# Service Design Site Visit Report

## Native American Health Center

## Oakland, California


Date of Site Visit: March 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

# Content



## Exhibits

# Native American Health Center

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|---|---|
| **Grantee Name** | Native American Health Center |
| **Address** | 3124 International Boulevard, Oakland, CA 94601 |
| **Site Visit Dates** | March 10–11, 2014 |
| **Program Name** | iNative |
| **Grant TI Number** | TI 13-008 |
| **SAIS Number (TA Number)** | 3905 |
| **Grantee Contact Person** | Podge Thomas |
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| **Site Visit Team Members** | Dave Wanser, Ph.D., and Iris Chai, M.S. |

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***Left to Right: Cara Little, Podge Thomas, Alex Denning, Chirag Patel, Lillawa Willie***

| Grantee Project Sites Visited | |
|---|---|
| Native American Health Center Headquarters | 3124 International Boulevard, Oakland, CA 94601 |
| Native American Health Center, 7 Directions Building | 2950 International Boulevard, Oakland, CA 94601 |

# Executive Summary

The Native American Health Center (NAHC) is a nonprofit agency serving the California Bay Area's urban Native American population and other underserved populations in the vicinity. NAHC offers comprehensive medical, dental, and behavioral health services. The behavioral health services include culturally based treatment, prevention, traditional American Indian/Alaska Native (AI/AN) healing services, and peer support. NAHC's main office is located in Oakland, with satellite locations in San Francisco and Richmond. Administrative and fiscal offices are located in Alameda and Richmond.

California has one of the largest AI/AN populations in the United States, with more than two thirds of that population living in cities. Unlike most other ethnic groups, the urban AI/AN population is integrated within other ethnic minority neighborhoods and has no specific neighborhood designations. The AI/AN population faces many health and social issues, including mental illness, substance abuse, suicide, poverty, and involvement in child welfare systems.

These issues, in conjunction with systematic undercounts of Native Americans and only 1 percent of the total Indian Health Service budget devoted to health services for the AI/AN urban population, have resulted in a severely underserved population that also struggles with prevailing stereotypes and misinformation. Urban health centers such as NAHC help close the gap in health service accessibility for surrounding neighborhoods by serving as community centers.

In August 2013, NAHC received 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 behavioral health services through its program called iNative. This program supports several of SAMHSA's Strategic Initiatives by using technology to address mental illness, substance abuse, and co-occurring disorders for underserved and minority populations. To help reduce health service gaps, NAHC developed the iNative project to increase engagement and recovery supports for these traditionally underserved individuals residing in the Bay Area.

The iNative program will expand and enhance services to the AI/AN population and the local community, strengthening—

- Accessibility to recovery, counseling, and support services
- Behavioral health coordination and external treatment services
- Transitional support such as aftercare and life skills, workforce development, and health and wellness

- The use of electronic health records to improve integration, data tracking, referrals, and followups
- Peer-to-peer support, including online support
- The use of a client portal to increase client engagement

iNative will employ the community-focused and evidence-based intervention called the Holistic System of Care (HSOC) for Native Americans in Urban Environments, which focuses on the whole person, including self-help, empowerment, and building a healthy community. HSOC integrates behavioral health, substance abuse, and primary care, while also respecting the AI/AN culture. This model links treatment, prevention, and recovery, while peer support assists in transitions from active treatment to sustained recovery. Using the iNative logic model, the program expects to serve 650 clients over a 3-year period.

Mental health services are also provided by NAHC's Community Wellness Department (CWD), which conducts outreach via social media applications such as Facebook, YouTube, and Twitter. CWD's strong Facebook presence serves as a forum for discussions, community events, educational resources, blogs, podcasts, and a means to connect community members to NAHC. The efforts to connect community members have been successful, with the NAHC Facebook page now dubbed the "Digital Rez."

NAHC is a member of the Community Health Clinic Network (CHCN) in consortium with seven other clinics in the region. CHCN has implemented NextGen, a Practice Management and Electronic Health Record certified by the Office of the National Coordinator. The CHCN network provides NAHC with improved technological and financial support and a stronger stance for purchasing and updating electronic health records (EHRs). The NextGen EHR is developed to support SAMHSA's Strategic Initiative 6, driving health systems toward the use of technology in service delivery, quality improvement, cost control, and increased patient engagement. The NextGen Practice Management module was implemented at the agency in March 2012, with two subsequent upgrades since then. The clinical components of the EHR were implemented in March 2013. iNative plans to further enhance the EHR with a Web-based portal. The contract with a portal vendor will be signed by the end of March 2014, with the portal anticipated to go live 3 months later.

The TCE-TAC team from JBS International, Inc., conducted the site visit at NAHC on March 10–11, 2014. The team reviewed the program accomplishments and identified potential areas for improvement and technical assistance to achieve program goals. The site visit started with a prayer led by the cultural advisor and included a tour of the facility and discussion with a peer specialist and staff from CWD and the EHR teams. The discussions identified the recurring need for better communication among the various departments within NAHC, which share existing and potential future projects related to technology development and enhancement. Collaboration could benefit the agency, particularly since the various projects all emphasize achieving the goals of the Affordable Care Act.

The grant is in its 7th month. There are no client intakes using telehealth at present, but leadership is eager to incorporate progressive ideas in this area soon. The evaluation process is identifying how to respond to the needs of the target population. Stage 1 of implementation will involve integrating the technology into service delivery. NextGen is already available to the substance abuse and behavioral health counselors. Program staff recognize the next step is to incorporate a portal to more effectively engage clients through the continuum of treatment to sustaining recovery. The grantee is experiencing implementation challenges, in particular with integrating technology within the various sites and services offered at NAHC. Challenges to be overcome relate to billing, clients' comfort levels with the use of technology, and resistance from clinical staff.

The site visit team identified areas for improvement. The grantee should consider creating a formal governance process for establishing priorities in developing and managing the Web portal implementation, telehealth, and other technologies being contemplated. This could help drive the organization toward achieving meaningful use stage 2 goals for developing a robust patient engagement resource. Because implementation of technology requires effective collaboration among clinical, administrative, and IT staff, the grantee should encourage communication among the departments within NAHC to make the best use of the knowledge base available. NAHC needs an information strategy based on identification of issues and strategies among the various staff to foster organizational growth and sustainability of technology efforts. The program could also consider establishing focus groups and dynamic evaluations to keep current on how iNative can best address the needs of clients and what aspects of the technologies are proving most effective for engagement. A stepwise strategy can help in planning for the project's implementation and ongoing expansion and improvement.

It will also be beneficial for leadership to stay current on Affordable Care Act quality reporting, population health management, and reimbursement policies. Finally, JBS recommended NAHC delay requesting a change in the scope of work until it identifies a clearer path toward meeting the goals and objectives of the program.

The iNative and CWD teams appear enthusiastic about implementing a successful program using technology to deliver services and integrating the agency sites. The project director's interest in improving the way nonprofits function can be valuable in developing dynamic approaches to program collaboration and implementation. The site visit team assured the grantee that JBS is available to provide technical assistance and help NAHC succeed in the implementation and sustainability of the iNative project and achievement of organizational goals. The site visit team is also available to connect NAHC with grantees from cohorts 1 and 2 as valuable knowledge sources.

# Grantee Overview and Environmental Context

The Native American Health Center (NAHC) is a nonprofit organization that has been serving the American Indian/Alaska Native (AI/AN) population and other underserved populations in the Bay Area since 1972. NAHC has worked with local, State, and Federal agencies to deliver resources and services. Not limited to behavioral health, services include primary care, comprehensive dental care, women's health, homeless health care, and a teen clinic. Community services include outpatient individual, group, and family counseling; youth services; parenting classes; relapse prevention programs; and wellness talking circles. The center also provides prevention and health promotion programs focused on fitness and nutrition, including a fitness center; HIV/AIDS prevention and care; and chronic disease management.

***The two main sites of the Native American Health Center are in the Mission District of San Francisco and the Fruitvale District of Oakland—both mainly minority and poverty-stricken areas.***

The two main sites of NAHC are located in the Mission District of San Francisco and the Fruitvale District of Oakland, both predominantly minority and poverty-stricken areas. The agency began in San Francisco but added offices in Oakland to accommodate the shifting Native American population. With funding from the Indian Health Service, the Oakland location was opened in 1983. The American Indian Human Services and the 7 Directions buildings are located in the Fruitvale neighborhood. Of interest, the 7 Directions building was once an asylum.

Located in east Oakland, Fruitvale is home to a large AI/AN population and Oakland's largest Latino population. Accordingly, targeting the population requires services in Spanish in addition to Native languages. The center acts as a hub for the multitribe AI/AN urban community, promoting intertribal social bonding and involvement in cultural activities. The main building, for example, hosts an open area in the middle of the building designed for ceremonies. The other locations are satellite offices in the eastern region of the San Francisco Bay, in the cities of Alameda and Richmond.

Making up less than 2 percent of the U.S. population but with a disproportionate percentage of health and economic disparities, AI/AN individuals experience significant gaps in health care service. With the award of the Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant from the Substance Abuse and Mental Health Services Administration, NAHC was able to create the iNative program. It seeks to overcome the barriers of poverty, health disparities, and historical trauma by addressing the following service gaps: access to care; behavioral health care coordination, treatment, aftercare and transitional services, case management, technology integration, and peer-to-peer support.

# 1. Site Visit Overview

On March 10–11, 2014, the Clinical Technical Assistance Project's TCE-TAC program staff conducted a site visit to review program accomplishments, implementation, and service delivery approaches of the iNative program. The site visit team met with the project director, a peer specialist, and key staff from the community wellness and electronic health record departments. The JBS team gained insight into NAHC's and iNative's operations, strengths, and challenges. The iNative evaluator prepared a Client Survey Analysis report, assessing 56 of the clients receiving services at NAHC with regard to their preferences for the use of various technologies.

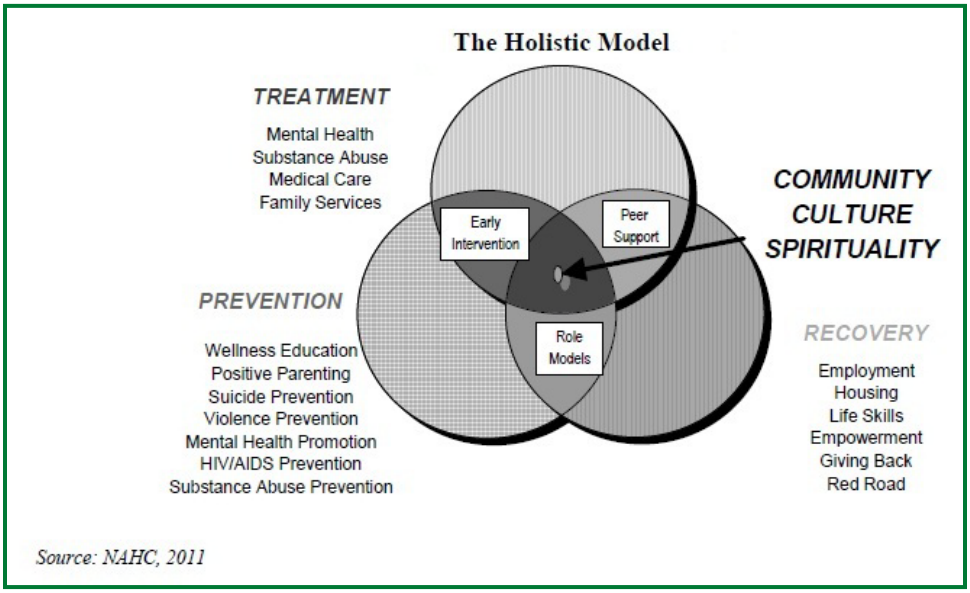
The visit included discussions about overcoming challenges related to the integration of technology in service delivery and technology buy-in from clinical staff and clients. The team also learned more about NAHC's participation in the Community Health Clinic Network (CHCN) and associated NextGen electronic health record (EHR) system. The site visit team provided guidance regarding potential technical assistance opportunities that may further develop and enhance the program, recommendations related to the Affordable Care Act (ACA), and a vision for sustainability of the organization. The visit ended with a debriefing conference call with the Government Project Officer Kate Wetherby.

# 2. Program Vision and Design

NAHC's mission is to improve the health and well-being of the AI/AN population and residents of the surrounding communities by providing comprehensive services with respect for culture and language. Although the program will have a strong Native and indigenous focus, it also honors and serves the diverse, underserved populations in the surrounding area. The program seeks to increase patient access, engagement, and self-empowerment, including health literacy and recovery. Located within the urban cities of the target population, NAHC is accessible to the target population. However, barriers that limit care include challenging living conditions, financial hardships, and family responsibilities.

iNative uses health technology and peer-to-peer support to address the needs of its clients and the community. The culturally competent, client-centered, and family-driven system of care used by iNative is based on the Holistic System of Care (HSOC) for Native Americans in Urban Environments. HSOC is a community-focused intervention emphasizing behavioral health care, promoting health and preventing disease. The evidence-based practice (EBP) employs selective interventions to address the wide spectrum of the agency's population, incorporating cultural practices, care integration, and social media. Modifications of the EBP will include the use of technology. The model (see exhibit 1) links treatment, prevention, and recovery by means of early intervention, peer support, and role models. The model emphasizes the whole person, focusing on individual empowerment for a healthier community.

***Exhibit 1. The Holistic Model Used by the iNative Program***




# 3. Grantee Leadership

The project director of iNative manages multiple grants, which facilitates information sharing within the organization but creates a substantial workload. The leadership has observed similar goals between the Community Wellness Department (CWD) and EHR deployment—patient engagement and technological enhancements moving toward addressing ACA. Exploring strategies for overcoming departmental silos can benefit the entire organization. A governance process and weekly meetings to ensure technology planning is informed and guided by organizational priorities would promote coordination among the various departments and facilitate a continuum of care and improvements in client engagement. The program staff should be made aware the iNative grant is not just one project but another means for the organization to succeed in realizing its long-term vision.

The leadership is invested in the use of technology. Using this strength to find technology champions within the clinical staff can promote the program's use of technology in the delivery of care. The project director's interest in modernizing the traditional structure of the nonprofit agency could help drive constructive and progressive changes within the organization.

# 4. Implementation Plan

Having received the grant in August 2013, NAHC is in its early stages of program implementation. Client intake has not begun; however, as a member of the CHCN, the program has an EHR system available. The EHR is interoperable between the two main sites, San Francisco and Oakland, and has undergone upgrades to meet meaningful use stage 2 criteria. Some of the clinical staff are already accessing the system, albeit with some hesitance. Client access to and comfort with the use of technology is a challenge. The team hopes to establish computer labs equipped with wireless Internet to enhance client comfort in using technology. The labs are expected to improve accessibility and increase computer literacy, supplementing the holistic model of recovery in the program design.

Overarching challenges for the program include integration of technology with the services and collaboration across the departments (i.e., primary care with behavioral health). To help align efforts with the direction of ACA, the team is developing a strategy for building a client portal, anticipated to go live in June 2014. The leadership recognizes the importance of using telehealth, particularly with the satellite locations. However, steps toward telehealth have not been developed through a planning process. Ultimately, it is important for the iNative grant program to use technology in three specific ways: engage, support, and retain clients.

The project director wishes to update the scope of work for the iNative program. The JBS team suggested first working through the current challenges and beginning intake. There will naturally be adjustments as any program develops. The site visit team also recommended using the previous grantee cohorts as a knowledge base to identify the most and least effective approaches. Focusing on a stepwise strategy and addressing approaches that have quicker returns will help get the program started. Frequent surveys and focus groups during implementation are also valuable tools to facilitate decisionmaking. Exhibit 2 summarizes goals, progress to date, and improvements to develop.

***Exhibit 2. NAHC's Goals, Progress to Date, and Improvements To Develop***

| Goals | Progress to Date (March 10, 2014) | Improvements To Develop |
|---|---|---|
| **Goal 1**: Enhance and strengthen NAHC's current substance abuse treatment, recovery, and support services infrastructure through integration of technology. | Through the CHCN, the agency uses the NextGen EHR system. A portal is expected to go live in June 2014. In reducing accessibility to technology, the iNative program anticipates setting up computer labs to promote technology-assisted care. | Although an EHR system is available, the technology must work for the program and the agency. It is not sufficient for the system to be interoperable between the two main sites. It must also be integrated with the delivery of service. Both the clinical staff and clients need to buy in to the use of technology in treatment and recovery. A strategy for the portal should focus on client usability. Focus groups and information-rich surveys can help the program understand client needs and how best these needs can be satisfied using technology. The agency must understand the goals and outcomes and how technology will be incorporated into these |

| Goals | Progress to Date (March 10, 2014) | Improvements To Develop |
|---|---|---|
| | | expectations. |
| **Goal 2**: Increase patient engagement and individual empowerment surrounding health literacy and substance abuse recovery (partially through the integration of cultural tools). | The CWD team has effective strategies for outreach and engaging the community through social media. The agency uses the HSOC model of care, which integrates culture with service delivery. | The program needs to understand the target population to find approaches that will attract potential clients to the program. Analysis of survey data can assist with addressing critical service needs of the wide spectrum of individuals present in the community. Surveys can also assist staff to tailor interventions to further the recovery process. Followup data collection for Government Performance and Results Act (GPRA) can be improved by strategies such as incentives, capturing adequate contact, and using technology to improve the process. Using technology to help clients empower themselves in obtaining improved life skills and workforce readiness development is an important part of recovery. |
| **Goal 3**: Improve upon Web-based substance abuse treatment provision models among health service providers. | There is currently no Web-based model. | The program can benefit from consulting with previous grantee cohorts who have developed Web-based models for substance abuse treatment. |
| **Goal 4**: Enhance NAHC's EHR implementation by expanding Web-based portals for patient records. | The NextGen EHR is currently available to some of the clinical staff, although the program is in the process of selecting a portal vendor. The portal is expected to go live in June 2014. | It is important to develop a client portal that provides for easy client access and use, which will increase use of this tool. It is also important to have a portal that will ensure NAHC can meet the meaningful use stage 2 criteria. |

# 5. Community Linkages, Partners, and Participation

NAHC has established partnerships with eight other Alameda County clinics in CHCN, a local extension center of the California Health Information Partnership & Services Organization. The mission of the network is to provide comprehensive and quality health care while respecting the community's traditions and values. Being part of this consortium helps NAHC increase support and purchasing power for an EHR.

There are many current and potential collaborators at both major sites (Oakland and San Francisco), including—

- California Department of Alcohol and Drug Program
- California Department of Mental Health
- Behavioral Care Services in Alameda County
- Bay Area Indian Child Welfare Collaborative
- San Francisco Department of Public Health
- San Francisco Community Clinic Consortium
- San Francisco Unified School System
- San Francisco Probation Department
- Friendship House Association of American Indians
- Department of Veterans Affairs
- Urban Trails San Francisco collaborative
- University of California, Davis

NAHC has a long list of collaborators. However, it is recommended the agency develop a plan for partnerships with Accountable Care Organizations, which serve as a foundation for an improved continuum of care.

# 6. Client Outreach, Recruitment, and Referral

The CWD promotes outreach for NAHC through social media tools, community events, videos, blogs, and podcasts, connecting the community members to one another and to NAHC. Facebook is one of the most successful methods, with members nicknaming the page as the "Digital Rez." The community wellness team also employs community informants to help develop tools to inform the agency and community partners on how best to engage the target population. NAHC also promotes access to behavioral health services through medical and dental programs.

Since referrals from other AI/AN organizations have not been successful, most referrals will come from other NAHC programs and onsite recovery groups. Friendship House will also refer clients; however, its programs last several months and do not create an ideal opportunity for referrals.

# 7. Affordable Care Act Readiness

The agency supports participation in the technology transformations that will accompany ACA. As mentioned, NAHC employs the NextGen EHR system through the CHCN, and a vendor for the portal will be chosen by the end of March 2014. The CHCN consortium helps the organization identify resources, prepare for changes associated with ACA, and support and develop the EHR system and integration plans. Leadership is aware of organizational implications for meeting ACA requirements. It is recommended the organization develop a formal written plan for ACA readiness and anticipate the effects on reimbursement opportunities. As payment reforms become common, information exchange will be expected, needed partnerships developed, and infrastructure planning ongoing, thereby enhancing future opportunities for the organization.

# 8. Sustainability Planning

The agency has not begun developing a strategy for sustainability since the focus has been on implementation. Understanding how the iNative project contributes to the entire agency's goals and mission is an effective step toward planning for the future. The iNative TCE-TAC grant, in combination with a primary care grant and an effective EHR, can benefit the entire organization. While the grant is technology based, it is the information derived from the technology that is important to improving client services and outcomes. Developing an information strategy will be invaluable for planning for the future and sustaining the gains realized from iNative. Understanding the requirements and effects of ACA and being anticipatory and agile can contribute to the long-term future of the agency.

# 9. Grantee Evaluation

Since the program is in its beginning stages, the evaluation is still evolving. The program has developed surveys to determine demographics and access and use of technology (see attachment 1, iNative Evaluation). The survey of 56 clients receiving services at the NAHC shows most clients are Native American, female, and heterosexual. The next largest population is Latinos. Regarding technology, a vast majority of the clients use a cell phone; specifically, a smartphone. Most use text, email, and Facebook. Interestingly, almost the same number of clients use Facebook as those who are not interested. Over half access the Internet at least once a day, but many are not interested in social media, Internet forums, or communication applications such as Skype. Only about 7 percent of the clients surveyed regularly use a computer. However, almost 33 percent of respondents would like to learn more about using technology, and an overwhelming number prefer to be taught directly. This is valuable information to consider when developing approaches for client engagement and establishing the computer labs for client access and development.

To assess the needs of the program, focus groups and more informative and dynamic evaluations need to be developed. The evaluation can begin by piloting the questions from the TCE-TAC evaluation workgroup that focus on efficacy, dosage, and impact. In this phase of the program, the agency should focus efforts on establishing performance objectives and outputs to measure the program progress relative to its goals. Achievement of program outcomes will be imperative for overall program effectiveness. Providing evaluation results to leadership on a regular basis will demonstrate needed actions are being taken to ensure a viable program.

# Summary

The iNative staff are committed to providing services to the community and furthering NAHC's mission. The team has identified areas for improvement; namely, collaboration across departments. The iNative program can be used as a springboard to move NAHC toward ACA transformations of service delivery and long-term sustainability. Leadership recognizes the importance of using technology in care delivery but will need to tailor it to the needs of the program and clients. The center's accessibility is an advantage, facilitating focus on program development and client engagement. Both these factors will be particularly challenging in the surrounding communities, but employing focus groups and surveys can assist in the development of program services.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- The leadership values the importance of incorporating life skills into the recovery process.
- The agency targets the entire urban community and not only the AI/AN population.

### CHALLENGES

- The community is home to a wide spectrum of individuals, from youth to elders.
- The team is only beginning to develop strategies for how to integrate technology into the delivery of services.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Design the portal around utility and effectiveness. | X | | |
| 2 | Determine what strategies are effective for attracting clients and improving engagement in treatment and recovery. | X | | |
| 3 | Focus on the desired program outcomes and develop a plan and data sources that inform how technology can help achieve them. | X | | |
| 4 | Use surveys to assist with tailoring interventions. Surveys can also help determine client perceptions regarding usability and accessibility of technology. | X | | |
| 5 | The program should focus on using technology as a means for ongoing, tailored connections (i.e., what education, support, and other tools will clients need to be successful when clinicians are not available?) | X | X | |

## Grantee Leadership

### STRENGTHS

- Leadership has realized the clinical and information technology (IT) departments should significantly increase their collaboration as technology use continues to permeate how the organization operates.
- The project director's interest in and experience with entrepreneurship will help support beneficial changes in nonprofit organizations such as NAHC.
- The project director wants staff and department to share information and decrease silos. The project director believes increased communication among departments can help build the program more quickly.

### CHALLENGES

- There is a lack of interagency communication and coordination among departments, which can impede the project and organization as a whole.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Leadership should foster increased collaboration between the clinical and IT staff, support the coordination among departments, and focus on critical success factors (e.g., patient engagement, ACA) | X | | |
| 2 | It is recommended leadership hold weekly governance meetings to support effective management of the project with updates on status, lessons learned, and decisions affecting the program and clients. | X | | |
| 3 | The leadership should reinforce the importance of iNative to the NAHC agency. The iNative grant can act as a springboard to move NAHC in the direction of ACA and organizational sustainability. | X | | |
| 4 | Consider using previous grantee cohorts as a knowledge base for program implementation approaches. | X | X | |

## Implementation Plan

### STRENGTHS

- The NextGen EHR is interoperable among the two major sites (San Francisco and Oakland).
- The team is creating computer labs with refurbished computers and a wireless Internet connection. Clients will have open lab time to increase recovery support, and tutorial groups will be developed to enhance the effectiveness of the labs.
- The EHR rolled out in March 2013. The upgrades are in line with meaningful use stage 2 and ICD-10 implementation.
- The health information exchange will be available by August 2014; it will provide an exchange of information related to immunization records.
- The portal contract will be signed by March 31, 2014, and a portal will be available by June 2014.
- Telereminders are available for the dental department and in time will roll out to the iNative program.
- Some of the substance abuse/mental health counselors are already using the NextGen EHR.

### CHALLENGES

- Although many clients have smartphones, there are still issues with access to technology and being able to use technology.
- There is currently no telehealth application as most clients are close by; however, there are two satellite sites that could benefit from telehealth.
- The no-show rate is at 20 percent, and no telereminder system is available except for the dental department.
- There is a lack of integration of the various technologies and use across the organization to assist with delivery of services.
- Buy-in from some clinical staff, particularly the licensed marriage and family therapy staff, could be improved.
- Roadblocks in communication among staff and departments prevent information sharing, even when departments have common goals.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Maintain and enhance client engagement through the use of technology and various media. Technology is helpful to support treatment and recovery goals when clients are not in contact with staff. | X | | |
| 2 | Reach out to other TCE-TAC grantees to learn what approaches have or have not been effective. | X | X | |
| 3 | It is acceptable to change the technology to find a better fit for target clients. | X | | |

| Implementation Plan | | | | |
|---|---|---|---|---|
| | **Potential Enhancements** | **Grantee Resources To Be Used** | **Will Request TA From CSAT** | **Information Requested** |
| **4** | Develop a stepwise approach, pursuing projects that have quicker payoffs first. | **X** | | |
| **5** | Focus on not only engaging clients using technology, but also supporting recovery and maintaining support through technology. | **X** | | |
| **6** | Carefully examine end-user acceptance before, during, and after a new technology is introduced to ensure the tools used are what the clients want (i.e., kiosks, computer labs, multidimensional resources such as life skills). | **X** | | |
| **7** | Consider texting as a quick way to reach out to clients. | **X** | | |
| **8** | Clients should be counted for GPRA purposes only if they are using technology. Using technology for life skills and work development can be included. | **X** | | |
| **10** | Consider incentives such as supporting data plans so clients can access mobile apps. Associated phone numbers could potentially stay the same, increasing chances for 6-month followups. | **X** | | |
| **11** | The portal can help disseminate information associated with recovery, such as apps. Using videos on the portal would help clients gain interest in using the portal. The key to the portal is usability. | **X** | | |
| **12** | Telehealth would be advantageous for satellite locations. | **X** | | |
| **13** | Consider increasing buy-in by involving clinical staff in the workflow analysis and mapping as technologies are rolled out. Clinical "super-users" are critical for increasing buy-in. | **X** | | |
| **14** | Consider researching a NextGen behavioral user group that may have helpful resources. | **X** | | |
| **15** | Use core user groups to drive implementation to determine useful content and whether the plan adds value. | **X** | | |

## Community Linkages, Partners, and Participation

### STRENGTHS

- NAHC has partnered with eight other clinics in the CHCN.
- Partnerships are established with local, State, and Federal entities.

### CHALLENGES

- Partnerships with other Native American organizations have not always been successful.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | The program should consider establishing partnerships with Accountable Care Organizations to help with integration and continuum of care. | X | | |

## Client Outreach, Recruitment, and Referral

### STRENGTHS

- Referrals come from onsite recovery groups and internal departments.
- The CWD engages in much of the outreach, such as using engaged individuals to increase interest in others in the community.

### CHALLENGES

- Referrals have not been as frequent as hoped from other AI/AN organizations.
- The Friendship House substance abuse program is not a strong resource because of the time clients stay in the program and because they often are from other States.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Consider involving the marketing department of the NAHC in developing other areas of outreach to the community. | X | | |

## Affordable Care Act Readiness

### STRENGTHS

- The NextGen EHR has been upgraded multiple times to meet the criteria of meaningful use stage 2.
- The portal will be live by June 2014.

### CHALLENGES

- ACA readiness for the agency has not been informed by a formal planning process.
- No strategies have been developed for rollout of the portal.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Focus on patient engagement, a vital component of ACA. | X | | |
| 2 | The leadership and staff should stay current on ACA and its implications for the organization. | X | | |

## Sustainability Planning

### STRENGTHS

- None noted.

### CHALLENGES

- The departments within NAHC do not collaborate effectively, even for common goals.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | To maintain sustainability, clinical and IT staff must integrate their ideas. Increased communication and collaboration help sustainability for the entire agency. | X | | |
| 2 | Understand that program implementation is an information strategy, not simply a technology strategy. | X | | |
| 3 | Understand the importance of the iNative program to the organization. | X | | |

## Grantee Evaluation

### STRENGTHS

- The evaluation strategy has been developed. The analysis has given the team additional knowledge of the technology preferences of clients at NAHC.

### CHALLENGES

- The evaluation will benefit from being more dynamic and can include focus groups and quick-turnaround surveys to fully understand the targeted communities' needs and interests.

| | Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|---|---|---|---|
| 1 | Implement consumer-oriented focus groups to help develop the computer labs. | X | | |
| 2 | Evaluate and determine how many clients would be using the services as an introductory cohort. This endeavor also helps with scaling the program to the target number. | X | | |
| 3 | Use surveys to help identify priorities and client needs. | X | | |
| 4 | Use the evaluation as a way to serve and inform the agency and the effectiveness of paths and actions taken. | X | | |

# Abbreviations and Acronyms

| | |
|---|---|
| ACA | Affordable Care Act |
| AI/AN | American Indian/Alaska Native |
| CHCN | Community Health Clinic Network |
| CWD | Community Wellness Department |
| EBP | Evidence-based practice |
| EHR | Electronic health record |
| HSOC | Holistic system of care |
| IT | Information technology |
| NAHC | Native American Health Center |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| TCE-TAC | Targeted Capacity Expansion, Technology-Assisted Care |

# Attachment 1
# iNative Evaluation

This attachment was created by the Native American Health Clinic's evaluation team.

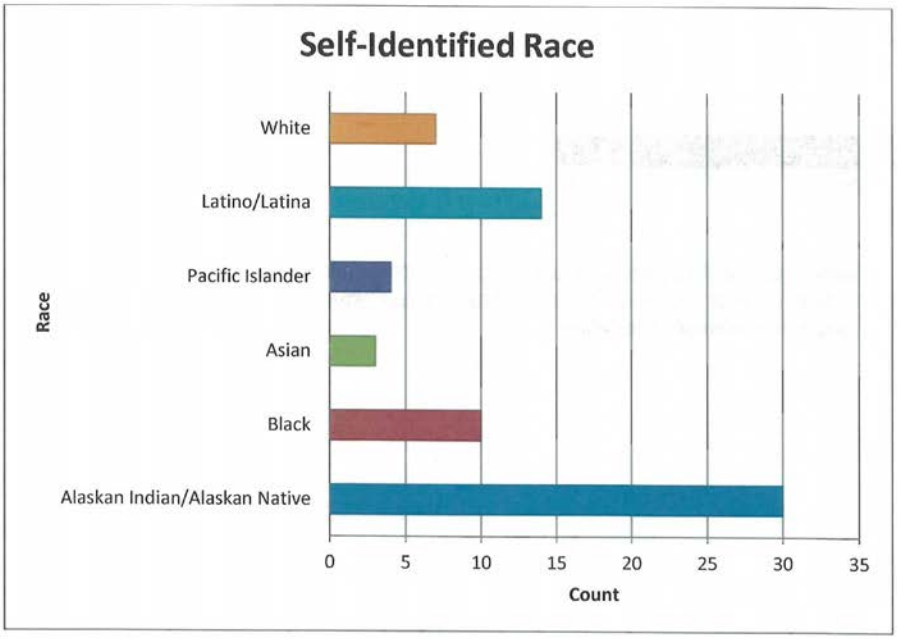
## iNative Client Survey Analysis

**I. Background:** This survey was designed to assess, from clients receiving services at Native American Health Center's Community Wellness Department, demographics, technology access, technology use, and whether the client would be willing to participate in an online peer-to-peer support leadership program. A total of 56 surveys were collected and analyzed.

**II. Demographics:** For this survey we had a mostly Native American, female, and straight sample. Detailed analysis follows.

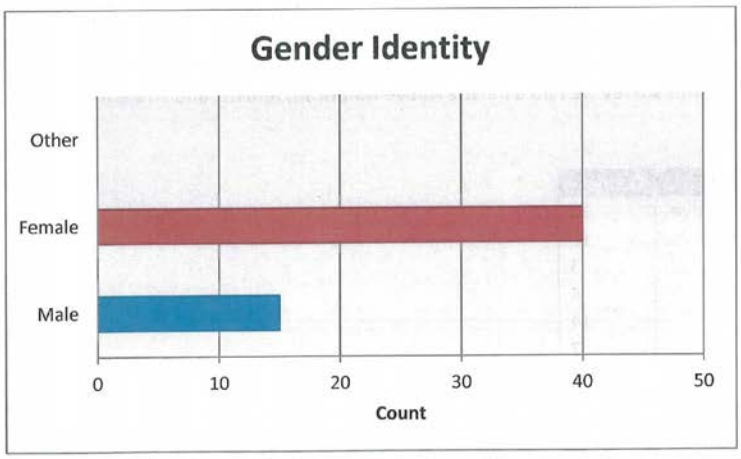
| Race | Count |
|---|---|
| Alaskan Indian/Alaskan Native | 30 |
| Black | 10 |
| Asian | 3 |
| Pacific Islander | 4 |
| Latino/Latina | 14 |
| White | 7 |

37 participants described their tribes the 6 most popular tribes were: Cherokee, Navajo, Blackfoot, Choctaw, Sioux, and Yaqui




Client Technology Use and Access Survey 1

| Gender Identity | Count |
|---|---|
| Male | 15 |
| Female | 40 |
| Other | 0 |



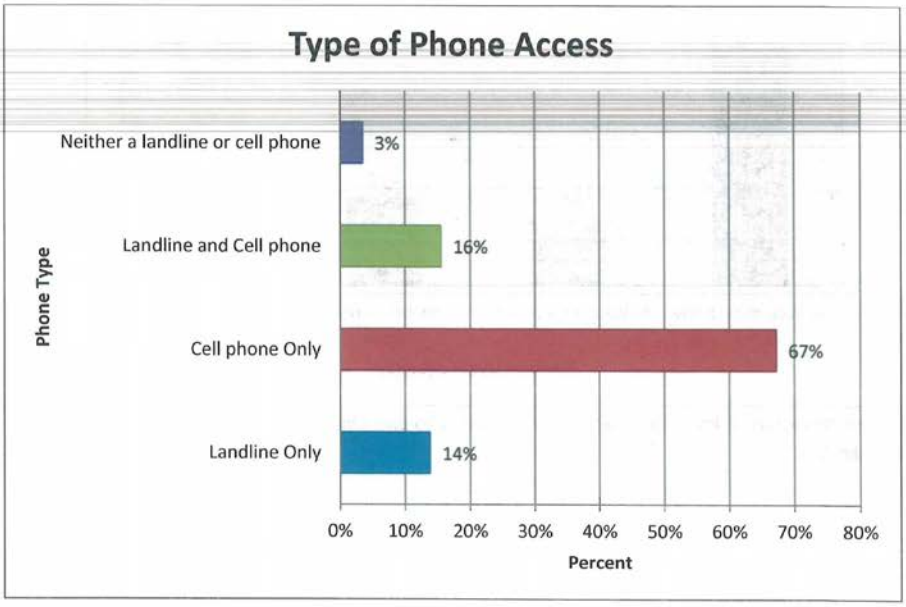

An overwhelming amount of female participants completed this survey. This does not reflect the overall member population of the Community Wellness Department (usually about 53% female and 47% male).

| Sexual Orientation | Count |
|---|---|
| Gay/Lesbian | 4 |
| Straight | 47 |

A large population of straight participants took this survey. These numbers could be skewed for lack of participation from Circle of Healing of the Community Wellness Department in San Francisco, which has a large gay and lesbian member population.

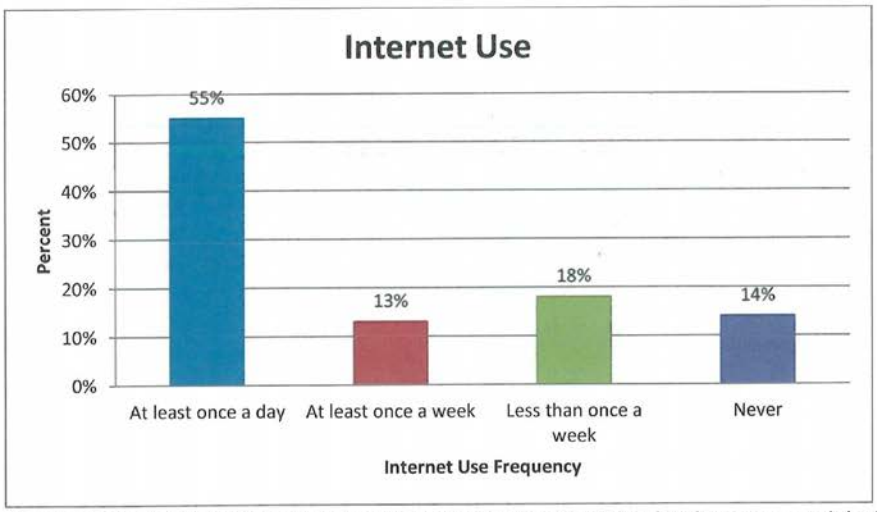
Client Technology Use and Access Survey 2

**III. Access and use:** The section will describe what type of access to technology clients have and how regularly they use different technologies.

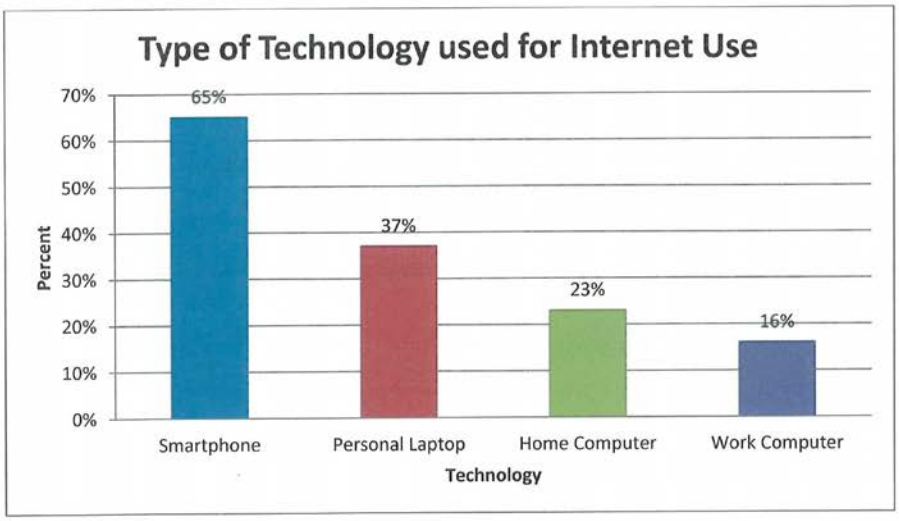



With so many clients have cellphones, we can ascertain that they have familiarity with cellphones which could allow us to use technology based around using a cellphone.

Client Technology Use and Access Survey 3



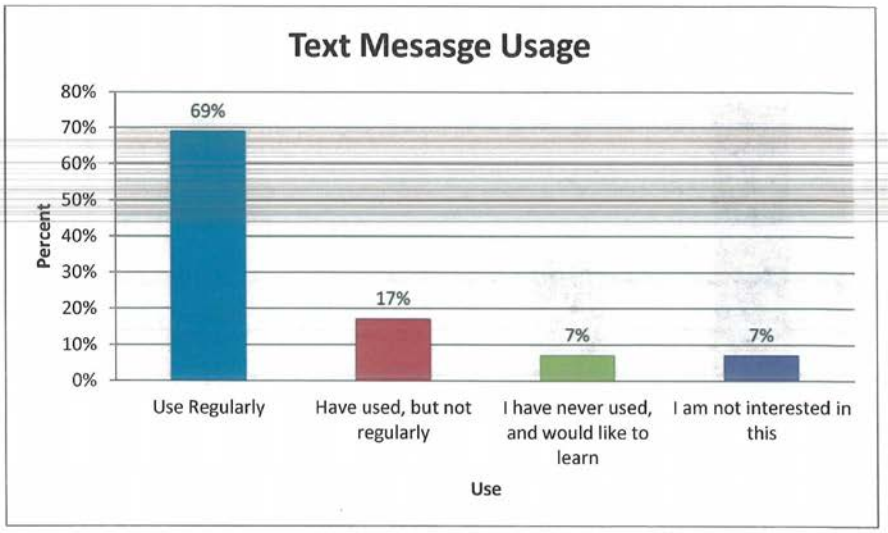

Based on these results, it looks like many of the clients who participated in this survey used the internet fairly frequently.



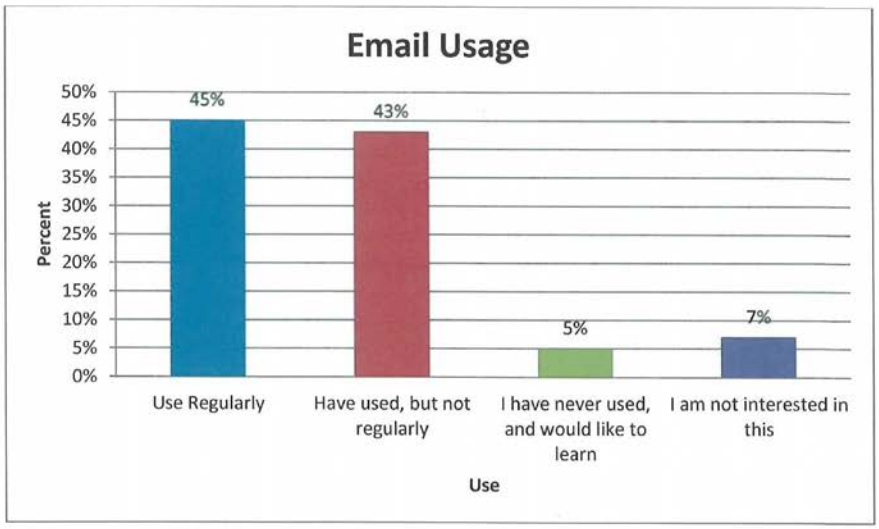

56% of participants had a smartphone and of those people:

- 93% of them had unlimited texting
- 80% had unlimited phone calls
- 45% had unlimited data (23% of participants did not know if they had unlimited data)

Client Technology Use and Access Survey 4

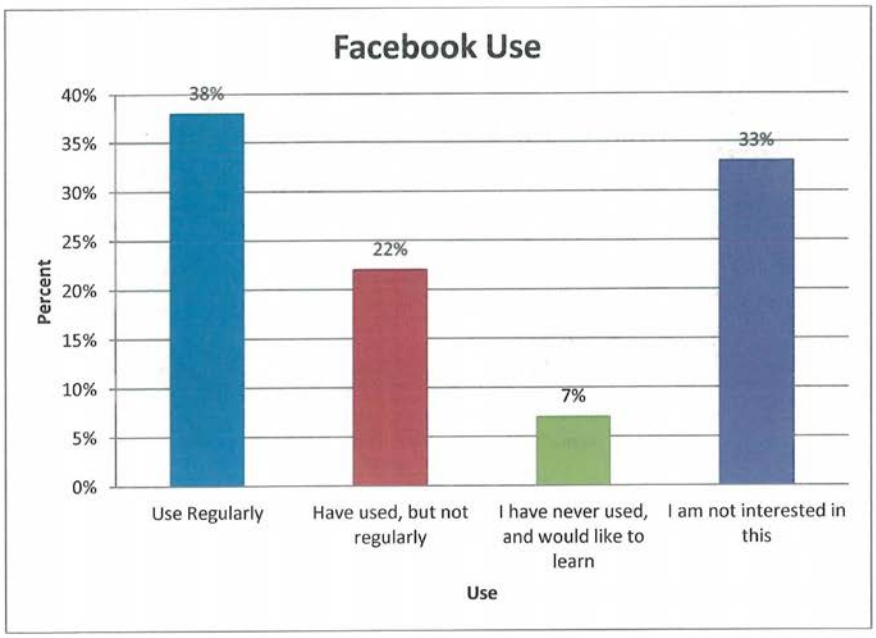



A majority of our clients use text messaging on a regular basis. Also there is little non-interest in this technology.



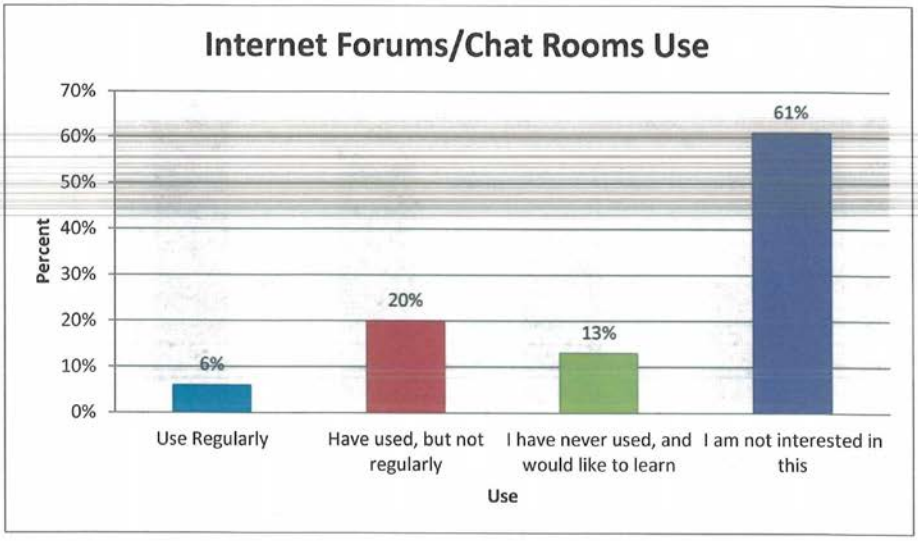

Email also seems to be a technology that our clients use or have somewhat of a familiarity with.

Client Technology Use and Access Survey 5

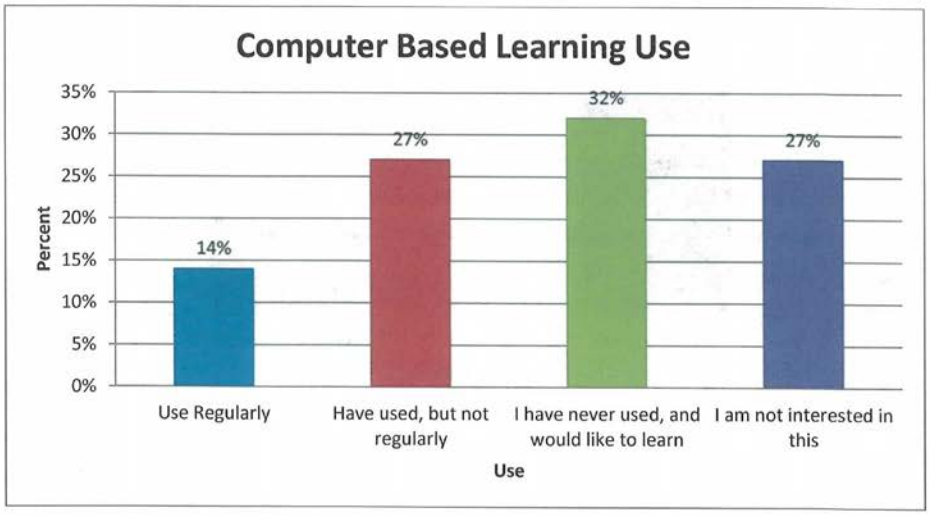



Use of Facebook with our clients seems to be split. With 33% of clients not interested in the technology at all we may need to adjust our use of technology away from this.

Client Technology Use and Access Survey 6

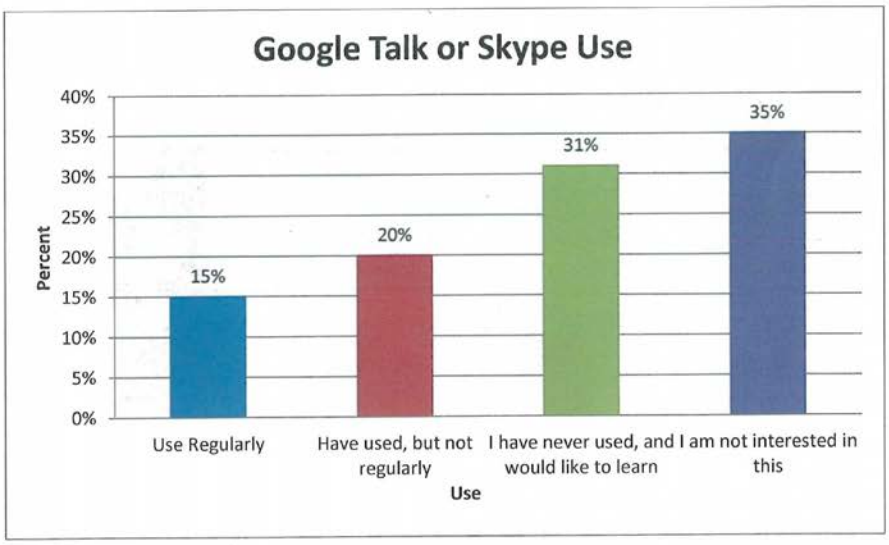



Our clients were not interested in this technology at all. However, there is negative stigma associated with chat rooms and maybe with the correct framing of the technology it could be more useful. For example, if this was framed as an online recovery group maybe clients would be more responsive to the use of this technology.

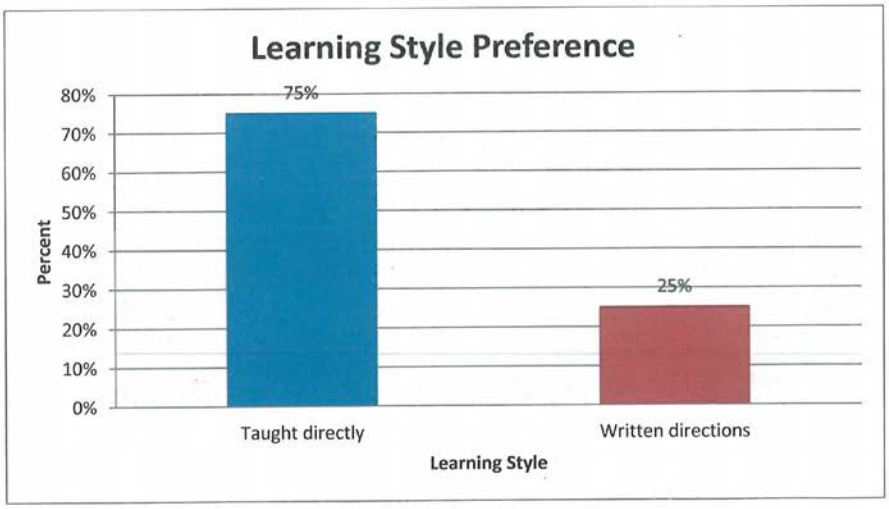



Although not a lot of our participants used regularly use this technology there seems to be a pretty high level of interest. This could be useful for capacity building of the community. Examples could include offering online courses in different subjects for clients.

Client Technology Use and Access Survey 7




This may not be the best technology for us to utilize during this project.




This insight will be very beneficial for the project. We will have to gear our training methods towards teaching our clients directly.

Client Technology Use and Access Survey 8