

# Service Design Site Visit Report

Centerstone of Tennessee  
Clarksville, Tennessee



Date of Site Visit: February 6–7, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

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# Centerstone of Tennessee

<b>Grantee Name</b>	Centerstone of Tennessee
<b>Address</b>	Harriett Cohn Center Outpatient Office 511 8th Street, Clarksville, TN 37040
<b>Site Visit Dates</b>	February 6–7, 2014
<b>Program Name</b>	Tennessee Web-Based Recovery-Oriented System of Care (TN e-ROSC)
<b>Grant TI Number</b>	TI 024724
<b>SAIS Number</b>	3905
<b>Grantee Contact Person</b>	Matthew Hardy, Psy.D.
<b>Government Project Officer</b>	Kate Wetherby
<b>Site Visit Team Members</b>	Dave Wanser, Ph.D., and Leslie McElligott, M.P.A.

Grantee Project Team Members	
Charles Brown, Ph. D.	Centerstone Research Institute Lead Evaluator
Menzo Faassen, M.S.	Centerstone of Tennessee Therapist
Matthew Hardy, Psy.D.	Centerstone of Tennessee Project Director
Prasad Kodali	Centerstone Research Institute Vice President for Information Technology
Ben Middleton, M.S.	Centerstone of Tennessee Chief Operating Officer for Clinic Services
Heather Nelms, M.P.H.	Centerstone Research Institute Research Associate
Aaron Stormer, M.A.	Centerstone of Tennessee Program Manager
Jerome Viltz	Centerstone Research Institute Research Associate



*TN e-ROSC team top left to right: Menzo Faassen, Matt Hardy, Charles Brown;  
bottom left to right: Heather Nelms, Jerome Viltz, Aaron Stormer*

### Grantee Project Sites Visited

Centerstone of Tennessee  
Harriett Cohn Center  
Outpatient Office

511 8th Street, Clarksville, TN 37040

# Executive Summary

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In August 2013, Centerstone of Tennessee launched the Tennessee Web-Based Recovery-Oriented System of Care (TN e-ROSC) program as part of the Substance Abuse and Mental Health Services Administration's Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant. TN e-ROSC is designed to facilitate traditional treatment approaches using a technology-enhanced version of the Recovery-Oriented System of Care (ROSC) model to improve client care coordination, communication, and health outcomes. The program plans to make use of several technology platforms to facilitate service delivery to clients including a mobile-responsive and interactive Web site, expanded telehealth services, and a client portal linked to Netsmart's electronic health record (EHR) system.

Centerstone of Tennessee is part of the Centerstone network—the Nation's largest provider of community-based behavioral health services. While Centerstone of Tennessee has more than 63 facilities in 19 counties, the TN e-ROSC program will focus on delivering care to clients in 9 underserved counties in middle Tennessee and 3 neighboring counties in Kentucky. Its expansive reach necessitates the use of technology-enhanced services to effectively and efficiently reduce health disparities and barriers to care.

A team from JBS International's Technology-Assisted Care (TAC) portfolio conducted a site visit to Centerstone of Tennessee on February 6–7, 2014, to review program accomplishments and identify potential areas where technical assistance may enhance achievement of program goals. The site visit team focused on understanding existing implementation and service delivery strategies. After receiving a brief overview of the program, the team met with Angie Hopkins from the Tennessee Department of Labor's Career Center in Clarksville to discuss cross-collaboration opportunities between the agencies. The conversation focused on identifying employment-related resources that clients might find helpful and exchanging ideas on how to improve the TN e-ROSC Web site's functionality. The team then spoke with a client to get direct consumer feedback on the site's utility. The program staff reconvened to discuss the strategy for prioritizing their use of technology. To further guide the discussion, the team spoke with Centerstone Research Institute's vice president for information technology and Centerstone's chief operating officer about how the TN e-ROSC program supports Centerstone's overall vision for leveraging technology to engage clients. The visit concluded with a discussion about Centerstone's approach to support quality improvement and sustainability activities driven by the Affordable Care Act (ACA). The team also considered data collection strategies to inform next steps and demonstrate the impact of technology in improving health outcomes.

The JBS implementation site visit came at a time when TN e-ROSC staff are making important decisions about the direction they hope to take technology to most effectively meet program objectives. While the program is still in the early design and implementation stages, it is essential for staff to take stock of what is available in their technology toolkit and assess the

benefits and burdens of using certain platforms. Among the various strategic elements discussed during the visit, the following appear most critical:

- ▶ The success of the TAC program has organization-wide implications for Centerstone, particularly as the organization expands technology into other locations within its catchment areas.
- ▶ It is necessary to form a technology governance process in which leadership, administrators, providers, and support staff are actively involved in identifying and setting priorities for Centerstone's use of technology, including adaptations to its v-Recover.com Web site and the client portal.
  - A governance group will help to prioritize decisionmaking around the selection, integration, and use of technology and develop strategies to determine how technology will complement existing client services and secure Centerstone's foothold in the fiercely competitive health care environment.

A review of the v-Recover Web site during the community partner and consumer discussions revealed that the site could be improved in several ways. The site's current format was described as overwhelming and difficult to navigate. Viewers mentioned that a revised resource list would be beneficial to TN e-ROSC clients interested in learning about education, housing, child care, and career opportunities, among other topics. Integrating more robust search features and video capability were also recommended. Soliciting client input on the kinds of resources that best meet their needs and presenting information in a streamlined, user-friendly way will significantly improve engagement and retention on the site. This discussion raised the overall value of conducting client focus groups and general inquiries early in the design phase to shape programmatic and strategic planning decisions. The program team should draw from consumer findings when negotiating Web site changes with the vendor.

While awaiting implementation of the client portal and mobile responsive Web site, TN e-ROSC may wish to expand upon traditional point-to-point telehealth technology used primarily by mobile crisis participants and child psychiatric cases. Centerstone's newly opened technology-enabled facility in Nashville could be used to deliver distance treatment—such as individual and group counseling sessions—while the Clarksville location works to expand its capacity. Adapting workflow strategies (i.e., shorter but more frequent sessions) and seeking reimbursement avenues will aid in the sustainability of offering telehealth services.

Establishing a workflow to address continuity of care, efficiencies, and growth—as informed by a solid process evaluation—will be essential to TN e-ROSC's success. Important components of the plan should include prioritizing the rollout of different technologies, addressing expansion of client rosters, and managing data collection requirements. The program will need to continue to adjust workflow assumptions as guided by program staff, providers, and clients.

The benefit of completing the implementation site visit early in the grant cycle is that TN e-ROSC can reset timelines and milestones for the upcoming year without considerable disruption. The site visit team noted that program staff have a firm understanding of technology's role in the changing health care landscape and are mindful of long-term strategies to support program success.

Mobile-responsive and remote technologies are seen as essential for securing the organization's future. Fortunately, Centerstone's leadership treats technology as an investment that can enhance service delivery. The program has access to well-trained, experienced, and capable staff with the appropriate technical skills and business know-how to facilitate Centerstone's current and anticipated needs. The organization has sophisticated technology support systems that can effectively adapt to growing needs, particularly with regard to ACA requirements such as quality metrics, bidirectional communication, and EHR connectivity.

The Centerstone of Tennessee site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the TN e-ROSC team to enhance productivity and plan for the future.



# Grantee Overview and Environmental Context

**C**enterstone of Tennessee is headquartered in Clarksville, Tennessee—branded as “Tennessee’s Top Spot.” As described in the grant application, the Tennessee Web-Based Recovery-Oriented System of Care (TN e-ROSC) program is designed to use technology to “expand and enhance access to culturally competent, evidence-based, and trauma-informed community-based health care for adults in nine underserved, primarily rural counties” in middle Tennessee (counties of Cheatham, Dickson, Houston, Montgomery, Robertson, and Stewart), Kentucky (counties of Christian, Trigg, and Todd), and Fort Campbell Army base, whose 101st Airborne Division is the most deployed contingent in the Army.

*Centerstone of Tennessee has more than 50 years of experience providing substance abuse and mental health services to individuals and families. Centerstone’s mission is to prevent and cure mental illness and addiction by fostering recovery and resilience so that people may live, work, learn, and participate fully in their communities. The Centerstone network is the largest of its kind in the Nation to support quality care and promote long-term recovery among clients.*

Centerstone provides a comprehensive menu of client services to address substance abuse and mental illness, among them—

- ▶ Alcohol, drug, and co-occurring disorder treatment services
- ▶ Intensive outpatient and in-home treatment services
- ▶ Individual, family, and group counseling
- ▶ Residential services
- ▶ Case management services
- ▶ Child and family services
- ▶ Court services
- ▶ Targeted services for homeless, veteran, immigrant, and refugee populations
- ▶ Mobile therapy
- ▶ Crisis call center

With a staff of 1,100 employees and multiple clinics, Centerstone of Tennessee helps more than 50,000 individuals each year address their co-occurring substance use and mental health disorders. The target population includes primarily rural and underserved White and African American adult men and women; however, TN e-ROSC’s catchment area includes individuals who are veterans, racial/ethnic minorities, and those involved in the criminal justice system. The program reports that many of its clients experience disproportionate obstacles to care because of social isolation, limited access to primary and behavioral health care providers, low

education and literacy levels, and high rates of poverty (19 percent) and unemployment (8.2 percent). See a Centerstone poster in exhibit 1.

**Exhibit 1. Poster for Centerstone of Tennessee**



Rates of substance abuse and dependence fueled by alcohol, illicit drugs (e.g., cocaine, other stimulants, opioids), marijuana, and nonmedical prescription drug use are expanding rapidly among clients as are mental health disorders. Rural Tennessee communities have seen disproportionate increases in opiate/narcotic use in the past 10–15 years, and the use of stimulants has tripled statewide (Kedia, 2007).<sup>1</sup>

Clarksville is home to many military personnel (38,000 active-duty and civilian members), veterans (39,000), and their families (125,000) stationed at Fort Campbell Army Base and in the surrounding communities. The installation's high deployment rate has contributed to a rapidly expanding need to address adverse psychosocial outcomes, including increased risk for posttraumatic stress disorder, traumatic brain injury, and substance use (Hoge & Castro, 2005).<sup>2</sup>

The rural landscape and limited treatment and transportation options mean that many residents are unable to receive adequate care without staff driving long distances. The use of technology to engage and retain such clients in services is essential to curbing the consequences of substance use and mental illness. TN e-ROSC is committed to using technology to support delivery of services.

## 1. Site Visit Overview

A team from JBS International's Technology-Assisted Care (TAC) portfolio conducted a site visit to Centerstone of Tennessee on February 6–7, 2014, to review program implementation progress and identify potential areas where technical assistance may enhance program goals. Day 1 of



<sup>1</sup> Kedia, S. (2007). *Substance abuse in Tennessee*. Institute for Substance Abuse Treatment Evaluation (I-SATE). Retrieved from <http://www.isate.memphis.edu/Reports.html>

<sup>2</sup> Hoge C. W., & Castro, C. A. (2005). Impact of combat duty in Iraq and Afghanistan on the mental health of U.S. soldiers: Findings from the Walter Reed Army Institute of Research land combat study. In *Strategies to maintain combat readiness during extended deployments: A human systems approach*. Meeting Proceedings RTO-MP-HFM-124, Paper 11.

the visit began with a meeting of the JBS team and TN e-ROSC staff to learn about the organization and the staff members' role in supporting the program's success. The team received an indepth overview of the program and discussed general implementation and service delivery strategies. The discussion focused on how technology is put to practice and the benefits and burdens of implementation. The team then met with a representative from the Tennessee Department of Labor's Career Center in Clarksville to discuss how the Career Center can partner with TN e-ROSC to increase opportunities to engage clients in service, particularly given the relationship between rates of unemployment and substance use. The discussion focused on ways the Career Center can promote TN e-ROSC and use technology (e.g., video tutorials, Webinars) to provide basic job skills to clients. The team then met with a Centerstone client to discuss his views on using technology and the kinds of resources that would be most beneficial to him. Both conversations offered insight into how the v-Recover Web site could be enhanced to improve the user experience. The site visit team spent the remainder of the day discussing TN e-ROSC's implementation strategy and reinforcing the importance of establishing a governance board to prioritize action.

On day 2, the site visit team continued discussions with TN e-ROSC staff about their implementation strategy. The team also spoke with Centerstone Research Institute's (CRI) vice president for information technology and Centerstone's chief operating officer about the role of technology in Centerstone's business model and how data can support quality improvement and sustainability activities necessitated by the Affordable Care Act (ACA). The team continued conversations about program evaluation efforts and data collection strategies in the early stages of the grant. The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer Kate Wetherby to recount the team's overall observations and recommendations.

## 2. Program Vision and Design

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TN e-ROSC is administered by Centerstone of Tennessee's Clinic Services Department, which provides clients with substance use and co-occurring disorder services (e.g., education, treatment, individual/group/family therapy, psychiatric evaluations, medication management, psychological testing, emergency care). Technology will enable clients to access substance use disorder treatment and recovery services that might not otherwise be available to them. According to the TN e-ROSC grant application, anticipated project outcomes include increasing participant recovery capital by 50 percent (i.e., intrapersonal, interpersonal, and environmental resources that can be used to aid recovery), reducing substance use by 60 percent, and providing education and training for 200 community resource partners on e-ROSC platforms.

The TN e-ROSC program will build on Centerstone's commitment to expand technology to improve client health outcomes. Among its primary goals, the program plans to enhance its technology infrastructure by building a client portal with capabilities to enable clients to track outcomes between visits, update their personal health records, and maintain better and more

frequent communication with health care providers by phone and text. They can also receive appointment reminders and link to pharmacies about prescription refills. Clients will be able to take advantage of increased provider engagement as a result of expanded telehealth services and a mobile responsive and interactive virtual recovery Web site—for use with smartphones and tablets. The site integrates resources and other features designed to facilitate recovery. Exhibit 2 outlines TN e-ROSC’s intended goals and objectives.

***Exhibit 2. Centerstone of Tennessee’s Program Goals and Objectives***

<b>Goals and Objectives</b>	
<b>Goal 1:</b> Develop a sound infrastructure and capacity to enhance and expand care coordination.	
<b>Objective A:</b> Enhance Centerstone’s culturally competent team of therapists, care coordinators, and outreach/referral staff by adding recovery coaches trained in using and teaching the e-ROSC system.	
<b>Objective B:</b> Provide e-ROSC-enabled treatment services and followup for 150 adults (year 1, 25; year 2, 75; year 3, 50).	
<b>Objective C:</b> Ensure consumer representation and community participation in all phases of the planning, implementation, and evaluation of TN e-ROSC.	
<b>Objective D:</b> Establish and maintain a TN e-ROSC advisory council, including participants and family members, behavioral health professionals, and other stakeholders.	
<b>Objective E:</b> Develop and sustain linkages with community-based organizations and agencies that provide wraparound recovery services for the focus population.	
<b>Goal 2:</b> Establish a fully functional Web-based e-ROSC in the focus area.	
<b>Objective A:</b> Implement the e-ROSC Web portal, including integrated Web-based tools for identifying needs, tracking treatment progress, and adjusting treatment alternatives based on outcomes.	
<b>Objective B:</b> Link the e-ROSC Web portal to Centerstone’s new electronic health record (EHR), which is certified for meaningful use.	
<b>Objective C:</b> Develop and refine e-ROSC mobile platform and applications for smartphones and tablets.	
<b>Objective D:</b> Connect e-ROSC to Centerstone’s analytics platform to measure technology use of the personal health record Web portal by consumers and TN e-ROSC partners, identifying components of typical use.	
<b>Goal 3:</b> Increase the awareness and education of TN e-ROSC participants and partners on use of the e-ROSC portal.	
<b>Objective A:</b> Train at least 150 adults with substance use disorders to use the e-ROSC portal to track and manage their health.	
<b>Objective B:</b> Educate and train 200 community resource partners (e.g., law enforcement, judges, medical providers, faith leaders) in the use of the e-ROSC portal and related privacy issues.	

Goals and Objectives
<b>Goal 4:</b> Improve outcomes for program participants.
<b>Objective A:</b> Increase participants' recovery capital (i.e., sum of supports needed to help them reach and sustain recovery) by 50 percent.
<b>Objective B:</b> Reduce substance use by 60 percent at 6-month and discharge followups.
<b>Objective C:</b> Reduce mental health symptomatology by 50 percent at 6-month and discharge followup for participants with mental health conditions.
<b>Objective D:</b> Achieve 80 percent participant retention rate.
<b>Objective E:</b> Enhance the functionality of Centerstone's current substance abuse services, including SAMHSA-funded projects, to include access to the e-ROSC system.
<b>Goal 5:</b> Develop/disseminate a thoroughly documented service model for replication across the State and Nation.
<b>Objective A:</b> Conduct a comprehensive evaluation, including documentation of fidelity, process, and outcomes, and report on required performance measures.
<b>Objective B:</b> Track, assess, and reduce subpopulation disparities through a data-driven quality improvement process.
<b>Objective C:</b> Produce manuals, materials, publications, presentations, and other products for dissemination and replication of the model.

The TN e-ROSC program uses the ROSC model, an evidence-based strategy for treating and promoting recovery among those with substance use disorders. ROSC is an integrated, person-driven model that emphasizes the strength and resilience of individuals, families, and communities to support the steps necessary to prevent, intervene in, and treat substance use disorders and to address stage-specific needs spanning an individual's recovery journey. In keeping with the ROSC model, Centerstone anticipates building a client Web site that serves as a one-stop shop for community resources (e.g., chat, videos, appointment reminders, event calendar) and provides portal functionality for clients to engage in resources customized to their treatment plans.

Recovery coaches are instrumental to the treatment process. They encourage participation in the community, which boosts treatment retention and service engagement (SAMHSA, 2009<sup>3</sup>; Bott & Warner, 2010<sup>4</sup>; Hser & Anglin, 2011<sup>5</sup>). Clients work closely with their recovery coaches to generate an updated individualized recovery plan that outlines their goals across several

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2009). *What are peer recovery support services?* Rockville, MD: Center for Substance Abuse Treatment, SAMHSA, U.S. Department of Health and Human Services.

<sup>4</sup> Bott, C., & Warner, L. (2010). Toward a research agenda that supports recovery-oriented systems of care. *Research in Brief*. Issue 4. New York State Office of Alcoholism and Substance Abuse Services.

<sup>5</sup> Hser, Y. I., & Anglin, M. D. (2011). Addiction treatment and recovery careers. In *Addiction, Recovery, Management Theory, Research and Practice*. J. F. Kelly & W. L. White (Eds.). Retrieved from <http://www.springer.com/978-1-60327-959-8>

important arenas (e.g., finances, legal difficulties, education, employment, social life, spirituality). Recovery coaches—such as Menzo Faassen—have been trained to offer evidence-based treatment interventions, including the Hazelden Co-Occurring Disorders Treatment Program, Recovery Life Skills Training, Telephone Monitoring and Adaptive Counseling, Contingency Management, Brief Strengths-Based Case Management, and Double Trouble in Recovery. These interventions provide an integrated, holistic, person-centered, trauma-informed treatment approach that aligns with substance abuse and co-occurring disorders treatment, counseling, case management, and recovery support groups.

Centerstone has extensive policies and procedures in place related to the Health Information Portability and Accountability Act and Title 42 Code of Federal Regulations to protect client information. Upon enrollment in the program, participants receive information about patient protection, privacy rights, and consent releases. Web-based resources are available to supplement written information. Recovery coaches provide a verbal explanation of the risks and benefits of different technologies and assist clients in feeling more comfortable using them.

Centerstone of Tennessee and its partner CRI have experience with technology implementation. They use principles of organizational change theory and strategies such as participatory design and usability testing to inform health information technology implementation and evaluation processes. Details about CRI's role appear in section 9.

In preparation for the TCE-TAC grant, TN e-ROSC staff developed a mobile platform wish list. They opted to scale back their original objectives and focus on using ROSC concepts, incorporating the Recovery Capital Scale and Plan and weekly assessment in their program. Ideally, Centerstone would like to offer all its services via a mobile application and portal. They hope to build a framework that will facilitate this kind of growth in the future.

Centerstone plans to enhance its current Web site platform and implement a Web-based client portal in 2014. Program director Dr. Matthew Hardy is actively seeking vendor proposals to move forward with plans to launch mobile responsive technology. Centerstone is currently collaborating with White Pines Systems, LLC, which operates under the name Secure Personal Information and Notification Network (or SPINN). This organization is the developer of the SPINN personal health record (PHR) HealthVault-enabled Web portal for chronic illness. SPINN is the same company used by Centerstone of Indiana to develop its portal. The team is reviewing the current Web site and will consider incorporating feedback from client focus groups and queries to refine its features and improve the user experience.

According to the grant application, TN e-ROSC program staff developed the project timeline shown in exhibit 3.

**Exhibit 3. Centerstone of Tennessee's Project Timeline**

Tasks	Year 1 Q1	Year 1 Q2	Year 1 Q3	Year 1 Q4	Year 2	Year 3	Responsible Personnel
Orient e-ROSC IT project manager	✓						project director
Implement grant reimbursement process	✓	✓	✓	✓	✓	✓	project director
Secure space and purchase equipment	✓						project director, IT project manager
Hire and orient treatment team	✓						program manager
Coordinate contracting for EHR linkage and mobile application development and implementation	✓	✓	✓	✓	✓	✓	IT project manager
Coordinate and implement technology use tracking with CRI analytics staff	✓	✓	✓	✓	✓	✓	IT project manager
Implement space arrangements for staff	✓						program manager
Develop and expand linkages for services	✓	✓	✓	✓	✓	✓	program manager
Develop policies and procedures	✓						project director, IT project manager
Develop brochures and pamphlets	✓						program manager, recovery coach
Develop evaluation and data collection protocols	✓						evaluator
Implement ongoing community outreach and education	✓	✓	✓	✓	✓	✓	program manager
Implement participant outreach and engagement	✓	✓	✓	✓	✓	✓	program manager, recovery coach
Establish and convene the advisory council	✓	✓	✓	✓	✓	✓	project director, advisory council
Coordinate e-ROSC training for program staff	✓	✓	✓	✓	✓	✓	program manager
Coordinate staff training on ROSC, cultural competency, etc.	✓	✓	✓	✓	✓	✓	program manager
Coordinate e-ROSC training for community partners		✓			✓	✓	program manager
Provide e-ROSC training for program participants		✓	✓	✓	✓	✓	program manager, recovery coach
Implement and facilitate intensive ROSC services		✓	✓	✓	✓	✓	program manager, recovery coach



Tasks	Year 1 Q1	Year 1 Q2	Year 1 Q3	Year 1 Q4	Year 2	Year 3	Responsible Personnel
Collect data and implement tracking and followup procedures		✓	✓	✓	✓	✓	evaluator
Develop model manuals, materials, and other products				✓	✓	✓	evaluator
Compile, analyze, and present findings				✓	✓	✓	project director, evaluator
Participate in national meetings				✓	✓	✓	project director, evaluator
Participate in efforts to sustain project				✓	✓	✓	project director, evaluator, advisory council
Train treatment staff in other Centerstone programs to use e-ROSC					✓	✓	program manager, recovery coach

The 3-year project will enroll 150 unique adults (year 1, 25; year 2, 75; year 3, 50). Among the clients TN e-ROSC expects to serve are 63 men and 87 women of diverse racial/ethnic backgrounds (90 White, 45 African American, 10 Hispanic/Latino, and 5 other). Of identified subpopulations, TN e-ROSC expects to serve an estimated 15 veterans and their family members, 8 persons with past criminal involvement, and 120 individuals with co-occurring mental disorders. To date, Centerstone has enrolled 10 clients.

### 3. Grantee Leadership

TN e-ROSC's program staff have years of direct service experience in substance abuse treatment, social work, and program management and a clear understanding of the value of technology to enhance treatment outcomes. Centerstone's leadership is keenly aware of technology's role in the future of health care and is invested in adapting its strategies to comply with changes anticipated by ACA. When speaking with CRI's vice president for information technology Prasad Kodali and Centerstone's chief operating officer Ben Middleton about opportunities for the agency to build on existing technology, it was apparent Centerstone would like to expand traditional point-to-point service delivery models and offer platforms that easily and effectively reach clients outside of the time they spend with their provider.

As TN e-ROSC expands, it will become more important to form a governance group to help prioritize program activities, particularly related to enhancements designed to increase the use of technology. The governance group—composed of key administrators, policymakers, and program staff—can develop strategies to determine how technology will complement client services and enable the organization to compete in the rapidly evolving health care environment.



The TN e-ROSC team remains flexible in its design and implementation strategies, recognizing there is no one-size-fits-all approach to service delivery. The team is amenable to adapting the program as needed to address challenges and considerations beyond implementation—including sustainability and readiness for ACA.

## 4. Implementation Plan

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Centerstone leaderships view the TN e-ROSC grant as an exciting opportunity to integrate new systems and coordinate care across different provider networks. The TN e-ROSC program plans to implement several types of technology, including a mobile responsive and interactive virtual recovery Web site (v-recover.com), a secure client portal, and telehealth services. Staff are deciding on which of the different technology platforms to focus on first. They were encouraged to design technology with the end user in mind; that is, to consider the customer experience to achieve the greatest benefit and least frustration. Soliciting client feedback by holding focus groups and/or having clients complete simple inquiries to gauge what elements are most meaningful to them will help guide decisionmaking. For example, during the discussions with the community partner and consumer, it was determined the Web site may require additional modifications, including changes to the resource page, before it is released to clients. Querying clients on their preferences will increase their willingness to use the site, improve its overall utility, and make a stronger case when negotiating changes with prospective vendors.

Centerstone of Tennessee contracted with Netsmart Technologies, Inc., in 2001 to implement the EHR system. The current platform is being updated to meet stage 2 meaningful use certification requirements. Developing technologies for the TN e-ROSC program that are compatible with the EHR is a priority for program staff to ensure long-term sustainability. The v-recover client portal, for example, does not connect to the EHR, but future iterations will.

The portal will serve many functions. First and foremost, it will enable clients to enter and review their personal health information, track outcomes, and receive messages and reminders. Beyond addressing substance abuse issues, the portal can act as a virtual library to empower recovery. As mentioned, including information on other topics that affect client's lives (e.g., resources on education, employment, dealing with emotions, housing) may be helpful. Posting video tutorials and client testimonials are other useful tools to encourage engagement and retention.

Telehealth may be an effective option in the immediate term while more sophisticated technologies are developed, particularly since Centerstone of Tennessee already provides distance treatment services using the Cisco Jabber teleconference system to support crisis care and child psychiatric cases. The new Centerstone state-of-the-art Nashville facility may be a promising pilot site. Providing telehealth services may require adapting workflows to offer shorter but more frequent sessions. Other considerations related to reimbursement and

equipment capabilities will also need to be addressed, although in many cases the cost-benefit of saving staff time otherwise needed to travel to see clients may offset the lack of reimbursement.

A major component of program implementation includes facilitating cultural change within organizations. Technology can be intimidating for staff and clients, but this reaction diminishes over time and with practice. Implementing any new technology or workflow will necessitate client and staff buy-in. Identifying champions is essential. It will be important to anticipate and respond to initial frustrations by having a well-communicated plan and timeline in place to ease the transition. Technology is not meant to be an impediment to client care. Some providers in the Centerstone network may be resistant to adopting new, less traditional approaches to care. However, program staff believe attitudes are shifting, particularly when providers see the benefits of improved client outcomes, reduced travel burden, and reimbursement parity. Establishing a training protocol and utilizing recovery coaches will help to facilitate technology adoption.

To facilitate the decisionmaking process related to technology implementation, TN e-ROSC is encouraged to form a governance group (described in section 3) to help prioritize program activities while also being mindful of clinical, financial, and technological issues that affect the entire organization. The group's input will be particularly helpful when negotiating with vendors and will contribute to long-term sustainability.

## 5. Community Linkages, Partners, and Participation

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The TN e-ROSC program has partnered with CRI to provide research, analytic, and evaluation support. CRI originally served as the research hub for the Centerstone network but became a stand-alone, not-for-profit organization in 2001. CRI's lead evaluator Dr. Charles Brown has committed to working with TN e-ROSC program staff to (1) review and update the program's logic model (see attachment); (2) implement process and outcomes-based evaluations; and (3) routinely collect, analyze, and report findings (see section 9 for additional details).

TN e-ROSC has also received support and guidance from partner site and fellow TAC grantee Centerstone of Indiana whose project director and vice-president for recovery and innovation Linda Grove-Paul has provided information on the client portal and data collection strategies. Centerstone of Indiana's experience implementing its own e-ROSC system to engage and retain hard-to-reach, underserved clients in treatment has been a helpful resource for TN e-ROSC to reference in the initial design and implementation stages.

As indicated in the grant application, TN e-ROSC program capacity development and stakeholder awareness efforts will be supported by an advisory council composed of program

participants and family members, primary and behavioral health professionals, State and local government agencies, and other stakeholders. Centerstone has received pledges of support from several organizations in the immediate catchment area and across the State, many of whom have agreed to participate on the TN e-ROSC advisory council and/or serve as referral sources. Among them—

- ▶ The Tennessee Department of Mental Health and Substance Abuse Services
- ▶ The Tennessee Department of Health and local health departments
- ▶ The Tennessee Department of Labor
- ▶ Department of Veterans Affairs offices
- ▶ Criminal justice systems (i.e., law enforcement, jails/prisons, courts, probation/parole offices)
- ▶ Alcoholics Anonymous, Narcotics Anonymous, and Dual Recovery Anonymous
- ▶ Halfway house facilities
- ▶ Residential treatment providers
- ▶ Local hospitals and provider groups (i.e., Gateway Medical Center, Northcrest Medical Center, Matthew Walk Comprehensive Care Center)
- ▶ The National Alliance on Mental Illness<sup>6</sup>
- ▶ Mental Health America of Middle Tennessee<sup>7</sup>
- ▶ Tennessee Equity Project
- ▶ Tennessee Immigrant and Refugee Rights Coalition
- ▶ Center for Refugees and Immigrants of Tennessee
- ▶ Vocational Rehabilitation Services
- ▶ Catholic Charities of Tennessee

Because familiarity with different forms of technology varies among Centerstone partners, TN e-ROSC intends to develop a training protocol for new staff to learn about technology. Centerstone's program director plans to implement a training rubric for the e-ROSC Web portal, along with support documents (e.g., video tutorials). Recovery coaches will play a critical role in working with community partners and their clients to facilitate technology adoption.

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<sup>6</sup> The National Alliance on Mental Illness maintains a helpline for information on mental illnesses and referrals to local groups who offer support, advocacy, education, and information about community services for those with co-occurring disorders.

<sup>7</sup> Mental Health America provides education and information to the general public on mental health and addictive disorders.

As discussed during the site visit, support for the project must be top-down and bottom-up. TN e-ROSC program staff are working with partner agencies such as the Career Center in Clarksville to identify champions among administrators, providers, and clients. Identifying additional partners in the community, and advocates from within the Centerstone network will be particularly important to assist with program sustainability efforts.

## 6. Client Outreach, Recruitment, and Referral

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Centerstone of Tennessee is a recognized provider of substance abuse services in middle Tennessee and is passionate about delivering quality care and empowering clients to embrace health and wellness. Leveraging technology to engage clients is a priority. The strategy is to offer streamlined, user-friendly platforms that contain meaningful content and help improve health outcomes. Clients will be referred to TN e-ROSC through several channels internally and via external partner networks (see section 5).

The TN e-ROSC program has recovery coaches conduct client outreach and engagement activities. Coaches will actively recruit clients from various community settings (e.g., homeless shelters, health care facilities, State/local agencies, faith-based organizations) in addition to coordinating internal Centerstone referrals. The program also plans to develop and expand on its local stakeholder network. According to the TN e-ROSC grant application, the program anticipates reaching at least 1,000 community stakeholders.

Recovery coaches will educate potential TN e-ROSC clients and referral sources about available support services. Coaches will serve as guides to ensure recovery supports are responsive to client needs. They will conduct outreach and educate community leaders (e.g., health care providers, spiritual leaders) about their role in helping clients overcome stigma associated with receiving care. Clients interested in participating in TN e-ROSC will work with the recovery coaches to assess treatment goals and learn how different forms of technology can contribute to their success.

Once operational, the client portal will include various engagement tools such as links to peer support networks, discussion forums, and community events. Clients can also set goals and track their progress.

## 7. Affordable Care Act Readiness

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TN e-ROSC staff are in the design and implementation stages of program development; however, they are mindful of the changes outlined under ACA, particularly with regard to technology use and increased focus on quality metrics. Fortunately, the TN e-ROSC program is part of a broader, organization-wide strategy to meet meaningful use data standards

established under the Health Information Technology for Economic and Clinical Health Act and ACA. Predicting financial and population health offsets will be an essential part of ACA quality expectations, and data will help to tell the story.

To achieve the greatest outreach capacity, Centerstone of Tennessee is advocating for primary care integration with behavioral health settings. At this time, TN e-ROSC's partners (both internal and external) have varying degrees of EHR readiness. Primary care clinics in six of Centerstone's main locations have an EHR that is compliant with meaningful use stage 2. The organization is also considering how clients can share their health information with non-Centerstone affiliated clinics. Because of lack of funding, Tennessee's Health Information Exchange (HIE) was dissolved in 2012; however, Centerstone plans to participate in future HIEs that may be developed.

The site visit team encouraged the TN e-ROSC program to develop a strategic plan that aligns with ACA requirements to guide the organization's technology investment. The plan should be comprehensive, aligned with the broader organization, and meet clients' needs. Questions to consider include—

- ▶ Will the program design be supportable in 3 to 4 years?
- ▶ Does the program consider structured data taxonomies?
- ▶ How will payment reform, data exchange, and data integration affect processes within the organization?
- ▶ What is the client experience?
- ▶ Are clients adhering to and supported in accomplishing treatment recommendations?

Offering technology to supplement treatment services is a strong leveraging tool for organizations to compete in today's health care environment and represents the future of health care. A solid outcomes-based, data-informed strategy will help TN e-ROSC secure Centerstone of Tennessee's role as a leader in technology-supported behavioral health care.

## 8. Sustainability Planning

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Centerstone of Tennessee has a global perspective on how technology enhances client care, which is essential for program sustainability. While implementation has been TN e-ROSC's primary focus, staff have considered the importance of developing a long-term sustainable practice model. Notably, the involvement of leadership in technology enhancement and sustainability discussions will further enhance buy-in opportunities.

Developing a menu of services to cater to the distinct and individualized needs of the client population will support engagement and retention efforts and ultimately enhance TN e-ROSC's

sustainability potential. Incorporating client feedback into decisionmaking processes will ensure needs are met and facilitate recovery.

Centerstone of Tennessee leadership does not want the TN e-ROSC program to operate in isolation. Staff are working to identify ways to merge the program's technology with other departments across the Centerstone provider network in Illinois, Indiana, Kentucky, and Tennessee. The program plans to integrate all e-ROSC technology in the existing Centerstone infrastructure so that hardware and software upgrades, maintenance, and other elements will be completed as part of standard operating protocol.

TN e-ROSC can demonstrate why there should be parity between in-person and distance treatment services. A cost-benefit analysis backed by a well-informed data reporting mechanism will help build the case for the program's value. Important outcome measures include the capacity to increase client compliance with treatment plans and reduce unnecessary use of services. It is believed Centerstone of Tennessee's TN e-ROSC program could become a self-sustaining operation once initial design, implementation, and evaluation phases are underway.

## 9. Grantee Evaluation

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TN e-ROSC has been operating for a short time and does not have robust evaluation data to report. The program anticipates enrolling 150 clients over the course of the 3-year grant. Of the 25 adults TN e-ROSC plans to serve in the first year, 10 clients have enrolled in the program to date (7 men and 3 women). Sixty percent of clients are between ages 25 and 44. Clients identified themselves as White (40 percent), African American (40 percent), or other (20 percent). Clients reported alcohol and marijuana/hashish as their primary drug of choice.



CRI is the evaluator for the program and will provide a range of evaluation services to support TN e-ROSC's success and quality improvement goals.

CRI will work closely with staff to review and update the program's logic model and provide data and feedback to meet SAMHSA's reporting requirements. Monthly reports and regular consultation will help address issues in a timely fashion.

CRI's evaluation strategy is based on the principles of community-based participatory evaluation. This is a collaborative approach that draws on the strengths of all program stakeholders to address a topic of importance and combine collective knowledge with action to achieve goals. Together TN e-ROSC clients and community partners will be engaged in all phases of the evaluation process, including instrument selection, data collection, and reporting.

Beyond entering Government Performance and Results Act (GPRA) data (i.e., baseline, discharge, 6-month followup) in the online Services Accountability Improvement System, TN e-ROSC will conduct process and outcome evaluations to measure progress, inform

decisionmaking, and build a case for technology's value to the organization. According to the grant application, the process evaluation will assess data extracted from client interviews, observations of program activities, and a review of program documents. The outcome evaluation will show TN e-ROSC's impact on client health outcomes (e.g., substance use, mental health, criminal justice involvement, service use, recovery support). While on site, the program team considered forming focus groups and client inquiries to assess if and how clients are using and benefiting from technology. It was suggested that asking questions specific to a client's access to the Internet for purposes of using telehealth and portals would be helpful in assessing educational needs and boosting engagement. Consumer input will help improve functionality and inform strategy.

The evaluation team will use several different validated tools to measure outcomes, including the Recovery Capital Scale self-assessment to track internal and external facilitators to recovery, the Outcome Questionnaire to measure mental health functionality across three domains (i.e., symptom distress, interpersonal relations, and social role performance), and the Short Form Health Survey to assess seven health domains (e.g., 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 goals). If tools can be completed electronically, this will significantly improve workflow and data extraction processes.

According to the grant application, TN e-ROSC plans to collect data using Web-based data entry forms on laptop computers with secure wireless Internet connections. GPRA data will be entered directly and automated. Clients will receive a \$20 incentive for completing 6-month followup assessments.

Once the program is fully functional, CRI evaluation staff plan to review data on client demographics, clinical indicators, service and technology use, and recovery-related outcomes to track disparities in access, use, and recovery. They hope to develop an administrator dashboard to consolidate, search, display, and analyze data from the client's personal health record and other technology platforms.

The TN e-ROSC grant program will help Centerstone of Tennessee consider technology's broader role for the overall organization. A successful evaluation strategy will inform technology's ability to add value to health outcomes and effectively demonstrate its return on investment. These factors will be particularly helpful to garner stakeholder buy-in and support future expansion efforts.

## Summary

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Centerstone of Tennessee's TN e-ROSC program is supporting the expansion of technology to adults with substance abuse and co-occurring disorders living in rural communities in middle Tennessee and Kentucky. The program is well aligned with Centerstone of Tennessee's mission

and is committed to enhancing client care by adopting mobile responsive and interactive technology platforms. It is readily apparent that program staff and senior leadership see the value in offering technology to help clients remain on course with long-term recovery.

The site visit to Centerstone of Tennessee came at a time when the TN e-ROSC staff were preparing to make important decisions about the types of technology they wished to deploy. The site visit team encouraged TN e-ROSC staff to assemble a governance group to facilitate decisionmaking, establish timelines, and prioritize activities. The team also recommended using and expanding existing capabilities—such as telehealth services—while the program builds other desired platforms. In the interim, collecting client feedback on the kinds of technologies and resources that are most meaningful to them will help inform next steps.

Although design and implementation considerations are most critical at this juncture, Centerstone of Tennessee has also considered how the TN e-ROSC program can yield long-term benefits for the entire organization. Program staff have already factored in strategies such as shaping evaluation to demonstrate the cost-benefit and value of using technology to improve health outcomes and comply with changes outlined in ACA. With strong leadership and organization-wide support, Centerstone has positioned itself to influence meaningful change in clients' lives.



# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- Centerstone has an extensive history of leveraging different technologies to enhance client care and program operations. For example, the facility has been paperless since 2003. Its management and staff routinely use EHRs, analytics, and other technology to track outcomes across substance use programs.
- Centerstone has longstanding experience with health information technology. The organization implemented an EHR system 13 years ago. It is currently undergoing changes for stage 2 meaningful use certification.
- Centerstone has a well-supported history of successful program implementation at local, State, and Federal levels, including the SAMSHA-funded grant *REALives*, a program that serves racial and ethnic minorities struggling with substance use or co-occurring mental health disorders and HIV/AIDS.

### CHALLENGES

- Clients may have unreliable Internet connections or other limitations that limit their ability to access health information technology applications. TN e-ROSC plans to provide equipment and training to clients as needed.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Finding mobile applications to address issues in addition to substance abuse may be helpful. JBS suggested clients may also be interested in developing life skills related to fitness, nutrition, parenting, building resumes, and dealing with relationships, etc.	X		
2	Design technology with the end user in mind. Consider the customer experience to achieve the greatest potential and minimize frustration.	X		

## Grantee Leadership

### STRENGTHS

- Centerstone's leadership believes in the value of technology to support patient outcomes.
- The TN e-ROSC program team demonstrates passion and drive to achieve goals.

### CHALLENGES

- In the absence of a technology governance group, tasks associated with technology implementation are not prioritized, and effective implementation processes are threatened.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Centerstone will benefit from forming a governance group to help prioritize enhancements designed to increase the use of technology.	X		
2	Centerstone may wish to identify champions from within the organization and among clients to promote the value of using technology to enhance substance abuse treatment services.	X		

## Implementation Plan

### STRENGTHS

- TN e-ROSC program staff have remained flexible in their implementation strategy and are willing to adapt delivery mechanisms as needed.

### CHALLENGES

- TN e-ROSC does not have the e-ROSC portal technology actively in place at this time but is working toward revising a Web site, developing a patient portal, and launching telehealth services.
- Providers that prefer traditional face-to-face client encounters are less inclined to incorporate technology into their practice; implementation will require additional time and staff and client education to overcome such reluctance.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Solicit client input at intake to better determine access to and preference for using different types of technology. JBS provided sample questionnaire language that can be incorporated in the client intake forms.	X		

Implementation Plan				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	Identify experts from within and across the organization who can serve as champions of the technology and encourage broader adoption.	X		
3	During the design process, consider expanding content to include resources that benefit clients' lives, such as information related to employment, dealing with emotions, child welfare, or housing. Content must be relevant and easy to find.	X		
4	There are many recovery-centered resources that clients can access. Consider asking clients for recommendations on the mobile applications, motivational podcasts, and interactive Web sites (e.g., In the Rooms) that will benefit them the most.	X		
5	Consider building a library of online resources: the more robust and searchable, the higher the value.	X		
6	Develop an implementation wish list, and begin by building a foundation of low-cost and scalable technologies.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- Centerstone of Tennessee has received ongoing consultation and assistance from partner organization Centerstone of Indiana.
- Centerstone of Tennessee has a longstanding presence in the community and established partnerships with multiple Federal, State, and local agencies. Its reputation and voice in the community facilitate partnership opportunities.

### CHALLENGES

- Technology competence among community partners and other Centerstone substance use providers varies greatly. TN e-ROSC plans to develop a training protocol and have recovery coaches facilitate adoption of new technologies.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	A detailed workplan may help capture best practices for streamlining staff workflow and continuity of care strategies for clients who are transitioning to different service providers/agencies.	X		
2	Collect qualitative and quantitative data to share with potential partners about the program's value and effectiveness.	X		

## Client Outreach, Recruitment, and Referral

### STRENGTHS

- TN e-ROSC has an extensive partner and referral network from which to identify and engage clients in service.
- Recovery coaches are instrumental in fostering relationships with clients and partners to help them understand the value of participating in TN e-ROSC.

### CHALLENGES

- It may take time for clients and partners to feel comfortable transitioning from more traditional treatment modalities to technology platforms. Understanding client preferences for and access to different technologies will assist in outreach, recruitment, and retention efforts.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Use technology to market technology's potential to improve client health outcomes.	X		

## Client Outreach, Recruitment, and Referral

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	The program may benefit from identifying clients who have had success in their own recovery to serve as champions to others.	X		
3	Texting may serve as an effective marketing mechanism to spread the word about TN e-ROSC and to complement other outreach activities. Consider incorporating “thought-of-the-day” or other motivational messages as part of engagement and retention strategies.	X		

## Affordable Care Act Readiness

### STRENGTHS

- Centerstone of Tennessee program staff are knowledgeable about the effects ACA will have on health care delivery systems. As one of the largest service providers in the State, the organization is actively preparing to meet meaningful use requirements.
- Centerstone of Tennessee understands the value of distance treatment technology on client outcomes and appreciates the role technology will have on the future of patient care. As a long-time user and supporter of technology, Centerstone of Tennessee will continue to refine its processes to meet technology requirements.
- Centerstone of Tennessee has an established EHR system through Netsmart, which is currently undergoing modifications to comply with meaningful use stage 2 requirements.

### CHALLENGES

- Integrating primary care and behavioral health systems across the State is a goal for Centerstone of Tennessee. Facilities are in various stages of EHR readiness.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Technology will serve as the currency of health reform. Consider using the TN e-ROSC program as a way to demonstrate technology’s effectiveness in improving health outcomes for clients outside of static clinical settings. This may help make the case for needed reimbursement reform.	X		

## Sustainability Planning

### STRENGTHS

- Centerstone of Tennessee understands the value of distance treatment technology on client outcomes and appreciates the role technology will have on the future of patient care.
- While program design and implementation have been the primary focus, staff are mindful of the importance of sustaining the project beyond the grant.
- TN e-ROSC can draw from the lessons learned from Centerstone of Indiana partners to determine which features translate into sustainable practices.

### CHALLENGES

- As the program grows, there will be increased demands on staff, which may affect their ability to meet program requirements.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Sustainability planning should begin early and include a focus on workforce and financial strategies that can support the program beyond the life of the grant. Develop a strategic plan for the next several years with a focus on how the program will adapt to the technology requirements outlined under ACA.	X		
2	Consider forming purchasing consortiums to offset costs associated with using large technology platforms such as the Netsmart EHR system.	X		
3	Demonstrate the value of technology in supporting broader Centerstone of Tennessee initiatives by showcasing the program's cost-benefit and savings potential.	X		
4	Develop efficient workflow policies, and ensure staff are operating at the top end of their licenses.	X		
5	Identify stakeholder champions and create a mechanism to produce data-driven results to assist in making the case for expanding funding mechanisms.	X		

## Grantee Evaluation

### STRENGTHS

- TN e-ROSC evaluation is led by CRI, which has worked on several successful SAMHSA-funded evaluations.
- TN e-ROSC plans to offer incentives to clients to encourage continued program participation and the completion of followup reporting requirements.
- TN e-ROSC is motivated to build technology-related questions into the evaluation model to make the case for how technology-based practices enhance client outcomes. This will be an asset for future sustainability efforts.

### CHALLENGES

- TN e-RSOC program is in the early design and implementation stages and does not yet have robust evaluation results to draw from.
- Program workflow may need to be adjusted to accommodate the collection of GPRA and other data elements.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Centerstone may wish to consider developing simple inquiries to gauge the technology features that are most useful to its users.	X		
2	Centerstone may wish to streamline data collection strategies to ease respondent fatigue. Organizing the progression of questions, using skip patterns, and linking responses to tailored resources may increase completion rates.	X		
3	Outcomes data are essential to diversify funding. Collect evidence of program effectiveness to demonstrate why funders should reimburse for distance treatment services.	X		

## Abbreviations and Acronyms

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ACA	Affordable Care Act
CRI	Centerstone Research Institute
EHR	Electronic health record
e-ROSC	Electronic Recovery-Oriented System of Care
GPRA	Government Performance and Results Act
HIE	Health information exchange
ITPM	Information technology project manager
PHR	Personal health record
ROSC	Recovery-Oriented System of Care
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Technology-assisted care
TCE	Targeted capacity expansion
TN e-ROSC	Tennessee Web-Based Recovery-Oriented System of Care



# Attachment Centerstone of Tennessee, TN e-ROSC Logic Model

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