

Service Design Site Visit Report

Forest County Potawatomi
Health & Wellness Center
Crandon, Wisconsin



Dates of Site Visit: July 10–11, 2013

◆ Health Information Technology ◆

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Forest County Potawatomi Health & Wellness Center

Grantee Name	Forest County Potawatomi Health & Wellness Center
Address	8201 Mish Ko Swen Drive, Crandon, WI 54520
Site Visit Dates	July 10–11, 2013
Program Name	N/A
Grant TI Number	TI-023832
Grantee Contact Person	Tina Garcia
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Grantee Project Team Members	
Jill Spiekerman	Clinical Administrator
Tina Garcia	Technology Grant Specialist
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Alcohol and Other Drug Abuse Counselors at the Forest County Potawatomi Health & Wellness Center

Grantee Project Sites Visited	
Forest County Potawatomi Health & Wellness Center	8201 Mish Ko Swen Drive, Crandon, WI 54520
Alcohol and Other Drug Abuse Counseling Building	5510 Kat Yot Lane, Crandon, WI

Executive Summary

Located in rural Crandon, Wisconsin, the Forest County Potawatomi (FCP) Health & Wellness Center uses a patient-centric model of care. Its goal is to promote high-quality health care and wellness through a trusting and respectful manner to the individual and community, while maintaining the traditional way for Native Americans. The facility is multidisciplinary and houses a variety of departments, including behavioral health, community health, dental, health funding, medical, optometry, pharmacy, radiology, rehabilitation, and a laboratory. Accredited by the Accreditation Association for Ambulatory Health Care, Inc., the organization has been measured against nationally recognized standards for providing high-quality care and a commitment to continuous improvement in care and services. FCP is also part of the Aspirus Network, a regional organization from Wausau, Wisconsin, consisting of primary and specialty care physicians, hospitals, and allied health care professionals that provide integrated health care services.

FCP's executive team believes health information technology is the solution to expanding and providing services to the underserved population. FCP uses Polycom, a telepresence solution that can provide videoconferencing with a connected FCP physician or an Aspirus specialist. The organization also offers home monitoring for diabetic patients and home health cameras for management of wound care. This system is connected to a picture-archiving and communication system that facilitates electronic transmission of images and reports.

The grantee has overcome both staffing and engagement challenges, enabling the grant-funded program to move forward. The executive team is led by a clinical services administrator with many years of experience, a dedicated technology grant specialist, and an alcohol and other drug abuse (AODA) supervisor who is a former Employee Assistance Program specialist. The program has successfully encouraged increased client and community engagement by making recovery coaches available, redesigning the traditional group therapy sessions, and engaging elders in verbalizing support of the program. To gain buy-in and support, traditional values have been maintained, while incorporating new tools.

The JBS site visit team met with FCP's executive staff and the AODA counselors from the behavioral health department with three goals: gain a full understanding of the program's operations, review programmatic strengths and challenges, and provide guidance on potential technical assistance opportunities. The site visit included discussions on several topics: how the program has overcome staffing and technological challenges, sustainability planning focused on recruitment in a limited pool of potential clients, and the program's future direction.

The program's future looks promising, but sustainability through the current Forest County population is limited because the community is small. FCP's target is 125 individuals per year. The site visit team anticipates this target can be met by expansion, with increased intake accomplished by providing telehealth services to surrounding tribal communities in adjoining

cities and States. The organization is researching a possible partnership with Gerald Ignace Urban Indian Health Clinic in Milwaukee, Wisconsin.

FCP might consider other areas of improvement: (1) integrate Screening, Brief Intervention, and Referral to Treatment into the primary care clinic; (2) create a portal on the Web site and more online educational resources; (3) create a listserv and send encouraging text messages to those who sign up; (4) take advantage of the widespread access to smartphones among tribal members by using mobile health and recovery support applications; (5) implement a mental health and primary care integrated electronic health records system; and (6) involve employees, particularly clinical staff, to increase their buy-in of technology use.

The staff were grateful to have the visit early in the program's development and found the assistance valuable for future expansion and operations. The grant specialist uses the Ideas Exchange almost daily as a resource.

Grantee Overview and Environmental Context

The Forest County Potawatomi have lived in Wisconsin since the late 1800s, with expansion to other areas, including Crandon, in the 1880s. Native Americans are the second largest ethnic population in Crandon. Presently, the Native American population totals around 1,450 people, with about 300 living on the reservation. Although the [Forest County Potawatomi \(FCP\) Health & Wellness Center \(HWC\)](#) is

The Health & Wellness Center is located in rural Crandon, the county seat of Forest County, named for its historically dense forest. Crandon is situated in the northeastern part of Wisconsin, near Lake Lucerne.

maintained by the Forest County Potawatomi, the center serves individuals from both the tribe and the community, including those who are not Native American. The Forest County Potawatomi have worked hard developing tribal enterprises that facilitate investment in their health, education, and future welfare. A cultural center, library, and museum are also located on the site as links to the past. The FCP Web site represents a proud people involved in the wellness of its community, providing historical and cultural background on the Potawatomi, tribal government, health and insurance information, and communication on events and jobs.

FCP was awarded a grant to expand care coordination through the use of health information technology (HIT) in targeted areas of need. The services provided align with the goals of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Initiatives of Prevention of Substance Abuse and Mental Illness, HIT, and Recovery Support. Most of the county population consists of tribal members, and the program promotes emotional health and helps reduce incidences of mental illness, suicide, and substance abuse. FCP also provides recovery support by promoting approaches that nurture health and resilience in community members, providing opportunities for involvement, education, and strengthening of relationships, and reducing barriers to participate fully in society.

Crandon, Wisconsin, is a rural area with many barriers to health care access. Lack of transportation is perhaps the greatest obstacle to receiving and continuing care. The Forest County Potawatomi community is considered a Health Professional Shortage Area and thereby medically underserved. The grantee hopes to use telehealth to overcome these barriers, support recovery efforts, and promote wellness among community members. Despite its rural location, FCP is well connected technologically—an essential component in implementing technology-assisted care. Some of Forest County Potawatomi's use of technology involves telehealth and videoconferencing for home monitoring for diabetic patients and home health cameras for wound care.

1. Site Visit Overview

On July 10–11, 2013, the Clinical Technical Assistance Project's Technology-Assisted Care program area conducted a site visit to understand the challenges that are resulting in a GPRA intake rate lower than 80 percent. The site visit team met with key HWC staff and the Alcohol and Other Drug Abuse (AODA) program and gained an understanding of HWC's and AODA's operations and programmatic strengths and challenges. The team provided guidance regarding potential technical assistance opportunities. The visit included discussions about how the program has overcome staffing and technological challenges; how it has focused on sustainability planning, particularly recruitment; and the program's future direction.

On July 10, 2013, the site visit team met with the leadership team, consisting of the clinical administrator, technology grant specialist, and the AODA supervisor. The leadership team provided an overview of the various areas of the community center and the technology grant's program implementation, including current and potential uses of technology. The discussion with the AODA counselors was insightful, with feedback on challenges and ideas regarding client recruitment, engagement, and attitudes toward technology use. The leadership staff also provided a tour of the HWC and AODA facilities. The site visit team provided guidance on completing FCP's biannual report due at the end of July. The visit ended with a debriefing conference call with the Government Project Officers Danielle Tarino and Kate Wetherby. The grantee's leadership is passionate about developing a successful program and confident about meeting the intake target proposed in the grant application.

2. Program Vision and Design

The program incorporates native culture and spiritual beliefs and ensures all community activities have the support of the tribal elders, which is important to community engagement and acceptance. Smudges, the traditional use of medicinal herbal smoke to promote balance, are an important engagement tool. Individuals, including elders, will drop by the AODA building simply for the smell of the medicine. It is also helpful that the AODA building is now located in the middle of the reservation, facilitating easier access. Because of its new locale, the building hosts many activities for adults and children, ranging from arts and crafts to barbeques.

Traditionally, the program focused on group therapy, but the small community created a setting where individuals were sometimes faced with having extended family members in the same therapy sessions. This setting was not conducive to treatment and engaging clients. Having recovery coaches create a more individualized treatment approach has helped clients feel more comfortable about seeking treatment and has increased attendance at support groups such as Alcoholics Anonymous.

Recovery coaches are also readily available within the community as valuable resources for a community-based program. The recovery coaches from the tribe have a past history of use and abuse. Other community members who may have an active substance use disorder make contributions to the cultural component of the program and are asked to be sober during the day they teach and help others. Coach training is provided internally since the tribe is sovereign, but FCP is working toward State certifications for these individuals.

Other cultural and spiritual activities that are part of the recovery process include talking circles, storytelling, sweats, and looking for medicines, depending on the season. Art therapy that integrates of culture is provided for children and has received overwhelming support. Integrated methods for recovery, such as massage, are also being incorporated. Engagement tools recommended by the site visit team include sending positive texts to clients through a listserv and adding other health assessments and educational tools in addition to those currently provided. Including family members in the texting service could help increase the client's support network. Adding more assessment capacity to the Web site could help the site develop portal functionality for assisting clients.

The HWC is well equipped technologically with wireless networks and up-to-date computer equipment. The tribe is technologically progressive and has used technology extensively to support business and programmatic functions. Telehealth services are provided, including telepsychiatry. Having a psychiatrist and the technology available for telepsychiatry is an important asset as many people without access to telehealth services can wait up to a year to be seen. The grantee appreciates the opportunities for program expansion being created through telehealth (videoconferencing). Telehealth services are already provided to Carter, a community about 25 miles away. Milwaukee is anticipated to be the next area to be connected with videoconferencing services and perhaps recovery coaches. For telehealth services, the intake is completed by FCP at the location the individual accesses care, enabling the physician to be at another location and overcoming the transportation concern, one of the major barriers in rural areas.

Although the staff stress the importance of respecting the native culture, they have also found focusing solely on the culture can deter recovery, where counselors may not be inclined to confront clients about harmful behavior. As a Potawatomi, the AODA supervisor has guided the counselors toward more assertive action plans that continue to respect the individual and culture. The AODA supervisor also encourages clients to go outside the tribe to attend different support and recovery groups and activities.

3. Grantee Leadership

The leadership at FCP believes in the value of telehealth and using technology to supplement recovery and treatment. The team is led by the clinical administrator, who has a nursing background and experience in managing large health care organizations. The AODA supervisor is part Potawatomi, and he is dedicated to helping his tribe and surrounding communities. He leads by example in guiding his staff. Since the original grant writer is no longer with the organization, the grant specialist provides the guidance in moving the program forward with the leadership team. The overarching sentiment is that working together as a team and organization brings both challenging and positive experiences. The team strongly believes in developing an IT vision and policy, which are being developed by the tribal IT steering committee. A steering committee has also been created to help improve resources on the Web site. The leadership team is confident about growth in integrating the use of technology, despite a slow start owing to organizational challenges. As part of a tribal community, the leadership strives to maintain a strong relationship with the elders, the backbone of the community. One improvement recommended for the leadership is finding clinical champions to help further the goals of the organization in using technology-assisted care.

4. Implementation Plan

FCP is currently successful in stage 1 of implementation, after overcoming staffing and grant design challenges. The HWC and AODA buildings and staff are well equipped with computers, Internet connection, mobile devices, and other support needed to integrate technology with the services provided. The leadership believes in the value of technology and its contribution to improving access to care and quality of care. The grantee has already implemented telepsychiatry and will be using iPhones and iPads in the near future to further facilitate and improve services to clients. There is no electronic health record (EHR) system at the organization that integrates mental and behavioral health, but the forecasted implementation for the new EHR is 2014.

The grantee is working toward developing care teams, with behavioral health representatives using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model of care to improve access and increase intake. And for sites that are not technologically capable, FCP is considering focusing on wellness and perhaps using primary care physicians until such time as the technology enables remote access. While the grantee believes in the importance of technology in client services, there is recognition that some areas have limited capabilities.

A recommended improvement for FCP is to analyze and develop an effective and efficient workflow to collect data so the data collection does not interfere with treatment and it facilitates client engagement and the creation of a mutually agreeable and meaningful

treatment plan. This process can also help reduce lengthy data collection in advance of treatment initiation, an issue the AODA counselors have faced. It is critical that the data collected can be incorporated within the EHR to assist in intervention efforts and outcome management. Figure 1 outlines the program objectives, progress, and improvements needed.

Figure 1. Program Objectives, Progress to Date, and Improvements Needed

Objective	Progress to Date (July 11, 2013)	Improvements To Develop
Goal 1. Use technology to deliver rural mental health services.	The recovery coaches are using BlackBerry phones to stay in contact with clients through phone calls and texts. The after-hours line is redirected to the on-call counselor's cell phone.	
Objective 1. Share outcomes among all partners engaged in providing care.	The AODA counselors, recovery coaches, and medical and clinical supervisors hold weekly staff meetings to share findings and lessons learned.	Within these meetings, consider having the champion work with the staff in integrating technology into the recovery plans to reduce resistance to technology.
Objective 2. Provide technology for patients and providers to meet face to face using smartphones or other technology.	The HWC in Crandon currently hosts videoconferencing capabilities with the psychiatrist. FCP is working on a partnership with the Gerald Ignace Indian Health Clinic in Milwaukee for a satellite telehealth clinic.	Expansion of the telehealth program to more than one room in the HWC and specialists at other locations could increase access to care. It is recommended that FCP determine the connection possibilities of potential clients to help determine the best approach to helping individuals gain access to care.
Goal 2. Increase number of patients accessing services for mental health/AODA needs.	Recovery coaches are readily available through the community, and many offer transportation to support groups, meetings, and flexible appointments.	Increased use of telehealth and the use of the SBIRT model can also increase the number of patients who access services.
Objective 1. Enhance the patient's ability to gain access to care, regardless of locale.	Telepsychiatry services are available to clients needing medication management. More than 179 visits were recorded in a 4-month period using telehealth. A satellite location in Milwaukee is currently being explored. Using recovery coaches in a community-based model of care has greatly enhanced the ability to provide services to clients who need the most care.	Expansion of the telehealth program can help increase access to care.

Objective	Progress to Date (July 11, 2013)	Improvements To Develop
Objective 2: Provide for support services at the time they are needed, rather than at a set appointment.	The ability to fund additional recovery coaches has increased hours of support beyond traditional office hours. On-call services are also available after hours and on the weekends.	Telehealth can provide support at different hours through the day when a particular location is unavailable.
Goal 3. Promote wellness and engage patients in their own treatment by using health information technology.	FCP is researching the use of Kindles in the place of traditional books clients are provided to supplement their recovery; iPads and apps will be available to staff to better assist clients while on the road.	Employing a patient portal as an engagement tool is critical in helping clients take part in their own recovery. Increasing the availability of resources on the Web site is also helpful to clients and potential clients.
Objective 1. Allow access to care, triage, consultation, and procedural followup using videoconference equipment.	There is one room available for the videoconferencing, which can cause clients to feel rushed when they are moved from room to room. More videoconferencing possibilities are being explored.	Increasing the number of telehealth locations and providers (physicians, psychiatrists, etc.) can help serve more clients. This can be accomplished using Web-based, computer-compatible telehealth tools.
Objective 2. Allow patients to track and measure their outcomes.	This objective will be part of phase 2 of implementation.	A patient portal, part of meaningful use, stage 2, will be important to engage patients in recovery and wellness.

5. Community Linkages, Partners, and Participation

FCP partners with Aspirus, a nonprofit, community-directed health organization in Wausau, Wisconsin. Aspirus assists the grantee with clients during the weekend hours when there is a higher rate of individuals visiting the center. FCP also works with area hospitals in Rhinelander. A site visit has been conducted at Menominee in the northern part of the State, and videoconferencing capabilities are being established with a tribal organization in Milwaukee. The leadership interacts with the State behavioral and mental health entities with a focus on the Bemidji region. Involvement with the State is beneficial in helping the organization to integrate mental health and primary care.

6. Client Outreach, Recruitment, and Referral

Marketing of FCP involves billboards, but the leadership team would like to include resources on the Web site to provide further information to clients and potential clients. The site for the FCP is extensive, housing the HWC under the information section for health. The main Web site also provides information regarding the culture and history of Potawatomi, government, insurance options, media, jobs, and events. Some outreach has been completed through family visits as an effective way to help individuals in recovery. Understanding the family situation and dynamics can help counselors tailor individual treatment plans. Referrals from the drug court are not yet established, but they would be a helpful referral source if a partnership could be arranged.

7. Affordable Care Act Readiness

Since the grantee is in the early stages of developing a program using technology, there is little evidence the organization is prepared for the Affordable Care Act; however, the FCP Web site provides resources for health insurance information and options. The site offers an interactive gateway between participants and providers. In preparation for the Affordable Care Act, the IT department is staffed with a compliance manager, and the organization is working on legalities associated with videoconferencing and texting. FCP recognizes the Web site should function as a patient portal, which might meet the criteria for meaningful use in stage 2. There is a steering committee helping FCP move toward this goal.

8. Sustainability Planning

The biggest challenge to sustainability for FCP is the limited pool of future clients within the Potawatomi tribe and community. The solution is to use technology to expand the service area. Incorporating telehealth services can generate intake from other areas that FCP can collect and count toward the target GPRA. Integrating the SBIRT approach can also help increase the number of clients who receive services. Both telehealth and the SBIRT model affect physical building capacity as well, creating less need for physical infrastructure. Financially, the HWC is well supported by revenue from the casinos; however, the leadership team recognizes the need to find other revenue options to help maintain the organization. The site visit team recommended FCP develop a data strategic plan to help determine where technology will take the organization in 3–5 years, taking into account critical issues such as the Affordable Care Act and the integration of continuity of care.

9. Grantee Evaluation

FCP lacks an evaluation component but is committed to including Web analytics in the evaluation plan. The team recognizes the value of analyzing Web site traffic to find opportunities for increased access and engagement. The site visit team also suggested incorporating questions regarding clients' experiences related to technology use and benefits, client satisfaction with technology, telehealth services and after-hours support, staff responsiveness, and staff satisfaction in technology and leadership acceptance into the project evaluation plan.

Summary

FCP has had a slow start because of staffing and grant challenges, but the current leadership is optimistic the program will be successful in implementing technology within its health care services. The leadership team and staff are dedicated to developing a strong program that will help the Potawatomi tribe, the community, and others in surrounding areas seeking care. With a limited pool of potential clients within the community, the leadership believes in the value of telehealth and reaching the GPRA target through clients outside the Potawatomi community. Since most tribal members have access to mobile devices, and HWC has a supportive environment with computers, Internet connections, and a room already dedicated to telehealth services, the grantee has the necessary tools to build a program with technology-assisted care. Selection of the best integrated EHR, development of a strong evaluation component and patient portal, and integration of the SBIRT model are critical next steps for FCP in building a successful and sustainable program providing valuable services.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The staff are respectful of the importance of seeking guidance from elders regarding community events. AODA counselors ask the elders for approval and feedback when planning events.
- Events are held according to the season, so individuals are more likely to participate. There is storytelling in the winter time and medicine-searching in the summer.
- The program uses peer recovery by having members of the community who are in recovery engage others.
- Using smaller groups in the program has helped clients become more open. In the past, larger groups often included close friends and family members, which made it difficult for individuals to be forthcoming.
- FCP HWC employs telehealth; the physician is at her home location and FCP does the intake.
- Most staff are well connected at work with computers, laptops, and cell phones.
- The program provides health assessments and will consider using tablets to collect the information once the technology has been approved and implemented.

CHALLENGES

- There is only one telehealth room available at this time. Telehealth does not have to be limited to a room in the HWC building.
- The AODA counselors find the assessments are too lengthy and repetitive.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Sending positive notes through the listserv is a helpful way to help keep clients engaged and encourage recovery; can include family members to add support to the recovery process.	X		
2	Consider designing a treatment plan to facilitate integration with primary care; screening can begin in primary care so individuals can then be admitted into mental/behavioral health services more efficiently.	X		
3	Consider adding other assessments to the health assessment (i.e., nutrition) to the Web site so the site can operate as a portal.	X		
4	Use a clinically logical workflow to collect data to avoid interfering with the treatment.	X		

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
5	Decide on a single list of data elements to reduce long assessments.	X		
6	Focus on recovery as a continuum rather than a completed condition.	X		

Grantee Leadership

STRENGTHS

- The leadership believes telehealth is critical to serving underserved populations.
- The team works together to overcome challenges that arise, including internal issues and those with clients.
- The executive team believes in the value of using technology and has an IT vision, which was not in place earlier for FCP.
- A technology steering committee has been created to help FCP progress with technological needs.
- The IT department has a Health Information Portability and Accountability Act (HIPAA) compliance manager.

CHALLENGES

- There are no clinical champions for the use of technology.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	To overcome staff resistance to the use of technology, consider finding clinical champions for the use of technology.	X		

Implementation Plan

STRENGTHS

- Most of the tribal members have mobile phones and access to the Internet, which helps when using technology in the program.
- The executive team has narrowed the EHR search to two candidates and hopes to implement one by 2014.
- FCP uses SharePoint, which allows all employees access to information.
- The program hopes to employ a behavioral health representative within the care team of Certified Medical Assistants.
- The Web site for the organization has many useful resources, including financial services and billing for health care, assessments, and information on nutrition and weight management.

CHALLENGES

- Employee buy-in regarding technology use has been challenging.
- Government Performance and Results Act (GPRA) questions have been compromised when they were asked incorrectly.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Integrate SAMHSA reporting requirements since primary care does not include the same type of information.	X		
2	Consider incorporating technology screening at intake to determine individuals' access to and preferred use of technology.	X		
3	Integrate behavioral health into the workflow with primary care.	X		
4	Reduce the time for lengthy data collection by integrating it into the initial phase of treatment. This is especially helpful for individuals who voluntarily seek help and do not want to spend much time filling out forms prior to initiating treatment.	X		
5	Once EHR is implemented, it would be beneficial to have the data collected via the client connection to the EHR.	X		
6	Use clinical champions to help promote the goals of technology-assisted care.	X		
7	Design a portal that has 24-hour accessibility, including discussion boards and links to resources such as <i>In The Rooms</i> .	X		

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
8	Consider incorporating a computer lab to help increase access and provide assistance with tribal members gaining skills in technology use.	X		
9	Consider implementing a goal tracking tool to help clients identify goals and track their progress in identified areas for improvement.	X		
10	Incorporate SBIRT with primary care to help increase intake.	X		
11	Have behavioral health counselors use telehealth to interact quickly, efficiently, and privately with clients in primary care.	X		
12	IT can offer solutions but only when they are provided with the problem. Clinical staff should work with IT staff to develop solutions to programmatic issues.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- FCP partners with Aspirus, a nonprofit, community-directed health system, and hospitals in Rhinelander and Antioch.
- FCP is establishing videoconferencing capacity with another tribal health center in Milwaukee.
- The leadership interacts with the State mental and behavioral health organizations, including the Bemidji Area Office of the Indian Health Services.
- The Potawatomi executive council is involved and well respected in the community and statewide.
- FCP had a site visit with the Menominee Indian Tribe of Wisconsin to learn about the SBIRT model.
- FCP hosts many community events and after-school programs.

CHALLENGES

- There is limited understanding of the SBIRT model.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider increasing discussions with State SBIRT grantees to help gain insights into strategies for integration of behavioral health with primary care.		X	

Client Outreach, Recruitment, and Referral

STRENGTHS

- FCP uses billboards to promote the center.
- A steering committee has been established to improve the Web site.
- FCP is working toward making home visits to better understand each individual's situation and better tailor the recovery process.
- A videoconferencing telehealth service with another tribe in Milwaukee is being researched.

CHALLENGES

- The Web site is not set up to act like a portal, which is an important tool to help increase recruitment and engagement.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Include educational materials on the Web site to increase awareness.	X		

Affordable Care Act Readiness

STRENGTHS

- The team understands that the portal is part of meeting the criteria of meaningful use.
- FCP is working on the legalities for videoconferencing, using telehealth to provide services in Milwaukee.
- The FCP Web site provides information to the community regarding coverage, health resources, and services provided.
- The IT department has a HIPAA compliance manager.

CHALLENGES

- FCP does not currently have an EHR system but has narrowed the decision process to two companies as choices.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The executive team needs to become more knowledgeable about the Affordable Care Act and how it will affect FCP.	X		
2	It would be beneficial to encourage employee buy-in prior to EHR implementation so those who are resistant have time to learn how technology can help improve continuity of care.	X		

Sustainability Planning

STRENGTHS

- FCP seeks other revenue options apart from those available from tribally owned casinos to maintain the organization's health care service system.
- Because of the limited availability of individuals in the area who might access substance abuse treatment, FCP seeks to expand into Milwaukee and surrounding areas using telehealth.
- FCP has much land for physical expansion, such as new buildings; however, using telehealth would help make the building capacity more efficient.
- FCP is considering increasing its focus on wellness and using primary care providers to promote this service delivery philosophy.

CHALLENGES

- There is a limited population to sustain telehealth expansion.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a data strategic plan to help determine an organized approach to planning for technology in the next 3–5 years, taking into consideration the Affordable Care Act, integrating primary and behavioral health, and improving continuity of care.		X	
2	Consider using more telehealth and the SBIRT model to address the capacity-building issues.	X		

Grantee Evaluation

STRENGTHS

- The Team has the capability to track and analyze web analytics.

CHALLENGES

- There is limited availability of individuals who might seek substance abuse services.
- The grant evaluation is limited and does not use information necessary for FCP to understand the scope of its potential target populations and use of technology in providing and supporting client care.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Expansion into new telehealth sites will help target the issue of finite availability of local clients.	X		
2	Consider adding Web analytics to the evaluation, and develop additional questions about preferred technology access.	X		
3	Expand evaluation by building in other questions; for example, satisfaction with technology, responsiveness of staff, leadership acceptance.		X	