability/Experience

Centerstone, the applicant agency, is a not-for-profit, community-based, behavioral healthcare organization with 50+ years' experience providing a full array of substance abuse and mental health services for individuals of all ages and their families. Centerstone and its affiliates comprise the largest organization of its kind in the nation, providing programs, services (see right), and partnerships that support quality care and long-term recovery. With a culturally diverse professional and support staff of 1,100, Centerstone annually serves 50,000+ Tennessee residents battling addiction, depression, anxiety, schizophrenia, bipolar disorder, physical/sexual abuse, and various other symptoms/conditions that, left untreated, impair their ability to live productive lives. In the focus area, the agency reached over 12,000 individuals in 2012. Centerstone operates 63 smoke-free licensed clinics/facilities throughout 34 Middle Tennessee counties, has 160+ partner locations where agency staff (psychiatrists, psychologists, clinical social workers, counselors, registered nurses, nurse practitioners, masters/bachelor level professionals) are housed with other organizations. With annual revenue of \$66+ million, Centerstone maintains a diverse funding base of Medicaid reimbursements (53% Medicaid clients in 2012), multiple local, state, and/or federal grants and contracts, private insurance, state insurance plans' health maintenance organizations, and foundation/donor funding.

Centerstone of Tennessee Services

- Substance Abuse/Addiction Disorder Treatment
- Veteran Services
- Substance Abuse and HIV Prevention/Services
- Case Management
- Intensive Outpatient Treatment
- Outpatient Counseling Services
- Co-Occurring Disorders Treatment
- Psychiatric Services
- Medication Management
- Prescription Assistance
- Coordination with Other Healthcare Providers
- Relapse Prevention Groups
- Intensive In-Home Treatment
- Family Counseling
- Specialized Services for Immigrants/Refugees
- Specialized Older Adult Services
- Telepsychiatry and Telementedicine
- Integrated Care Projects
- Individualized Needs Assessment
- Life Skills Training
- Mentoring/Life Coaching
- Residential/Supported Group Homes
- Family Counseling
- School-Based Counseling
- School/Community-Based Prevention Programs
- Violence and Bullying Prevention
- Career Resource Center
- Mobile Therapy
- Crisis Call Center
- Education and Support
- Teen Pregnancy Prevention
- Sexual Abuse Treatment

Centerstone brings to this project extensive administrative, technological, evaluation, and clinical capabilities to ensure that all project activities are effective and compliant with grant requirements. The **Finance and Accounting** department is experienced in grant contracts, billing, and audit procedures. This department will maintain all financial records and billing necessary under the grant. The **Human Resources** department will assist in **TN e-ROSC** personnel management (staff hiring, security clearances, payroll, personnel records maintenance, employee benefits, training and orientation, etc.). Staff with expertise in adult substance use/mental health/co-occurring disorders will serve as project resources, providing ongoing consultation/training as needed. Centerstone clinical staff are trained in trauma informed care and provide such services to persons with trauma history. The **Information Systems** (IS) department maintains technical equipment, website, and EHR system, which includes clinical decision support features and "real time" data input and retrieval. Centerstone is currently implementing a meaningful use-certified EHR system expected to be completed by early 2014. Centerstone's EHR is used in all agency programs. IS provides project staff with technical training/support for software applications and communication/information system operations.

All Centerstone facilities are licensed by the State of Tennessee to provide community-based behavioral healthcare. Centerstone received a 3-year accreditation, the highest level given, from the Commission on Accreditation of Rehabilitation Facilities (CARF) in May 2010. The agency has won multiple awards for program performance and implementation, including a 2007 Negley Award for best practices in behavioral health risk management. Committed to the use of HIT to improve care, Centerstone won the HIMSS Nicholas E. Davies Award of Excellence in 2006, which recognizes excellence in implementation/use of HIT. Centerstone received the 2012 IBM

Return on Investment Award and the 2010 Data Warehousing Institute's Best Practice Award.

Centerstone Research Institute (CRI) will conduct all project data collection and evaluation activities with substantial resources available to support project evaluation, implementation, and sustainability components. CRI maintains its own nationally certified Institutional Review Board and manages the Knowledge Network, a technology-based, partner-driven alliance to facilitate the translation of research to practice. CRI has local and national partnerships with renowned researchers (Indiana University, Northwestern University, Harvard University, etc.) and significant experience garnered from implementing 130+ service and clinical studies. CRI conducts over 100 research/evaluation studies funded by SAMHSA, HRSA, CDC, NIH, etc. Currently, CRI oversees 22 evaluation studies, including SAMHSA-funded *e-ROSC* (TCE-HIT), *REALives* (TCE-HIV), and *Integrated Care Services* (PBHCI).

Experience with Similar Projects and Populations: Centerstone has a successful and well-documented history planning, implementing, and evaluating local, state, and federally funded programs according to established objectives/guidelines. The agency has overseen \$90 million in federal/state/local grants since 2004 and collaborates with multiple providers across the focus area, providing primary/behavioral health services (e.g., onsite screenings/assessments, substance abuse treatment, psychiatric evaluation, medication management) and/or service linkages. **TN e-ROSC** will be administered through Centerstone's Clinic Services Department, which offers an array of services addressing SUD and co-occurring disorders (e.g., education, treatment, individual/group/family therapy, psychiatric evaluations, medication management, psychological testing, emergency services). The department is currently implementing *REALives*, a 5-year SAMHSA-funded TCE-HIV grant serving primarily African American, Latino/Hispanic, and other racial/ethnic minorities who have substance use or co-occurring mental disorders and are disproportionately affected by HIV/AIDS. This program, implemented January 2013, expands/enhances access to services in 10 primarily rural Tennessee counties to reduce substance use and related service/utilization costs as well as mental health symptomatology. Centerstone has also successfully administered several programs of similar scope and size, including SAMHSA-funded grants with comparable focus populations (e.g., *Rural Methamphetamine Treatment*, *TEAM Recovery*, *BE Aware*). **TN e-ROSC** is modeled after its sister organization's 3-year SAMHSA-funded TCE-Health IT project, *e-ROSC*, in 5 rural Indiana counties, and will replicate its technology, helping clients build recovery capital by combining formal addictions treatment with access to community supports/services and online personal recovery tools. Indiana *e-ROSC* staff are available to assist **TN e-ROSC** implementation.

Linkages/Community Ties to Population of Focus: Centerstone is a stable fixture in Middle Tennessee and maintains strong ties with diverse social service agencies rooted in the culture/language of the focus population (e.g., local AA/NA chapters, anti-drug coalitions, VA centers, health departments), as well as local courts/law enforcement, physicians, faith institutions, grassroots community organizations, etc. Examples include Gateway Medical Center (Montgomery County), State-led SAMHSA-funded projects,

Community-Based Project Linkages/Referral Sources
TN Dept of Mental Health/Substance Abuse Svcs.
TN Department of Health
Local Health Departments
Local VA Offices
Local Courts
Gateway Medical Center
Northcrest Medical Center
Horizon Medical Center
Matthew Walker Comprehensive Care Center
Mid-Cumberland Infectious Disease
National Alliance on Mental Illness (NAMI)-TN
TN Assoc. for Alcohol/Drug/other Addiction Svcs
Mental Health America of Middle TN
Tennessee Equality Project
Tennessee Immigrant & Refugee Rights Coalition
Center for Refugees & Immigrants of Tennessee
Vocational Rehabilitation Services
Catholic Charities of Tennessee
Salvation Army
American Red Cross
Coalition on Housing/Homelessness Issues
County Anti-Drug Coalitions
Local Churches/Faith-Based Organizations

residential treatment providers, and primary care clinics. This extensive, though not comprehensive, list (see above) includes organizations throughout the focus area that have committed to participate in the project via Advisory Council membership and reciprocal referrals (see Attachment 1). Centerstone also maintains strong ties to technology-related organizations/programs dedicated to behavioral health and developing systems to improve the focus population's access/use of needed services. These agencies/programs include local and national HIMSS, National Council for Community Behavioral Healthcare, Mental Health Centers of Denver (data sharing), and TeleSage (NOMS data sharing). In addition, CRI's Knowledge Network focuses on bridging science and service through technology innovations.

D.2. Project Staff

Ben Middleton, MS, Chief Operating Officer for Clinic Services, will provide general oversight and executive leadership for all project aspects. Mr. Middleton has over 30 years' experience in behavioral health services and currently oversees a \$15 million budget of clinical programs for Middle Tennesseans. He has extensive experience in leading programs/services for rural and substance abusing populations. **Matthew M. Hardy, PsyD., Project Director (15%)**, a licensed clinical psychologist, will supervise the Centerstone contract, providing project oversight, support, and technical assistance, and be responsible for overall guidance of the project's theoretical framework, fiscal management, performance, and compliance. He will supervise the Program Manager, build/manage the Advisory Council, attend national meetings, and correspond with the Project Officer. Dr. Hardy provides clinical/administrative oversight to 4 Centerstone behavioral health centers and administrative supervision for clinical staff (psychiatrists, nurse practitioners, master level therapists, nurses). **Stacey Coulter, MA, LPE, Program Manager (100%)**, will be certified by the Connecticut Community for Addiction Recovery (CCAR) and receive Health Navigator training. Ms. Coulter will manage day-to-day clinical/administrative functions across project locations, supervise Recovery Coaches, provide Recovery Coach services, develop/maintain community partnerships and outreach/education, and coordinate Advisory Council activities. She has 10 years' experience providing individual/group therapy for persons with substance use/co-occurring disorders and currently provides administrative oversight and staff supervision in the SAMHSA-funded *REALives* program and coordinates Advisory Council meetings. **Recovery Coach, BA/BS (MA/MS preferred), TBH (100%)**, will be certified by the CCAR and receive Health Navigator training. Preference will be given to candidates with lived SUD experience. Coaches will provide outreach, treatment, case management, and other field based services; network with Advisory Council members and other stakeholders; help participants address/eliminate barriers to recovery and build recovery capital by linking them to housing support, education/training, community volunteer mentors, etc.

Tom Doub, PhD, CRI Chief Executive Officer (5%), will interface with leading substance use disorder and behavioral health providers to elicit feedback/input into the e-ROSC product. He will provide overall guidance of research-based recommendations into the e-ROSC PHR application and oversight of dissemination activities. **Wayne Easterwood, BA, Chief Information Officer (5%)**, will direct the planning, implementation, and support of all new technology related to the project, ensuring CCD/CCR compatibility, and overseeing integration of *e-ROSC* with Centerstone EHR. **Prasad Kodali, Director of Enterprise Applications (5%)**, will manage software services and the technology development budget. Mr. Kodali coordinates and oversees all vendor contracting on software, applications, databases, and their maintenance. **Brad Bills, BS, e-ROSC IT Project Manager (10%)**, will coordinate the development and implementation of the E-ROSC Web Portal. He will also provide project management expertise

to providers to ensure on-time customized development, implementation of *e-ROSC*, and integration with the EHR. Mr. Bills has 13+ years' experience in IT development/management and currently oversees design/ development of all EHR and related applications at Centerstone.

Centerstone Research Institute (CRI) will provide all necessary resources for evaluation and follow-up activities (an experienced Evaluator, supplies, staffing, equipment, etc.), ensuring a minimum 80% participation rate. CRI oversees 22 federally-funded program evaluations, led by *Kathryn Mathes, BSN, CRNP, PhD, Vice President of Research and Evaluation*. Dr. Mathes has implemented multiple federally-funded evaluations (SAMHSA, ACF, DOL, OJJDP, OAH, etc.) and has 19 years' experience evaluating community-based human services programs (mental health, developmental disabilities, services integration, etc.) on local, state, and federal levels. *Sarah Suiter, MS, PhD, Evaluator (30%)*, will report to Dr. Mathes and lead the *TN e-ROSC* evaluation, providing oversight of all evaluation activities, staff hiring/training, and ensuring fidelity to evidence-based models and project scientific integrity. She will oversee follow-up completion, survey coordination, data collection, data entry, etc. Dr. Suiter has 10 years' experience in program planning, process/outcome evaluation, research methodology, data management, statistical analysis, and report writing, and has overseen national research/evaluation projects in substance abuse treatment/prevention and mental health.

D.3. Staff Experience/Qualifications and Familiarity with the Population of Focus

TN e-ROSC's executive leadership team has 60+ years' combined experience overseeing and/or delivering services for similar populations. *Robert N. Vero, EdD, CEO*, has 30+ years' experience in behavioral health treatment, prevention, research, and administrative oversight, including budgets, development, and personnel management for substance abuse, mental health, and medical services. *Ben Middleton, MS, COO for Clinic Services*, has 30 years' experience in the field of behavioral health services for mental health, medical, and substance abuse services.

Matthew Hardy, PsyD, Program Director, **Stacey Coulter**, MA, LPE, Program Manager, and **Sarah Suiter**, PhD, Program Evaluator, are key project staff who are long-time residents with strong local ties. In addition to leadership on many federally funded projects serving very similar populations in Middle Tennessee, Dr. Hardy has been a Middle Tennessee resident for 12 years and provided direct client outpatient services for similar populations for 9 years. He actively represents Centerstone and its current clients through established relationships with many community organizations/stakeholders throughout the focus area. Dr. Hardy currently oversees the *REALives* project, serving adults who have substance use and/or co-occurring mental disorders and are disproportionately affected by HIV/AIDS. Stacey Coulter is a area lifelong resident and is experienced in delivering culturally sensitive, evidence-based treatment programs for similar populations. Dr. Suiter has been a Middle Tennessee resident for 8 years and has acted as lead evaluator on 2 federally funded mental health initiatives. She is currently supervising evaluator for 3 federally funded evaluation studies and has 10 years' experience conducting high-quality, community-based, mixed-methods health and mental health research.

Key project staff, including the Program Manager, are trained in the most current best practices such as trauma informed care, gender-specific services, cultural competency, etc. The personal experience and professional guidance of current and incoming staff members will combine to foster the most supportive and productive environment possible for participants. All new *TN e-ROSC* staff will be sought/hired with a focus on cultural backgrounds representative of the focus population, including those with, or family members with, lived experience substance abuse and mental health issues. Centerstone employs bilingual staff available to the project and will seek additional bilingual staff to address the growing number of non-English

speaking residents, and also maintains relationships with local interpreter services. The project Advisory Council will include members of the focus population and diverse stakeholders to guide project staff in delivering effective, culturally sensitive services. **TN e-ROSC** will provide cultural competency training on CLAS standards, and staff will be prepared to engage participants with limited financial options and be sensitive to participant values, preferences, and beliefs.

E. Data Collection and Performance Measurement

E.1. Ability to Collect and Report on Performance Measures

CRI uses Community-Based Participatory Evaluation (CBPE) principles to guide all program evaluation activities. The CBPE concept is a collaborative approach to evaluation that equitably involves all partners (including clients) in the evaluation process and recognizes the unique strengths that each brings. CBPE begins with an evaluation topic of importance to the community, with the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities. In keeping with the CPBE concept, clients and **TN e-ROSC** community partners will be engaged in all phases of the evaluation, from instrument selection and data collection, to interpretation and dissemination of results. Centerstone will comply fully with all GPRA collection, data entry, and automation requirements as described in the RFA, participate in any cross-site evaluation activities, and collect/report the number of persons who have access to and are using *e-ROSC* technology, persons in treatment trained on how to effectively use *e-ROSC* technology, and number of expanded/enhanced technologies integrated into Centerstone's infrastructure.

Along with the required instruments and indicators outlined above, the evaluation team will implement the Recovery Capital Scale (RCS), Outcome Questionnaire (OQ-45), and Short Form Health Survey (SF-12), and will conduct an annual fidelity assessment specific to the *e-ROSC* model. The RCS (Granfield, 1999), a self-assessment, helps clients track internal/external assets that help sustain recovery from alcohol/drug problems. The OQ-45 (Lambert, 1996) is a 45-item questionnaire that measures overall mental health functioning and three sub-domains: symptom distress (anxiety and depression), interpersonal relations, and social role performance. The SF-12 (Ware, 2007) is a 12-item questionnaire that measures 7 domains of functioning: general health, physical functioning, lack of bodily pain, mental health, vitality, social functioning, and the role of health problems in limiting participation in activities or accomplishing what one would like.

The evaluation for **TN e-ROSC** will be led by Dr. Sarah Suiter. Dr. Suiter has served as the lead or supervising evaluator on four previously-awarded SAMHSA grants, all of which have been successful in meeting and exceeding evaluation requirements and expectations of clients, program staff, community partners, and funding agencies. In six previous CSAT-funded evaluations, CRI evaluation staff have attained an evaluation enrollment rate of 99% and a 90% follow-up rate. This evaluation is expected to be comparable.

Plan for Data Collection: Timeline—Evaluators will obtain IRB approval and a SAMHSA Certificate of Confidentiality prior to client enrollment. Data collection will begin with the registration of the first **TN e-ROSC** participant. Program structure will be documented and baseline process and fidelity measures will be completed. Data related to screening, assessment, referral, monitoring, treatment, etc. will be tracked using the *e-ROSC* PHR. **Data Collection**—Data collection will occur at intake (baseline), discharge, and 6 months post baseline for GPRA, RCS, OQ-45, and SF-12. An RA experienced in the GPRA tool and other study instruments will collect data face-to-face from clients and will accommodate any special needs of clients by providing routine technical assistance, individualized administration, or context for questionnaire items. Clinical process data will be collected to supply detailed service delivery data using

Centerstone's electronic medical record and the e-ROSC. Program data related to the number of persons who have access to and are using *e-ROSC* technology, number of persons in treatment trained on effectively using *e-ROSC* technology, and the number of expanded or enhanced technologies integrated into Centerstone's infrastructure will be captured throughout the life of the project using existing Management Information Systems and the e-ROSC itself. Fidelity assessments will be conducted with program staff annually. **Engagement**—Each client will be told about the study and invited to participate if deemed capable of informed consent. If participants express an interest in participating, intake personnel will verbally present the “*Consent to Participate*” form and answer any questions. Study participants will complete a Centerstone Locator Form to assist in tracking participants over the course of the project. **Tracking and Follow-up**—The most important way to ensure retention is to implement comprehensive tracking strategies staffed by personnel who are well integrated into the participants' environments (NEDTAC, 1996). Data collection personnel will reflect the focus population in terms of age, ethnicity, and gender, be able to develop strong rapport, and be well connected to the local community. Staff will maintain flexible schedules to accommodate participants. Clients will be paid a \$20 incentive for 6 month follow-up assessments. The RA will be thoroughly trained in all aspects of the *e-ROSC* system and work closely with project partners to facilitate tracking efforts.

Data Management: All data will be collected using web-based data entry forms on laptop computers with secure wireless internet connections (for maximum portability). Since GPRA data will be entered directly and automated through the PHR, GPRA requirements for submission within 7 business days will be met. Centerstone currently uses HIPAA-compliant wireless technology to document field services such as case management. ID numbers will be assigned to participants via computer algorithm and identifying information will be encrypted. These ID numbers will be used to link demographic, clinical, service use, technology use, and outcome data for each client. This protects client confidentiality by eliminating the need to store identifiers with test responses. The web-based data submission process further protects security by storing data directly on the remote webserver. No data will be stored directly on the laptops.

Data Analysis: Hierarchical Linear Modeling—Hierarchical linear modeling (Bryk & Raudenbush, 1992) has many advantages over traditional analytic models for longitudinal data. HLM takes full advantage of all data collected over time, unlike traditional repeated measures techniques, which require all data to be present at all time points for analysis, thus minimizing loss of statistical power due to attrition, and maximizing use of available data. **Disparities**—HLM models interactions between individuals and their environments, which is useful for assessing disparities by race/ethnicity, age, gender, or sexuality. All process and outcome measures will be analyzed for disparities in e-ROSC impact.

Data Reporting: Program and evaluation staff will meet ***all federal reporting requirements***, including detailed semi-annual reports, a final report, and other documentation as requested. Performance on GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness, will be reported. Additionally, indicators related to the number of persons who have access to and are using technology, persons trained to effectively use technology and number of expanded or enhanced technology integrated into Centerstone infrastructure will be reported. Along with required federal reporting, initial project findings will be disseminated to the Advisory Council, comprised of **TN e-ROSC** consumers, community partners, and clinical staff. The Advisory Council will provide a forum for discussion of evaluation results and

accountability for program progress toward objectives. The evaluator will participate in bimonthly meetings with project leadership to ensure that evaluation goals are met and provide timely feedback. In addition to federal and local efforts, we anticipate that research findings will be of interest to key stakeholders in the national policy, treatment, and research communities. Centerstone has extensive experience in research, and has disseminated findings to various audiences including participants, treatment professionals, funders, and policymakers.

E.2. Data-Driven Quality Improvement Process

CRI evaluation staff will combine data collected on client demographics, clinical indicators, service and technology use, and recovery-related outcomes to track disparities in access, use, and recovery. An administrator dashboard will be constructed using QlikView (a web-based dashboard) to consolidate, search, display, and analyze data from the PHR (which will capture demographics, clinical assessments & service use), the *e-ROSC* website and mobile technology (which will capture technology use), and evaluation databases (which will capture outcomes assessed by the GPRA tool, RCS, OQ-45, and SF-12). QlikView allows for robust exploratory analysis as well as planned analytics on disparate data sources. For example, important outcome indicators can be readily associated with usage statistics to monitor the impact of electronic resources on treatment. Link tracking can be used to analyze user behavior and assess the effectiveness of outreach, treatment and technology for various sub-groups.

To assist program implementation and ensure goals/objectives achievement, the evaluation will develop monthly reports on specific project goals (*described in B.1*) as well as global process, outcome, and efficiency-oriented performance assessment indicators (*indicators and methods detailed in E.3*). If data analysis reveals users are not optimally accessing/using program services, services are not yielding desired outcomes, or there are disparities in access, use, or outcomes based on age, race, class, gender, sexuality, education level, or county of residence, evaluation staff will alert program staff and assist in developing a plan to improve these findings.

E.3. Plan for Conducting Performance Assessment

The evaluation team will rely primarily on data collected using the GPRA, RCS, OQ-45, and SF-12 tools to measure outcomes related to *e-ROSC* participation and services. Measurement of program activities and processes will be implemented through provision of laptop computers to recovery coaches, the RA, and appropriate clinical staff. Once key clinical activities are implemented, all clinical service delivery data will be collected in Centerstone's web-based information system, the client's PHR, and *e-ROSC*, allowing real-time collection and reporting of service delivery practices, physical and mental health outcomes, and communication with providers and peers over time. This will provide very detailed information on specific clinical interventions with corresponding dosages, and interactions with the *e-ROSC* system that successfully connect clients with providers, community recovery supports, and opportunities. The overall functionality of the *e-ROSC* system will be measured by tracking use and how use correlates with adoption behaviors, implementation success, and client outcomes. One of the most powerful advantages of the proposed *e-ROSC* system is in tracking and analyzing how the system itself is used in order to evaluate and improve patient care. Evaluation questions include:

Program Implementation/Fidelity:

- How many individuals were reached through the program?
- How did the program expand or enhance current Centerstone services?
- Who (program staff) provided what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the *e-ROSC* model over time?

Outcomes:

- What was the effect of the intervention on key outcome goals? Did the effects last over time?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/gender/sexuality?

F. Electronic Health Record (EHR) Technology

F.1. Existing EHR System

Centerstone, an industry leader in health information technology (HIT), implemented an EHR system 12 years ago and has enhanced/expanded EHR use throughout its scope of services and multiple locations. Centerstone contracts with NetSmart Technologies, Inc., to use and operate the EHR system (see vendor contract in Attachment 5). Centerstone's new EHR is meaningful use certified. Among its many recognitions, Centerstone was the first community behavioral health recipient of the Davies Award for its innovative work developing and implementing PsychRemix, a behavioral health-specific EHR. Centerstone's HIT platform was also recognized by CARF as "Exemplary."

Centerstone manages all consumer information electronically and all providers (case managers, recovery coaches, therapists, etc.) have access to the information, as appropriate, through EHR. Centerstone's EHR includes advanced analytics and data warehousing capabilities that provide/promote data analysis and clinical decision support capability within the actual clinic setting. These analytics tools enable clinic staff to evaluate treatment programming, capitalize on time spent with clients, and track treatment plans and consumer outcomes. Centerstone continues to enhance client care (see right), reduce costs, and exemplify clinical care excellence through its data-driven environment. An example of Centerstone's management of client-level information through EHR technology is the newly-launched, SAMHSA-funded primary-behavioral healthcare integration project, *Integrated Care Solutions*. This project is expected to meet/exceed EHR milestones similar to those met by *BE Well* currently implemented by Centerstone of Indiana (e.g., 40% of prescriptions submitted electronically, 80% of lab results received electronically, and standard continuity of care record shared for 60% of consumers). **TN e-ROSC** is expected to achieve equally successful results.

Centerstone's Information Systems (IS) department utilizes enterprise-wide Information Technology and Applications teams. The Applications team works with internal compliance and quality groups to meet regulatory requirements and adapt systems to meet new regulations. This group is responsible for gathering requirements and developing the design for EHR changes, then testing, training, and delivering those improvements to the business. This team delivers a high availability system with 24/7/365 access and provides ongoing technical training/support for software applications and communication/information system operations throughout Centerstone. Staff receive regular refreshers and updates as needed and as improvements/changes are made in the EHR system. The Information Technology team manages data centers, computers/mobile equipment, network communication services, mobile/unified communication service, internal/external network connectivity, systems/network administration, backup and recovery services, service desk, help desk and support, and cyber security practices. **TN e-ROSC** will have the full support of IS for technology development, support, and training.

Examples of how Centerstone's HIT Infrastructure Enhances Care

- Medical staff work from a medical dashboard that aggregates information into a single "face sheet" type presentation. Medications, calls or contacts with crisis teams, and lab information are all available at a glance, offering essential details for review of a particular consumer.
- All nurse/care managers, therapists, peer specialists, and evaluation staff have laptops with wireless cards so documentation can be completed with consumers in their homes or other treatment choice location.
- All providers can use web access to obtain consumer information via VPN technology.
- Strict privileges are in place to control information flow within the system and ensure that individual providers view information for consumers only in their care group. Unauthorized individuals do not have access to private information.
- All staff and managers know when necessary documents/fields have not been completed.
- Invoices are not created until all requirements are fulfilled.
- There are seamless and transparent views of clinical productivity per individual, program, location, division, and state.
- All supervisors can create reports and review/review clinical documentation quickly and efficiently from any terminal.

BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT**Centerstone of Tennessee****TN e-ROSC****Monday, April 08, 2013**

Year 1 (10/1/13-9/30/14)				
CATEGORY		CSAT PROGRAM	Non- Federal	TOTAL
PERSONNEL	Effort			
Project Director	0.15	\$11,250	\$0	\$11,250
<i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>				
Program Manager	1.00	\$37,000	\$0	\$37,000
<i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>				
Recovery Coach	1.00	\$20,000	\$0	\$20,000
<i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders. (8 month salary in Year 1 and only 1 Recovery Coach in year 1 to allow for start-up)</i>				
E-ROSC IT Project Manager	0.10	\$10,000	\$0	\$10,000
<i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>				
Centerstone Research Institute, CEO	0.05	\$0	\$10,500	\$10,500

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$7,500	\$7,500
<i>Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.</i>				
Vice President, Information Technology	0.05	\$0	\$6,000	\$6,000
<i>Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.</i>				
Total Salary		\$78,250	\$24,000	\$102,250

Fringe Benefits

Total Fringe Benefits @ 28%	\$21,910	\$4,368	\$26,278
Total Personnel	\$100,160	\$28,368	\$128,528

TRAVEL

Regional Travel

Required grantee meetings

Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200

Local Travel

For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 1 Recovery Coach. 4,000 x 1 staff x \$0.46/mi

Total Travel	\$4,346	\$0	\$4,346
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EQUIPMENT

None requested.	\$0	\$0	\$0
Total Equipment	\$0	\$0	\$0

SUPPLIES

Office Supplies	\$2,400	\$0	\$2,400
<i>Initial setup and ongoing supply costs for 1 Program Manager and 1 Recovery Coach. Includes office supplies, consumable and other necessary supplies for data management, copies, postage, desks, chairs, etc. \$100/month x 12 months x 2 employees</i>			
Computer Related Supplies	\$1,560	\$0	\$1,560
<i>2 Laptops (Program Manager & Recovery Coach) @ \$35 x 2 staff x 12 months=\$840; 1 desktop computer @ \$35 x 1 staff x 12 months=\$420 for volunteers and participants at office; 1 printer @ \$300</i>			
Total Supplies	\$3,960	\$0	\$3,960

CONTRACTUAL

Centerstone of Indiana, Inc.	\$8,000	\$0	\$8,000
<i>Consultation and training with Linda Grove-Paul, Indiana eROSC Project Director, concerning eROSC implementation, including financial and technology strategies, lessons learned, etc.</i>			
Centerstone Research Institute	\$56,000	\$0	\$56,000
<i>Data Collection & Performance Measurement/ Assessment</i>			
<i>Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.</i>			
Total Contractual	\$64,000	\$0	\$64,000

OTHER

E-ROSC Web and Technology Expenses	\$60,000	\$0	\$60,000
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Includes expenses related to contract for HealthVault Solution Provider application developer (i.e., White Pines Systems) to adapt their chronic care PHR HealthVault module to meet the e-ROSC specifications and provide comprehensive web portal features for individuals with SUD with multiple chronic care needs. Also includes development of mobile technology applications (additional year 1 costs due to initial development costs).

Occupancy Expenses <i>Includes expenses related to occupancy of space located at 511 Eighth Street, Clarksville, TN (75 sq. ft. x 2 @ \$15/sq.ft.).</i>	\$3,375	\$0	\$3,375
Telecommunications <i>Mobile phones and Internet services for 3 laptops/computers. \$120/month x 12 months x 3 staff</i>	\$4,320	\$0	\$4,320
Non-clinical Support Services/Incentives <i>Provision of SmartPhone phone plans to enable indigent consumer involvement/participation in e-ROSC. 10 consumers @ average \$50/month for 8 months in year 1.</i>	\$4,000	\$0	\$4,000
Staff Training/Professional Growth <i>Training of Trainers for Program Manager to use (and to train all members of the e-ROSC in using) technologies to support chronic disease management and recovery. Also, Training in Recovery Oriented System of Care model, training in using technologies to support chronic disease management and recovery, cultural competence, Training of Trainers for Recovery Coach and certification, Medicaid eligibility, & other areas to support team development. Includes workshops, books/manuals, & travel expenses for CDP trainer (2 staff @ \$2,496 each)</i>	\$4,992	\$0	\$4,992
Educational/Therapeutic Materials <i>Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers to use the e-ROSC (25 consumers x \$18 + \$1,250 for video development costs)</i>	\$1,700	\$0	\$1,700
Total Other	\$78,387	\$0	\$78,387
TOTAL DIRECT COSTS	\$250,853	\$28,368	\$279,221
TOTAL INDIRECT COSTS (Calculated @ 29.1% x Personnel Costs)	\$29,147	\$6,610	\$35,756
TOTAL PROJECT COSTS	\$280,000	\$34,978	\$314,977

BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT**Centerstone of Tennessee****TN e-ROSC****Monday, April 08, 2013**

Year 2 (10/1/14-9/30/15)				
CATEGORY		CSAT PROGRAM	Non- Federal	TOTAL
PERSONNEL	Effort			
Project Director	0.15	\$11,588	\$0	\$11,588
<i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>				
Program Manager	1.00	\$34,299	\$3,811	\$38,110
<i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>				
Recovery Coach	2.00	\$54,810	\$6,090	\$60,900
<i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders.</i>				
E-ROSC IT Project Manager	0.10	\$12,360	\$0	\$12,360
<i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>				
Centerstone Research Institute, CEO	0.05	\$0	\$18,540	\$18,540

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$12,360	\$12,360
<i>Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.</i>				
Director of Enterprise Applications	0.05	\$0	\$9,270	\$9,270
<i>Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.</i>				
Total Salary		\$113,057	\$50,071	\$163,128

Fringe Benefits

Total Fringe Benefits @ 28%	\$31,656	\$9,113	\$40,769
Total Personnel	\$144,712	\$59,184	\$203,896

TRAVEL

Regional Travel			
<i>Required grantee meetings</i>			
Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200
Local Travel	\$3,220	\$0	\$3,220

For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 2 Recovery Coaches. 3,500 x 2 staff x \$0.46/mi

Total Travel	\$5,726	\$0	\$5,726
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EQUIPMENT

None requested.	\$0	\$0	\$0
Total Equipment	\$0	\$0	\$0

SUPPLIES

Office Supplies	\$1,920	\$0	\$1,920
<i>Ongoing supply costs for 2 staff. Includes office supplies, consumable and other necessary supplies for data management, copies, desks, chairs, etc. \$80/month x 12 months x 2 employees</i>			
Computer-related Supplies	\$1,320	\$0	\$1,320
<i>1 laptop for 1 new Recovery Coach @ \$35 x 1 staff x 12 months=\$420; Computer-related supplies, maintenance, & updates @ \$75 x 12 months= \$900</i>			
Total Supplies	\$3,240	\$0	\$3,240

CONTRACTUAL

Centerstone Research Institute	\$56,000	\$0	\$56,000
<i>Data Collection and Performance Measurement/Assessment</i>			
<i>Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.</i>			
Total Contractual	\$56,000	\$0	\$56,000
 			

OTHER

E-ROSC Web and Technology Expenses	\$10,000	\$0	\$10,000
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Includes expenses related to maintaining and refining chronic care PHR HealthVault module and web portal features for individuals with SUD with multiple chronic care needs. Also includes updating and maintenance for mobile technology applications.

Occupancy Expenses <i>Includes expenses related to occupancy of space located at 511 Eight Street, Clarksville, TN (100 sq. ft. x 3 @ \$15/sq.ft.).</i>	\$4,500	\$0	\$4,500
Telecommunications <i>Internet services for 3 laptops/computers. \$120/month x 12 months x 3 laptop/computers</i>	\$4,320	\$0	\$4,320
Non-clinical Support Services/Incentives <i>Provision of SmartPhone phone plans to sustain indigent consumer involvement/participation in e-ROSC. 10 consumers @ average of \$50/month cost.</i>	\$6,000	\$0	\$6,000
Staff Training/Professional Growth <i>Includes workshops, books/manuals. Professional development activities (conferences, trainings, etc.) concerning EBP updates and related focus areas to enhance service delivery quality (3 staff @ \$550 each).</i>	\$1,652	\$0	\$1,652
Educational/Therapeutic Materials <i>Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers (75 consumers x \$18)</i>	\$1,738	\$0	\$1,738
Total Other	\$28,210	\$0	\$28,210
TOTAL DIRECT COSTS	\$237,888	\$59,184	\$297,072
TOTAL INDIRECT COSTS (Calculated @ 29.1% x Personnel Costs)	\$42,111	\$13,790	\$55,901
TOTAL PROJECT COSTS	\$280,000	\$72,974	\$352,973

BUDGET JUSTIFICATION/EXISTING RESOURCES/OTHER SUPPORT**Centerstone of Tennessee****TN e-ROSC****Monday, April 08, 2013**

Year 3 (10/1/15-9/30/16)				
CATEGORY		CSAT PROGRAM	Non- Federal	TOTAL
PERSONNEL	Effort			
Project Director	0.15	\$11,935	\$0	\$11,935
<i>Matthew Hardy, PsyD. Overall guidance of project framework, interventions, and performance; authorized agency representative for this grant. Provide care consultation for team members, including building/managing the Advisory Council and sustainability activities; ensure compliance with grant requirements; supervise staff. Specialized addictions and clinical pathology training.</i>				
Program Manager	1.00	\$34,935	\$4,318	\$39,253
<i>Stacey Coulter, MA, LPE. Manage day-to-day clinical/administrative activities, supervise staff, and coordinate activities across program locations. Provide administrative oversight and staff supervision; liaison to community-based agencies/providers; coordinate Advisory Council meetings. Provide Recovery Coach services, including treatment, case management, employment/housing support, coordinate volunteer mentors, etc.</i>				
Recovery Coach	2.00	\$53,945	\$7,904	\$61,849
<i>TBH, MA/MS preferred. Provide outreach, treatment, case management, employment/housing support, and other field based services; coordinate volunteer mentor services; network with Advisory Council members and other stakeholders.</i>				
E-ROSC IT Project Manager	0.10	\$12,731	\$0	\$12,731
<i>Brad Bills, BS. Coordinate refinement and implementation of e-ROSC technology, including the web portal. Provide project management expertise to provider to ensure on-time customization, implementation of e-ROSC, and integration with EHR.</i>				
Centerstone Research Institute, CEO	0.05	\$0	\$19,096	\$19,096

Tom Doub, PhD. Interface with leading substance use disorder providers and behavioral health providers to elicit feedback and input into the e-ROSC product. Overall guidance of research-based recommendations into the e-ROSC PHR application. Oversight of dissemination activities.

Chief Information Officer	0.05	\$0	\$12,731	\$12,731
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Wayne Easterwood, BA. Direct the planning, implementation, and support of all added technology related to this proposal. Ensure CCD/CCR compatibility and Meaningful Use certification for the EHR. Direct integration of the e-ROSC with the Centerstone EHR.

Director of Enterprise Applications	0.05	\$0	\$9,548	\$9,548
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Prasad Kodali. Manage software services and application purchase budget. Coordinate and oversee all contracting with vendors on software, applications, databases, and their maintenance.

Total Salary		\$113,547	\$53,597	\$167,143
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Fringe Benefits

Total Fringe Benefits @ 28%		\$31,793	\$9,755	\$41,548
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Total Personnel		\$145,340	\$63,351	\$208,691
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TRAVEL

Regional Travel

Required grantee meetings

Airfare @ \$500 x 2 staff x 1 trip	\$1,000	\$0	\$1,000
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Per diem @ \$51 x 2 staff x 1 trip x 3 days	\$306	\$0	\$306
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Lodging @ \$200 x 2 staff x 1 trip x 3 days	\$1,200	\$0	\$1,200
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Local Travel	\$3,220	\$0	\$3,220
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For provision of clinical and outreach services in the community, including travel to facilities within the focus area for case reviews, trainings, and Advisory Council meetings. 2 Recovery Coaches. 3,500 x 2 staff x \$0.46/mi

Total Travel		\$5,726	\$0	\$5,726
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EQUIPMENT

None requested.	\$0	\$0	\$0
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Total Equipment		\$0	\$0	\$0
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SUPPLIES

Office Supplies	\$1,923	\$0	\$1,923
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Ongoing supply costs for 2 staff. Includes office supplies, consumable and other necessary supplies for data management, copies, desks, chairs, etc. \$80/month x 12 months x 2 employees

Computer-related Supplies	\$900	\$0	\$900
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Computer-related supplies, maintenance, & updates @ \$75 x 12 months= \$900

Total Supplies	\$2,823	\$0	\$2,823
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CONTRACTUAL

Centerstone Research Institute	\$56,000	\$0	\$56,000
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Data Collection and Performance Measurement/
Assessment

Provide all evaluation services and oversee all evaluation activities, including: Sarah Suiter, PhD (.30 FTE), and other required staff and supplies needed to successfully design and implement evaluation activities, as well as train and support staff in evaluation protocol, travel as needed for the grant, pay incentives; license measures and software necessary for evaluation.

Total Contractual	\$56,000	\$0	\$56,000
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OTHER

E-ROSC Web and Technology Expenses	\$10,000	\$0	\$10,000
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Includes expenses related to maintaining and refining chronic care PHR HealthVault module and web portal features for individuals with SUD with multiple chronic care needs. Also includes updating and maintenance for mobile technology applications.

Occupancy Expenses	\$4,500	\$0	\$4,500
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Includes expenses related to occupancy of space located at 511 Eighth Street, Clarksville, TN (100 sq. ft. x 3 @ \$15/sq.ft.).

Telecommunications	\$4,320	\$0	\$4,320
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Internet services for 3 laptops/computers. \$120/month x 12 months x 3 laptop/computers

Non-clinical Support Services/Incentives	\$6,000	\$0	\$6,000
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Provision of SmartPhone phone plans to sustain indigent consumer involvement/participation in e-ROSC. 10 consumers @ average of \$50/month cost.

Staff Training/Professional Growth	\$1,710	\$0	\$1,710
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Includes workshops, books/manuals. Professional development activities (conferences, trainings, etc.) concerning EBP updates and related focus areas to enhance service delivery quality (3 staff @ \$570 each).

Educational/Therapeutic Materials	\$1,288	\$0	\$1,288
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Pamphlets, textbooks, workbooks, and videos to engage, teach, and motivate consumers (50 consumers x \$18)

Total Other	\$27,818	\$0	\$27,818
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TOTAL DIRECT COSTS	\$237,707	\$63,351	\$301,058
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TOTAL INDIRECT COSTS	\$42,294	\$13,790	\$56,084
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(Calculated @ 29.1% x Personnel Costs)

TOTAL PROJECT COSTS	\$280,000	\$77,141	\$357,141
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Section G. Literature Citations

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U.S. Department of Veterans Affairs. (2013). Monday Morning Workload Report for March 25, 2013. Available at: <http://www.vba.va.gov/REPORTS/mmwr/index.asp>

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Volkow, N.D. (2007). Addiction and co-occurring mental disorders. *NIDA*. Available: <http://www.drugabuse.gov/news-events/nida-notes/2007/02/addiction-co-occurring-mental-disorders>

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Section H. Biographical Sketches & Job Descriptions

H.1. Key Staff Biographical Sketches

H.2. Other Personnel Biographical Sketches

H.3. Job Descriptions

H.1 Key Staff Biographical Sketches

BIOGRAPHICAL SKETCH

MATTHEW M. HARDY, PSY.D.	REGIONAL DIRECTOR, NORTHERN REGION, CENTERSTONE
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
Wheaton College, Wheaton, IL	Psy.D.	2000
Wheaton College, Wheaton, IL	M.A.	1996

WORK EXPERIENCE:**Centerstone of Tennessee, Nashville, Tennessee** **(2000-present)*****Northern Region Director (2009-present)***

Responsible for clinical and administrative oversight of five mental health centers in Middle Tennessee, maintain fiscal accountability for overall Region functioning, ensure programs are operated in accordance with Centerstone's policies and procedures and that appropriate clinical services are provided throughout the Region, ensure all programs interface effectively with other internal service programs/divisions, establish and maintain appropriate productivity expectations for clinical staff in accordance with Centerstone's productivity standards, participate on agency-wide committees and represent Centerstone in Community meetings/organizations in the Region. Currently overseeing two SAMHSA-funded TCE-HIV projects: *REALives* and *Co-Occurring Disorders Continuum Treatment Program*.

Clinic Manager (2001-2009)

Oversaw provision of clinical services in outpatient community mental health center. Ensured proper delivery of services to SPMI population including access issues, organization of staff, coordination of care throughout the building. Supervised clinical staff including psychiatrists, nurse practitioners, master level therapists, and nurses. Served on numerous agency-wide committees.

Adult Outpatient Therapist (2000-2001)

Provided group and individual therapy services in outpatient setting.

Northwest Georgia Regional Pre-doctoral Internship **(1999-2000)**

Completed rotations on inpatient psychiatric unit for adolescents, outpatient therapy in community mental health setting, and forensic psychological testing. Provided orientation training on dual diagnosis.

LICENSURE:

Licensed Clinical Psychologist with Health Service Provider Designation, Tennessee

CURRENT SOURCES OF SUPPORT:

REALives SAMHSA grant (5%)

Co-Occurring Disorders Continuum SAMHSA grant (10%)

Centerstone Administrative (85%)

BIOGRAPHICAL SKETCH

SARAH SUITER, PhD	SENIOR PROGRAM EVALUATOR
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
Furman University, Greenville, SC	B.S. Experimental Psychology	2001
Vanderbilt University, Nashville, TN	M.S. Human, Organizational, & Community Development	2006
Vanderbilt University, Nashville, TN	Ph.D. Community Research & Action	2009
Vanderbilt University, Nashville, TN	Postdoctoral Fellowship	2012

WORK EXPERIENCE:

Centerstone of Tennessee, Nashville, Tennessee **2010-present**

Program Evaluator

Responsible for overseeing research, evaluation activities, data collection and entry, and follow-up completion on several state and federally-funded grant projects in the areas of alcohol and drug treatment, prevention, and mental health care. Responsible for program planning, process and outcome evaluation, research methodology, statistical analysis, and report writing. Currently supervising evaluation for three federally-funded research studies.

Other Academic and Professional Positions Held:

2010-Present	<i>Research Consultant</i> , Center for Biomedical Ethics & Society, Vanderbilt Univ.
2009-2010	<i>Postdoctoral Fellow in Spirituality, Theology & Health</i> , Duke Univ. Medical Ctr.
2007-2009	<i>Internship Supervisor</i> , Magdalene House
2007	<i>Practicum in International Research Ethics</i> , Center for Biomedical Ethics & Society, Vanderbilt
2004-2008	<i>Research Assistant in Community Research & Action</i> , Vanderbilt University
2001	<i>Research Assistant in Experimental Psychology</i> , Furman University
2000	<i>Research Assistant in Tribal Community Development</i> , Cherokee Nation, Tahlequah, Oklahoma

AWARDS AND RECOGNITION:

<i>Honoring Excellence in Evaluation in Systems of Care Award</i>	2011
SAMHSA & Macro International	
<i>Newbrough Award</i>	2010
Vanderbilt University	
<i>Global Feminisms Collaboration Graduate Fellowship</i>	2006-2009
Center for Ethics, Vanderbilt University	
<i>Vanderbilt University Center for Ethics Dissertation Research Fellow</i>	2008
Center for Ethics, Vanderbilt University	
<i>Vanderbilt University Center for the Americas Research Scholar</i>	2006-2007
Center for the Americas, Vanderbilt University	
<i>Landes Award for Field Research from the Research Institute for the Study of Man</i>	2004
Teachers College, Columbia University	

PUBLICATIONS/PRESENTATIONS:

Books:

Suiter, S.V. (2012) *Magdalene House: A Place About Mercy*. Nashville, TN: Vanderbilt University Press.

Peer-Reviewed Articles:

Suiter, S.V. (in press). Cooperative businesses as health improvement strategies for women in recovery: possibilities and limitations. *Australian Community Psychologist*.

Murry, V.M., Heflinger, C.A., Suiter, S.V. & Brody, G.H. (2011). Examining perceptions about mental health care and help-seeking among rural African American families of adolescents. *Journal of Youth and Adolescence*, 40(9):1118-31.

Suiter, S.V. & Heflinger, C. (2011). Issues of care are issues of justice: reframing the experiences of family caregivers of children with mental illness. *Families in Society*, 92(2):191-198.

Pullmann, M., VanHooser, S., Hoffman, C. & Heflinger, C. (2010). Barriers to and supports of family participation in a rural system of care for children with serious emotional problems. *Community Mental Health Journal*, 46(3): 211-220.

Freedman, D., Jones, D. & VanHooser, S. (2008) Experiences in a trans-disciplinary social science doctoral program. In Transpedagogies: a roundtable dialogue. *Women's Studies Quarterly*, 36(3/4): 288-308.

Papers Submitted for Review:

Suiter, S.V. (under review). Freedom starts with healing. *Qualitative Health Research*.

Technical Reports & Other Publications:

Suiter, S.V. & Snyder, K.L. (in press) *Child and Family Mental Health Trends in Mid-Cumberland Tennessee: Findings from the ECN System of Care Community Assessment*. Nashville, TN: Centerstone Research Institute.

Brace, M. & VanHooser, S. (2007) *Casa de Galilea: Evaluation of Program Processes and Outcomes*. Produced for Casa de Galilea, San Isidro, Argentina.

VanHooser, S. (2009). Freedom, sex & research: unlikely bedfellows? *The Community Psychologist*, 42(1), 34-35.

Selected Presentations:

Wallace, H., Suiter, S., & Martin, K. (November, 2011). *The Alpha and the Omega of Mental Health Program Evaluation: Starting with Sustainability*. American Evaluation Association. Anaheim, CA.

Bowen, K. & Suiter, S. (May, 2011). *Addiction Recovery & Trauma Recovery: Working at Cross-Purposes?* National Council for Community Behavioral Healthcare. San Diego, CA

Suiter, S. (2010). *"I've Done My Time, But I'm Still Stuck": Gender-based Barriers to Health & Wellness for Ex-Offenders in Raleigh, North Carolina*. Society for Spirituality, Theology & Health Annual Meeting. Durham, NC

Ackerly, B. & VanHooser, S. (July, 2008) *Bridging (Challenging, Questioning) the Divide: Global Feminist Experiences with Research and Activism*. 2008 World Congress of Women. Madrid, Spain

CURRENT SOURCES OF SUPPORT:

Early Connections Network SAMHSA grant (70%)

Renewal House Footprints Project ACF grant (30%)

H.2. Other Personnel Biographical Sketches

BIOGRAPHICAL SKETCH

BRAD BILLS	MANAGER, APPLICATION DEVELOPMENT
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
University of Memphis, Memphis, TN	BS Computer Science	1999

WORK EXPERIENCE:

Centerstone of Tennessee, Nashville, Tennessee **2011-present**

Application Development Manager

Oversees the design and development of all applications at Centerstone, primarily focused on the electronic health record. Responsible for interfacing with the various departments to gather requirements for their software needs, determining estimates, and setting timelines.

Qualifacts Systems Inc., Nashville, Tennessee **2003-2011**

Business Analyst (2010-2011)

Responsible for determining scope, developing requirements, and creating design documentation used for development, testing, and training. Designed interfaces for State Reporting in Connecticut, Arizona, and Minnesota, and designed feature specifications for the Meaningful Use effort: Integrating Lab Results, Continuity of Care Document, Eligible Professional Report Card. Developed MU training materials and trained internal staff on how the product could be used to demonstrate Meaningful Use.

Development Lead (2003-2010)

Developed a web-based clinical and financial healthcare management system, implemented concurrent episodes of care functionality, and architected offline-sync functionality to allow modules in CareLogic to be used in an offline mode.

MIC WorldCom, Memphis, Tennessee **2000-2002**

Program Developer

Participated in the development of the customer-facing front-end to an internal web-based sales system and worked in a production support role for a contract managing application used to generate contract.

CURRENT SOURCES OF SUPPORT:

EHR Implementation (Meaningful Use Funds): 50%

Centerstone Research Institute IT Administrative: 50%

BIOGRAPHICAL SKETCH

STACEY COULTER	CLINICAL MANAGER, CLARKSVILLE
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
Austin Peay State University, Clarksville, Tennessee	M.A. Clinical Psychology	2002
Austin Peay State University, Clarksville, Tennessee	B.S. Psychology	2000

WORK EXPERIENCE:**Centerstone of Tennessee** **2003 - Present*****Clinical Manager, Clarksville TN (2009-Present)***

Provide administrative oversight to staff in co-occurring disorders treatment program and outpatient medical and therapy staff, monitor productivity of each staff member, implement new policies and procedures in the outpatient clinic, lead facility and treatment team meetings, ensure that clinic meets access for outpatient appointments, and provide individual and group therapy to adults with co-occurring mental health and substance use disorders.

Program Manager, REALives and Co-occurring Disorders Continuum, (2009-Present)

Supervise staff members including intensive outpatient therapist, case manager, and community liaison. Build relationships with other agencies in the community to increase referral base for intensive outpatient program. Coordinate and implement advisory board meetings in accordance with grant requirements. Provide training in the area of substance abuse and mental illness to law enforcement personnel in surrounding counties. Provide urine drug screening of clients enrolled in the co-occurring disorders treatment program. Assist with completing the bi-annual report as required per grant policies.

Outpatient Therapist, Dickson and Clarksville TN (2003-Present)

Provide group and individual counseling to various age groups with co-occurring mental health and substance use disorders. Participate in treatment team and staff meetings. Complete appropriate documentation including group and individual progress notes, treatment plans and crisis plans. Coordinate federal probation clients, assessing mental health and substance use needs and making appropriate treatment recommendations and referrals as necessary.

Victims of Crime Act (VOCA) Coordinator (2007-Present)

Actively involved in the planning and implementation of collaborative activities with other community agencies focused on domestic violence and child abuse prevention. Helped revise and maintain the VOCA Grant. Review VOCA applications and determine eligibility. Maintain Excel spreadsheet with services received by each VOCA client. Submit annual output and outcome reports to the Office of Criminal Justice Program (OCJP).

Substance Abuse Workgroup (2008-Present)

Collaborate with other providers to identify training needs of Centerstone staff regarding appropriate diagnosis and effective treatment for substance use disorders. Work to identify and centralize referrals to outside agencies and to educate staff regarding ASAM placement criteria.

PROFESSIONAL LICENSURE

Licensed Psychological Examiner (TN), License #: 0000011788 March 2004

BIOGRAPHICAL SKETCH

THOMAS W. DOUB, Ph.D.	CHIEF EXECUTIVE OFFICER
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
Vanderbilt University - Nashville, TN	PhD in Clinical & Quantitative Psychology	2001
Vanderbilt University - Nashville, TN	M.S. in Psychology	1994
Oral Roberts University - Tulsa, OK	B.S. in Psychology	1991

Recent Positions and Employment:

2012-present	Chief Executive Officer, Centerstone Research Institute
2007-present	Assistant Clinical Professor of Psychiatry, Vanderbilt University, Nashville, TN
2009-2011	Chief Operating Officer, Centerstone Research Institute
2003-2009	Vice-President for Research, Centerstone, Nashville, TN
2001-2003	Director of Research & Development Dual Diagnosis Management, Nashville, TN
1999-2001	Senior Research Scientist, TN Dept of Mental Health & Developmental Disabilities
1991-1999	Research Assistant, Vanderbilt, Dept. of Psychology and Human Development
1994-1997	Statistical & Computing Coordinator, Quantitative Training Laboratory, Vanderbilt

Honors and Awards:

2012	Nashville Business Journal <i>Health Care Hero</i> award for Healthcare Research
2010	Work featured in IBM's "Smarter Planet" Campaign
2010	CARF "Exemplary" Status for Clinical Analytics, www.carf.org
2010	TDWI Best Practices Award, The Data Warehousing Institute, www.tdwi.org
2008	Recipient of National Council for Community Behavioral Health Innovation Award
2007	Finalist for Frist "Innovation in Action Award"
2006	Tennessee Association of Mental Health Organizations Merit Award

Professional Service:

2005-present	TN Association of Mental Health Organizations – Outcome Measurement Subcommittee
2003-2004	Co-Chair, Service Planning & Oversight Committee, TN Mental Health Planning Council
2002	Member, Criminal Justice Cluster group, SAMSA-CSAT
2001-2003	IRB Administrator, Dual Diagnosis Management
2001-2003	Editorial Board, <i>Dual Network</i>
2000-2001	Co-Chair, Co-Occurring & Other Functioning Disorders Cluster Group, SAMHSA-CSAT IRB
1993-1996	Chair, Graduate Honor Council, Peabody College at Vanderbilt
1990-1991	President, Chi Psi Rho

Selected Publications and Presentations:

- Doub, T. W., Morrison, D. P., and Goodson, J. (2010). Community Mental Health Centers. In B. Lubostky, J. Petrila., & Hennessy, K.D. (Eds) *Mental Health Services: A Public Health Perspective* (Third Edition). Oxford: Oxford University Press.
- Bennett, C.C., & Doub, T.W. (2010) "Evidence-Based Practice in the Era of 'Personalized Medicine': Tools, Concepts, and Challenges." Presented at Institute for Behavioral Healthcare Informatics – Open Minds Conference 2010. Baltimore, MD.

- Bennett, C.C., & Doub, T.W. (2010) "Data Mining and Electronic Health Records: Selecting Optimal Clinical Treatments in Practice." Proceedings of the 6th International Conference on Data Mining. 313-318.
- Doub, T.W., & Bennett, C.C. (2010). *Predictive Modeling to Select Optimal Clinical Practices: Connecting Research and Practice in Behavioral Healthcare*. Quality of Behavioral Healthcare: A Drive for Change Through Research. Tampa, FL.
- Doub, T.W. (2008). *The Role of Technology in Clinical Science Innovations*. 38th Annual Conference of the National Council for Community Behavioral Healthcare. Boston, MA.
- Deucher, N., Saunders, K., Vanderpyl, J., Doub, T.W., Marquart, J.M., Lurie, S., Da Silve, A., McKee, H., Humberstone, V., & Moyle, S. (2008). International Comparative ACT Study Process and Data: How ACT teams compare in Toronto, Birmingham, Nashville, and Auckland. *The International Journal of Leadership in Public Services*, 4(1), 41-58.
- Doub, T.W., Rhea, K.H., & Hennessy, K.D. (2007). *Bridging the Gap Between What We Know and What We Do: Promoting State of the Art Services*. 37th Annual Conference of the National Council for Community Behavioral Healthcare. Las Vegas, NV.
- Doub, T.W. (2007). *Diagnostic Underpinnings for Evidence-Based Practice and Research*. Annual Conference of the American Psychiatric Association. San Diego, CA.
- Doub, T.W., Miller, P., & Rhea, K.H. (2007). *Behavioral Healthcare and Computerized Evidence-Based Practices*. 37th Annual Conference of the National Council for Community Behavioral Healthcare. Las Vegas, NV.
- Doub, T.W., Johnson, C., & Blackford, J. (2004). *Innovation in the Spam: Methods for Identifying Key Data Elements in Large Clinical Databases*. Presented at the Fourteenth Annual Conference on State Mental Health Agency Services Research, Program Evaluation and Policy. Arlington, VA.
- Doub, T.W. (2004) *Reliability and Validity of the Addiction Severity Index in a Population with Co-Occurring Disorders*. Presented at the NIMH Services Research Conference: Complexities of Co-Occurring Conditions, Harnessing Services Research to Improve Care for Mental, Substance Use, and Medical/Physical Disorders. Washington, D.C.
- Doub, T. W. & Cartwright, M.T. (2002). *Evidence-Based Practices for Co-Occurring Mental Health and Substance Use Disorders: Treatment Outcomes and Policy Implications*. Presented at the 51st National Conference on Mental Health Statistics. Washington, DC.
- Doub, T. W. (2001). *A Simple Approach to Combining Multi-System Data for Statewide Planning*. Presented at the 50th National Conference on Mental Health Statistics. Washington, DC.
- Carretta, T. R., & Doub, T. W. (1998). *Group differences in the role of g and prior job knowledge in the acquisition of subsequent job knowledge*. Personality and Individual Differences, 24(5), 585-593.
- Ree, M. J., Carretta, T. R., & Doub, T.W. (1998). *A test of three models of the role of g and prior knowledge in the acquisition of subsequent job knowledge in training*. Training Research Journal, 4, 135-150.

BIOGRAPHICAL SKETCH

WAYNE EASTERWOOD	CHIEF INFORMATION OFFICER
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EDUCATION:

INSTITUTION	DEGREE	Year Completed
Belmont University, Nashville, TN	BBA Business Administration	1983

WORK EXPERIENCE:

Centerstone, Inc. Nashville, Tennessee **2007-present**

Chief Information Officer (2008-present)

Responsible for executive technology leadership for all Centerstone companies. Aligns IT objectives to enterprise business objectives and strategies, defines metrics based on overall business objectives, maximizes the mix of in-house to outsourced services, and works with research, business, clinical and technology teams to bridge the science to service gap.

Vice President for Information Systems (2007-2008)

Provided executive leadership as head of IT. Responsible for all aspects of IT planning, implementation, and support. Responsible for bringing informatics and technology innovations to the line level operations to improve decision support and efficiencies. Directed next generation software development.

Qualifacts Systems Inc., Nashville, Tennessee **2002-2007**

Senior Project Manager

Managed Customer Support operations and Maintenance and Report Development Teams supporting Qualifacts customers and led teams in troubleshooting billing, EDI and accounts receivable challenges including Medicaid, Medicare, insurance and government programs.

Centerstone, Inc., Nashville, Tennessee **1990-2001**

Vice President, Information Systems (1997-2001)

Designed and led deployment of integrated telecommunications network and managed team of 16+ including technical, support and programming staff and information systems budget of \$2m.

Director Information Systems (1994-1997)

Developed programming and support team for agency Enterprise Management and Practice Management systems and developed and managed budget for Information Technology department. Led total software code maintenance and new development of the system.

Technology Manager, Systems Administrator, Database Administrator (1992-1994)

Introduced first network and shared data functionality to organization and built and managed team with technical and systems skills to support growing.

BIOGRAPHICAL SKETCH

PRASAD KADOLI	VICE PRESIDENT, INFORMATION TECHNOLOGY
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EDUCATION:

INSTITUTION	DEGREE/CONCENTRATION	Years Attended
University of Tennessee, Knoxville, TN	Mechanical & Aerospace Engineering	1987-1988
Middle Tennessee State University, Murfreesboro, TN	Engineering	1991
Nashville Tech, Nashville, TN	Information Technology	1992-1993

WORK EXPERIENCE:

Centerstone, Nashville, Tennessee **2010-present**

Vice President of Information Technology (2012-Present)

Executes the strategic direction of the CIO, manages all technology staff (30+), and manages the technology budgets (over 6 million). Responsible for bringing in technology projects on time and on budget. Meets with executive leadership in operations to align technology deliverables with core business needs. Responsible for role definition of all technology staff and their managers. Makes recommendations to the CIO in regards to technology decisions. Maintains and negotiates vendor relationships. Reviews and makes suggestions around contracts related to technology. Responsible for Centerstone's technology infrastructure and its reliability. Responsible for customer service for all internal staff along with the help desk manager. Charged with finding efficiencies in all areas of technologies and reducing costs.

Enterprise Applications Director (2010-2012)

Responsible for directing, planning, and managing the enterprise-wide software development of Centerstone of America and all of its companies. Responsible, enterprise-wide, for the delivery, operations, support and maintenance of existing and developed software and executes the strategy set by Centerstone's Chief Information Officer. Determines the software development platform, environment, coding standards, and toolset used for Centerstone, encompassing the electronic health record, practice management systems and electronic data exchange between systems. Determines the database strategy, manages ongoing operations, and ensures security of core database systems and access to those systems.

Active Outdoors Inc., Nashville, Tennessee **2008-Present**

Lead Business Analyst

Designed document review process for QA, the client, developers, and subject matter experts, created and standardized templates for all functional design specifications, and wrote several thousand pages of documentation that was approved for the largest project the company has under contract. Reviewed and corrected documentation that was written by other resources on the project and managed the versioning and approval for all documents through the lifecycle.

Qualifacts Systems Inc., Nashville, Tennessee **2003-2008**

Project Manager, Programmer Team Lead, and Programmer Analyst

Developed and tested original set of reports for version 4 of Carelogic, expanded all billing functionality to meet the needs of all clients on version 4 and 5 of Carelogic, led projects from the Development Team Lead role and from the Project Manager role, and analyzed and resolved issues between Carelogic and client's business processes.

COMPUTER SKILLS:

Languages

Proficient in: Oracle Forms and Reports, SQL, PL/SQL

Familiar with: C, JavaScript, HTML, DHTML, T-SQL, Microsoft SQL Server Reporting Services (SSRS)

Certifications

Oracle Certified Professional – Internet Applications Development for Oracle 8i/Forms 6i

Software

Database: Oracle releases 7.3, 8.0, 8i, 9i, & 10g

Database: SQL Server 2005 and 2008

Platforms: Microsoft Windows® XP, NT 4.0/2000 Server, and Windows 95/98

Oracle UI Tools – Oracle Forms, Reports, and Graphics releases 2000, 6i, 9i, & 10g

Microsoft Tools – Visual Studio 2005 and 2008, SSRS (SQL Server Reporting Services), SSIS (SQL Server Information Services)

Database Tools – TOAD, Ultra Edit, SQL Editor, SQL*Plus, and Visual Studio

Code/Issue Management – Issuetrak, VSS, JIRA, TFS, and Service Desk Plus

Business Skills

Microsoft Office

Technical Documentation

Requirements Gathering

Report Design and Information Layout

Microsoft Project

UI design, database architecture, and system workflow design

Microsoft Visio

Balsamiq Modeling and Design Tools

BIOGRAPHICAL SKETCH

KATHRYN MATHES, BSN, CRNP, MS, Ph.D.	VICE PRESIDENT, RESEARCH AND EVALUATION
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EDUCATION:

INSTITUTION/LOCATION	DEGREE	FIELD OF STUDY	DATE
Cornell University – Ithaca, NY	Ph.D.	Human Services Studies: Concentration: Program Planning & Evaluation	1998
SUNY Binghamton – Binghamton, NY	Master of Science	Community Health Nursing	1991
Fitzsimons AMC – Aurora, CO	Nurse Practitioner	Pediatric/Adolescent Advanced Practice	1985
Murray State University –Murray, KY	Bachelor of Nursing Science	Nursing	1982

PROFESSIONAL EXPERIENCE:**Centerstone Research Institute – Nashville, TN***Vice President, Research and Evaluation (2012-Present)**Director of Program Evaluation (2009-2012)**Senior Program Evaluator (2007-present)***S-Corp-Bowen's Evaluation & Consulting Services, Inc. – Sayre, PA***External Evaluator/Consultant (1999-2008)***Ahmed's Pediatric Clinic- Sayre, PA***Pediatric Nurse Practitioner (2003-2008)***Partners in Family and Community Development- Athens, PA***Internal Evaluator/ Interim Executive Director (1999-2003)***Norwich University-Northfield, VT***Instructor- Research Methods (2007)***Cornell University- Ithaca, NY***Graduate Research and Teaching Assistant (1995-1998)**Instructor-Qualitative Research Methods (1999)***Mansfield University-Mansfield PA***Associate Professor- Pediatric and Community Health Nursing (1991-1994)**Nursing Instructor- Measurement/Evaluation (2005)***Guthrie Clinic- Sayre PA***Pediatric Nurse Practitioner (1994-1999)***United States Army Nurse Corp***Registered Nurse and Pediatric Nurse Practitioner (1982-1988)***OTHER EVALUATION CONSULTING EXPERIENCE***Advancing Youth Development Training Evaluation, NY State (1999-2008)**NY State Food Stamp Nutrition Education Program, NY State (2000-2004)*

Partners in Program Planning for Adolescent Health, Washington, DC (2005-2006)
Women's Foundation, Rochester, NY (2003-2004)
Collaboration Curriculum Project Evaluation, Ithaca, NY (1999-2000)
Families United to Prevent Teen Pregnancy Program, Athens, PA (2000-2002)
Managing Pressures Before Marriage Program, Athens, PA (2000-2002)
NY State Office of Children and Family Services, Albany, NY (2001)
Rockland County Cornell Cooperative Extension, Stony Point, NY (2001)
National Center for Juvenile Justice, Pittsburgh, PA (2000-2001)

HONORS/AWARDS

2001 Who's Who in Executives and Businesses
1988 United States Army Meritorious Service Medal
1987 United States Army Meritorious Service Medal

SELECTED PUBLICATIONS/PRESENTATIONS

- Bowen, K.A. (2009). Rural Methamphetamine Treatment Program: Intensive Outpatient Therapy Using the Matrix Model. Gender Analysis and an Appalachian Crosswalk. Paper presented at the American Evaluation Association Conference. Orlando, Florida.
- Bowen, K.A., Roy, A., & Barnes, G. (2009). Evaluation of a Rural Methamphetamine Treatment Program. Paper presented at the American Evaluation Association Conference. Orlando, Florida.
- Bowen, K.A. (2005). Impact of Cross-Discipline Collaboration and Coordination on Adolescent Health. Unpublished report for Partners in Program Planning for Adolescent Health. Washington, D.C.
- Bowen, K.A. (2004). Using Program Theory to Understand Lack of Program Impact: When Program Staff Are on a Different Page. Paper presented at the American Evaluation Association Conference, Fundamental Issues. Atlanta, Georgia.
- Bowen, K.A. (2003). Improving Economic Self-Sufficiency of Women: Preliminary Findings. Presentation to the Women's Foundation Board of Directors, funders and grantees.
- Bowen, K.A., Nichols, T.L., Scott-Pierce, M.E., Siegart, D.A., & Tischler, C. M. (2003). Improving Economic Self-Sufficiency: Current Status, Future Goals, and Intervention Strategies. Un-published report for the Women's Foundation of the Genesee Valley, Rochester, NY.
- Bowen, K.A. (2003). Feminist Evaluation in Practice. Paper presented at the American Evaluation Association conference, Methodology. Reno, Nevada.
- Bowen, K.A., Spanio, S., Goggin, S.R., & Pasti, L.A. (2003). Certification for Youth Workers: A New York State Perspective. White paper for Advancing Positive Youth Development in NY State.
- Seigart, D.A., Brisolara, S.E., Tischler, C.M., & Bowen, K.A. (2002). Feminist Issues in Evaluation. New Directions in Evaluation. Winter, (96).
- Bowen, K.A. (2001). The Tension between Politics, Evaluation and Independent Consulting: A Real Balancing Act. Paper presented at the American Evaluation Association conference, Mainstreaming Evaluation. St. Louis, Missouri.
- Bowen, K.A. (2001). Using Theory-Oriented Evaluation to Make a Difference: Illuminating Normative Treatment Theory. Field Methods, 12(2). p. p. 129-152.
- Bowen, K.A. (2000). Illuminating Normative Treatment Theory Using Concept Mapping. Paper presented at the American Evaluation Association conference, Evaluation Capacity Building. Honolulu, Hawaii.

H.3. Job Descriptions

JOB DESCRIPTION

Position Title: Project Director

Supervised by: SAMHSA/CSAT Project Officer

Duties and Responsibilities:

Responsible for coordinating and providing administrative oversight for a web-based Recovery Oriented System of Care (ROSC) for adults with SUD living in *Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart* counties in Tennessee and *Christian, Todd, and Trigg* counties in Kentucky. The system will offer a continuum of treatment and recovery supports for program participants. Duties include:

- Collaborate with all members of the oversight network of agencies and individuals;
- Provide oversight of the project framework, interventions, and performance;
- Direct and participate in the planning and implementation of the program;
- Facilitate the development of interagency agreements, coordinated policies and procedures specific to the project design and goals;
- Coordinate with all entities to develop all necessary plans and implement strategies;
- Coordinate with the evaluation team to ensure that all data is collected and reported in line with grant requirements;
- Coordinate with IT Project Manager to implement e-ROSC web portal and related technology;
- Educate the community about the program and the ROSC model of care;
- Coordinate with all local, state, and national levels as required, as well as manage Advisory Council and sustainability activities;
- Provide specialized addictions and clinical pathology training; and
- Provide care consultation for Recovery Coaches.

Qualifications: Master's degree in social work, psychology, or a related field preferred and a minimum of five years' experience in the area of addictions.

Skills and Knowledge Required: Knowledge of the SUD population and the ROSC framework. Proven skills in networking among a diverse group of agencies. Ability to write and speak publically. Possess planning, budgeting, and personnel management skills.

Personal Qualities: Must value cultural differences, be able to problem solve, work independently, and motivate others.

Salary Range: \$54,000-\$84,000

Hours per Week: 6 hours per week (.15 FTE)

JOB DESCRIPTION

Position Title: Evaluator

Supervised by: Project Director

Duties and Responsibilities:

Responsible for leading evaluation activities for a web-based Recovery Oriented System of Care (ROSC), including related reports, analyses, and publications. Duties include:

- Responsible for development of research designs for grant projects;
- Participating in the planning and implementation of the program;
- Supervising evaluation implementation, providing oversight and supervision to research staff and consultants;
- Providing consultation to project and periphery staff, including facilitating staff training and providing ongoing technical assistance;
- Developing outcome reports and evaluation studies with emphasis on publication of outcome reports;
- Collaborating with all members of the oversight network of agencies and individuals;
- Ensuring that all data is collected and submitted according to grant requirements;
- Disseminating findings via presentations and publications; and,
- Coordinating with all local, state, and national levels as required.

Qualifications: Minimum of Master's degree in psychology with an emphasis on research design. History of successful evaluation leadership, with 5 years' experience in a substance abuse/mental health research or developmental setting.

Skills and Knowledge Required: Excellent verbal and written communication skills. Knowledge and understanding of contemporary evaluation practices, including longitudinal statistical methods. Competency in use of statistical software packages (e.g., SAS, SPSS, etc.). Familiarity with data collection and research tracking methods. Ability to demonstrate understanding of a variety of models and theories of substance abuse, mental illness, and related issues. Excellent organizational skills and ability to coordinate multiple tasks. Creative problem solving skills. Strong personal computer skills. Skilled in writing, public speaking, planning, budgeting, and personnel management.

Personal Qualities: Must value cultural difference, problem-solve, work independently and as a team member, and motivate others.

Salary Range: \$55,000-\$65,000

Hours per Week: 12 hours per week (.30 FTE)

Amount of Travel: 25%

JOB DESCRIPTION

Position Title: IT Project Manager

Supervised by: Project Director

Duties and Responsibilities:

Responsible for the overall development and implementation of the e-ROSC web portal. Provides project management expertise to providers to ensure on-time customized development/implementation of *e-ROSC* and integration with Centerstone's EHR. Duties include:

- Oversee refinement and implementation of *e-ROSC technology*;
- Coordinate development of e-ROSC mobile platform/applications and EHR connectivity;
- Coordinate development of requirements lists with the Advisory Council, the Project Director, and the e-ROSC contracted Solution Provider;
- Work with the Project Director to refine training curricula, including video training components for the e-ROSC Recovery Coaches, resource partners, and peer volunteers;
- Quickly respond to any technological difficulties and seek rapid resolution; and
- Demonstrate ability to work with both consumers and resource partners in a culturally appropriate manner.

Qualifications:

Bachelor's Degree in Computer Science or Science-related field. History of successful project management in health IT-related products, with at least 3 years' experience in a behavioral health setting.

Skills and Knowledge Required:

Detail oriented. Very organized. Proven mastery of project management software (e.g. Teamwork PM, Microsoft Project 2010, JIRA). Mastery of .dot 2.0 and Oracle programming languages. Experienced with open source website development software Able to create a culture of respect, be flexible, motivate others, and be able to track. Excellent verbal and written communication skills. Excellent organizational skills and ability to coordinate multiple tasks. Creative problem solving skills.

Personal Qualities:

Must value cultural differences. Must be assertive, able to work independently, and able to motivate others. Must be able to convey passion about using Health IT to improve care for people with SUD.

Salary Range: \$85,000-\$105,000

Hours per Week: 4 hours per week (.10 FTE)

JOB DESCRIPTION

Position Title: Recovery Coach

Supervised by: Program Manager

Duties and Responsibilities:

Provide recovery coaching and other field-based services for adults with SUD in order to facilitate recovery by empowering participants to improve their health and wellness, eliminate barriers to recovery, and enhance their recovery capital. Duties include:

- Build a relationship of trust and care with adults in addiction recovery;
- Identify needed services and help participants complete individual recovery plan with measurable goals and objectives based on the participant's needs and desires;
- Assist individuals with referrals for primary medical care, housing assistance, employment supports, and other social services;
- Assist individuals with obtaining public benefits and with basic needs such as food and clothing;
- Provide immediate assistance to the participant in crisis (serving on-call on a rotating basis after hours);
- Complete required documentation (including progress notes) within 48 hours of contact;
- Demonstrate good clinical judgment in decision making regarding participants;
- Demonstrate ability to relate to participants in a culturally appropriate manner; and
- Network with Advisory Council members.

Qualifications: Bachelor's degree in related field, with minimum of two years' experience in substance abuse, mental health, or co-occurring disorders. Present or past consumer of substance abuse services and/or has knowledge of addiction via family/friend's experience preferred. Bilingual preferred. Must have reliable transportation, liability insurance, and TN driver's license.

Skills and Knowledge Required: Must be able to create a culture of respect, be flexible, motivate others, and adapt to consumer's pace and needs. Must have knowledge of community services and resources.

Personal Qualities: Must value cultural differences, be able to work as a team member, and be interested in working with adults in addiction recovery.

Salary Range: \$25,000-\$30,000

Hours per Week: 40 hours per week (1.0 FTE)

Amount of Travel: 60%

Section I. Confidentiality & SAMHSA Participant Protection/Human Subjects

SECTION I. CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION/HUMAN SUBJECTS

Protect Patients and Staff from Potential Risks

Because of the nature of the target population, some patients will present with high-risk medical problems related to substance abuse disorders and co-occurring disorders. Foreseeable risks from participation in the proposed project, however, are minimal. All of the stakeholders committed to this project have long-standing policies to protect participant rights and ensure confidentiality. Written consent to participate in an interagency system will be obtained from patients when they are referred to treatment providers. When appropriate, informed consent forms are read or translated, to ensure cultural appropriateness. Additionally, stakeholders will ensure that patients understand the nature of informed consent, what it means to participate in treatment and supportive activities, and what data collection involves. Patients also are informed about the uses of the data, the requirements of confidentiality, how patients are protected, and what to do if they feel their rights have been violated.

Because many of the questions ask patients to discuss sensitive information, there is the possibility that patients may experience some psychological or emotional distress. Patients are provided with appropriate telephone numbers to call should they wish to discuss their feelings with a trained counselor. Additionally, emergency procedures outlining what to do in the event that a patient reports the desire to harm him/herself or someone else must be in place for all providers. Because respondents are discussing personal and sensitive information, every effort is made to ensure that all their answers are kept confidential. All paperwork will be maintained in locked filing cabinets in locked, secure offices and all electronic files will be appropriately secure to ensure confidentiality, in keeping with HIPAA requirements

Fair Selection of Participants

The focus population for this program is underserved adults affected by SUD in Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart counties in Tennessee and Christian, Todd, and Trigg counties in Kentucky.

Absence of Coercion

There is no coercion for anyone to participate in the project. Coercion of participants in any form will be strictly prohibited within the project. It is expected that adults with substance issues will be effectively engaged and participate willingly; however some referrals may be through the justice system. These individuals will have the right of refusal of services. Participants who volunteer for the project will be informed that failure to participate in follow-up activities will not result in the discontinuation of services.

All participants will be informed that their responses to any surveys or evaluation inquiries are entirely voluntary. Project staff will explain that treatment services are not in any way contingent upon participation in follow-up or evaluation activities and, as such, participation is entirely voluntary. As part of the intake process, participants will receive a description of the evaluation measures, have opportunities to ask questions, and will be asked if they would like to participate.

It is hoped that full disclosure of evaluation objectives prior to baseline assessment will minimize attrition. If a willingness to participate is indicated, participants will be asked to sign a '*Consent to Participate*' form.

Data Collection

Demographic data and GPRA responses will be collected from all individuals. Among those agreeing to participate in the evaluation, the Recovery Capital Scale will also be collected. Data collection efforts will be monitored to ensure that information is collected in a way that protects the privacy and rights of patients.

Working in conjunction with patients and other stakeholders, information about program operations will be collected both from existing records (e.g., patient progress notes) and measurement tools (e.g., GPRA). Without exception, established confidentiality and protections procedures will be followed. Information will be collected about the demographic characteristics, level of functioning, presenting problems, agency involvement, satisfaction, risk factors, costs, service need and utilization history, and funding sources.

Data will be stored in a database that is designed to facilitate clinical management and decision-making. Only those who have undergone the confidentiality training and only when access is necessary to the job function, will persons have access to the database. Choices supervisory data management personnel will closely monitor all access to data and the data system. Furthermore, a coding system for all analyses and reporting will be used to provide additional privacy in evaluation and research activities.

Privacy and Confidentiality

All information relayed to community stakeholders will be reported in aggregate form. All interview materials are maintained in a secure location, in locked filing cabinets, in locked offices. Upon enrollment, all participants are assigned a unique identification number. A database containing tables that link names to identification numbers will be housed on a password-protected computer accessible only to staff.

While the staff will make every effort to ensure and maintain the confidentiality of patients, Tennessee state law may require that the evaluation team violate the confidentiality under certain circumstances. Specifically, if the individual reports that she/he is being abused or she/he says they wish to harm themselves or someone else; staff will be required to make a report to the appropriate authorities. In addition, because of the risk of subpoena, we will also inform the individual there is such a risk if they report that they are involved in any illegal activities and that it is possible that a judge or other legal authority could ask for this information.

All identified staff is educated about Federal and state confidentiality laws, and the limited circumstances when disclosure without consent is permitted (medical emergency, child abuse reporting, research and audit purposes, and crimes against staff or property). All partner agencies maintain a commitment to their patients and clients to operate within the provisions as outlined in Title 42 of the Code of Federal Regulations (42 CFR, Part 2). All partner agencies also comply with additional state health and mental health regulations including HIPAA that may also be applicable to individual medical records.

All computer management information systems utilize a password system to log on to the patient database. Only certain job classifications have access to the computer system. Access to the database is limited based on the employee's job classification and need to utilize the information for medical record, billing, or aggregate demographic data purposes. Data used for research or audit purposes is generally aggregated or the patient identifying information has been removed (name, social security number, date of birth, etc.). An employee violation of confidentiality is addressed as a serious personnel matter, and includes disciplinary action up to and including termination of employment.

Adequate Consent Procedures

During the patient's initial intake appointment, written informed consent for assessment and treatment is obtained from the patient, when indicated by screening procedures. Consent for assessment and treatment is explained to the patient verbally and in writing, and they are provided with copies of the consent. Staff ensures, to the fullest extent possible, that patients understand the nature of informed consent, what it means to participate in evaluation activities, and what data collection involves. During the consent process, patients also are informed about the uses of the data, the requirements of confidentiality, how patient rights are protected, and what to do if they feel their rights have been, in any way, violated. Patients are oriented to the services offered and the anticipated course of treatment. Patients are advised in writing of their legal rights under state and federal laws, provided with information regarding advance directives, advised of their right to utilize internal resources for addressing patient complaints and concerns, and their rights under state and federal laws, provided with information regarding advance directives, advised of their right to utilize internal resources for addressing patient complaints and concerns, and their right to privacy and confidentiality explained in writing and reviewed with them by program staff.

Risk Benefit Discussion

Although violations of confidentiality are always possible in interagency projects, anticipated risks for this project are minimal. Numerous safeguards have been developed to assure that patients participating will be safe in service provision, data collection, and data analyses. Potential problems can be quickly found, analyzed, and corrected. Additionally, specific training in the moral, ethical, and legalities of confidentiality will be provided for *all* persons who participate in the project. In sum, the benefits of participating in the project significantly outweigh any potential risks.

Protection of Human Subjects Regulations

As noted in the application guidelines, "SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45CFR 46), which requires Institutional Review Board (IRB) approval." (p. 34).

Attachment 1.1. Licensed Treatment Provider

Attachment 1: Mental Health/Substance Abuse Treatment Provider

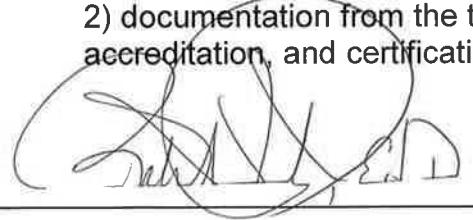
Centerstone, the applicant agency, is a licensed substance abuse and mental health services provider with more than 50 years of experience and is the **direct service treatment provider** for the proposed project.

Attachment 1.2. Statement of Assurance

Statement of Assurance

As the authorized representative of **Centerstone of Tennessee, Inc.**, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.¹ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.



Signature of Authorized Representative

4/2/13

Date

¹ Tribes and tribal organizations are exempt from these requirements.

Attachment 1.3. Letters of Commitment/Support

April 8, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter confirms the commitment of White Pine Systems, LLC, to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand Centerstone's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) that will engage/retain hard-to-reach, underserved consumers in treatment. The development and use of new/enhanced technology will enable Centerstone and its consumers to effectively communicate so that consumers can track and manage their health. This technological capability will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Upon funding of the *TN e-ROSC* project, White Pine Systems agrees to provide the following:

- Develop a mobile platform with smartphone/tablet applications for the *e-ROSC* web portal.
- Connect the *e-ROSC* web portal with Centerstone's electronic health record (EHR), *myAvatar*.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders. We wish you every success in obtaining funding for this project.

Sincerely,



Jonathan Smolowe, EVP
WHITE PINE SYSTEMS, LLC (dba SPINN)
www.SPINNphr.com
267-627-2332 W
215-275-0706 cell



April 5, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter confirms Centerstone Research Institute's (CRI) commitment to your grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243).

This three-year grant will enhance and expand Centerstone's substance abuse services by implementing an electronic Recovery Oriented System of Care (ROSC) that will engage/retain hard-to-reach, underserved consumers in treatment. The development and use of new/enhanced technology will enable Centerstone and its consumers to effectively communicate so that consumers can track and manage their health. This program will help these underserved individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Upon funding of this project, CRI agrees to provide the following evaluation services:

- Implement/oversee all evaluation activities, including hiring/overseeing evaluation staff, developing research designs/outcome reports/evaluation studies, ensuring all data is collected/reported according to grant requirements, and overseeing production of manuals, materials, publications, presentations, and other products for dissemination and replication of the model.
- Participate in regular meetings with the Project Director and the project Advisory Council to discuss progress and help address barriers, gaps and/or other management issues related to the planning, implementation, and evaluation of the project.
- Attend SAMHSA grantee meetings as required.

We look forward to collaborating with you on this important initiative to expand and enhance services for persons with substance use disorders. We wish you every success in obtaining funding for this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom".

Thomas W. Doub, Ph.D.
Chief Executive Officer



National Alliance on Mental Illness

Tennessee

04/01/2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero,

This letter confirms NAMI Tennessee's commitment to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure family members of adults with co-occurring disorders (mental illness and substance abuse) in addiction recovery have access to family education programs, the NAMI support system and advocacy training for which they are eligible;
- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and
- Participate, as appropriate, in the project's Advisory Council and other activities to support ongoing efforts to consistently meet the unique needs of individuals in, or seeking, recovery.

NAMI Tennessee is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,

A handwritten signature in black ink that reads "Richard P. Baxter".
Richard P. Baxter
President, NAMI Tennessee

We fully endorse Centerstone's application and ability to fulfill all aspects of the grant.

NAMI Tennessee ★ Tennessee's Voice on Mental Illness

1101 Kermit Drive Suite 605 ★ Nashville, TN 37217 ★ Toll Free: 800.467.3589

Phone: 615.361.6608 ★ Fax: 615.361.6698 ★ www.namitn.org



April 3, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero,

Mental Health America of Middle Tennessee fully supports and urges full consideration of Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and
- Participate, as appropriate, in the project's Advisory Council and other activities to support ongoing efforts to consistently meet the unique needs of individuals in, or seeking, recovery.

Mental Health America of Middle Tennessee is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,


Tom Starling, EdD
President/CEO



Todd County Health Department

205 E. McReynolds Drive | Elkton, KY | 42220 - Mailing Address | P.O. Box 305 | Elkton, KY | 42220
Phone: 270-265-2362 | Fax: 270-265-0602

April 4, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero,

This letter confirms Todd County Health Department's commitment to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and
- Participate, as appropriate, in the project's Advisory Council and other activities to support ongoing efforts to consistently meet the unique needs of individuals in, or seeking, recovery.

Todd County Health Department is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,

Jennifer Harris, Public Health Director
Todd County Health Department



April 4, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

1700 Canton Street • P.O. Box 647
Hopkinsville, Kentucky 42241-0647
Phone (270) 887-4160
www.christiancountyhd.com

Dear Dr. Vero,

This letter confirms Christian County Health Department's commitment to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and

Christian County Health Department is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Pyle".

Mark Pyle
Public Health Director



CENTERSTONE

April 2, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero,

This letter confirms Montgomery County VA Veterans services' commitment to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and
- Participate, as appropriate, in the project's Advisory Council and other activities to support ongoing efforts to consistently meet the unique needs of individuals in, or seeking, recovery.

Montgomery County VA Veterans services' is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,

Excellence in Mental Healthcare



CENTERSTONE

April 1, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero,

This letter confirms Robertson County Circuit Court's commitment to Centerstone's grant application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFA No. TI-13-008; CFDA # 93.243). This project will address significant barriers to treatment and recovery support services for adults with substance use disorder (SUD) in Montgomery County, Tennessee and the surrounding counties.

We agree that addiction is a chronic disease best treated within a community framework that is structured to address the complex and long-term needs of individuals and families affected by SUD. We also agree that individuals who need multiple services from community-based organizations are best served through interagency collaboration and coordination, and that services are most effective when the community is committed to supporting the infrastructure necessary to ensure they are available and accessible for those who need them.

Upon funding of this application, we agree to fully support the proposed program in the following ways:

- Receive referrals to help ensure adults in addiction recovery have access to treatment, services, and benefits for which they are eligible;
- Provide referrals to Centerstone as appropriate to ensure that those with substance use disorders are linked with treatment and relapse prevention services; and
- Participate, as appropriate, in the project's Advisory Council and other activities to support ongoing efforts to consistently meet the unique needs of individuals in, or seeking, recovery.

Robertson County Circuit Court is pleased to support this project, and we look forward to our continued collaboration in enhancing/expanding service access for these underserved individuals. We wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew M. Hardy, Psy.D." Below the signature, the words "Circuit Judge" are written vertically.

United States Senate
WASHINGTON, DC 20510

Project Director: Matthew M. Hardy, Psy.D.

April 5, 2013

Diane Abbate
Director
Division of Grant Review
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857

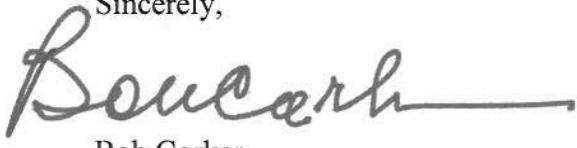
Dear Director Abbate:

I am writing in regard to Centerstone of Tennessee's application for funding through the Substance Abuse and Mental Health Services Administration's (SAMSHA) Use of Technology-Assisted Care in Targeted Areas of Need (TCE-TAC) program. (TI-13-008, CFDA #93.243)

Centerstone provides valuable mental health and substance abuse services to people throughout Tennessee. It is my understanding that they intend to use the funding to expand their capacity to provide services to new areas of rural Tennessee. Centerstone would utilize various technologies to reach individuals in areas where access to these services is more difficult.

I appreciate your attention to this matter. Please keep me informed about the progress of this proposal and when a decision is made. If you have any questions, please do not hesitate to contact my office at (202) 224-3344.

Sincerely,



Bob Corker
United States Senator

BC/es

JIM COOPER
6TH DISTRICT, TENNESSEE
COMMITTEES:
ARMED SERVICES
OVERSIGHT AND
GOVERNMENT REFORM

WEB SITE: www.cooper.house.gov

Project Director: Matthew M. Hardy, Payroll
NASHVILLE OFFICE:

605 CHURCH STREET
NASHVILLE, TN 37219-2314
(615) 736-5295
FAX: (615) 736-7479

WASHINGTON OFFICE:
(202) 226-4311
FAX: (202) 226-1035

Congress of the United States
House of Representatives
Washington, DC 20515

April 5, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Mr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Tennessee's underserved rural communities.

This three-year grant will enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care (ROSC) that will help the agency to engage/retain hard-to-reach consumers in treatment and break down communication barriers, both with consumers and with other providers, that impede recovery. Program outcomes are expected to include an increased number of individuals receiving technology-enhanced SUD treatment as well as reductions in the abuse of substances and costs related to drug abuse. This program will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

I am in full support of this project and wish you every success in obtaining the necessary funding for this important initiative.

Sincerely,


Jim Cooper
Member of Congress

ED WHITFIELD
1ST DISTRICT, KENTUCKY

WASHINGTON OFFICE:
2368 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1701
(202) 225-3115
FAX: (202) 225-3547
www.house.gov/whitfield

Project Director: Matthew M. Hardy, Psy.D.
COMMITTEE ON
ENERGY AND COMMERCE

SUBCOMMITTEES:

CHAIRMAN

ENERGY AND POWER

HEALTH

ENVIRONMENT AND ECONOMY

Congress of the United States
House of Representatives
Washington, DC 20515-1701

March 22, 2013

Mr. Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, Tennessee 37208

Dear Dr. Vero:

Please accept this letter as my support for your application to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, for funding to expand care coordination through the use of technology-assisted care in targeted areas of need in Tennessee and Kentucky (RFP No. TI-13-008; CFDA # 93.243). Your proposed project would address service access disparities experienced by adults affected by substance use disorder in underserved rural counties in the First Congressional District of Kentucky (*Christian and Todd*) and in Tennessee (*Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart*).

I believe that this three-year grant would enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care that will help the agency to engage/retain hard-to-reach consumers in treatment while breaking down communication barriers both with consumers and with other providers that oftentimes impede recovery. Your program would help many individuals achieve and sustain recovery which would ultimately improve the quality of life for participants, their families, and their communities.

I am in full support of this project and wish you every success in obtaining the necessary funding for this important initiative. If I may be of any assistance to you, please do not hesitate to contact my District Director, Michael Pape, in my Hopkinsville, Kentucky office at 270-885-8079.

Sincerely,

Ed Whitfield
Member of Congress

EW:ch

DISTRICT OFFICES:

FIRST FLOOR
1403 SOUTH MAIN STREET
HOPKINSVILLE, KY 42240
(270) 885-8079
(800) 328-5629
FAX: (270) 885-8598

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200 NORTH MAIN
TOMPKINSVILLE, KY 42167-1548
(270) 487-9509
FAX: (270) 487-0019

PRINTED ON RECYCLED PAPER

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FAX: (270) 826-6783

ROOM 104
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PADUCAH, KY 42001
(270) 442-6901
FAX: (270) 442-6805

Project Director: Matthew M. Hardy, Psy.D.

Mayor Bob Rial

Dickson County Tennessee

April 2, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Montgomery County, Tennessee, and the surrounding counties.

This three-year grant will enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care (ROSC) that will help the agency to engage/retain hard-to-reach consumers in treatment and break down communication barriers, both with consumers and with other providers, that impede recovery. Program outcomes are expected to include an increased number of individuals receiving technology-enhanced SUD treatment as well as reductions in the abuse of substances and costs related to drug abuse. This program will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Dickson County is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative.

Sincerely,



Bob Rial
Dickson County Mayor



Mayor Nancy T. Camp
City of Elkton, Kentucky

Date April 1, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Montgomery County, Tennessee, and the surrounding counties.

This three-year grant will enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care (ROSC) that will help the agency to engage/retain hard-to-reach consumers in treatment and break down communication barriers, both with consumers and with other providers, that impede recovery. Program outcomes are expected to include an increased number of individuals receiving technology-enhanced SUD treatment as well as reductions in the abuse of substances and costs related to drug abuse. This program will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

The City of Elkton, Kentucky is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative.

Sincerely,

Nancy T. Camp, Mayor



Montgomery County Government

Carolyn P. Bowers
Mayor

1 Millennium Plaza, Suite 205
P.O. Box 368
Clarksville, Tennessee 37041-0368

Phone: (931) 648-5787
Fax: (931) 553-5177
mayorbowers@montgomerycountyttn.org

April 2, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Montgomery County, Tennessee, and the surrounding counties.

This three-year grant will enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care (ROSC) that will help the agency to engage/retain hard-to-reach consumers in treatment and break down communication barriers both with consumers and with other providers that impede recovery. Program outcomes are expected to include an increased number of individuals receiving technology-enhanced SUD treatment as well as reductions in the abuse of substances and costs related to drug abuse. This program will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Montgomery County is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative.

Sincerely,

A handwritten signature in black ink that reads "Carolyn P. Bowers".

Carolyn P. Bowers
County Mayor



Howard R. Bradley
Robertson County Mayor
108 Courthouse
Springfield, Tennessee 37172
Phone (615)384-2476 ~ Fax (615)384-0617

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

Dear Dr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Montgomery County, Tennessee, and the surrounding counties.

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Robertson County is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative.

Sincerely,

Howard Bradley
Robertson County Mayor

A handwritten signature in black ink, appearing to read "Howard Bradley".



Stewart County Mayor's Office

Rick Joiner, County Mayor

P.O. Box 487

Dover, TN 37058

Phone: 931-232-3100 Fax: 931-232-3111

April 2, 2013

Robert N. Vero, Ed.D.
Chief Executive Officer
Centerstone of Tennessee
1101 6th Avenue North
Nashville, TN 37208

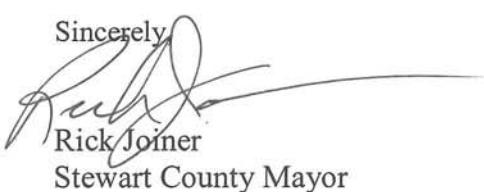
Dear Dr. Vero:

This letter is written in support of your application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for a Grant to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (RFP No. TI-13-008; CFDA # 93.243). The proposed project will address service access disparities experienced by adults affected by substance use disorder (SUD) in Montgomery County, Tennessee, and the surrounding counties.

This three-year grant will enhance and expand Centerstone's substance abuse services for adults in this area by implementing an electronic Recovery Oriented System of Care (ROSC) that will help the agency to engage/retain hard-to-reach consumers in treatment and break down communication barriers, both with consumers and with other providers, that impede recovery. Program outcomes are expected to include an increased number of individuals receiving technology-enhanced SUD treatment as well as reductions in the abuse of substances and costs related to drug abuse. This program will help these individuals achieve and sustain recovery, greatly improving quality of life for participants, their families, and their communities.

Stewart County is in full support of this project and wishes you every success in obtaining the necessary funding for this important initiative.

Sincerely,

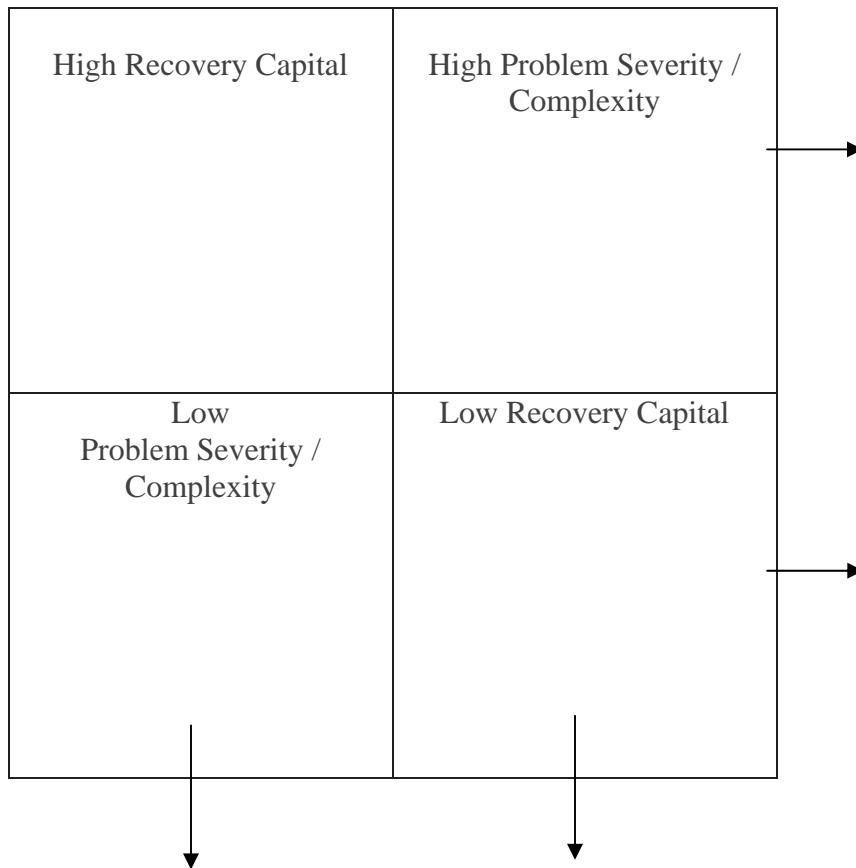


Rick Joiner
Stewart County Mayor

Attachment 2. Data Collection Instruments/Interview Protocols

Recovery Capital Scale

Robert Granfield and William Cloud introduced and elaborated on the concept of “recovery capital” in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. They define recovery capital as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems. Recovery capital, or recovery capacity, differs from individual to individual and differs within the same individual at multiple points in time. Recovery capital also interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery. This interaction dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services. The figure below indicates how these combinations of problem severity and recovery capital could differ.



Clients with high problem severity but very high recovery capital may require few resources to initiate and sustain recovery than an individual with moderate problem severity but very low recovery capital. Where the former may respond very well to outpatient counseling, linkage to recovery mutual aid groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enmeshment in a culture of recovery (e.g., placement in a recovery home, greater intensity of mutual aid involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Traditional addiction assessment instruments do a reasonably good job of evaluating problem severity and some of the newer instruments improve the assessment of problem complexity (e.g., co-occurring medical/psychiatric problems), but few instruments measure recovery capital. The scale on the following page is intended as a self-assessment instrument to help a client measure his or her degree of recovery capital. The scale can be completed and discussed in an interview format, or it can be completed by the client and then discussed with the professional helper.

References

- Cloud, W. (1987). From down under: A qualitative study on heroin addiction recovery. Ann Arbor, MI: Dissertation Abstracts.
- Cloud, W. & Granfield, R. (1994). Natural recovery from addictions: Treatment implications. *Addictions Nursing*, 6, 112-116.
- Cloud, W. & Granfield, R. (1994). Terminating addiction naturally: Post-addict identity and the avoidance of treatment. *Clinical Sociology Review*, 12, 159-174.
- Cloud, W. & Granfield, R. (2001). Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions*, 1(1), 83-104.
- Granfield, R. & Cloud, W. (1996). The elephant that no one sees: Natural recovery among middle-class addicts. *Journal of Drug Issues*, 26(1), 45-61.
- Granfield, R. & Cloud, W. (1999). *Coming Clean: Overcoming Addiction Without Treatment*. New York: New York University Press.

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree

4. Agree

3. Sometimes

2. Disagree

1. Strongly Disagree

- I have the financial resources to provide for myself and my family.
- I have personal transportation or access to public transportation.
- I live in a home and neighborhood that is safe and secure.
- I live in an environment free from alcohol and other drugs.
- I have an intimate partner supportive of my recovery process.
- I have family members who are supportive of my recovery process.
- I have friends who are supportive of my recovery process.
- I have people close to me (intimate partner, family members, or friends) who are also in recovery.
- I have a stable job that I enjoy and that provides for my basic necessities.
- I have an education or work environment that is conducive to my long-term recovery.
- I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
- I have a professional assistance program that is monitoring and supporting my recovery process.
- I have a primary care physician who attends to my health problems.
- I am now in reasonably good health.
- I have an active plan to manage any lingering or potential health problems.
- I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
- I have insurance that will allow me to receive help for major health problems.
- I have access to regular, nutritious meals.
- I have clothes that are comfortable, clean and conducive to my recovery activities.
- I have access to recovery support groups in my local community.
- I have established close affiliation with a local recovery support group.
- I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- I have access to Online recovery support groups.
- I have completed or am complying with all legal requirements related to my past.
- There are other people who rely on me to support their own recoveries.
- My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- I have recovery rituals that are now part of my daily life.
- I had a profound experience that marked the beginning or deepening of my commitment to recovery.

- I now have goals and great hopes for my future.
- I have problem solving skills and resources that I lacked during my years of active addiction.
- I feel like I have meaningful, positive participation in my family and community.
- Today I have a clear sense of who I am.
- I know that my life has a purpose.
- Service to others is now an important part of my life.
- My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175

My Score: _____

The areas in which I scored lowest were the following:

1. _____
2. _____
3. _____
4. _____
5. _____

Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following.

In the next year, I will increase my recovery capital by doing the following:

Goal # 1: _____

Goal # 2: _____

Goal # 3: _____

Goal # 4: _____

My Recovery Capital “To Do” List

In the next week, I will do the following activities to move closer to achieving the above goals:

1.

2.

3.

4.

5.

Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey!*

For each of the following questions, please mark an in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent <input type="checkbox"/> 1	Very good <input type="checkbox"/> 2	Good <input type="checkbox"/> 3	Fair <input type="checkbox"/> 4	Poor <input type="checkbox"/> 5
---	---	------------------------------------	------------------------------------	------------------------------------

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot <input type="checkbox"/>	Yes, limited a little <input type="checkbox"/>	No, not limited at all <input type="checkbox"/>
--	---	--

a Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 2 3

b Climbing several flights of stairs 1 2 3

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time	Most of the time	Some of the time	A little of the time	None of the time

- a Accomplished less than you would like 1 2 3 4 5
- b Were limited in the kind of work or other activities 1 2 3 4 5

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time

- a Accomplished less than you would like 1 2 3 4 5
- b Did work or other activities less carefully than usual 1 2 3 4 5

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

All of the time	Most of the time	Some of the time	A little of the time	None of the time

a Have you felt calm and peaceful? 1 2 3 4 5

b Did you have a lot of energy? 1 2 3 4 5

c Have you felt downhearted and
depressed? 1 2 3 4 5

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Thank you for completing these questions!

Attachment 3. Sample consent Forms

Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Matthew Hardy
Study Title: e-ROSC
Institution/Hospital: Centerstone

Revision Date:

This informed consent document applies to Adults

Name of participant: _____ Age: _____

This document is given to you to tell you about a research study you are being asked to take part in. Please read the information below. If there is anything you do not understand, you may ask questions at any time. Also, you will be given a copy of this consent form should you decide to participate.

Taking part in this research study is voluntary. You do not have to be in this research study. If you decide not to take part in the study, you can still register for the e-ROSC system. You are also free to withdraw from this study at any time.

What is the purpose of this study?

You are being asked if you would like to take part in this study because you are involved in the Web-Portal Recovery Oriented System of Care (e-ROSC) Project. The Substance Abuse and Mental Health Services Administration (SAMHSA) is funding the e-ROSC and Centerstone will oversee and manage the system. The purpose of e-ROSC is to provide electronic support during your substance abuse treatment and recovery. E-ROSC will also provide a way for you to talk with your treatment provider more regularly, remind you of important appointments and events, connect you with community resources as well as help you monitor your own progress along the way. An important part of the e-ROSC Project is the research study. Centerstone Research Institute (CRI) is doing the study to learn how the e-ROSC system works and to see if it helps people during their recovery journey. About 150 people will be involved in this study.

What will be done if you take part in this research study?

If you decide to take part you will complete three interviews. You will do the first interview when you register for a log-in code for the e-ROSC. The other two interviews will take place six months after your first interview and when you are discharged. The time it will take you to complete each interview follows the chart below:

<i>Intake</i>	<i>6-Month Follow-up</i>	<i>Discharge</i>
<i>25-35 Minutes</i>	<i>25-35 Minutes</i>	<i>25-35 Minutes</i>

If you are in prison or jail after you complete the first interview, we will still try to see you for the remaining two interviews. If we cannot see you in person, we will contact the medical staff or other appropriate staff at your location for help in completing the interviews. These interviews will be the same as described in this consent form. Whether you decide to stay in the study while in jail or prison will not affect your living conditions in jail or prison, or your chance for parole.

What are the possible discomforts and risks?

There are no known physical risks involved in this study. However, you may feel uncomfortable talking about personal problems. Should you feel upset, you can stop at any time. The Research Associate can also

Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Matthew Hardy
Study Title: e-ROSC
Institution/Hospital: Centerstone

Revision Date:

help you get in touch with someone who can help. The time it takes to do the interviews may be inconvenient for you. We can schedule the interviews at times and places that are best for you.

What are the possible benefits?

We hope that this study will lead to a better understanding of the effectiveness of using a web-based system to support individuals recover from substance and alcohol use, especially people living in rural communities. You personally may or may not benefit from this study and/or services you receive.

Will you receive payment for participating?

Yes, you will get a \$20 gift card after the 6-month follow-up interview. If you are in prison or jail during the follow up interview, you will not receive the \$20.

What if you are injured because of the study?

The risk of getting hurt while taking part in this study is minimal. Physical injury is not likely to happen. Because Centerstone does not have medical care facilities, any care besides calling emergency response staff cannot be provided at Centerstone locations. Centerstone will not pay for the costs of treatment nor give you money for such injury. If you feel you have been injured as a result of participating in this study, please contact Dr. Sarah Suiter at (615) 463-6256.

Can you stop participating in the study?

Taking part in this study is voluntary. You may decide not to take part or you may leave the study at any time. Your decision will not result in any penalty or loss of treatment or loss of access to the e-ROSC system. Any questions that you do not wish to answer will be skipped, and you will not be penalized for not providing any part or all of the information requested. You can refuse to participate at any point in the study and will suffer no penalty.

Can the Principal Investigator withdraw you from study participation?

Yes, the Principal Investigator may stop your participation in this study at any time without your consent if he/she feels that stopping participation is in your best interest. Examples of reasons you could be taken out of the study includes, failure to follow the study personnel's instructions regarding study conditions and procedures, any serious adverse event that may require evaluation, or if it is in the best interest of your health and welfare.

How will your information is kept private?

Confidentiality and privacy: Any identifiable information you provide for research purposes will be kept completely confidential and private. To help protect confidentiality, all study information will be coded using an identification number. A list of the names and identification numbers of participants will be kept separately from the study data in a locked file cabinet. Information on the length and type of treatment

Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Matthew Hardy
Study Title: e-ROSC
Institution/Hospital: Centerstone

Revision Date:

services will be collected from your Centerstone clinical records. Reports will give only group-level information; no information that can identify any individual by name will be provided in any report. Information may be shared between research and treatment staff in emergency situations involving yourself or others.

Protection of your information: All reasonable efforts will be made to keep your protected health information (PHI) private and confidential. PHI is health information that is, or has been, collected or maintained by Centerstone and can be linked back to you. Using or sharing such information must follow federal privacy guidelines. By signing the consent document for this study, you are giving permission for the uses and disclosures of your personal health information. A decision to participate in this research means that you agree to let the research team use and share your PHI as described below.

As part of the study, the Principal Investigator and study team may share the results of your study and/or non-study related level of cognitive functioning, to the groups named below. These groups may include representatives from the Federal Government Office for Human Research Protections and the Centerstone Institutional Review Board. Federal privacy regulations may not apply to these groups; however, they have their own policies and guidelines to assure that all reasonable efforts will be made to keep your personal health information private and confidential.

The study results will be retained in your research record for at least six years after the study is completed. At that time, only your study data will be maintained indefinitely; your consent form and contact information will be destroyed.

If you are court-mandated to participate in the e-ROSC system and/or Centerstone programming, the court may require specific information to be shared regarding your progress, such as drug screen results, program attendance, and successful completion of the program. No information about your treatment will be shared with the court other than that required in the conditions of your sentence.

Unless otherwise indicated, this permission to use or share your PHI does not have an expiration date. If you decide to withdraw your permission, we ask that you contact the Principal Investigator, Mr. Matt Hardy, in writing and let her know that you are withdrawing your permission. His mailing address is: 511 8th Street, Clarksville, TN 37040. At that time, we will stop further collection of any information about you. However, the health information collected prior to this withdrawal may continue to be used for the purposes of reporting and research quality.

Further assurance of privacy: To help keep information about you confidential, we have applied for a Confidentiality Certificate from SAMHSA. This Certificate adds special protection for the research information about you. The Confidentiality Certificate will protect the investigators from being required, even under a court order or subpoena, to give information that could identify you. However, if the researchers learn that you or someone else is in danger of harm (such as in the case of domestic abuse) they may make disclosures to protect you and/or the other persons. In addition, because this research is sponsored by SAMHSA, SAMHSA may see your information if it audits us.

Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Matthew Hardy
Study Title: e-ROSC
Institution/Hospital: Centerstone

Revision Date:

Contact information: If you should have any questions about this research study, please feel free to contact the study contact, Dr. Sarah Suiter, at 615-463-6256 additional information about giving consent or your rights as a participant in this study, you may contact the Centerstone Institutional Review Board Office at 615-463-6647.

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

- I have read this informed consent document and the material of the informed consent has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.**

Date

Signature of participant

Consent obtained by:

Date

Signature

Printed Name and Title

This consent document has been approved for use for one year by the Institutional Review Board as indicated by the stamped approval date in the lower left corner. Do not participate in this study if the stamped date is more than one year old, as indicated by the stamped expiration date in the lower right corner.

Attachment 4. Letter to the SSA



CENTERSTONE

April 8, 2013

E. Douglas Varney, Commissioner
Tennessee Department of Mental Health and Substance Abuse Services
Central Office, 11th Floor
Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

Dear Commissioner Varney:

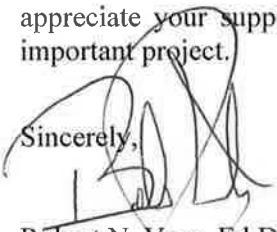
Centerstone of Tennessee is applying for a three-year grant to the Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) under CFDA # 93.243 funding opportunity: *Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (TCE-TAC)*; RFA Number TI-13-008.

This grant will leverage technology to enhance and expand local substance abuse treatment capacity for persons who have been underserved due to a lack of access, particularly related to transportation concerns, an inadequate number of substance abuse treatment providers, and/or financial constraints. The project will use technology-assisted care to support delivery of Recovery Oriented System of Care (ROSC) services and empower individuals in nine primarily rural counties in Middle Tennessee (*Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart*) and Kentucky (*Christian, Todd, and Trigg*) to successfully drive their own recovery. The project will implement ROSC, engage individuals in treatment, and enhance consumer access via an interactive web portal.

As required by SAMHSA, we are notifying you through the transmittal of this Public Health System Impact Statement (PHSIS) so that, if your agency wishes to comment to SAMHSA on the proposal, your comments should be sent no later than 60 days after April 10, 2013, to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044, 1 Choke Cherry Road
Rockville, MD 20857
ATTN: SSA – Funding Announcement No. TI-13-008

Attached are copies of the application face page and project abstract. Please feel free to contact Dr. Matthew Hardy, Regional Director, at (931) 920-7249, if you need additional information regarding this application. We appreciate your support and look forward to obtaining this grant and working with your agency on such an important project.

Sincerely,

Robert N. Vero, Ed.D.
Chief Executive Officer

Excellence in Mental Healthcare

Attachment 5. Signed, Executed EHR Vendor Contract

Attachment 5: Signed, Executed EHR Vendor Contract

Centerstone is executing an EHR contract with Netsmart Technologies, Inc., as indicated by the following page 1 (dated June 13, 2012) and signature page of the contract. The section of the contract ensuring compliance with HIPAA and its implementing regulations (including exchange of Protected Health Information), the HITECH Act, and applicable state law is also included here. The remaining contract pages contain material information that Centerstone is contractually obligated to hold confidential.



LICENSE AND SERVICE AGREEMENT

Agreement made this 28 th day of June, 2012, (the "Effective Date") by and between Netsmart Technologies, Inc., a Delaware corporation with offices at 3500 Sunrise Highway, Suite D122, Great River, New York 11739, (hereinafter referred to as "Netsmart") and Centerstone Research Institute, Inc. ("CRI"), a nonprofit corporation with offices at 1101 6th Ave North, Nashville, TN 37208. CRI, its Affiliates (as defined below) and network healthcare providers contracting with CRI or its Affiliates are collectively referred to as "Licensee".

1. SCOPE OF AGREEMENT

This Agreement states the terms and conditions under which Netsmart will:

- (a) Grant Licensee the rights to use and operate certain proprietary computer programs and related documentation on a non-exclusive basis; and
- (b) Provide services such as project management, installation, implementation, training and support services to Licensee.

2. DEFINITIONS

As used in this Agreement, the following definitions apply to capitalized terms:

- (a) "Affiliates" means an entity which controls, is controlled by or under common control with CRI. "Control" means the power to direct management and policies of an entity, directly or indirectly, whether through ownership of a majority-in-interest of voting securities, membership, partnership or other ownership interest, or by contract.
- (b) "Changes" All Changes to the terms of this agreement will be contained in Schedule J
- (c) "Charges" means the amounts to be paid by Licensee for the right to use the Licensed Programs, for services provided to Licensee and for hardware or other Third Party Products acquired by Licensee under the terms of this Agreement. The Charges are described in Schedule A and the payment schedule for these Charges is set forth in Schedule B.
- (d) "Development Services" means changes to be made to the Netsmart Programs (if any) required by Licensee and generally described in Schedule C attached hereto.
- (e) "Go-Live Date" means the first date when Licensee processes data or any other real transaction of any type using the Licensed Programs.
- (f) "Implementation" means the services provided by Netsmart to design, develop, modify or adapt the Licensed Programs, including the creation of modifications to meet Licensee's business needs or state

Execution Copy

requirements as necessary, all as defined in the agreed upon Specifications and installation(s) necessary on equipment owned by Licensee which permits access and use of the Licensed Programs to support the various functional applications identified in the Specifications. The process of implementation is complete when either:

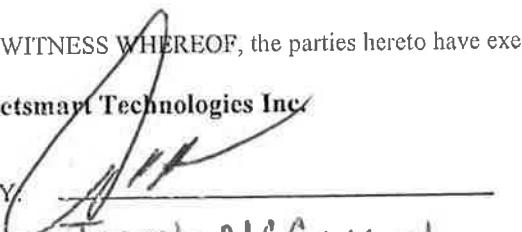
- i) The Test Methodology (as defined in Section 4. b) (ii) is successfully completed as provided in Section 4.
- ii) Licensee continues to use the Licensed Programs for production purposes beyond the testing period provided in Section 4.
- (g) "Implementation Plan" means the detailed plan and schedule for Implementation to be developed and mutually agreed upon by the parties in accordance with Section 4. In order to facilitate the development of the final Implementation Plan, the current version of Schedule D contains a template outlining parameters for preparation of a detailed Implementation Plan by the parties.
- (h) "Hardware Configuration" means the computer hardware required to install and operate the Licensed Programs. A description of the recommended Hardware Configuration is set forth in Schedule F attached hereto.
- (i) "Licensee Database" means a collection of data records that are maintained as a single logical area on a single computer system that is used, accessed, or acted upon by Licensed Programs.
- (j) "Licensed Programs" means both the Netsmart Programs and the Third Party programs.
- (k) "Licensee Resources" means the staff and other resources to be provided by Licensee for the installation and implementation of the Licensed Programs in accordance with the Implementation Plan. Schedule G attached hereto sets forth the required and available Licensee Resources.
- (l) "Netsmart Programs" means the Netsmart computer programs in object code form and their associated documentation. Schedule A lists separately the various modules of the Netsmart Programs purchased by Licensee.
- (m) "Problem or Defect" means any failure of the Licensed Programs to provide the business functionality specified in the Specifications or to meet the Acceptance Criteria, or that results in erroneous or corrupt data.
- (n) "Services" means the installation, implementation, training and other services to be provided by Netsmart as described in Schedule E.
- (o) "Specifications" means the description and features of the Licensed Programs as set forth in the documentation relating to the Licensed Programs supplied to Licensee

TO
JM

- i) The parties shall attempt to settle a dispute through good faith negotiations. Negotiations shall be commenced by the initiating party promptly giving written notice to the other party. Such notice shall set forth in detail the nature of the dispute and a proposed solution. The responding party shall have 15 days within which to satisfy or otherwise respond in writing to the initiating party regarding the matter as to which notice was given. The response shall set forth an explanation of the responding party's position. Within 10 days of receipt of the response by the initiating party, representatives of the parties who are authorized to settle the dispute shall meet and discuss resolution of the dispute. The initiating party shall initiate scheduling of this negotiation session.
- ii) Any disputes not resolved by negotiations may be resolved by pursuit of any legal remedy available in law or equity to the dissatisfied party. If a trial results from this Agreement, the parties waive their right to a jury trial. No action, regardless of form, arising out of this Agreement will be brought more than one (1) year after the cause of action accrues.
- iii) Each party is required to continue to perform its obligations under this Agreement pending final resolution of any good faith dispute covered by this subsection.
- k) **Severability.** If any provision of this Agreement is found to be invalid, illegal or unenforceable under any applicable statute or law, it is to that extent deemed to be omitted, and the remaining provisions of this Agreement will not be affected in any way.
- l) **Counterparts.** This Agreement may be executed in two or more counterparts, each of which will be deemed an original.
- m) **Electronic Signature.** This Agreement may be executed by electronic signature as follows:
- a fax copy of this Agreements with a signature page that displays the image of a handwritten signature; or
 - a digital file that is transmitted by one party to the other which, when displayed on an electronic video display terminal, presents an image of this Agreement with a signature page bearing the image of a handwritten signature.
- n) **Headings.** The headings of the paragraphs and sections of this Agreement are for convenience only and will not control or affect the meaning or construction of any provision of this Agreement.
- o) **Compliance with Laws.** Licensee agrees to comply with all laws and regulations, including all United States and multilateral export laws and regulations, to assure that the Licensed Programs are not exported, directly or indirectly, in violation of law.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

Netsmay Technologies Inc.

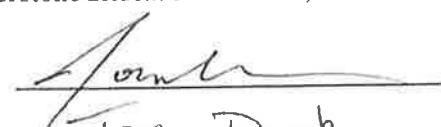
BY: 

Joseph McGovern
(PRINTED NAME)

TITLE: EVP

DATE: 7/31/12

Centerstone Research Institute, Inc.

BY: 

Tom Doub
(PRINTED NAME)

TITLE: CEO

DATE: 6/28/12

refund to Licensee the amount of the license fee paid by Licensee, reduced by one sixtieth for each full month from the date of first use of the Licensed Programs, until the date of termination. Netsmart will not have any liability under Section 7(b), and Netsmart will be indemnified by Licensee with respect to any Claim, to the extent that the Claim is based upon (i) the use of the Licensed Programs in combination with other products or services not made or furnished by Netsmart, provided that the Licensed Programs alone are not the cause of such Claim; or (ii) the modification of the Licensed Programs or any portion thereof by anyone other than Netsmart, provided that the Licensed Programs in unmodified form are not the cause of such Claim.

- b) Licensee will indemnify and hold harmless Netsmart from and against all claims, suits or actions by any third party against Netsmart relating to, arising out of or resulting from Licensee's misuse of the Licensed Programs, or any claim by any party receiving services from Licensee.

11. TERMINATION

- a) If either party is in default of any of its material obligations hereunder, and has not commenced cure within ten (10) days and effected cure within thirty (30) days of receipt of written notice of default from the other party (the "non defaulting party"), then the non-defaulting party may terminate the Agreement on written notice to the defaulting party.
- b) Within thirty (30) days of the date of termination of this Agreement by either party Licensee will erase from all computer storage any image or copies of the Licensed Programs, related specifications and documentation and will certify in writing to Netsmart that the original and all copies of such property have been destroyed.
- c) Upon termination of this Agreement by Netsmart based on default by Licensee as permitted under 11. a) above, the due dates of all outstanding invoices to Licensee for Licensed Programs and/or Services will automatically be accelerated so that they become due and payable on the effective date of termination, even if longer terms had been provided previously. Unless otherwise agreed in writing to the contrary, all orders or portions of orders remaining un-shipped as of the effective date of such termination will automatically be canceled.
- d) Notwithstanding any termination of this Agreement for any reason, the terms and conditions set forth in the following Sections of this Agreement will survive and will be binding on the representatives, successors, heirs and assignees of the parties:
 - i) Section 9 "Limitation of Liability"
 - ii) Section 10 "Indemnification"
 - iii) Section 11 "Termination"

- iv) Section 12 "Confidentiality"
- v) Section 13 "Non-Solicitation"
- vi) Section 15 "General Provisions"

12. CONFIDENTIALITY

- a) Each party (including its employees and agents) will use the same standard of care, but in no event less than reasonable care, that it uses to protect its own confidential information to protect any confidential information of the other party that is disclosed during negotiation or performance of this Agreement. However, neither party bears any responsibility for safeguarding confidential information that is (i) publicly available, (ii) already in that party's possession and not subject to a confidentiality obligation, (iii) obtained by that party from third parties without restrictions on disclosure, (iv) independently developed by that party without reference to the other party's confidential information, or (v) required to be disclosed by order of a court or other governmental entity.
- b) Netsmart recognizes and acknowledges the sensitive and confidential nature of information it may obtain with regard to Licensee's clients and their treatment, and agrees that information with respect to Licensee's clients and their treatment will be kept in strict confidence in perpetuity by Netsmart. Netsmart agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated there under including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". Netsmart agrees not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. Netsmart will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.
- c) Licensee will take adequate steps and security precautions to prevent unauthorized disclosure of information which is proprietary to Netsmart and/or the owner of the Third Party Programs including, without limitation the Licensed Programs and to maintain the confidentiality of such information, including but not limited to: (i) instructing its employees having access to such information not to

Documentation of Non-profit Status

501(c)3



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248325826
Jan. 16, 2009 LTR 4168C EO
62-1674308 000000 00 000
00013672
BODC: TE

CENTERSTONE OF TENNESSEE INC
PO BOX 40406
NASHVILLE TN 37204-0406



15132

Employer Identification Number: 62-1674308
Person to Contact: Ms. Fox
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 07, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in April 1997, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Centerstone of Tennessee, Inc

SF-424, Item 14: Areas Affected by Project

- Cheatham County, Tennessee
- Dickson County, Tennessee
- Houston County, Tennessee
- Montgomery County, Tennessee
- Robertson County, Tennessee
- Stewart County, Tennessee
- Christian County, Kentucky
- Todd County, Kentucky
- Trigg County, Kentucky

Centerstone of Tennessee, Inc.

SF-424, Item 16: Congressional Districts of Program/Project

- TN-005
- TN-006
- TN-007
- TN-008
- KY-001

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="not applicable"/> * Street 1: <input type="text" value="not applicable"/> Street 2: <input type="text"/> * City: <input type="text" value="not applicable"/> State: <input type="text"/> Zip: <input type="text"/> Congressional District, if known: <input type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="not applicable"/>		7. * Federal Program Name/Description: <input type="text" value="Substance Abuse and Mental Health Services_Projects of Regional and National Significance"/> CFDA Number, if applicable: <input type="text" value="93.243"/>
8. Federal Action Number, if known: <input type="text"/>		9. Award Amount, if known: \$ <input type="text"/>
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="not applicable"/> Middle Name <input type="text"/> * Last Name <input type="text" value="not applicable"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="not applicable"/> Middle Name <input type="text"/> * Last Name <input type="text" value="not applicable"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input type="text" value="Tom Doub"/> * Name: Prefix <input type="text"/> * First Name <input type="text" value="not applicable"/> Middle Name <input type="text"/> * Last Name <input type="text" value="not applicable"/> Suffix <input type="text"/> Title: <input type="text"/> Telephone No.: <input type="text"/> Date: <input type="text" value="04/08/2013"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

1. Proper Signature and Date on the SF 424 (FACE PAGE)
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)

<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	Included	NOT Applicable
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	<input checked="" type="checkbox"/>	

3. Human Subjects Certification, when applicable (45 CFR 46)

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?..... | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been provided, when required?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month narrative budget justification been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: <input type="text"/>	First Name: <input type="text" value="Kathie"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Williams"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Grants Administrator"/>		
Organization: <input type="text" value="Centerstone of America"/>		
Street1: <input type="text" value="1101 6th Avenue North"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Nashville"/>		
State: <input type="text" value="TN: Tennessee"/>	ZIP / Postal Code: <input type="text" value="37208"/>	ZIP / Postal Code4: <input type="text" value="2650"/>
E-mail Address: <input type="text" value="kathie.williams@centerstone.org"/>		
Telephone Number: <input type="text" value="(615) 460-4134"/>	Fax Number: <input type="text" value="(615) 463-6502"/>	

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: <input type="text"/>	First Name: <input type="text" value="Matt"/>	Middle Name: <input type="text" value="M."/>
Last Name: <input type="text" value="Hardy"/>	Suffix: <input type="text" value="Psy.D."/>	
Title: <input type="text" value="Regional Director, Clinical Services Dept."/>		
Organization: <input type="text" value="Centerstone of Tennessee, Inc."/>		
Street1: <input type="text" value="511 8th Street"/>		
Street2: <input type="text"/>		
City: <input type="text" value="Clarksville"/>		
State: <input type="text" value="TN: Tennessee"/>	ZIP / Postal Code: <input type="text" value="37040"/>	ZIP / Postal Code4: <input type="text" value="3093"/>
E-mail Address: <input type="text" value="matt.hardy@centerstone.org"/>		
Telephone Number: <input type="text" value="(931) 920-7249"/>	Fax Number: <input type="text" value="(931) 920-7202"/>	

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	Centerstone of Tennessee, Inc.
Applicant's DUNS Name:	0228383580000
Federal Program:	Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need
CFDA Number:	93.243

1. Has the applicant ever received a grant or contract from the Federal government?
 Yes No
2. Is the applicant a faith-based organization?
 Yes No
3. Is the applicant a secular organization?
 Yes No
4. Does the applicant have 501(c)(3) status?
 Yes No
5. Is the applicant a local affiliate of a national organization?
 Yes No
6. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or fewer 15-50
 4-5 51-100
 6-14 over 100
7. What is the size of the applicant's annual budget? (Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.