

Service Design Site Visit Report

Prestera Center for Mental
Health Services, Inc.
Huntington, West Virginia



Dates of Site Visit: April 24–25, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



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Attachment

Attachment 1. Prestera TAC Project Data Report (submitted separately)	
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Prestera Center for Mental Health Services, Inc.

Grantee Name	Prestera Center for Mental Health Services, Inc.
Grantee Phone Number	304-525-7851
Address	5600 U.S. Route 60 East, Huntington, WV 25705
Site Visit Dates	April 24–25, 2014
Program Name	Technology-Assisted Care
Grant TI Number	TI 13-008
SAIS Number (TA Number)	3905
Grantee Contact Person	Brent Burgess
Government Project Officer	Wilson Washington
Site Visit Team Members	Dave Wanser, Ph.D.; Iris Chai, M.S.

Grantee Project Team Members	
Karen Yost, M.A.	Principal Investigator/Chief Executive Officer
Brent Burgess	Project Director
Beth Welsh, M.B.A.	Chief Operating Officer
Lisa Kaplan, M.A.	Clinical Director
Girmay Berhie, Ph.D.	Evaluator
Keplana Miriyala, M.D.	Physician, Lincoln County
Mohit Bhardwaha, M.D.	Physician
Kim Ellis	Qualifacts System Administrator
Tony Arthur, AOS	Software Engineer
Josh Cardwell	Software Engineer II
Jennifer Conley, M.A., LICSW	Supervisor, Lincoln County



Left to right: Karen Yost, Brent Burgess, Girmay Berhie, Beth Welsh, Lisa Kaplan

Grantee Project Sites Visited

Pretera at Pinecrest

5600 U.S. Route 60 East, Huntington, WV 25705

Executive Summary

Prestera Center for Mental Health Services, Inc., is a nonprofit, community-based organization providing behavioral health care services to nine counties in West Virginia. With approximately 61 sites that provide access to care, the Prestera Center is the largest behavioral health provider in the State, serving 21,000 consumers annually. The agency provides a broad range of services, including general outpatient services to children, adults, and families; specialized intensive care; wellness coaching; outpatient; detoxification; public inebriation services; and long- and short-term residential housing and permanent recovery housing. The comprehensive range of services offers clients treatment within a fully integrated system tailored to individual needs. The center is much needed as almost all the counties served are considered medically underserved health professional shortage areas for mental health care, as designated by the Health Resources and Services Administration. Rurality and poverty are the main factors contributing to health care disparities and disadvantages for the communities served by Prestera and much of the State.

In August 2013, the Prestera Center was awarded SAMHSA's Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant for the delivery of technology-supported services to individuals seeking behavioral health treatment and recovery services. The center's Technology-Assisted Care (TAC) program supports several of SAMHSA's Strategic Initiatives. The program uses health information technology and electronic medical records (EMRs) to help improve recovery and prevention of substance abuse and mental illness for underserved and economically disadvantaged populations. The 3-year grant program is expected to serve 200 clients in the first year and 100 more each successive year, with a total of 400 by the end of the third year.

Prestera's TAC seeks to address the complete health of clients by improving treatment outcomes through a patient portal (My Health) and expanding an existing telemedicine system to overcome the barriers of rurality, transportation, and socioeconomic status. To expand services to individuals residing in the Appalachian counties of West Virginia, the program uses telemedicine, supplemented by the electronic behavioral health care system CareLogic. Both the My Health portal and the One Health application are accessible from the Prestera Web site. My Health is a secure, Web-based portal developed by Prestera that provides clients the opportunity to access portions of their health records and review upcoming appointments. The One Health application is a secure, online recovery tool designed to help people change their behavior and achieve personal health goals. One Health is not developed by Prestera; the center joined the Web site-based system before the TAC program began. The application is available via kiosk and mobile phone. As an added benefit to seeking services at Prestera, the center offers residential and housing capacity and the availability of rental supplements.

The TCE-TAC team from JBS International, Inc., conducted a site visit to the Prestera Center for Mental Health Services, Inc., on April 24–25, 2014. They visited the Prestera Pinecrest location, a renovated motel with single residential occupancy units and housing for individuals and

women and children. The team reviewed the program accomplishments and identified potential areas for improvement and technical assistance in achieving program goals and sustainability. The visit included a demonstration of the My Health portal, a tour of the facility, and a videoconference session with clinical staff in Lincoln County. Discussions were held with a One Health consumer and two of the center's psychiatrists. The physicians provided feedback regarding their support for the use of technology to enhance the program. The evaluator provided a report on current program findings. The executive leadership and evaluator from Marshall University actively participated in the 1½-day visit.

The grant has been active for 8 months since the award. Staff are working diligently to address improvements to the previous telehealth system. Both the telemedicine infrastructure and portal are being upgraded to better serve the consumers and Prestera staff. Expansion of the telehealth system involves operating the system across multiple platforms and increasing bandwidth, while the portal requires advancements toward a personal health record and creation of a client resource center.

New leadership at Prestera is encouraging cross-functional collaboration, with the information technology department assisting more with technology initiatives than previously. As part of the consumer-driven focus of the program, consumers are members of Prestera's board of directors. Leadership at Prestera, including administrative, technology, and clinical staff, are knowledgeable about the Affordable Care Act and meaningful use and understand the significance of data system interoperability and integration. The grantee is currently experiencing challenges with the system inherited from the previous administration. Qualifacts, the vendor for the CareLogic EMR and portal, has not been able to deliver many of the upgrades Prestera staff requested. The vendor recently lost its meaningful use certification, which is detrimental to the grantee organization. In light of the upcoming contract renewal, the grantee is contemplating seeking another EMR vendor.

The site visit team identified potential areas of assistance regarding implementation and sustainability. When selecting a vendor, the grantee should begin with involving the staff in development of use cases to realistically and accurately reflect the program processes. The grantee should also consider creating a cross-functional governance process for establishing priorities in developing content, technology, and other requirements. Changes will be made throughout the life of the program, and the agency's ability to prepare for change will support successful implementation. Prestera will need to develop an information strategy, including workflow and resource allocation, for the 3-year grant and lay the foundation for sustainability.

It will be important for the leadership team to understand the fundamental ways the Affordable Care Act will require organizational readiness strategies to provide Prestera with a strong foundation for sustainability. The grantee has realized the benefits of technical assistance with previous SAMHSA grants and is eager for possible future assistance. The grantee team was helpful throughout the site visit, and JBS staff look forward to working with them in the future.

Grantee Overview and Environmental Context

Located in Huntington, West Virginia, **Prestera Center for Mental Health, Inc.**, has provided high-quality mental health and addiction services for more than 40 years. Services support care to children, adolescents, adults, and families. Sites are located throughout the counties served (Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne), including both urban and rural locations (see exhibit 1). With more than 60 sites, each county has its own established administrative location. These nine counties represent more than 25 percent of the entire State's population. Funds for the services and programs are provided through a combination of Federal, State, and local taxes; grants; contracts; Medicaid and Medicare; and third-party providers. A separate nonprofit, Prestera Foundation, helps increase public awareness and private support for the agency's programs and services.

Heavily rural and situated in the heart of Appalachia, the counties served by the Prestera Center are congregated in the western part of West Virginia, close to Ohio.

Addressing the community's needs is an important aspect of the center. With the highest per capita number of prescription drugs filled and an above-average suicide rate, West Virginia is faced with population risk factors that demand access to treatment for individuals with addiction and mental health problems. Programs and services are continuously being developed to improve the lives of the community residents, including collaboration with primary care centers, implementation of emergency and support services, and supportive housing and residential programs. With the main Huntington site a renovated motel, the agency is able to provide inpatient and housing services for individuals and women with children who are seeking treatment. These accommodations also aid with providing a continuum of care: Clients can move from inpatient to outpatient programs within the Prestera agency.

As the only State situated entirely within the federally designated Appalachian Region, economic challenges are rampant, despite the overall economic improvements the State has experienced in recent years. The region also has higher than average unemployment and rates of addiction and mental illness, combined with lower levels of education. The Appalachian population also includes a higher per capita incidence of older veterans and their families. Pockets of extreme rurality further inhibit economic development and are medically underserved, thereby exceeding the rate of health care disparities apparent in other parts of the United States.

Multiple barriers prevent this at-risk population from seeking treatment or assistance, including lack of transportation, health insurance, and behavioral health care staff; rurality; and economics. Accordingly, Prestera's TAC program has the potential to address a significant area of need. Expansion of the telemedicine and portal technology will increase the reach of addiction and mental health assistance, promote wellness, support recovery, and improve health outcomes for the underserved Appalachian population.

Exhibit 1. Pretera Locations in the Nine Counties Served



In August 2013, the Pretera Center was awarded SAMHSA's Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant for the delivery of technology-supported services to individuals seeking behavioral health treatment and recovery services. The center's program under the grant is called Technology-Assisted Care (TAC).

1. Site Visit Overview

On April 24–25, 2014, the Clinical Technical Assistance Project's TCE-TAC program staff from JBS International (JBS) conducted a site visit to review program accomplishments, implementation, and service delivery approaches of the Pretera Center's TAC program. The site visit team met with key staff from the leadership, clinical, and information technology departments and also a client to gain an understanding of Pretera and TAC's operations, strengths, and challenges. The Pretera evaluation staff provided a report summarizing the provision of service from August 2013 to April 2014. The visit included discussions about overcoming challenges related to the current electronic health record (EHR) system, which is CareLogic, and the vendor Qualifacts, and how the team is focused on developing a sustainable recovery program aimed at addressing the Affordable Care Act (ACA) and meaningful use. Discussions also included the status of West Virginia's progress in addressing ACA requirements. The site visit team provided guidance regarding potential technical assistance opportunities that may enhance the program.

The visit included discussions about overcoming challenges related to the integration of technology in service delivery, technology buy-in from clinical staff and clients, and improvement of current systems and applications. A demonstration of the telemedicine

technology and CareLogic was provided. The telemedicine technology enabled JBS staff to meet with staff from another Pretera site, otherwise an hour's drive away. The portal demonstration, along with discussion of the Web site, focused on enhancements necessary to adequately address the needs of the clients, community, and staff. Meeting the client provided insights into her first-hand experience and feedback on the program and the technologies used. The visit ended with a debriefing conference call with Government Project Officer Wilson Washington who emphasized the importance of planning for sustainability and ACA.

2. Program Vision and Design

The mission of Pretera is to help individuals achieve their full potential. The overarching goal is to provide care, regardless of an individual's ability to pay. The letters in the Pretera name encompass the values of the agency: persistence in hope that circumstances will improve; recovery potential; ethical operating standards; support in client goals and wellness; a team-oriented approach; empowering staff and consumers through tools, skills, and services; respect for individual value; and an advocate for programs and policies that meet client and staff needs. With these corporate values, Pretera hopes to promote health for the entire community and not limit services only to clients.

Because the program's target priority population is Appalachian rural residents, Pretera attempts to employ local staff cognizant of Appalachian culture. The program is also mindful of integrating culturally sensitive and competent approaches with other populations so no one is excluded from treatment, including older adults; African Americans; and the lesbian, gay, transgender, and bisexual community. Pretera emphasizes the importance of a consumer-driven program by including clients on its board of directors.

The long-term goal of the TAC program is to deliver in-home services. Currently, it involves two major components. The first, under the Health Information Technology for Economic and Clinical Health Act (HITECH), uses a patient portal compliant with the Health Insurance Portability and Accountability Act (HIPAA). It has a component for medication adherence and uses personal health records (PHRs). The use of the portal and PHRs focuses on promoting wellness, engagement, and recovery support, enabling clients to manage their own personal health care. The second involves expansion of the existing telemedicine system to overcome barriers to treatment access and integration of other supportive means, such as the My Health portal and One Health application. One Health applications are available via kiosk or mobile phones to provide continuous recovery support, particularly when clinicians or wellness coaches are unavailable or when clients have transitioned away from Pretera. The EHR system supports the patient portal and telemedicine to provide outcome measures and documentation. Pretera is deploying the TAC program as part of a larger organizational focus on achieving ACA mandates, including meaningful use.

3. Grantee Leadership

Leaders at Pretera are invested in the success and sustainability of the TAC project and focus on behavioral health in the context of an integrated system emphasizing engagement and a continuum of care, as indicated in the following:

- ▶ ACA: Discussions have been held with the Pretera's board of directors to emphasize the significance of addressing ACA mandates.
- ▶ Investment in technology: The information technology (IT) department will be a strong player in implementing technology in the delivery of client services.
- ▶ Cross-functional operations. The CEO is a strong advocate of breaking down silos and developing collaborative workflows for more effective program implementation and ultimately, client and staff satisfaction.
- ▶ Integration and interoperability. Aligned with meaningful use stage 3, the team realizes the essential need for managing client outcomes from an integrated delivery system to help achieve the program goals.

The leadership is also receptive to accepting support from SAMHSA and JBS. The CEO has had positive experiences with previous SAMHSA technical assistance and believes the current program can also benefit from the assistance, particularly in the area of sustainability.

4. Implementation Plan

The grant program is still in its first year of implementation. With an existing telemedicine system, the team has been able to expand telemedicine use without starting from a blank canvas. This advantage helped Pretera begin intake early in the program implementation process. As of April 2014, the program had completed 94 intakes. Besides using telemedicine, the program is employing the CareLogic EHR, My Health portal, and One Health recovery application. The Web site is undergoing revision to better support the treatment and recovery plan. The leadership is also creating a health home plan and readiness assessment to move toward an integrated system of care for clients.

The biggest challenge the program currently is deficient service from the EHR provider. The vendor is not delivering services as dictated in the contract and has recently lost its meaningful use certification. Both factors prove to be a great hindrance to program implementation. With current contract renewal discussions, the JBS team advised the Pretera team to continue holding the vendor accountable to the terms of the contract. If a new vendor is to be chosen, the procurement process should include detailed use cases developed cross-functionally to facilitate evaluation.

The JBS team provided recommendations for addressing issues related to readiness for ACA. Aligning Presteria's technology and programmatic goals with the policy and reimbursement approaches to the ACA plan being developed by the West Virginia Medicaid office would be an important strategic move in anticipating the program's reimbursement and service design elements. Since Presteria is fortunate to have collaborative relationships and capabilities in areas besides behavioral health, it is in a good position to grow the organization toward an effective integrated system of care. Creating an IT governance group of staff from across all departments will also help structure, prioritize, and meet the technological expansion needs. Being able to adapt to what will be ongoing change for the foreseeable future is key to a successful program implementation. Developing an information strategy, including both business and clinical aspects, will help guide the agency toward its goals.

Exhibit 2. Presteria Center's Goals, Progress to Date, and Improvements To Develop

Goals	Progress to Date (April 24, 2014)	Improvements To Develop
Goal 1: Improve client treatment outcomes through the use of technology-assisted care by enhancing the functionality of CareLogic through the implementation of a secure, HIPAA/HITECH-compliant patient portal.		
Objective 1-1: Promote wellness by increasing treatment access to 2,000 clients and providing treatment access to 900 clients over 3 years through the use of the TAC patient portal to access services, information, and support (measured by the types of hits made to the portal site).	<ul style="list-style-type: none"> The portal is currently undergoing expansion and improvements. Unfortunately, the agency is experiencing challenges in the portal upgrades because of vendor delays in meeting deliverables. The vendor has also lost its meaningful use certification, which poses a financial risk to the program. Presteria is also working to overcome portal challenges related to bandwidth and lack of client interest. 	<ul style="list-style-type: none"> Increasing peer-to-peer promotion and use of brief videos to inform clients about various aspects of the program can help increase client interest. Continue demanding that the vendor be accountable for delivery of product upgrades and other deliverables. In selecting the next vendor, should that become necessary, consider presenting use cases and test vendors in readiness for meaningful use stage 2. Consider incorporating the "Readily at Hand" directory on the Presteria Web site to engage individuals who need access to information without requiring them to enter treatment.
Objective 1-2: Support recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site.	<ul style="list-style-type: none"> Activity is tracked on the My Health and One Health applications. Although Presteria staff do not have access to the One Health analytics, they receive a monthly report of usage. 	<ul style="list-style-type: none"> Consider using Google analytics to track Web site traffic. The data can help the agency identify the direction to drive Web site improvements. Adjust delivery of services and staffing accordingly to meet the identified needs across the spectrum of consumers seeking services—from high to low need.

Goals	Progress to Date (April 24, 2014)	Improvements To Develop
Objective 1-3: Increase treatment compliance as evidenced by a reduced no-show rate from the current 22 percent to 12 percent, and by a minimum of 60 percent attendance to appointments. Communication with provider and medication management will also be monitored.	<ul style="list-style-type: none"> There is currently no reduction in no-show rates resulting from the use of technology. The medication component of the portal is not functional because of vendor delivery issues. 	<ul style="list-style-type: none"> Continue holding the vendor accountable for lack of deliverables. Build into the next year's contract renewal penalties associated with failure to meet deliverable requirements.
Objective 1-4: Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease, as evidenced by longer periods of stability of their conditions.	<ul style="list-style-type: none"> There are currently no outcome measures for this objective; however, there are demographics and activities data the evaluation team has been working with. 	<ul style="list-style-type: none"> Use Prestera's knowledge and experience in various areas to address co-occurring disorders and client circumstances.
Goal 2: Improve client treatment outcomes through the expansion of the Prestera Center's existing electronic telemedicine system to improve services and communication between providers and clients in treatment.		
Objective 2-1: Treatment access through an expanded telemedicine system will be provided to 900 clients over the course of the 3 years of the program: 200 in year 1, 300 in year 2, and 400 in year 3.	<ul style="list-style-type: none"> The telemedicine system has expanded to be compatible with various platforms and by implementing LifeSize ClearSea. Bandwidth has also been expanded to support the video and audio capabilities. The team is working toward implementing more portable methods for telemedicine (i.e., tablets). Five counselors have achieved certification in distance counseling. 	<ul style="list-style-type: none"> Continue to expand clinicians' and clients' use of telemedicine to meet target numbers.

Goals	Progress to Date (April 24, 2014)	Improvements To Develop
<p>Objective 2-2: Integrate the use of technology in client treatment (measured by tracking the use of enhanced technology as evidenced by deployment of portable equipment and secure apps that facilitate increased client access to treatment and improved client treatment adherence). Pretera Center's certified EHR, CareLogic by Qualifacts, will support the patient portal and be used to document telemedicine use.</p>	<ul style="list-style-type: none"> • The One Health app is implemented as part of the program. Clients can use the application via onsite kiosks or mobile phones. Usage analytics are provided by One Health monthly. • The My Health portal also has usage analytics that provide helpful information that can be used for program implementation. • Integration of the EHR and portal are still in progress. • A new Web site is under development. 	<ul style="list-style-type: none"> • The analytics should provide valuable information that can be used to measure progress toward goals and provide leadership with performance and outcome information.
<p>Objective 2-3: Share outcomes among all Pretera Center staff providing care to clients through telemedicine use. Monthly use reports should be discussed during staff meetings.</p>	<ul style="list-style-type: none"> • Implementation of data-sharing is still in progress. 	<ul style="list-style-type: none"> • Incorporating cross-functional teams enables sharing of information regarding service provision and client outcomes. It also furthers the identification of strategies that can improve workflow and program implementation. • Develop a road map to encourage expansion of internal and external performance information-sharing.
<p>Objective 2-4: Improve health outcomes of clients, including those with co-occurring substance use disorders and bipolar disease as evidenced by longer periods of stability of their conditions measured by followup Government Performance and Results Act (GPRA) data collected.</p>	<ul style="list-style-type: none"> • Reporting from an integrated system is currently unavailable. 	<ul style="list-style-type: none"> • Develop evaluations based on data collected from GPRA and other sources.

5. Community Linkages, Partners, and Participation

With several decades of experience providing services to the community, the Prestera Center has many established and supportive partnerships, including the State of West Virginia, and experience with implementation of several State and Federal grants. These grants have enabled the center to provide services such as housing support; screening, brief intervention, and referrals to treatment (known as SBIRT); and other innovative, evidence-based practices. Prestera is also active in statewide behavioral health associations. Prestera's partnership with Valley Health, a federally qualified health center serving West Virginia and Maryland, provides the center with an opportunity to operate a behavioral health care clinic within a medical clinic.

Sheba International, Inc. is a collaborator in providing program grant development and evaluations. Prestera is also affiliated with the telepsychiatry rotation programs at Marshall University and West Virginia University. The agency is one of the selected sites for a clinical trial project researching the competence, social connectedness, and autonomy for recovering individuals using the Addiction Comprehensive Health Enhancement Support System (known as A-CHESS) application developed by the University of Wisconsin. Prestera is also one of two behavioral health organizations participating in the Partners in Health Network, established to address the needs of member health care providers and promote an integrated service delivery network throughout the State. Finally, the agency is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) in behavioral health.

6. Client Outreach, Recruitment, and Referral

Recruitment for clients encompasses marketing efforts and improving community awareness of the Prestera Center's programs and services. Recruitment is a crucial part of every employee's responsibility. Wellness coaches are active in the community and helping individuals access treatment by providing transportation. Partnerships with medical providers, hospitals, day care centers, schools, housing providers, and homeless shelters are also sources for client referrals. Individuals are also referred by the court system. Because all clients are informed of alternative treatment options other than Prestera, the center refers clients to local health care, family practice, and other medical and dental providers, depending on the needs of the client. The center's partnership with Valley Health offers a seamless referral process.

7. Affordable Care Act Readiness

The grantee has emphasized addressing ACA requirements. The leadership is knowledgeable about ACA mandates and meaningful use criteria. It would be advantageous for both the clinical and IT staff to be more versed in these areas to assist the agency in moving in the right direction. With West Virginia expanding Medicaid in response to ACA, Prestera is in a good position to see an influx of clients and to expand service capacity. Conversely, the agency will need to take action regarding the EHR vendor losing meaningful use certification as this will hinder moving forward to meet the challenges of ACA implementation.

8. Sustainability Planning

The agency does not have a plan for sustainability for the TAC program but does have experience in sustaining other projects. The leadership also understands the importance of addressing sustainability planning early in the implementation process. The CEO noted that a technical assistance request is being considered regarding sustainability strategies. Although there is currently no plan, there are program design ideas that can help support the agency such as increasing in-home services and expansion of telehealth. Prestera's telehealth expansion will soon include school-based services, which will address a gap in services and further expand demand for services.

9. Grantee Evaluation

Program evaluations are conducted through a partnership with the evaluation team from Marshall University and Sheba International. The evaluation team will provide continuous technical assistance, support, and training on required documentation, data collection, and monitoring and feedback of implementation. Sheba International provided a report of service (see attachment 1) spanning the first 8 months of the program. The report covered intakes and followups achieved, demographics, drug use, mental health, and activities on the My Health and One Health portals.

The evaluation can be strengthened by addressing how technology can increase efficiencies and improve outcomes. Prestera should assess clients' use of technology as part of the intake process and analyze the information to strengthen engagement strategies. It is important to focus on acquiring evaluation data that will inform efforts to establish and enhance client support electronically and remotely, with the ability to make improvements to program design as needed.

GPRA data collection is the most challenging evaluation issue for the program. Obtaining GPRA data from clients is difficult because clients have little interest in providing detailed personal information, regardless of whether an incentive is available. The GPRA information also does not provide meaningful information that can be used as a clinical decision support tool. Understanding that the GPRA assessment is time-consuming, the JBS team suggested Pretera integrate the questions in the initial clinical assessment process to reduce redundancies and workflow inefficiencies.

Summary

In the 8 months since the TAC grant program has been operational, the leadership team has been reconstituted, technologies supporting delivery of care have been improved, and focus on ACA strategy development has been in the forefront. The team is also working toward supporting a cross-functional environment of collaboration. The upcoming challenge will be for the grantee to hold the EHR vendor responsible for its loss of certification and inability to meet contract deliverables. The contract renewal will be a chance for Pretera to ensure the current vendor improves performance or decide to select another. The center's ultimate goal of expanding telehealth and providing in-home services to reach more individuals seeking treatment and recovery is achievable as the team continues to be collaborative, enthusiastic, and supportive of the program's goals.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- Located in a renovated motel, the Pretera Center supports short- and long-term residential housing for individuals and women and children with a range of outpatient programming. This model allows Pretera to provide a continuum of care from inpatient to outpatient.
- The program uses wellness coaches to help clients in recovery.
- The consumer-driven model involves consumers as part of Pretera's board of directors.
- The agency is focused on moving toward "whole health," providing information not only for clients, but the community and providers as well.
- The long-term goal of the agency is to provide in-home services (i.e., for clients in judicial services who are homebound).
- Several counselors have completed distance counseling certification.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Design the program to minimize time between intake and treatment initiation by integrating the GPRA questions into the assessment process.	X		

Grantee Leadership

STRENGTHS

- Leadership supports cross-functional operations and believes implementation should involve collaboration across all involved departments.
- Leadership believes in investing in technology and employing the strengths of the IT department.
- Leadership is involved in State committees and partnerships helping to develop policies conducive to improved access to services.
- Leadership believes the program's focus should be not only on behavioral health but integration, engagement, and a continuum of care.
- The leadership is holding the vendor Qualifacts accountable for lack of responsiveness.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Both the clinical and technical staff need to understand meaningful use and its implications.	X		
2	Consider developing a roadmap to help other West Virginia providers come together and work toward a common goal. A consortium of providers can help relieve some of the stresses and costs of implementing an EHR.	X		
3	Consider working with the Medicaid office to understand and provide input to the ACA implementation strategy and determine how Prestera can align its goals with those of the Medicaid office.	X		

Implementation Plan

STRENGTHS

- The preexisting telemedicine system helped spur use of telehealth for the grant program. At least one of the clinicians is also experienced with telemedicine.
- Upgrading the existing telemedicine system has enabled operability across platforms; servers and tablets have been set up and bandwidth expanded.
- The One Health application is a useful tool for supplementing recovery and is accessible from both kiosks/computers and mobile phones.
- A monthly report is provided to Pretera regarding the One Health activity, which informs clinicians about client needs and preferences.
- The program has a portal called My Health; the team is currently working to expand the portal capabilities.
- Integration and interoperability are major goals of the program; leadership understands both are necessary to achieve an effective program.
- The agency is working toward developing a more dynamic Web site. Development has begun and should be live by June 2014.
- Pretera has a “Readily at Hand” directory that is full of helpful resources.

CHALLENGES

- The agency does not have access to the One Health activity analytics, so evaluation is limited to only the monthly information received.
- The vendor (Qualifacts) is not delivering functionalities for the portal upgrade (i.e., medication information, ACA factors such as client termination and access).
- The vendor lost meaningful use certification, which is a detrimental to progress.
- The bandwidth and interest in the portal are challenges that prevent clients from registering.
- Some staff are hesitant to use telehealth technology.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Vendor selection should begin with the team (clinical and technical) working together to develop use cases. Contracts should include clauses for penalties when the system is down and deliverable timelines are not met.	X		
2	Explore the Mid-Atlantic Telehealth Resource Center for West Virginia: http://matrc.org/telehealth-resource-centers	X		
3	It is important that the Web site is dynamic, incorporating videos and other helpful resources. The content should be easy to update and change as necessary.	X		

Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	Consider developing a page of frequently asked questions on the Web site to help avoid having clients send direct emails to staff.	X		
5	Google analytics are important to build into the requirements of the Web site.	X		
6	Develop a cross-functional IT governance group to address and prioritize issues.	X		
7	Consider overcoming lack of interest in portal use by developing videos to engage clients in the capabilities the portal offers.	X		
8	Addressing client behavior change in the implementation of the program is key to helping clients recover.	X		
9	Develop an organizational information strategy addressing both the business and clinical areas, and develop a written plan.	X		
10	Using champions to support peer-to-peer technology adoption is a critical success factor.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- Presteria is involved in the telepsychiatry rotation program at Marshall University and the University of West Virginia.
- The agency has a partnership with West Virginia University in delivering services to Clay County.
- The grantee collaborates with Valley Health, a federally qualified health center. The mental health clinic is located within the primary care facility.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider featuring a technology demonstration to the State Medicaid Office to help the agency recognize the value of this technology in improving access to and compliance with treatment.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The team feels referrals from partner agencies are well established.
- Each employee plays a vital role in outreach and educating the community on the programs and services at Pretera.
- Referrals are made to Pretera from other agencies, and referrals are made from Pretera to external agencies. This exchange fosters trusted partnerships.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
• None noted.			

Affordable Care Act Readiness

STRENGTHS

- Some members of the leadership team are knowledgeable about ACA and have brought attention to the board of directors regarding opportunities and challenges ACA presents for Pretera.
- The state of West Virginia is involved in ACA readiness and health homes.
- Leadership is well versed in implications of the ACA.

CHALLENGES

- The EHR vendor has lost its meaningful use certification.
- Pretera's board of directors does not yet understand the importance of ACA.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 Determine how technology facilitates health reform and the agency's needs.	X		
2 Encourage staff to become knowledgeable in all aspects of the ACA and meaningful use to support the agency in strategy- and capacity-building.	X		

Sustainability Planning

STRENGTHS

- The grantee is interested in moving toward in-home telehealth capabilities to reach more individuals seeking recovery and treatment. This will help expand the reach of the program.
- The State of West Virginia is involved in focusing efforts on ACA and health homes.

CHALLENGES

- There is currently no plan for sustainability.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider workflow and resource allocation to help determine the desired outcomes for the next 3 years.	X	X	
2	When selecting an EHR vendor, ask for a roadmap of their meaningful use stage 2 and 3 readiness.	X		

Grantee Evaluation

STRENGTHS

- Pretera is using technology to obtain client data used to help improve the design and implementation of the program.
- The program employs satisfaction surveys and assessment of health risk factors in program implementation.
- Analytics are provided for the use of the One Health and My Health portals.

CHALLENGES

- GPRA data are difficult to collect from clients because clients are disinterested in providing the information, regardless of an incentive.
- The agency lacks a clinical decision support tool to provide real-time information and knowledge transfer on enhancing health outcomes for clients, patient satisfaction, and operational efficiencies.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	High-level analytics should be incorporated to help inform a technology strategy for the organization.	X		
2	Integrate GPRA questions into the clinical assessment to minimize time spent in data collection before a client can initiate treatment.	X		

Grantee Evaluation				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	Develop evaluation questions targeted at determining efficacy, efficiency, and outcomes of technology use.	X		
4	Consider developing a routine client data collection process on preferred modes of technology use and access to technology to inform program technology planning and implementation.	X		

Abbreviations and Acronyms

ACA	Affordable Care Act
EMR	electronic medical record
GPRA	Government Performance and Results Act
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
IT	information technology
PHR	personal health record
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Technology-Assisted Care (name of Pretera Center's program)
TCE-TAC	Targeted Capacity Expansion, Technology-Assisted Care