

Target Capacity Expansion- Health Information Technology (TCE-HIT)

1st Cohort Implementation Site Visit

Clinical and Support Options, Inc.



Northampton, MA



Prepared by JBS International, Inc. for the Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment



TCE-HIT Service Design Visit

Grantee Name	Clinical and Support Options, Inc.
Grantee Project Name	RECOVERe: Technology Support for Substance Abuse Treatment and Recovery
Address	8 Atwood Drive, Northampton, MA 01060
Grant TI Number	TI023819-01
Date of Site Visit	October 15–16, 2012
Grantee Contact Person	Allison Garriss, Project Director
Grantee Agency Director	Karin Jeffers, Clinical and Support Options CEO
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Grantee Project Team Member Participants
<p>Allison Garriss, Program Director</p> <p>Peter Wood, Program Director of Outpatient Services</p> <p>Gwen Gannon, Evaluator</p> <p>Joanne Jackson, Co-Executive Director</p> <p>Michael Block, Technology Coordinator</p>

Executive Summary

Clinical and Support Options (CSO) has implemented a technology-supported interactive system of outreach, intake, treatment, and aftercare for residents of three rural counties in western Massachusetts. The CSO vision was to augment existing clinical services through technological tools. CSO “RECOVERe: Technology Support for Substance Abuse Treatment and Recovery” Project’s goals are to improve substance abuse treatment access and outcomes for clients with substance-use disorders, improve retention and adherence to treatment, and expand aftercare options in Hampshire County, Franklin County, and North Quabbin County in western Massachusetts. The project plans to serve 150 adults per year, substantially increasing treatment capacity in the western Massachusetts region. The grantee is augmenting face-to-face therapy and case management with technological tools such as mobile phone text messaging (Text4Recovery); videoconferencing (i2i); the development of an interactive client portal (ChangeAgent); and the electronic health record (EHR).

SAMHSA initiated a technical assistance (TA) request to discuss CSO’s request to adjust the number of clients to be served from 150 per year to 96 per year. During the site visit, JBS Clinical TA staff met with CSO key stakeholders (including staff and clients) to observe program operations and gain a full understanding of the program’s history and current operations; reviewed the grant implementation and service delivery process to support programmatic strengths while suggesting TA opportunities to effectively meet challenges; and discussed with the grantee the circumstances surrounding their request to reduce GPRA target numbers.

Several observations were shared with CSO staff during the site visit.

1. CSO staff may want to investigate developing a partnership with the Veterans Administration, underscoring the value and the benefits that the RECOVERe program can provide to veterans and engendering buy-in and support for some of the program costs from this potential partner.
2. Other health care partners may be able to assist with data collection thereby reducing the staff time being spent on this function. CSO staff could build upon their current relationships with primary health care providers to expand data collection.
3. TA available through the Clinical TA contract could assist with marketing efforts and website restructuring to attract additional partners.
4. Foundations, businesses, and faith-based organizations could be approached to seek additional financial contributions toward maintaining program operating costs, particularly providing funding to support continuing cell services.

The grantee will discuss initiating a TA request to address the topics discussed in these observations.

Below is a summary of observations made during the site visit.

Program Vision and Design

STRENGTHS

- RECOVERe has a clear vision and design to expand care coordination using health information technology in targeted areas of need.
- CSO, the parent organization that includes a variety of programs beyond RECOVERe, supports RECOVERe vision and design.
- All CSO staff is clear on the program vision.

CHALLENGES

- RECOVERe is managed by a single Project Director and has minimal support staff to assist with expanding design.
- RECOVERe is an internal service augmenting existing CSO services. This limits CSO in meeting their vision to expand capacity, as they are currently only taking internal referrals.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore additional staff labor to support future RECOVERe activities.	X		
2	Expand RECOVERe services to persons not receiving additional CSO support.	X	X	

Program Implementation

STRENGTHS

- RECOVERe has implemented services on schedule with the exception of the EHR and client portal.
- RECOVERe is reaching people in recovery daily through inspirational, motivational interviewing based text messages.
- RECOVERe has invested significant time and review to identify an EHR vendor that best suits the needs of their program, their clients, and their partners.

CHALLENGES

- Implementation of an EHR and client portal is delayed due to the extensive process undertaken to choose the best vendor and implementation approach.
- The program has experienced higher than expected costs in association with the technology used for the Text4Recovery activities.
- As implemented, RECOVERe discharges participants after 6 months of services. This can

result in the return of the technology removing the text support received through the program.				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	RECOVERe staff could investigate collaborating with the Veteran's Association to expand services and potentially offset costs.	X	X	
2	Foundations, businesses, and faith-based organizations could be approached to seek additional financial contributions toward maintaining program-operating costs, particularly supporting continuing cell phone service for participants.	X	X	
3	RECOVERe is on the verge of implementing their videoconference (i2i) activities. The program should monitor the reach and utilization of this activity to revise and adapt the activity appropriately.	X		
Program Leadership				
STRENGTHS <ul style="list-style-type: none"> The RECOVERe program is embedded within CSO providing an existing infrastructure. RECOVERe has implemented a designated Program Director tasked with oversight of all program activities. Strong leadership has allowed the program to be implemented effectively meeting the majority of implementation timelines. CHALLENGES <ul style="list-style-type: none"> RECOVERe has limited budget for staff resources. This limits the amount of time that can be dedicated to client follow-up. 				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Examine offsetting program expenses through partnerships to provide more labor for client follow-ups.	X	X	
Client Outreach				

STRENGTHS <ul style="list-style-type: none"> The RECOVERe program conducted intake on 117 individuals from January through October 2012. 				
CHALLENGES <ul style="list-style-type: none"> The program expressed a challenge completing follow-up with clients due to the limited number of labor hours assigned to the project. The program is currently only reaching clients through internal referrals rather than broader community outreach. 				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Examine activities that could enhance community outreach.	X		
2	Examine partnerships that could supplement program budget constraints.	X	X	
Community Linkages				
STRENGTHS <ul style="list-style-type: none"> CSO is well established and a known entity within their community with established partnerships with primary care, foundations, and other community organizations. 				
CHALLENGES <ul style="list-style-type: none"> The existing CSO Board of Directors is evolving to include critical stakeholders. Linkages with other organizations could be further explored and strengthened. 				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a community-marketing plan.	X	X	
2	Continue to explore strategic additions to the Board of Directors including representation from payers, legislation, and community partners.	X		
Health Care Reform Readiness				

STRENGTHS <ul style="list-style-type: none"> CSO is well positioned in the community to effectively meet the requirements of the Affordable Care Act. They have established partnerships with primary care providers and can build on these relationships to integrate primary and behavioral health care services. CHALLENGES <ul style="list-style-type: none"> Health Information Exchange (HIE) has not been prominent in Massachusetts. Massachusetts has its own standard assessment forms for service provision (Massachusetts Standardized Documentation Project [MSDP] forms). Even when using these forms, data have to be entered individually in separate systems. 				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Maintain involvement on State health information technology and health reform policy and planning meetings and committees.	X		
Long-Term Business Plan				
STRENGTHS <ul style="list-style-type: none"> RECOVERe has a designated staff person to use data to inform services. CHALLENGES <ul style="list-style-type: none"> The costs of staff time and technologies may limit the sustainability of the program. 				
Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore partnerships with other care partners to assist with data collection thereby reducing the staff time being spent on this function.	X		
Program Evaluation				

STRENGTHS

- RECOVERe has a designated evaluator and completed evaluation plan.

CHALLENGES

- Follow-up data collection is time consuming, labor intensive, and may prove to take more time and resources than allotted in the grant budget.
- GPRA (Government Performance and Results Act) data collection does not directly measure the impact of the technologies.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The evaluation should work closely with other grantee evaluators to collaborate on standard outcome measures to assess the impact of the technology.	X	X	X

Introduction to the Environment

The meetings were held at the CSO main headquarters on 8 Atwood Drive in Northampton, Massachusetts. We began the day with a tour of the new grantee location. Next, the technology team joined the project management team to provide JBS with an overview of the history of the RECOVERe program and its services, and to discuss the current state and future projections for the state of the technology. The rest of the afternoon was spent holding a consumer/provider discussion group and meeting with the evaluation team to discuss evaluation activities and direction. The following half-day was spent with the program management team and evaluator discussing the grantee's request to reduce their GPRA target numbers. CSO strengths are: strong relationships among the clinical, management, and technical staff; strong client support and interaction; and strong positioning of the grantee at the forefront of local and State discussions regarding HIEs.

There have been a few lessons learned thus far:

- Realizing the Outlook system proved much more cost efficient than Trumpia for text messaging.
- Utilizing the text messaging system dropped no-show rates from 25 percent to 17 percent. Now, using an open access policy, there are zero no-shows because clients do not make specific appointments.

Currently, there are 1.5 full-time employees dedicated to this project. The grantee notes a huge time commitment required to collect GPRA data. Each year of the grant 150 clients are projected to be served. The grantee had requested a reduction to 96 clients per year to be served. Primary concerns for the grantee included the additional expenses they had incurred in the first year in providing cell phones for clients. They cite concern that the clinician involved in admission and discharge would have severely limited time due to increasing videoconference involvement.

Program Vision and Design

The CSO treatment vision is to augment clinical services through technological tools. The primary treatment population is currently comprised of white males between the ages of 30 and 40. The Text4Recovery program is a 6-month program, at least in terms of the ability of the program to provide a free cell phone and/or text and cell phone subscription service.

Text4Recovery consists of motivational text messages sent to clients from the treatment staff. Messages are sent out 7 days a week and can be pre-scheduled to be distributed to clients at any time. Before developing this component of the program, focus groups were conducted and CSO found that clients did not want messages that were specifically focused on addiction, but rather preferred messages that were generally motivational or inspirational. Messages that are sent out are derived from a number of sources, some from treatment staff, some from other clients, and some from a database of lyrics and quotes. Text messaging was operational at the time of this visit.

Appointment reminders are sent automatically via Outlook, which is a very cost-effective method.

A second component of the program is i2i Videoconferencing, which allows for internal training for groups while minimizing disruption in work schedules as well as allowing for direct clinical service provision. Videoconferencing technology could be utilized to provide clinical services relating to smoking cessation, pain management, chronic pain, relapse prevention, grief and loss, and other topics as identified by focus groups and client feedback. Four simultaneous videoconferences are possible using this system. ChangeAgent, the client portal functionality associated with the soon to be implemented EHR, was formally kicked-off last week and the grantee is in the preliminary phase of implementation. July 1, 2013, is the anticipated “go-live” date for the client portal. The portal will allow clients to see their treatment plans and treatment goals, view their appointment schedule, and access an interaction area where they can connect with others in recovery.

The EHR will allow each clinician to access a dashboard that includes prompts and reminders for documentation due dates and specific issues for review or action. The system will remind the clinical director of outstanding treatment documents and allow for clinician profiling. .

Recently, the grantee went to “open-access” scheduling, meaning clients do not have to make appointments but can schedule walk-ins. This will afford better real-time access to a wealth of client data and will make clinical information available to all authorized clinicians increasing responsiveness to clients in a crisis. The first phases of this component have been focused on collecting requirements for consumer and clinical feedback. The grantee is now beginning the actual development of the web portal. The portal will offer links to helpful resources such as bus schedules, community resources, and employment opportunities. A future goal is to be able to identify health risk issues in the EHR documentation, for example, determining if the person is a smoker, and then sending out motivational messages to them related to that topic. This will enable CSO to open additional avenues of support for clients and improve adherence to health and wellness treatment goals.

Implementation Approach

The implementation plan, as proposed in the grant application, has proceeded on schedule, for the most part, with the exception of a delay in the development of the web portal. This component of the program was somewhat delayed due to the extensive review of at least 13 EHR vendors to identify a system that would meet the agency’s needs. During this evaluation process, the grantee found existing technology that would allow an integrated client portal without requiring a separate development approach.

Currently, the videoconferencing equipment is operational at the hub location in Northampton and at the Pittsfield location. The target dates for this technology to be

accessible at the other two locations will be between October and February. The system has been utilized for staff training since May 2012. A recent change in office location, and subsequent need to relocate equipment, has also caused a small interruption in CSO videoconferencing capability. The first clients accessed the program in February 2012 (on target date) and the number of clients seen in the first year was on target.

An implementation challenge noted relates to the grantee's request to reduce their target numbers. Through the first year of the grant, the project has incurred greater costs than anticipated, due to providing more cell phones to project participants than had originally been anticipated.

All other activities such as hiring staff, training staff in Motivational Interviewing to ensure fidelity to the Evidence-Based Practice Model, conducting surveys and obtaining feedback from staff and consumers, developing marketing materials, and training staff on data collection protocols and procedures have been accomplished and are largely proceeding on target.

Client Outreach

Referrals to the program occur mainly internally, with clients being referred to RECOVERe from clinicians working within the CSO system.

An outreach team works with clients to familiarize them with the technology. Clients are typically already engaged in clinical services. The Program Director contacts clients within 24 hours of referral to arrange intake with a case manager. The case manager can go to the client's location to conduct this intake if necessary. The informed consent, GPRA, and Coping Behaviors Inventory (CBI) are completed at this time. Information is gathered about the client's access to a cell phone, their service provider, and telephone number. For clients who lack access to a cell phone, the program has purchased phones with 250 minutes/month and unlimited texting.

Clients can respond to the text messages and forward the messages to others who may benefit from the motivational support, but who are not necessarily enrolled in treatment services. Thus, the site visit team noted a decided "ripple-effect" or secondary benefit to the impact of the motivational text messages. One of the participants in the consumer/provider discussion group shared how he passes these messages along to at-risk adolescents whom he interacts with who are experiencing similar life concerns. In addition, another participant in the discussion group, a veteran, shared how this "lifeline" is a very effective intervention strategy for hard-to-serve populations like veterans. The consumers stressed the importance of receiving the cell phones so that they can be in touch any time they need support with their counselors and with others who are in recovery. Clients stated that having this tool literally at their side or in their hands whenever they need it has made it easier to reach out for support when needed and has made them realize that someone cares about them and supports their recovery.

Community Linkages

The grantee has established relationships with primary care providers, positioning themselves potentially as a viable partner for a health home model. They have good relationships with the criminal justice system. Greenfield, the largest outpatient site, is the largest referral source from outpatient clinicians into the agency (not just into RECOVERe).

Health Care Reform Readiness

HIE has not been prominent in Massachusetts. However, the grantee has been working with the State portal, Virtual Gateway. Virtual Gateway has embarked on a 2-year HIE planning process. Currently, Massachusetts has its own standard assessment and data collection forms for behavioral health providers (MSDP forms). Even when using these forms, data have to be entered individually in separate data systems. The Department of Children and Families, the Department of Public Health, and the Department of Mental Health all have their own regulations for required documentation.

Massachusetts Electronic Health Information (a policy group) and Massachusetts Health Data Consortium participate in monthly meetings. The Association of Behavioral Health is pushing for standardizing documentation requirements. The grantee's CEO is on the Board of the Association for Behavioral Health. Currently, CSO serves clients in Vermont, New Hampshire, and Massachusetts, which makes record sharing difficult.

Long-Term Business Plan

RECOVERe staff is in the first phases of developing a long-term business plan for sustaining services. With the first evaluation numbers just completed in October 2012, the program can further explore whom the program is currently serving and make plans for expanding services in the future.

Program Evaluation

RECOVERe has completed an evaluation plan including the collection of GPRA data and self-efficacy data using a standardized instrument, CBI. The evaluation plan also included a satisfaction survey, focus groups, and a cost-benefit analysis.

First year data indicates that the typical client served is white and between 25–54 years of age. There is a high prevalence of unemployment and many clients identified as veterans.

The program evaluator commented during our site visit that it would be beneficial for evaluators from each grantee program to collaborate regarding outcomes of using technology to provide treatment. Evaluators have previously discussed the importance of a cross-site evaluation to demonstrate the treatment effect of using technology across the breadth of health information technology grantees.

Observations

The site visit team made several observations that may help RECOVERe offset the cost overage from the first year. The site visit team discussed with the grantee team how they could avoid reducing their target numbers while making some program adjustments that would help them to balance their budget in year two and three of the grant. In addition, the site visit team discussed that a TA request could be entered for the grantee to assist them with planning and implementing these program adjustments. The grantee agreed that they would follow up and access TA to address the identified issues.

The JBS site visit team suggested a potential partnership with the Veterans Administration, underscoring the value and the benefits that the RECOVERe program can provide to veterans. A second suggestion provided was that other health care partners might be able to assist with data collection when clients show up for those other services. Instead of face-to-face time with a data collector, the data could be collected on a tablet while the client is in the waiting room area for their other services. Staff could continue with other work activities during the time the client is completing the information on the tablet, thus reducing the staff time burden. The grantee expressed concern about possible union issues with having staff other than grantee staff assist in this manner. Third, the grantee may approach faith-based organizations, businesses, and foundations to seek financial support for the continued provision of cell phones to clients. Fourth, the grantee website could be strengthened to further market the grantee's services and attract fruitful partnerships.