

# Service Design Site Visit Report

Meta House, Inc.  
Milwaukee, Wisconsin



Dates of Site Visit: June 10–11, 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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# Meta House, Inc.

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<b>Site Visit Dates</b>	June 10–11, 2014
<b>Program Name</b>	Healthy Connections
<b>Grant TI Number</b>	TI 024728
<b>SAIS Number</b>	TA 3905
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***Meta House team members (from left): Christine Ullstrup, Erin Malcolm, Lisa Larson, and Andrea Jehly***

### Grantee Project Sites Visited

Meta House, Inc.

2625 North Weil Street, Milwaukee, WI 53212

# Executive Summary

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**M**eta House, in Milwaukee, Wisconsin, was awarded the Substance Abuse and Mental Health Services Administration's (SAMHSA) 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. Under the grant, Meta House launched the Healthy Connections program in 2013 to help women manage their health and regain a substance-free lifestyle. Healthy Connections uses an electronic health record (EHR) system and smartphone mobile applications to address the needs of Milwaukee's underserved women and their children who are living with co-occurring substance use and mental health disorders. By integrating technology into care, Healthy Connections will improve client engagement and reduce traditional barriers to service delivery. The program will further the Strategic Initiatives outlined by SAMHSA's TCE-TAC program and will use strategies recognized by the National Registry of Evidence-based Programs and Practices (e.g., Seeking Safety).

Meta House has provided trauma-centered, gender-specific, and family-focused treatment and recovery services to women for more than 50 years. Clients receive comprehensive support to address addiction, mental illness, and other chronic health issues while developing the essential life skills (e.g., parenting, housing, education, employment) to facilitate long-term recovery. In addition to residential and outpatient programming, women may use many other services, including case management assistance, to help navigate through external systems of care.

Integrating technology into care has been a priority for Meta House for the past decade. Healthy Connections will enable Meta House to more effectively and efficiently coordinate client information by using PsyTech Solutions' EpiTmax EHR system so that providers can achieve the best possible care coordination across disciplines and programs. Healthy Connections' addition of recovery-oriented smartphone mobile applications will enhance outpatient services and increase engagement and retention opportunities. Meta House intends to offer a client portal in the future to reinforce information exchange between staff and clients. Content development and other considerations for the portal will begin later.

A team from JBS International's TCE-TAC portfolio conducted a site visit to Meta House's program on June 10–11, 2014, to review program accomplishments and identify areas where technical assistance may enhance achievement of program goals. The site visit team focused on understanding existing implementation and service delivery strategies. The team first received a comprehensive overview of Meta House's program model and a tour of the facility. The team then addressed Healthy Connections' implementation with program staff, focusing on the strengths, challenges, and lessons learned in the early design phases leading up to the implementation of the EHR system. The team met with several clients and clinicians to learn their perspectives on how the technology has affected service delivery and how additional technology options can improve care. Next, program evaluators discussed how Meta House intends to use data and monitor meaningful outcome measures. The team reviewed the

organization's plans to adopt client-centered technologies and discussed opportunities to streamline workflow and improve program management capacity. The visit concluded with a discussion about Meta House's approach to support quality improvement and sustainability activities, driven in part by policy changes necessitated by the Affordable Care Act.

The JBS implementation site visit came at a time when 22 Meta House clients had received several months' exposure to the Healthy Connections program. The Meta House team noted that staff adoption of the Eptomax EHR had progressed; however, some system enhancements and workflow considerations need to be finessed before staff fully embrace the new platform. Clients also have limitations related to their familiarity with and access to technology. These factors can influence their willingness to use mobile applications, although resistance to their use is less evident among younger women.

At this stage of implementation, it is essential for the project leaders to understand how staff and clients are using technology. Their feedback will be instrumental when planning enhancements to respond to the program's evolving needs. Identifying program champions from among clients, clinicians, leadership, and other support staff will assist with future development and sustainability efforts. Project director Christine Ullstrup, for example, has elected to promote technology's utility within the organization. In some cases, clients have even been encouraging staff to test different applications. To help users achieve technology's potential, it was suggested program staff conduct regular focus groups and surveys to solicit feedback.

Meta House can effectively recruit clients for Healthy Connections because program participants are already actively engaged in outpatient care. It was also recommended that Meta House introduce technology as an early adjunct to the treatment process (i.e., while women are still engaged in residential care) to enhance treatment and ease the transition to outpatient services. The consumer discussion revealed there is room to expand technology offerings to improve the overall user experience. Continued client and staff engagement with technology depends on offering meaningful, relevant, and consistently updated content. Clients requested access to a more robust library of mobile application resources to supplement care, such as information on child welfare, nutrition and healthy eating, exercise, relaxation, dealing with emotions, and computer literacy skills. Program staff will consider adopting new mobile application options that are an appropriate fit with the organization's philosophy and population.

The introduction of an EHR system has and will continue to have programmatic and financial implications for Meta House. It is critical to have transparent feedback loops and change processes within the organization. To streamline technology implementation, it is recommended the program create a user group composed of individuals who routinely engage with technology to help prioritize and manage platform enhancements. The user group can then elevate suggestions to a governance group (composed of executive leadership, program administrators, and senior clinical staff) that communicates directly with PsyTech Solutions to

make the vendor aware of and accountable for requested changes. The group can meet biweekly to assess priorities and progress. A cross-functional governance group would—

- ▶ Facilitate decisionmaking on the selection, enhancement, integration, and expanded use of technology.
- ▶ Establish priorities for needed changes and ensure they are communicated to the vendor through a structured process.
- ▶ Facilitate development of strategies to determine how technology will complement existing client services and staff workflow.
- ▶ Secure Meta House’s foothold in the evolving health care environment.

The two working groups will need to address how Meta House can streamline workflow to ensure the greatest possible efficiency and effectiveness of the EHR system with the least possible disruption to how care is delivered. The transition to a paperless system, for example, has been challenging for some staff accustomed to paper-based recordkeeping. Establishing uniform documentation practices is a critical component of EHR adoption. It is essential to address workflow and project management needs for coordinating staff time and managing operations. The EHR improvements must be informed by meaningful data. Tracking recommendations should be carried out, and enhancement specifications should be clear. The EHR improvements should be managed through a project management plan that will achieve the following goals:

- ▶ Set expectations for the technology’s functionality.
- ▶ Prioritize the rollout of features.
- ▶ Identify budget and timeline parameters.
- ▶ Outline staff responsibilities so that staff can address the program’s long-term goals while addressing implementation-related activities.
- ▶ Adjust workflow assumptions and priorities as needed.

It would be useful to encourage other PsyTech Solutions customers to form a user group to seek consensus on needed changes and in doing so help contain costs and assist the vendor in responding to customer needs.

Developing a strategic plan that considers clinical and technological goals for Healthy Connections and the rest of the organization over the next 3–5 years will help Meta House prepare for the changes initiated by the Affordable Care Act. Establishing a plan to address technology’s ability to support continuity of care, efficiencies, and growth—as informed by a solid process evaluation—will be essential to Healthy Connections’ success. Important components of the plan should include prioritizing the rollout of different technologies mentioned above, 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. JBS can provide a guidance document to help facilitate strategic planning.

The introduction of technology coincides with broader shifts in health care coordination occurring at Meta House and other behavioral health organizations in the State. The need to share information and communicate seamlessly across systems will become increasingly important for delivering health services. The site visit team recommended partnering with other provider groups in the area to enhance data exchange opportunities and generate a long-term plan to minimize technology costs and achieve the best possible data sharing solutions. Meta House can use the consortium power of partner agencies to initiate meaningful change in the way services are delivered in Wisconsin. It would also be wise for partners to develop collective strategies to conform to health data standards to more easily share information that enables groups (e.g., behavioral health providers, health, and social service providers) to better address client health risks and needs. Demonstrating the immediate and long-term cost offsets of providing technology-enhanced services will help when negotiating with payers for improved reimbursement rates. Understanding Meta House's internal and external evaluation components will be helpful in identifying and predicting risks and improving clinical outcomes.

Expanding technology options for clients will be an important next step for Meta House. While the EpiTmax system has the capacity to include a client portal, PsyTech Solutions is a small company with limited capacity to offer a robust portal experience. JBS offered to arrange for Meta House to speak with other TCE-TAC grantees about the client portal platforms they use to better inform decisions to develop a system that meets Meta House's needs.

The Meta House site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the program team to enhance productivity and plan for the future. The success of Healthy Connections has widespread implications for Meta House, particularly as the organization considers an integrated technology strategy for the next several years.

# Grantee Overview and Environmental Context

**M**eta House is a 501(c)3 nonprofit organization located in Milwaukee, Wisconsin. The organization was one of the first facilities of its kind to offer residential treatment specifically to women with substance use disorders and to include their children in a residential setting. Meta House opened its doors in 1963 as a transitional facility for women with alcohol issues and has provided “trauma-informed, family-centered, and gender-responsive treatment” to thousands of women and their children in need of help “to manage their recovery, reclaim their lives, rebuild their families, and end the generational cycle of substance abuse.” The nonprofit organization has developed a holistic approach to care that includes an array of programming such as alcohol and other drug abuse services, mental health services, case management, child and family services, vocational and educational services, biopsychosocial assessments, consumer peer services, tobacco cessation assistance, and nontraditional therapy (e.g., yoga, meditation, art) for women and age-appropriate programming for children.

*Milwaukee is the largest city in Wisconsin with a population of more than 2 million people. Meta House is located in a northeastern Milwaukee neighborhood on a campus of large stone buildings leased from the Catholic church.*



There is a continuum of treatment options available to women seeking Meta House services. The organization’s residential treatment program has the capacity to serve 43 women and 17 children (up to age 10). Clients are typically engaged in residential services for 78 days, and while on campus, they receive intensive round-the-clock care, including play therapy and educational support (for children). Clients can also participate in person-centered outpatient treatment services where they receive numerous life-skill training supports. Finally, Meta House offers safe, affordable, and drug-free transitional and permanent housing units for women who meet specific recovery milestones and financial eligibility requirements.

Meta House has participated in numerous Federal grant opportunities and is currently involved in initiatives related to HIV prevention, programs for pregnant and postpartum women, and programs sponsored by the Administration for Children and Families and the United Way.

Meta House’s program under the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Targeted Capacity Expansion, Technology Assisted Care (TCE-TAC) grant—Healthy Connections—recruits, engages, and retains women in treatment and recovery services who might otherwise be unable to access care. The program uses PsyTech Solutions’ EpiTmax electronic health record (EHR) system and smartphone mobile applications to help staff and clients become more fully engaged in care.

Women living in Meta House’s catchment area (surrounding inner city Milwaukee neighborhoods) often present with significant health and wellness issues. Public sector substance abuse services are available; however, the demand for care far outweighs capacity. The National Survey on Drug Use and Health reports that Milwaukee has above average rates of substance abuse and dependence, binge drinking, and serious mental illness compared to the national average.<sup>1, 2</sup> Women, in particular, encounter significant barriers to service engagement and retention attributed to family responsibilities and financial constraints.



**Meta House campus**

Healthy Connections is committed to providing care to low-income and underserved women with co-occurring substance use, mental illness, and other chronic health issues. Its target population consists primarily of African American (50 percent) and White (40 percent) women around 33 years of age. The program is focused on providing services in English; however, Spanish speaking-staff are available to assist as needed. The average client has an eighth grade reading comprehension level, although 17 percent are considered functionally illiterate. Nearly all women are mothers and/or are actively parenting, and most are involved with social welfare or criminal justice agencies. According to the grant application, the majority of women served by Meta House have experienced sexual, physical, and/or emotional abuse and have a variety of psychosocial needs that impact their ability to function successfully. While alcohol, cocaine, and marijuana use is still prevalent, the program team reported a shift in client demographics, noting that young White women increasingly present with issues related to opioid and prescription drug use.

## 1. Site Visit Overview

A team from JBS International’s TCE-TAC portfolio conducted a site visit to Meta House on June 10–11, 2014, to review progress in implementation of Healthy Connections and identify potential areas where technical assistance may enhance program goals. Day 1 of the visit began with a meeting between the JBS team and Meta House program staff to learn about Healthy Connections and the staff members’ role in supporting its success. The team received an

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<sup>1</sup> Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. (September 2012). *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012*. Madison, WI: Wisconsin Department of Health Services. Retrieved from <http://www.dhs.wisconsin.gov/publications/p4/p45718-12.pdf>

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (February 2014). *The NSDUH Report: State Estimates of Adult Mental Illness From the 2011 and 2012 National Surveys on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2k14/NSDUH170/sr170-mental-illness-state-estimates-2014.htm>

indepth overview of the program and discussed general implementation and service delivery strategies. After a tour of the facility, the team had separate meetings with several Healthy Connections clients and Meta House clinicians to discuss their views on using technology and the kinds of resources and functionality that would be most beneficial. The team ended the day by reviewing program evaluation and data collection strategies with members from the IMPACT Planning Council.



On day 2, the site visit team continued discussions with program staff about Meta House's health information technology (HIT) strategy, emphasizing how Healthy Connections can become a sustainable practice after the TCE-TAC grant ends. The team reinforced the importance of expanding client-focused technology options like developing a client portal and creating a menu of mobile applications to address topics women might find helpful to maintain their recovery. The team also provided suggestions on how to identify, prioritize, and coordinate ongoing maintenance and enhancement decisions for the EHR system by forming an internal user group and a governance group. The team recommended ways to incorporate technology into the clinical workflow (as guided by a project management plan) and emphasized the importance of identifying technology champions to facilitate adoption of new EHR processes. Finally, the team spoke about the role of technology in Meta House's business model and how HIT and the availability of actionable data can support quality improvement and sustainability activities necessitated by the Affordable Care Act (ACA). The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer Kate Wetherby to recount the team's overall observations and recommendations.

## 2. Program Vision and Design

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Meta House's Healthy Connections program has incorporated technology platforms—the Epitomax EHR system, certified by the Office of the National Coordinator-Authorized Testing and Certification Bodies (ONC-ATCB), and smartphone mobile applications—to enhance outpatient service engagement opportunities for women with co-occurring substance use and mental health disorders and socioeconomic obstacles that may otherwise inhibit access to care. According to a program summary, "The technology enhancements included in the Healthy Connections program were designed to allow Meta House to more fully integrate care for all clients, to improve the long-term recovery and resiliency for women in the program, and to continue to do so long after the grant is over." In time, Healthy Connections will expand its menu of services to include other technology-based systems, such as text messaging and a client portal.

In addition to completing the Government Performance and Results Act (GPRA) questionnaire at intake, discharge, and 6-and 12-month followups, clients complete standardized screening instruments (the Modified Addiction Severity Index and Trauma Symptom Checklist) to help determine their substance use and mental health status and readiness to engage in care.

Healthy Connections' goals and objectives outlined in exhibit 1 align with SAMHSA's strategic initiatives for HIT.

***Exhibit 1. Healthy Connections' Program Goals and Objectives***

<b>Healthy Connections' Program Goals and Objectives</b>	
<b>Goal 1: Implement new technology to enhance the treatment and recovery of underserved women</b>	
Objective 1.1	Fully implement an ONC-ATCB certified EHR system throughout the agency.
Objective 1.2	Train 100 percent of the women enrolled in treatment to access and utilize the EHR system's patient portal.
Objective 1.3	Implement a text messaging and/or email reminder system to support substance abuse treatment attendance.
Objective 1.4	Review smartphone applications and create a menu of recommended apps to serve as an adjunct to substance abuse treatment.
Objective 1.5	Engage and train 40 women in piloting the use of smartphone applications to support relapse prevention and/or health status monitoring.
Objective 1.6	Women enrolled in treatment will describe the benefits and limitations of using technology enhancements to support their recovery.
<b>Client Numbers</b>	
<b>Goal 2: Serve women with substance use disorders who have co-occurring conditions, including mental and/or physical health conditions</b>	
Objective 2.1	Serve 83 women in the Healthy Connections' program over the 3-year grant period.
<b>Client Engagement</b>	
<b>Goal 3: Improve client engagement in substance abuse treatment</b>	
Objective 3.1	The proportion of women who remain in treatment for 30 days or longer will increase compared to the year prior to implementation.
Objective 3.2	There will be an increase in the number of treatment hours received by women in the first 30 days compared with the year prior to implementation.
<b>Recovery and Resiliency</b>	
<b>Goal 4: Improve women's level of functioning related to substance use and recovery</b>	
Objective 4.1	Women will demonstrate a statistically significant pre-post decrease in their substance use and/or abuse.
Objective 4.2	Seventy percent of women will demonstrate a commitment to recovery at followup.
<b>Goal 5: Improve women's mental health functioning and decrease impact of trauma</b>	
Objective 5.1	Women will demonstrate a statistically significant pre-post decrease in their overall mental health symptoms.
Objective 5.2	Women will demonstrate a statistically significant pre-post decrease in their trauma-specific symptoms.

<b>Goal 6: Improve women’s physical health status and access to health care</b>	
Objective 6.1	Seventy percent of women will have access to health care at followup, including health insurance and/or an identified health care provider.
Objective 6.2	Women will report a statistically significant pre-post decrease in the degree to which physical health problems interfere with their lives.
Objective 6.3	Women will demonstrate a statistically significant pre-post decrease in their use of tobacco products.
<b>Health Disparities</b>	
<b>Goal 7: Minimize subpopulation disparities in access to, use of, and outcomes of project services</b>	
Objective 7.1	Achieve the targets to be established in the Health Disparities Impact Statement to be submitted post-award.

The Healthy Connections treatment model is based on the evidence-based practice derived from SAMHSA’s Knowledge Information Transformation series entitled “Integrated Treatment for Co-Occurring Disorders”<sup>3</sup> and Treatment Improvement Protocol 42 entitled “Substance Abuse Treatment for Persons with Co-Occurring Disorders,”<sup>4</sup> which supports recovery by offering simultaneous co-occurring care services. The model will incorporate technology enhancements as described in exhibit 2 to more effectively meet the needs of Meta House’s target population. Additional interventions used to guide client services include motivational interviewing (stages of change) and Seeking Safety.<sup>5</sup> The interventions emphasize strategies to address posttraumatic stress disorder and substance abuse simultaneously while also building essential coping skills for clients to feel safe in relationships and successfully manage their self-care.

Meta House intends to enroll 83 unique participants over the course of the 3-year grant (year 1, 23; year 2, 30; year 3, 30). Among those participating in the program, Meta House anticipates that 50 percent of clients will identify as African American, 40 percent will identify as White, and 10 percent will identify as Hispanic or Native American.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2009). *Integrated Treatment for Co-Occurring Disorders*. DHHS Pub. No. SMA-08-4366. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>4</sup> Substance Abuse and Mental Health Services Administration. (2005). *Substance Abuse Treatment for Persons with Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series 42. DHHS Pub. No. SMA-05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>5</sup> SAMHSA’s National Registry of Evidence-Based Programs and Practices.  
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=139>



**Exhibit 2. Characteristics of Integrated Treatment and Related Technology Enhancements**

Characteristic	Healthy Connections' Technology Enhancements
Multidisciplinary team	The EHR system will facilitate close communication and coordination among multidisciplinary team members.
Integrated treatment specialists	
Stage-wise interventions (treatment matched to client's stage of change for each problem)	The EHR system allows for continuity between assessments, treatment plans, and progress notes, allowing providers to identify a stage of change for each co-occurring condition and for goals appropriate to each condition and stage to be brought forward into progress notes to ensure they are being addressed at all points of contact.
Access to comprehensive services	The EHR system allows more efficient monitoring of what services are needed and have been provided so that client needs can be fully met. The EHR's patient portal allows clients to see upcoming appointments and contact their providers. Text-message/email reminders can be set to remind clients of their upcoming appointments.
Time-unlimited services (length of stay and level of care based on client needs)	The EHR system allows staff to systematically monitor progress and match length of stay and level of care to client needs.
Outreach	The EHR system allows staff to monitor client attendance in real-time so they can actively reengage clients more effectively. Text-message/email reminders can be used to reengage clients in treatment.
Motivational interventions	The EHR system allows motivational interventions to be applied more effectively when staff have access to the appropriate stage of change for each problem (see third item above).
Substance abuse counseling	The EHR patient portal allows clients to send confidential messages to their counselors. Smartphone apps can be used to assist clients with relapse prevention strategies and coping skills.
Group treatment for co-occurring disorders	The EHR system allows staff to monitor client attendance and respond in a timely way with text message/email reminders to support group attendance.
Family interventions for co-occurring disorders	
Alcohol and drug self-help (e.g., 12-step meetings)	Smartphone apps can be used to help clients locate self-help meetings and track their own attendance.
Pharmacological treatment	The EHR system allows the Meta House psychiatrist to e-prescribe medications, to improve communication between psychiatrist and other staff regarding medication, and to monitor effectiveness.
Interventions to promote health	The EHR system allows for improved tracking of chronic health conditions. Smartphone apps can be used to promote health (e.g., smoking cessation, improve nutrition, increase activity, ongoing monitoring of mental and physical health symptoms).
Secondary intervention for nonresponders	The EHR system and smartphone apps can be used to monitor client progress in order to determine if clients require additional services.

### 3. Grantee Leadership

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Healthy Connections' staff have years of direct service experience in social work, IT programming, evaluation, and program management and a clear understanding of the value of technology to enhance treatment outcomes. Leadership is 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 and other developments (e.g., the emergence of accountable care organizations and shifts in reimbursement).

The support of leadership and clinical staff will be instrumental to influence a meaningful shift in behaviors and attitudes toward using technology. Champions will help to lay the foundation to improve clinical workflow by identifying fewer steps to accomplish charting and documentation tasks, improving information-sharing capacity, generating more accountability among team members, and enhancing mechanisms to anticipate and circumvent problems.

Program sustainability is largely dependent on leadership developing a strategic plan that includes technology as a means to achieve the organization's broader goals. As Healthy Connections grows, it will also become more important to form a user group and governance group to help prioritize short- and long-term program activities. The user group can consist of technology users responsible for compiling recommendations for system enhancements. The governance group—composed of management team members, clinical leadership, and select administrative support 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, while ensuring leadership investment in the efficient use of resources.

### 4. Implementation Plan

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Meta House has invested significant time and resources into technology implementation as part of the Healthy Connections program (see the program timeline and milestone documents—attachments 1 and 2). The new, streamlined Epitomax EHR system replaced Meta House's previous EHR platform, which was cumbersome and had limited functionality. The organization is actively utilizing the in-house expertise of the director of management information systems (MIS) and director of quality improvement to train staff on using the system. The team found that individual training was more effective than group training to help staff learn how to use the new platform. It has also identified super-users to provide ongoing technical support and compiled a frequently asked questions document to address common user issues. If needed, staff can access Meta House's newly formed IT helpdesk for additional support. The helpdesk team meets regularly to coordinate the requests it receives.





***Meta House mural with, from left, Ruth O'Donnell and Andrea Jehly***

Clients in Meta House's residential treatment program are not permitted to use smartphones; however, they are provided with limited-use phones (programmed with only a few numbers) that can be used while offsite at appointments. Meta House recruited the most sophisticated technology users from among its staff to form a committee to research and test smartphone mobile applications that have since been incorporated into a menu of applications that outpatient treatment clients with smartphones can select. Staff members are also available to train clients on the mobile tools. According to the biannual report, "Counselors are beginning to identify clients with smartphones who

would benefit from specific applications, and these will be included in the treatment planning process."

Adoption of a patient portal and text messaging system has not taken place. Meta House is waiting for the EHR system to become fully functional before incorporating additional features. Staff reported that the evaluation team is developing a client survey on its experience with the technology enhancements to help inform next steps.

Healthy Connections' client roster will expand over time, and it will be important to have a process to manage change and ensure quality improvement and sustainability activities. PsyTech recently sent a customer survey to solicit feedback on suggested changes to the Epitomax system. This is a helpful exercise; however, it is necessary to create a more structured communication mechanism to share workflow and content requirements with the vendor. To facilitate the decisionmaking process related to Healthy Connections' technology implementation goals, Meta House is encouraged to form a governance group to help prioritize program activities and maintain accountability 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 current and prospective vendors and will contribute to long-term sustainability. The site visit team also recommended assembling a user group of technology champions to direct suggestions for system improvements to the governance body.

Now that Healthy Connections is fully engaged in the implementation process, it is important to make sure that staff capacity is not strained and there is sufficient support available to streamline operations. Documentation in the EHR is time consuming for staff, but a good system with sufficient data and client notes will help Meta House predict risk and generate better, healthier outcomes to support recovery services. Staff noted that the EHR system has already helped to increase patient authorizations, which increases the organization's potential to bill for services. Utilizing technology (e.g., videos, text messaging, teleconferencing platforms) and recruiting peer mentors and champions to support implementation will improve workflow and enhance future program expansion and sustainability efforts.

Successful implementation requires developing a project management tool to organize and prioritize the short- and long-term tasks identified by the governance group as the program gets underway. The site visit team recommended that Meta House develop an implementation plan that charts program objectives, completion timelines, budget, and progress toward achieving goals. The Journey Map for grantees (featured on the Ideas Exchange) includes tips on creating a workplan and establishing an advisory board. Designing a project management tool will help maintain accountability among staff and break complex steps into manageable action items. Organized, clearly defined, and well-communicated tasks will improve overall program implementation processes at all stages of the grant cycle.

## 5. Community Linkages, Partners, and Participation

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Meta House has partnered with the IMPACT Planning Council (formerly known as the Planning Council for Health and Human Services) to provide external evaluation support. It has also contracted with PsyTech Solutions to develop and maintain the certified EHR system.

Recent shifts in technology adoption, spurred by the ACA and health system mergers, may serve as opportunities to expand information sharing and service delivery capacity between future partner organizations. As discussed during the site visit, support for the project must be top-down and bottom-up. Healthy Connections' staff should consider expanding partner support by soliciting champions from among administrators, providers, and clients. Identifying additional partners in the community and advocates within the Meta House network will be particularly important to assist with program sustainability efforts.

## 6. Client Outreach, Recruitment, and Referral

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According to the grant application, "Meta House is always working to better engage and retain clients... [The organization] consistently has a wait list for its services, [and does] not anticipate difficulties with identification and recruitment of clients."

There are several ways that women with co-occurring substance use and mental illness are recruited into the Healthy Connections program:

- ▶ Clients with insurance can personally request an intake appointment by contacting Meta House directly.

- ▶ The Wisconsin Supports Everyone's Recovery (Wiser) Choice<sup>6</sup> program is Milwaukee County's public alcohol and drug treatment recovery service system that specializes in assisting families with children and pregnant women. Women can complete a comprehensive screening at one of several central intake units where they are then matched with recommended treatment services. Because Meta House is a State-licensed substance abuse treatment facility and a mental health clinic, it receives a number of referrals for women with co-occurring disorders.
- ▶ Meta House conducts outreach events at area shelters, child welfare and Temporary Assistance for Needy Families agencies, family courts and other legal settings, churches, and hospitals, among other public venues.

Clients with limited access to technology, who do not feel comfortable using technology, and/or who prefer traditional treatment modalities (i.e., in-person care) may elect not to participate in Healthy Connections.

## 7. Affordable Care Act Readiness

Meta House staff are mindful of the changes outlined under ACA, particularly with regard to technology and an increased focus on quality metrics. Fortunately, the Healthy Connections 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 (HITECH) and ACA. Predicting and managing financial and population health outcomes and cost offsets will be an essential part of ACA quality expectations, and data collected by this project will help to tell the story.

In line with ACA requirements, Meta House implemented PsyTech's ONC-ATCB certified Epitomax EHR system, which includes Health Insurance Portability and Accountability Act (HIPAA) security measures, such as a firewall and backup system. The ability to exchange information between clients and clinicians via a client portal will be an important next step for Meta House to meet future meaningful use requirements. The site visit team recommended that the organization meet with the current vendor to discuss portal capabilities and also consider platforms created or used by other TCE-TAC grantees.

The organization's momentum toward ACA readiness is impacted by statewide health care reform measures. The Wisconsin Statewide Health Information Network<sup>7</sup> is responsible for developing the State's health information exchange (HIE), which is still in production. Although Wisconsin is not a Medicaid expansion State, Meta House is encouraged to work with private

<sup>6</sup> Milwaukee Wiser Choice brochure. Retrieved from [http://county.milwaukee.gov/ImageLibrary/Groups/Everyone/SAIL\\_AODA/WiserChoiceBrochureUpdated.pdf](http://county.milwaukee.gov/ImageLibrary/Groups/Everyone/SAIL_AODA/WiserChoiceBrochureUpdated.pdf)

<sup>7</sup> Wisconsin Statewide Health Information Network. <http://www.wishin.org/>

insurers to negotiate reimbursement options for technology-enhanced services as supported by data that demonstrate improved client outcomes.

The site visit team recommended that Healthy Connections staff develop an information strategic plan that aligns with ACA requirements to guide the organization's technology use and future (3–5 year) technology investments. The plan should be comprehensive, aligned with the broader organizations goals, and designed to meet clients' needs. Meta House's administrative leadership and board will need to be actively involved in advancing these discussions. Offering technology to supplement treatment services and improve engagement is a strong leveraging tool for organizations to compete in today's health care environment and represents the future of health care. A solid data-informed strategy will help secure Meta House's role as a leader in technology-supported behavioral health care.

## 8. Sustainability Planning

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Meta House has a growing perspective on how technology enhances client care, which is essential for program sustainability. While implementation of the Healthy Connections program has been their primary focus, program staff have considered the importance of developing a long-term sustainable practice model—notably, with the involvement of leadership in technology enhancement and sustainability discussions, investments, and planning to further enhance buy-in opportunities.

Technology will influence most of the domains of the organization's operations as Meta House addresses payment reform, data management, information integration, workflow, and organizational culture shifts (for clinical staff and clients). An information and technology strategy, informed by data, can outline how Meta House intends to address changes in care delivery, reimbursement, and quality management. The plan must factor in how technology will influence clinical care and improve client outcomes. The plan should include details related to the organization's vision for a full complement of integrated technology tools, acquisition and project management strategies, identification of clinical champions, and development of robust analytical tools.

Additional staff support, preferably cross-functional assistance that draws on the expertise of administrators, clinicians, support staff, and clients across Meta House, will help the organization realize its long-term sustainability goals. This will also enable program leaders to focus on development opportunities to assist with near- and long-term strategies for ongoing maintenance costs.

Seeking alternative reimbursement options for technology-based services will be an important step in Meta House's sustainability plan. Meta House services are currently covered primarily by Medicaid or Access to Recovery grant dollars funded by the county. State and county leaders are in talks to expand billing options for recovery support services and to coordinate matching

dollar contributions. Because there are so many different payers in the State, each with varying qualification standards for billing and inconsistent reimbursement rates, the site visit team recommended that Meta House consider options that would allow it to bill for services provided at the organization level and not on an individual provider basis. Meta House may also wish to negotiate with the State Medicaid agency for the designation of Significant Traditional Provider, as permitted under Medicaid waivers. This means that substance abuse treatment providers, like Meta House, that have served indigent groups for an extended period of time can be included in managed care networks and can continue to provide treatment to clients without disruption.

Forming a consortium among agencies using various technology-based platforms may help defray costs associated with acquiring new technologies and/or upgrading existing systems. Working with vendors to establish user groups to set priorities and manage change is particularly important. The consortium can also work together to petition State legislators and other groups about reimbursement opportunities associated with delivering case management, counseling, and telehealth services to clients. Together, the consortium can prompt necessary policy and reimbursement changes to help Healthy Connections stay relevant and competitive in the changing technology landscape.

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## 9. Grantee Evaluation

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Meta House has an internal and external evaluation process (see attachment 3 for evaluation model). Internally, Meta House's team is responsible for overseeing evaluation requirements, managing client interview data, conducting focus groups with clients, providing formative feedback on the program, and acting as a liaison with funding sources. The IMPACT Planning Council—an experienced SAMHSA grant evaluator—is leading Meta House's external evaluation effort. It is responsible for providing evaluation technical assistance, supporting adherence to evaluation requirements, building evaluation capacity among program staff, providing independent analysis of program outcomes, and developing final summative evaluation reports.

Clients engage in Healthy Connections for at least a few sessions before a GPRA report is completed. The GPRA interview is conducted separately from the Healthy Connections intake process and includes assessments completed at baseline and again at 6 and 12 months. Because the program is newly implemented, it does not yet have meaningful evaluation data to report on the 22 clients it has enrolled. Data from 6-month GPRA followups are just now being collected. Staff are constantly refreshing contact information for clients and their support networks in order to complete followup interviews. Participants will be paid \$20 as an incentive for completing each GPRA interview.

In addition to facilitating GPRA reporting requirements, IMPACT will conduct a performance assessment to determine Healthy Connections' ability to meet program goals. It has outlined the following performance assessment outcomes:

- ▶ Demonstrate the program's ability to meet or exceed GPRA benchmarks
- ▶ Describe the implementation and utilization of the technology enhancements
- ▶ Document treatment outcomes for women
- ▶ Describe the strategies used and outcomes achieved for addressing subpopulation disparities
- ▶ Provide formative feedback to assure continuous quality improvement

IMPACT will develop a health disparities impact statement and a plan to address potential subpopulation differences among clients (i.e., factors that influence client access to care and outcomes). It intends to monitor all collected data to determine if the program is meeting targets and responding effectively/appropriately to the needs of the subpopulations it serves.

The organization's process evaluation will be informed by client intake and discharge interviews, key informant interviews, and focus group discussions with clients and staff. Data extracted from the Epitomax system will capture multiple variables including client demographics, duration of participation, program completion status, level of care, service utilization, billing authorizations, and consent. IMPACT recently surveyed staff to learn about their experience using Epitomax (see attachment 4). Staff were generally satisfied with the new system. They provided several suggestions to enhance future iterations of the platform, including a request for additional training and troubleshooting assistance (see attachment 5 for a complete summary of survey results).

The Healthy Connections outcome assessment will demonstrate the program's ability to meet intended goals and objectives while also reviewing baseline and posttreatment changes in client outcomes, including the factors that contributed to those outcomes specific to client engagement, substance use, mental health, and physical health:

- ▶ When retention rates prior to implementation of Healthy Connections are compared with rates following project implementation, is there an increase in the proportion of women retained in treatment for 30 days or longer?
- ▶ Following implementation, is there an increase in the average number of treatment hours received in the first 30 days?
- ▶ Is there a significant pre-post decrease in women's use of alcohol and illegal drugs from baseline to the 12-month followup?
- ▶ At followup, do women demonstrate a commitment to recovery?

- ▶ Is there a significant pre-post decrease in women's mental health symptoms and trauma-specific symptoms?
- ▶ At followup, do women have health insurance and an identified health care provider?
- ▶ Is there a significant pre-post decrease in the extent to which women view physical health problems as interfering with their lives?
- ▶ Is there a significant pre-post decrease in women's use of tobacco products?
- ▶ Does the project meet its targets for access to services, service use, and outcomes for identified subpopulations?

IMPACT will meet routinely with Healthy Connections staff to relay findings that will enhance project management and quality improvement efforts. Client feedback (extracted from client satisfaction surveys) will factor into any necessary program adjustments.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- Meta House has experience implementing Federal grant awards, including several SAMHSA-funded programs.
- Meta House has a long-term vision for incorporating technology into recovery services for clients.

### CHALLENGES

- Meta House has focused primarily on launching the Epitomax EHR system, which is used exclusively by Meta House staff. It has not expanded client-based technology offerings beyond recommending mobile applications. Adoption of client-centered tools will take additional time and resources.
- The original MIS director left the organization, resulting in a gap in IT services; however, another director was identified and is moving forward with technology enhancements and beginning to think broadly about technology implications for the organization.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Expand technology capacity to include client-focused platforms like a portal, text messaging, and a more extensive menu of mobile applications.	X		
2	Adapt the Healthy Connections program with the end user in mind. Consider the user experience to achieve the greatest potential and minimize frustration with technology use. Conduct routine focus groups to help guide decisionmaking regarding enhancements.	X		
3	Consider having technology champions lead technology support groups and education efforts.	X		
4	Consider streamlining and automating intake and followup assessment questions so that clients can complete them on their own.	X		
5	Include online resources with content that benefits clients' lives (nutrition, exercise, parenting, employment, dealing with emotions, housing, etc.).	X		



## Grantee Leadership

### STRENGTHS

- Leadership understands the value of data as a way to support client outcomes. The program manager has an extensive programming and evaluation background to help inform system enhancements and data collection strategy.
- Healthy Connections staff appear strongly committed to achieving goals.
- The Meta House president and chief executive officer is a lawyer. Her contractual expertise was particularly helpful when negotiating the vendor terms with PsyTech to use the EpiTmax EHR system.
- Meta House has a medical records specialist to help organize the transition from paper-based to electronic health recordkeeping.
- Meta House has open feedback loops. Leadership responds well to incorporating and reacting to feedback for improvements in delivering care.

### CHALLENGES

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

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Form a governance group to help prioritize enhancements to increase the use of technology and to address barriers to service delivery.	X		
2	Identify champions from within the organization and among members to promote the value of using technology to enhance substance abuse treatment services.	X		
3	Work with the Meta House board to allocate a larger portion of the organization's budget to cover expanding technology needs.	X		

## Implementation Plan

### STRENGTHS

- Meta House has allocated dollars to cover the cost of purchasing smartphone mobile applications so that clients have more opportunities to engage with technology.
- PsyTech is a relatively small technology company, which makes access to helpdesk support easy. To facilitate internal system adoption, Meta House established a formal helpdesk process.

### CHALLENGES

- Coordinating and prioritizing next steps for Healthy Connections will require a detailed project management plan guided by a user group and governance group.
- As technology and program participation expand, so will the need to restructure workflow. Without a formal workflow plan in place, staff run the risk of becoming overwhelmed.
- Changing established practices also means shifting attitudes and behaviors among clinical and administrative staff. Counselors have been somewhat less motivated to adopt new technology.
- It has been challenging to implement new technology when there are issues related to Internet connectivity, cell reception, firewall restrictions, and outdated equipment.
- PsyTech has been busy implementing ICD-10 changes to replace ICD-9 as the HIPAA adopted coding structure. This activity has delayed progress on developing other client-focused technology platforms, like a portal.
- EHR adoption dramatically impacts workflow during the early implementation phase, which can lead to a decline in productivity and staff acceptance.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Establish a detailed project management plan to help set expectations for technology's functionality, prioritize the adaptation and rollout of features, and identify a budget and timeline.	X		
2	Create a user group of engaged individuals to help prioritize technology needs that align with clinical practice, cost, and other implications.	X		
3	Send priorities to a governance group that will hold PsyTech accountable to requested changes. The group should meet biweekly to shift priorities and assess progress.	X		
4	Minimize the steps needed to complete technology enhancements to make the system more accessible (i.e., effective and efficient) to clients and staff.	X		
5	Develop efficient workflow policies and ensure staff are operating at the top end of their credentials.	X		

## Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
6	<p>Solicit client input at intake to better determine access to and preference for different types of technology. Clients suggested adding the following technology features:</p> <ul style="list-style-type: none"> <li>• Instant messaging capacity</li> <li>• Real-time access to local resources</li> <li>• Panic button to assist with trigger situations</li> <li>• Appointment reminders</li> </ul> <p>Client also reported interest in the following mobile applications:</p> <ul style="list-style-type: none"> <li>• Goal setting and tracking</li> <li>• Journaling</li> <li>• Tips for daily living skills</li> <li>• Posttraumatic stress disorder help</li> <li>• Recovery-focused discussion boards and chat rooms</li> </ul>	X		
7	Adopting online tools like In the Rooms or OneHealth may offer helpful support communities for clients in need.	X		
8	Consider establishing a peer mentoring program where clients in recovery can support others with technology adoption and training. A similar process can be established for program staff. This is a professional development and confidence-building opportunity.	X		
9	Organizational readiness is facilitated by identifying a champion to promote adoption on a wider scale.	X		
10	Track the amount of time spent on help functions so the program can identify where additional training is needed.	X		
11	Consider video tutorials to help clients learn basic computer skills. Videos may also be helpful to promote technology adoption of other client-based technology platforms.	X		
12	Negotiate with cell phone carriers to offer discounted data plans for clients participating in the program.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- Meta House 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, especially among groups serving women.

### CHALLENGES

- None noted

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collect qualitative and quantitative data to share with potential partners about the program's value and effectiveness.	X		
2	Create a detailed workplan to capture best practices for streamlining staff workflow and continuity of care strategies for clients who are transitioning to different service providers/agencies.	X		
3	Develop a capacity-building strategy to effectively address needs while also considering limits on staff time and resources.	X		

## Client Outreach, Recruitment, and Referral

### STRENGTHS

- Clients commented on the value and utility of technology in supporting their treatment and recovery.

### CHALLENGES

- It may take time for some clients to feel comfortable transitioning from more traditional recovery modalities.
- 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	The program may benefit from identifying clients who have had success using technology in their own recovery to serve as champions to others.	X		

## Client Outreach, Recruitment, and Referral

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	Develop a strategic marketing campaign that uses technology (e.g., brief videos) to market technology's potential to improve client health outcomes.	X		
3	Explore technology-based options to encourage client engagement such as a client portal, daily motivational text messages, and mobile applications with interactive functions (meeting locators, goal setting, journaling).	X		
4	As an incentive to keep clients engaged, tap into agencies that can help acquire smartphones or tablets clients can use with discounted data plans. Outlets such as TechSoup provide free or low-cost resources.	X		

## Affordable Care Act Readiness

### STRENGTHS

- Meta House understands the value of distance treatment technology on client outcomes and appreciates the role technology will have in the future of patient care.

### CHALLENGES

- Wisconsin is not a Medicaid expansion State and has not implemented an HIE.
- Meta House will need to expand its technology to include a way for clients to communicate with providers.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider using the Healthy Connections program as a way to demonstrate technology's effectiveness in improving health outcomes for clients outside static clinical settings to help make the case for needed reimbursement reform.	X		

## Affordable Care Act Readiness

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	As accountable care organization models expand and shift to primary care based approaches in response to the ACA, it will be important for Meta House to stay on top of these developments and demonstrate the value of early intervention and improved client engagement. Ongoing technology enhancements that align with this need to be guided by an organizational information plan.	X		
3	Stay informed about ACA developments and demonstrate the value of early intervention and improved client engagement.	X		
4	JBS will arrange for Meta House to speak to other TCE-TAC grantee sites that have implemented a client portal to learn about the features and functions that may be worth including when Meta House is ready to implement its platform.		X	

## Sustainability Planning

### STRENGTHS

- While implementation has been their primary focus, staff are mindful of the importance of sustaining the project beyond the grant.
- Meta House has a strong fundraising legacy and has secured funding from various sources including the United Way and county, State, and Federal grants.

### CHALLENGES

- Meta House has not billed extensively for services delivered to clients. Instead, it has relied on grant funding to cover costs.
- Billing and reimbursement is complex, especially with multiple Medicaid managed care payers in the State. Each payer has varying payment requirements, which can be challenging to coordinate. It has been a significant process to determine which services will be covered.
- The Epitomax system has helped streamline billing information; however, staff are hesitant to use the system to coordinate billing until it can fully accommodate all of the billing variations related to the multiple payers.

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 the ACA and HITECH Act.	X		
2	Demonstrate the value of technology to support broader Meta House initiatives by showcasing the program's cost-benefit and savings potential. Data-driven results will assist in making the case for expanding funding mechanisms. An economist may be able to frame the case for payers' consideration.	X		
3	Develop a decision support tool that the governance group can use to guide short- and long-term decisionmaking. A technology wish list should coincide with Meta House's expansion goals for the next 3–5 years. It is essential for leadership to be involved in the strategic planning process.	X		
4	Build a robust Web presence to house training materials and other resources that clients and partners can access on a regular basis.	X		

## Sustainability Planning

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
5	Explore reimbursement options for providing clinical services (e.g., case management, counseling, telehealth services), including bundled treatment options.	X		
6	Consider seeking designation as a Significant Traditional Provider.	X		
7	Negotiate with payers (like Anthem) to expand coverage to align with other carriers in the network. In doing so, demonstrate the cost savings associated with covering nonlicensed professionals.	X		
8	Seek support from the State's provider association, Medicaid office, and other policy leaders, like the Department of Insurance, to support expanded coverage and reimbursement options.	X		
9	JBS can provide technical assistance around strategic planning for billing and reimbursement options.		X	



## Grantee Evaluation

### STRENGTHS

- Meta House uses an objective, independent program evaluator to support data collection and assessment efforts. As a seasoned evaluator, IMPACT has developed effective strategies to collect meaningful data on program activities.
- IMPACT has been consistently close to the 80 percent followup threshold on all Federal grants requiring GRPA assessments.
- Staff have taken steps to consolidate assessment questions to avoid having clients respond to redundant questions.
- There are regular opportunities to collect information and to have real-time feedback on program effectiveness and areas for improvement.
- Data will help to demonstrate the return on investment and client outcomes facilitated by technology.

### CHALLENGES

- Adjust workflow to accommodate collection of GPRA and other data.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collect evidence of program effectiveness to demonstrate why distance treatment services should be reimbursed in the future.	X		
2	Develop simple inquiries that are routinely collected to gauge the technology features that are most useful to users.	X		
3	Use Epitomax data to inform clinical outcomes and determine what strategies might need to be shifted/improved. Data can be used to determine risk level at intake, vulnerability to crises, and the types of interventions needed to reduce risks.	X		
4	Start thinking about collecting data elements as opposed to simply using assessment tools. Data elements are computable while forms are not.	X		
5	Collect information that supports good clinical decisionmaking. Avoid collecting data that will not be useful.	X		

## Abbreviations and Acronyms

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ACA	Affordable Care Act
EHR	electronic health record
GPRA	Government Performance and Results Act
HIE	health information exchange
HIPAA	Health Insurance Portability and Accountability Act
HIT	health information technology
HITECH	Health Information Technology for Economic and Clinical Health
MIS	management information systems
ONC-ATCB	Office of the National Coordinator-Authorized Testing and Certification Bodies
SAMHSA	Substance Abuse and Mental Health Services Administration
TCE-TAC	Targeted Capacity Expansion, Technology Assisted Care

# Attachment 1

## Healthy Connections Program Timeline

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Staff	Activity/Milestone	Month															
		1	2	3	4	5	6	7	8	9	10	11	12	18	24	30	36
IT	Ensure that system requirements for EHR system are met																
IT	Purchase signature pads/tablets																
IT	Purchase smartphones for staff and train them on use																
IT	Purchase limited use cell phones and distribute to transportation																
PD/QI/IT	Fully implement EHR system																
PD/QI	Train staff on EHR system																
PD/QI	Establish smartphone app committee																
PD/QI	Research/test smartphone apps and develop list for clients/staff																
PD	Admit clients to program																
PD	Train clients to use patient portal																
PD	Use text message appointment reminders																
PD	Help clients with smartphones install and use appropriate apps																
EV/QI	Assist project team in developing disparities impact statement																
EV/QI	Train evaluation staff on GPRA/local evaluation protocol																
EV/QI	Establish local evaluation data entry forms																
EV/QI	GPRA/local evaluation data collection																

Staff	Activity/Milestone	Month															
		1	2	3	4	5	6	7	8	9	10	11	12	18	24	30	36
EV/QI	Qualitative interviews/focus groups with staff																
EV/QI	Qualitative interviews/focus groups with clients																
EV/QI	Study team reviews of national outcome measures																

Staff	Activity/Milestone	Month															
		1	2	3	4	5	6	7	8	9	10	11	12	18	24	30	36
EV/QI	Biannual review of program and performance assessment																
PD/QI	Submit progress reports																
EV	Analysis of baseline and 12-month followup data																
EV/QI	Final report																

Staff Key: PD = project director, IT = MIS director, QI = quality improvement director, EV = evaluator

## Attachment 2

# Healthy Connections Program Milestones

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## Program Milestones

Date	Milestone
July –August 2013	Initial staff trained in Epitomax system, including online and on-site training by Psytech
August 2013	Presentation to introduce staff to Healthy Connections program
August 2013	Group training on Epitomax system for initial group of outpatient staff
August 2013	All direct service staff provided with smartphones
August 2013	Tablets and signature pads purchased and installed
August 2013	Front desk, admissions staff, and outpatient counselors start using Epitomax for assessments and charting.
August 2013	Director of MIS/Communications retired unexpectedly
October 2013	Remainder of outpatient staff trained in Epitomax and start using Epitomax
October 2013	Limited use cell phones provided to transportation staff
November 2013	Residential counselors trained and start using Epitomax
November 2013	Health Disparities Impact Statement finalized and submitted
November 2013	New Director of MIS/Communications hired
January 2014	Smartphone app committee established and tests potential apps
January – February 2014	Remainder of clinical staff trained and start using Epitomax
February 2014	Menu of smartphone apps developed and distributed to staff and clients
March – April 2014	All computers updated to Windows 7 for HIPAA compliance
May 2014	Treatment plans finalized and integrated into the Epitomax system
May 2014	Helpdesk system implemented

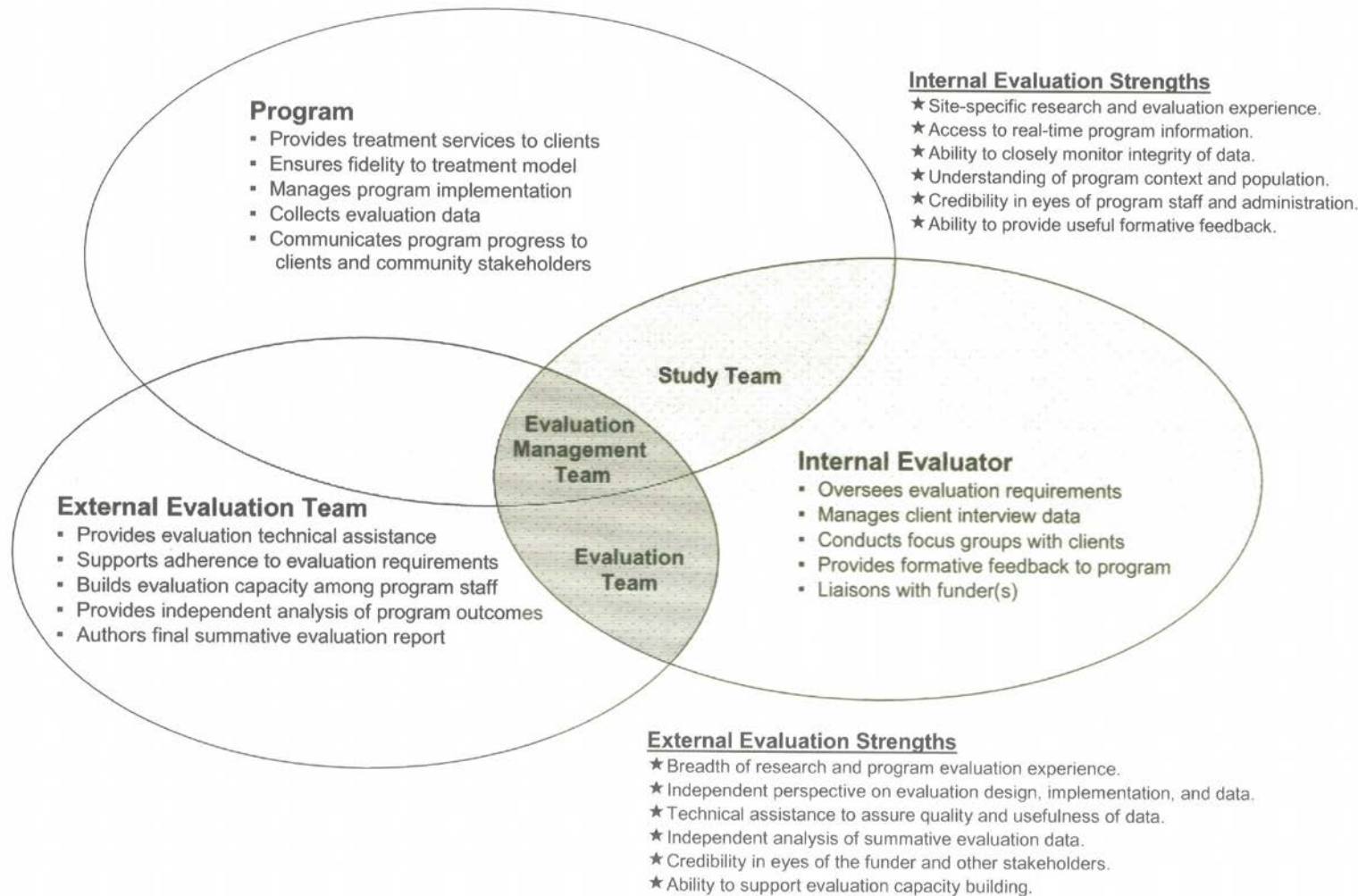
## Attachment 3

# Healthy Connections Evaluation Model

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## Internal/External Evaluation Partnership Model



IMPACT Planning Council, 2014

## Attachment 4

# Meta House Staff Survey: Epitomax System

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## <STRONG>Meta House Staff Survey: Epitomax</STRONG>

Thank you for taking the time to complete this brief survey about your experiences with Epitomax. We ask that you complete the survey by Friday, May 30th. The survey should take less than ten minutes, and your answers will be confidential. The results from the survey will help us learn how things are going and where we can improve.

The survey is being conducted by IMPACT Planning Council, who partners with Meta House to help with program evaluation on federal grants. Only members of the IMPACT Planning Council team will see your individual survey responses. They will combine everyone's responses together when they share the results with Meta House.

In order to progress through this survey, please use the following navigation buttons:

- Click the "Next" button to continue to the next page.
- Click the "Previous" button to return to the previous page.
- Click the "Submit" button to submit your survey.

If you have any questions about the survey, please contact Lisa Larson at [llarson@impactinc.org](mailto:llarson@impactinc.org) or 414-224-3054.

Thank you for your feedback!

Please indicate how much you agree or disagree with each of the following statements.

### 1. I received the training I needed to learn how to use Epitomax.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Learning to use Epitomax has been hard for me.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. I was really dreading the switch from our old charts to using Epitomax.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 4. I know I can get help on Epitomax if I need it.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with each of the following statements.

### 5. The system's instructions and prompts are helpful.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 6. Epitomax lets me quickly find the information I need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 7. Correcting mistakes is difficult to do in the system.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with each of the following statements.

Page 1

## <STRONG>Meta House Staff Survey: Epitomax</STRONG>

### 8. Epitomax has made charting and reporting services harder.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 9. I find I'm able to get my charting done sooner with the Epitomax system.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 10. Epitomax allows us to better coordinate client services.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with each of the following statements.

### 11. It's really helpful to be able to see other staff's notes about my clients in Epitomax.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12. I'm finding that I have more time for clients now that Epitomax is up and running.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 13. Down the road, I can see many new ways in which Epitomax will be helpful to us.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with each of the following statements.

### 14. If I could go back to our old charting system, I would.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 15. I would recommend that other treatment agencies move to an electronic health records system like Epitomax.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 16. Using Epitomax has made it easier to do my job.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 17. I think the benefits of switching to Epitomax have outweighed the challenges.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**<STRONG>Meta House Staff Survey: Epitomax</STRONG>**

**18. What are the three things you like most about Epitomax?**

- a)
- b)
- c)

**19. What are the three things that you would change about Epitomax?**

- a)
- b)
- c)

**20. In what ways has Epitomax changed your day-to-day work?**

**21. What kind of additional information or training do you need on Epitomax?**

**22. What is your role at Meta House?**

Thank you for your feedback. Please click the Submit button to submit your survey.

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## Attachment 5

# Meta House Staff Survey: Epitomax System Results

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## Meta House Healthy Connections (TCE-TAC) Electronic Health Records Staff Survey Results

### *Where is Meta House in the rollout of its electronic health records (EHR) system?*

Meta House selected Epitomax as its EHR system and has gradually implemented it throughout the agency during the past year. At each step of the implementation, relevant staff received group and/or individualized training. The staff rollout progressed through the following timeline:

- August 2013 – outpatient counselors and admissions staff.
- October 2013 – all outpatient staff.
- November 2013 – all residential staff.
- February 2014 – all remaining clinical staff.

### *Who participated in the survey?*

In May of 2014, 28 direct service staff who use the Epitomax EHR system were asked to complete an anonymous online survey about their experiences with the system.

- The response rate was high, with 24 of 28 (85.7%) of staff completing the survey.
- Survey participants included AODA Counselors (n=9), Child and Family Staff (n=9), and Case Managers, Vocational Education Counselors, or Other Staff (n=4).

### *Overall, how did staff respond to the survey?*

As expected, staff's responses demonstrated a range of perspectives about Meta House's migration to an EHR system.

- Many staff had responses that suggested generally positive experiences with Epitomax.
- For some items, a large number of staff (30%-50%) had a neutral response, neither agreeing nor disagreeing with the item.
- A small number of staff indicated clear dissatisfaction with Epitomax, experiencing it as both frustrating and inconvenient.

### *What was staff's feedback about the implementation of the EHR system?*

In general, the survey responses suggested that staff were fairly open to the transition to the EHR system, that its implementation has gone relatively smoothly, and that assistance with the system is available to them. Specifically:

- Only 33.3% of participants indicated that they were "dreading the switch" from paper charts to Epitomax.
- 70.8% of participants said they received the training needed to learn how to use Epitomax.
- 62.5% did not think that learning Epitomax was hard.
- 75.0% of participants reported they can get help with Epitomax if they need it.

### *Have staff been satisfied with the movement to an EHR system?*

Overall, the survey responses indicated that most staff were either satisfied or neutral about the migration of the agency to an EHR system. Specifically:

- 52.2% would not go back to the old charting system if they could (with an additional 30.4% responding neutrally to this item).
- 34.8% think Epitomax has made their job easier (with an additional 43.5% responding neutrally).
- 47.8% would recommend other treatment agencies move to electronic health record systems (and an additional 39.1% were neutral about whether or not they'd make this recommendation).
- 56.5% responded that the benefits of switching to Epitomax have outweighed the challenges (and an additional 26.1% were neutral).
- 54.2% see ways Epitomax will be helpful to Meta House in the future (with an additional 33.3% responding neutrally to this item).
- When staff were asked to identify aspects of Epitomax they liked, staff indicated that they had:
  - More information available to them about clients (e.g., "Having the ability to see other team members' notes."),
  - Experienced efficiencies in charting (e.g., "It helps me complete my charting quicker."), and
  - More time in their office, leaving them more available to clients (e.g., "Being able to chart from my desk, making me more accessible to clients.").

### *What kinds of recommendations emerged from the survey?*

The survey responses suggested that there are several ways in which the next phase of EHR implementation can be helpful to staff. Specifically:

- Participants expressed an interest in continued training and/or technical assistance on the Epitomax system (e.g., refresher trainings every 3-6 months).
- Participants indicated that they were experiencing some frustrations in their day-to-day use of the system.
  - There was little uniformity in the challenges participants raised, suggesting that those challenges may be specific to individual staff's role and the ways in which they need to use the system.
  - As a result, it may be helpful to conduct another round of one-on-one EHR meetings with staff to provide technical assistance and troubleshoot specific issues.
- While it may be possible to address some of the challenges experienced with targeted technical assistance, other challenges may be related to the design of the Epitomax system.
  - In reviewing the specific problems experienced, it will be helpful to categorize them into challenges resolvable through technical assistance, challenges that warrant a request for modification to the system, and challenges that may be endemic to Epitomax itself.