

Service Design Site Visit Report Executive Summary

Promesa Behavioral Health
Fresno, California



Prepared by JBS International, Inc., under Contract No. HHSS28320070000311HHSS28300002T

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



Promesa Behavioral Health

Grantee Name	Promesa Behavioral Health
Address	7475 Palm Bluffs Avenue, Fresno, CA 93771
Site Visit Dates	April 17–18, 2013
Program Name	Telecare Outpatient Alcohol and Drug Services
Grant TI Number	TI-11-293243
Grantee Contact Person	Mandi Reed, M.S., LMFT
Government Project Officer	Kathryn Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., and Afriika McKinnon

Grantee Project Team Members	
Lisa Weignt, M.A.	Chief Executive Officer
Herbert Cruz, M.D.	Project Director
Mandi Reed, M.S., LMFT	Program Supervisor
Carol Scroggins	Data Operator
Jessica Taylor, M.S.	Addictions Counselor
John Kasdorf	Information Technology Director



Dr. Herbert Cruz, Project Director



Promesa Behavioral Health Team

Grantee Project Sites Visited

Promesa Behavioral Health	7475 North Palm Bluffs Avenue, Fresno, CA
Saint Agnes Holy Cross Center for Women	421 F Street, Fresno, CA
Fresno American Indian Health Project	1551 East Shaw Avenue, Suite 139, Fresno, CA

Executive Summary

Promesa Behavioral Health (PBH) is a 25-year-old provider agency headquartered in Fresno, California, with services throughout six counties and nine rural sites. With more than 160 staff, the organization focuses on youth, providing outpatient substance abuse services, group homes, and infant care. The organization's mission is to "act as a model nonprofit organization creating tangible, measurable, and accountable community benefits by promoting safe, sensitive, and therapeutic environments and treatment ... through the work of trained, dedicated staff in partnership with social, health, judicial, and other appropriate community agencies." Since 2009, PBH has provided telecare-based treatment services to clients outside the headquarters area. On July 1, 2012, PBH became one of two Californian recipients of the Technology-Assisted Care grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Promesa Behavioral Health is located in downtown Fresno, California, in a lovely office park. The organization is conveniently situated close to two provider organizations and the program's target population.

Under the direction of Dr. Herbert Cruz, PBH provides a program called Telecare Outpatient Alcohol and Drug Services (TOADS). In addition to work with youth, TOADS includes outpatient voluntary and nonmandated treatment to adults experiencing acute psychiatric distress related to their substance abuse. The target population encompasses individuals who live in isolated, rural communities without easy access to care. TOAD's mission is to "provide quality behavioral health services with interactive consultation between patient, psychiatrist, and addiction counselor (treatment team)." Services also include medication management, drug replacement, clinical counseling, and patient screening. To support the patient's path to recovery, various technologies are available, including text messaging, instant messaging (MSN messenger, Google talk, AIM/AOL, Yahoo messenger), video conferencing (Skype), and electronic health records (ICAN notes).

The JBS International, Inc., site visit team conducted a site visit to PBH on April 17–18, 2013, to review accomplishments and identify potential areas where technical assistance may enhance the program. The site visit provided the opportunity to meet with staff from every aspect of the program and observe firsthand the technology used under the grant. The site visit team received a project overview and discussed project implementation and the service delivery model. This was followed by a meeting with the evaluation team and a review of the evaluation plan. The review included Government Performance and Results Act (GPRA) and other data collection, protocols for GPRA enrollment and followup, and use of data to support quality improvement activities. The team also met with two clients receiving services and discussed their use of technology in general and its impact on the services received. The meeting with the clients was followed by a visit to PBH's community partners Saint Agnes Holy Cross Center for Women (Holy Cross) and Fresno American Indian Health Project (FAIHP) to meet with staff and tour the facilities.



Fresno American Indian Health Project

The team was able to identify several programmatic strengths. For example, PBH has passionate, well-educated, and dedicated staff. The chief of medical services/project director aims to provide a voluntary patient assessment for each person at intake. PBH's new community partner, FAIHP, is a recipient of SAMHSA's Access to Recovery grant. FAIHP provides services to urban Native American teens across the State of California. PBH will aid FAIHP in providing telehealth services for rural clients who lack transportation or have other issues that prohibit care. Future rollout plans include trainings for the community partner and clients related to the services provided. PBH's partner Holy Cross is a Christian-centered women's treatment day service center that was established in 1998. The site provides a secure telehealth room for women, children, and community members in need of telehealth services.

PBH's TOADS project leadership team includes the chief executive officer, project director, program supervisor, data operator, addictions counselor, and information technology director. The program also has a highly involved evaluator who is using reports to address programmatic needs. The program is currently reaching out to additional community partners with the intent of adding two partners before the end of the 2013 fiscal year. It is hoped additional community partners will aid the project in reaching GPRA intake targets. PBH has a highly functioning client outreach and recruitment program and a referral system for youth needing services not directly provided by the organization. Program leaders understand the potential effects of the Affordable Care Act (ACA), and there are ongoing efforts to develop a strategic plan to address its effects.

The strengths identified provide a solid foundation for continued growth. Although there are challenges in the areas of GPRA rates, work flow, Web site design, and ACA readiness, PBH will request technical assistance to aid these efforts. The project also has excellent ideas for long-term sustainability, with plans to roll out the program with additional services. With strong decision support data, the program can demonstrate to potential funders its success and the valuable services it provides to youth in the community. The program also plans to seek additional partners to aid in growth.

Appendix

Considerations for Grantee Actions

Grantee Leadership

STRENGTHS

- PBH has more than 25 years of experience providing mental health and substance use treatment services for youth and families in central California.
- PBH has provided telehealth services since 2009 and has continued to expand technology enhancements through the program.
- PBH provides a combination of traditional and telecare services to provide a healthy transition to technology-based services.
- PBH is fully staffed with team members who are passionate, dedicated, and forward thinking.
- PBH has an operational site with exceptional facilities.
- Project management staff is well known throughout the community, with connections that facilitate program growth.
- The chief executive officer has held many positions within the organization, which facilitates understanding of organizational capabilities that has created measurable and realistic goals for growth.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
NA			

Implementation Plan

STRENGTHS

- PBH provides telecare services using Skype, which is free and compliant with the Health Insurance Portability and Accountability Act.
- PBH has added additional social media technologies to enhance services to clients.
- The PBH counselor is successfully providing counseling services that are well received and sensitive to a client-driven approach.

CHALLENGES

- PBH's work flow design requires all clients to be seen by the project director at intake; the project director also provides services for other projects, resulting in heavy demands on his time.
- PBH has difficulty reaching the required GPRA target.
- The PBH target population is geared toward clients who require intensive levels of intervention; at present, the counselor is at capacity, prohibiting the program from seeing additional clients.
- PBH has not established a sustainability plan.
- PBH's marketing efforts require extensive driving and staff time to market services to community partners and clients; services are being marketed by the solo counselor and the program supervisor, reducing time available to see clients.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	PBH may want to consider evaluating improvements to work flow design. Once PBH reaches GPRA target capacity, intake assessments provided solely by the project director will lead to wait lists.		X	
2	PBH may want to consider hiring an additional counselor for telehealth services; the counselor is currently at client capacity.	X		
3	PBH may want to consider expanding the target population to transitional-aged youth. Although the TOADS project does not currently serve these clients, other PBH programs actively work with this client population.	X		
4	PBH may want to consider using YouTube or other video platforms to market technology on its Web site as part of an overall marketing strategy to increase the number of clients in the program.		X	
5	PBH may want to consider identifying a clinical champion to support marketing efforts for new clients.	X		
6	PBH may want to consider hosting an open house to market services and promote the telehealth technology.	X		
7	PBH may want to consider including (QR) codes on brochures to cater marketing efforts to specific audiences, including clients.	X		

Community Linkages/Program Integration, Partners, and Participation

STRENGTHS

- The PBH project director has a strong professional relationship with primary care, mental health, and substance abuse and social service providers.
- PBH has partnered with three strong community agencies, gaining referral sources from the local Native American and other community programs.
- PBH has a board of directors that is active in the community and the TOADS project.
- Efforts include linking to three additional community programs within the year.
- PBH has strong grant-writing skills, which should help enable access to other funding opportunities.

CHALLENGES

- PBH's marketing efforts require extensive driving and labor hours to market services to community partners. Services are being marketed by the solo counselor and the program supervisor.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	PBH may want to consider identifying a clinical champion to support marketing efforts for new community partners.	X		
2	PBH may want to consider hosting an open house using the technology to showcase technology implementation.	X		
3	PBH may want to consider using YouTube or other video platforms to market technology on its Web site as part of an overall marketing strategy to increase community partners.	X		
4	PBH may want to consider including (QR) codes on brochures to cater marketing efforts to specific audiences, including community partners.	X		
5	PBH may want to consider revamping the telehealth portion of the Web site to include frequently asked questions and client testimonials to market services to community partner agencies.			X

Client Outreach or Recruitment/Referral

STRENGTHS

- PBH has many outreach efforts in place, targeting both individual clients and organizations.
- Outreach tools include presentations, site visits, flyers, and emails.
- PBH is actively recruiting three new community partners to increase client referral sources.

CHALLENGES

- PBH's marketing efforts require extensive driving and staff time to market services to clients; services are being marketed by the solo counselor and the program supervisor, reducing time available to see clients.
- Clients require intensive levels of treatment, so it is difficult to provide services to a large number of people.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	To increase client numbers, PBH may want to consider extending its target population to include clients requiring acute treatment.	X		
2	Use technology to market technology; show potential clients what is possible through the use of the Web portal and other tools.	X		

ACA Readiness

STRENGTHS

- PBH has implemented an electronic health record and employed a qualified information technology specialist.
- The project director is actively engaged in the ACA readiness discussion and is pursuing a plan to become a Medicaid health home.
- Although PBH does not currently bill TOADS clients for services, it is planning to do so.
- The PBH project director is aware of current State policy shifts and actively participates in ACA community discussions.

CHALLENGES

- PBH does not have a viable electronic health record system.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	PBH may want to consider developing a data strategic plan to determine needs for a new electronic health record system			X
2	PBH may want to consider developing an ACA strategic plan geared toward becoming a medical health home practitioner.			X

Long-Term Business Plan

STRENGTHS

- Resources are diverse, providing long-term sustainability for the program.
- The grant benefits from lessons learned from the organization as a whole.
- The grantee has developed competencies in grant writing, which can help sustain the organization.

CHALLENGES

- Workflow and design need to be more developed to incorporate additional services for sustainability.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop stronger workflows and design to build a foundation for adding new services to the program.	X		

Program Evaluation

STRENGTHS

- The PBH evaluator has been comprehensively engaged in all planning and implementation of the Technology-Assisted Care grant.
- PBH has a comprehensive project evaluation plan in place.
- PBH has used additional technology evaluation questions to determine effective uses of technology.
- PBH evaluation efforts include effects of the program on the participants, external personal factors, and technology challenges.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
NA			

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Getting To Know Promesa Behavioral Health

Promesa Behavioral Health (PBH) is a 25-year-old provider agency headquartered in Fresno, California, with services throughout six counties and nine rural sites. With more than 160 staff, the organization focuses on youth, providing outpatient and residential substance abuse treatment, transitional-aged youth services, and infant care. The organization's mission is to "act as a model nonprofit organization creating tangible, measurable, and accountable community benefits by promoting safe, sensitive, and therapeutic environments and treatment ... through the work of trained, dedicated staff in partnership with social, health, judicial, and other appropriate community agencies." Since 2009, PBH has provided telecare-based treatment services to clients outside the headquarters area. On July 1, 2012, PBH became one of two Californian recipients of the Technology-Assisted Care grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Under the direction of Dr. Herbert Cruz, PBH provides a program called Telecare Outpatient Alcohol and Drug Services (TOADS). In addition to work with youth, TOADS includes outpatient voluntary and nonmandated treatment to adults experiencing psychiatric distress related to their substance abuse. The target population encompasses individuals who live in isolated, rural communities without easy access to care or individuals who may for other reasons find it difficult to access office-based services. TOAD's mission is to "provide quality behavioral health services with interactive consultation between patient, psychiatrist, and addiction counselor (treatment team)." The telecare program provides services to rural communities and distant areas in the Central Valley region. TOADS aims to eliminate barriers to health services for underserved populations. PBH has established bilingual/bicultural expertise in providing services to children and adolescents; transitional-aged youth; lesbian, gay, bisexual, and transgender populations; sex offenders; and individuals across the full spectrum of mental disorders, including co-occurring disorders and substance abuse. Services also include medication management, drug replacement, clinical counseling, and patient screening and assessment. To support the patient's path to recovery, various technologies are available, including text messaging, instant messaging (MSN Messenger, Google Talk, AIM/AOL Messenger, Yahoo! Messenger), videoconferencing (Skype), and electronic health records (ICANotes). Client referrals mostly come from four counties: Fresno, Kings, Madera, and Tulare. These sites serve nearly 500 clients per year. The project is focused on providing innovative and secure videoconferencing technology that allows for interaction among families, clients, judicial systems, and the treatment facility to enhance treatment and reduce costs for all involved parties.

1. Site Visit Overview

The JBS International, Inc., site visit team conducted a site visit to PBH on April 17–18, 2013, to review accomplishments and identify potential areas where technical assistance may enhance the program. The site visit provided the opportunity to meet with staff from every aspect of the program and observe firsthand the technology being utilized. The site visit team received a project overview and discussed project implementation and the service delivery model. This was followed by a meeting with the evaluation team and a review of the evaluation plan. The review included Government Performance and Results Act (GPRA) and other data collection, protocols for GPRA enrollment and followup, and use of data to support quality improvement activities. The team also met with two clients receiving services and discussed their use of technology in general and its impact on the services received. The meeting with the clients was followed by a visit to PBH's community partners Saint Agnes Holy Cross Center for Women (Holy Cross) and Fresno American Indian Health Project (FAIHP) to meet with staff and tour the facilities.



Fresno American Indian Health Project

community members in need of telehealth services.

The team was able to identify numerous programmatic strengths. For example, PBH has enthusiastic, well-educated, and dedicated staff. The chief of medical services/project director aims to provide a psychiatric assessment for each person at intake. PBH's new community partner FAIHP is a recipient of SAMHSA's Access to Recovery grant. FAIHP provides services to urban Native American teens across the State of California. PBH will aid FAIHP in providing telehealth services for rural clients who lack transportation or have other issues that prohibit access to site-based care. Future plans include trainings for additional community partners and clients related to the services provided. PBH's other partner, Holy Cross, is a Christian-centered women's treatment day service center that was established in 1984. The site provides a secure telehealth room for women, children, and

PBH's leadership team for this SAMHSA-funded grant includes the chief executive officer, project director, program supervisor, data manager, addictions counselor, and information technology director. The program also has a highly involved evaluator who is using reports to address programmatic needs and inform decisionmaking. The program is currently reaching out to additional community partners with the goal of adding two partners before the end of the 2013 fiscal year to help reach GPRA intake targets. PBH has an active client outreach and recruitment program and a referral system for youth needing services not directly provided by the

organization. Program leaders understand the potential effects of ACA, and there are ongoing efforts to develop a strategic plan to address policy and practice issues.

The strengths identified during the site visit provide a solid foundation for continued growth and success. Challenges were identified in the areas of GPRA rates, work flow, Web site design, and ACA readiness. PBH will request technical assistance to aid its efforts toward improvement. The project has excellent ideas for long-term sustainability, with plans to roll out the program with additional services. With robust performance and outcome data, the program can demonstrate to potential funders its successes and the valuable services it provides to youth and adults in the community. The program plans to seek additional partners to aid in growth.

2. Program Vision and Design

The program vision for the TOADS program is to ensure that clients presenting with co-occurring mental health and substance use disorders have access to an immediate psychiatric assessment and development of a comprehensive treatment plan. The treatment plan is then implemented through a variety of modalities, including counseling through the telehealth portal. This vision is particularly relevant to clients living in surrounding rural areas where transportation and the lack of behavioral health services are barriers to accessing treatment. It is also of value to individuals living in the more populated areas where transportation and scheduling issues often serve as an impediment to the provision of needed services. Coupled with text messaging and the use of an electronic health record, the ability to improve access, engagement, and care coordination is enhanced.

3. Grantee Leadership

PBH has more than 25 years of experience providing mental health and substance use treatment services for youth and families in central California. Since 2009, PBH has provided telehealth services to many clients and has continued to expand technology enhancements throughout its programs. PBH provides a combination of traditional and telecare services allowing for a seamless transition between office and technology-based services. Its goal is to meet non-tech savvy clients where they are and transition them to embrace technology-based services for enhancing their recovery journey. The staff's approach to providing individualized treatment services, rather than a one-size-fits-all approach, leads clients to measurable improvements. The project is staffed with team members who are passionate, dedicated, and forward thinking about technology and how it might be used in the future. The project management staff members are well known throughout the community and have connections needed to facilitate program growth. The chief executive officer has held many positions within the agency and has a comprehensive understanding of programmatic needs, growth potential, and operations, which has contributed to the creation of measurable and realistic goals for growth. PBH's facilities are exceptional and provide a

comfortable, tranquil atmosphere for clients who need to visit. PBH's leadership and service array development activities are commendable.

4. Implementation Plan

PBH headquarters in Fresno includes the telecare addiction counseling staff and the network hub for all information technology services for the telecare programs. PBH has notable implementation strengths. There are only two other treatment facilities in Fresno that prescribe buprenorphine treatment, often without mental health services. This creates a large population of underserved opioid-addicted persons in the area. PBH has embraced this challenge by providing telecare services using Skype in combination with traditional treatment modalities. Skype is free and compliant with the Health Insurance Portability and Accountability Act. Most consumers are familiar with the program and have access to the technology on virtually any platform. PBH has added social media technologies to enhance services to clients. These technologies include MSN Messenger, Google Talk, AIM/AOL Messenger, and Yahoo! Messenger. They allow the clinician to have instant access to clients when they need it most. Clinicians are considering adding texting features including peer support so that help can be given to clients even if a counselor is unavailable.

The PBH counselor associated with the grant offers a well-received, client-driven approach to counseling. However, PBH has encountered challenges in the work flow design, which requires all clients to be seen by the chief of medical services, Dr. Herbert Cruz, at intake. Dr. Cruz also provides services for other programs within PBH and organizations in the Fresno area; it is unlikely that his availability will allow the project to increase client intakes substantially. Furthermore, the original target population is limited to clients who present with complex conditions and need extensive interventions requiring a substantial amount of a clinician's time. Due to these challenges, PBH is currently at capacity for services but is not reaching the GPRA target. PBH also has not established a sustainability plan for the current technology enhancements.

5. Community Linkages, Partners, and Participation

The PBH project psychiatrist has well-established professional relationships with primary care, mental health, substance abuse, and social service providers in the Fresno community. Additionally, PBH has partnered with three strong community agencies, providing the opportunity to gain referrals from the local Native American community program FAIHP. FAIHP provides services to transitional-aged and adolescent Native American youth in the Fresno area. PBH has also partnered with Holy Cross, which has been in operation almost 30 years and provides treatment and day services for women and children through Fresno. These two strong community

partners have increased referral sources and established a base to connect with other provider agencies and community organizations in the State. PBH also has a board of directors that is active in the community and very supportive of the TOADS project.

Future efforts for management and stakeholders include linking to three additional community projects within the year. However, PBH's marketing efforts require extensive driving and labor hours. Services are being marketed by the solo counselor and the program supervisor.

6. Client Outreach, Recruitment, and Referral

PBH has many outreach efforts in place, targeting both individual clients and organizations. Outreach efforts and tools include presentations, site visits, flyers, emails, and visits to provider organizations considering partnership. PBH is actively recruiting three new community partners to increase referrals in areas of high drug use. However, PBH's marketing efforts require extensive driving and staff time. Services are being marketed by the sole counselor and the program supervisor. Additionally, the program only admits clients who require extensive clinical interventions, so it is difficult to provide services to a large number of people.

7. Affordable Care Act Readiness

With the passage of ACA, PBH is actively engaged in ACA readiness discussions and is seeking a plan to ensure compliance, specifically as it relates to stage 3, meaningful use. The PBH project staff is also aware of State policy shifts, some of which may create challenges in meeting policy and programmatic objectives. To prepare, PBH has implemented an electronic health record and has available an information technology specialist and a chief of medical services who engages in ACA discussions across the State of California. However, currently, PBH does not have a viable electronic health record system to meet future needs. PBH intends to request technical assistance in developing a data strategic plan to determine its needs for a compliant electronic health record that engages clients in taking ownership of their personal care. Although PBH does not currently bill TOADS clients for services, it is planning to do so to ensure the sustainability of the program and aid in the measurement of quality outcomes. PBH is also investigating models to reduce costs without compromising quality of care.

8. Long-Term Business Plan

Promesa has developed a comprehensive array of services with diverse funding streams that facilitate sustainability. The organization's approach to the TAC grant has been to incorporate the lessons learned into the larger organization's goals and objectives so that the benefits of the grant program accrue across all center services. These enhancements will better prepare Promesa for the impending changes that ACA will necessitate in how providers deliver care and address quality and outcome management. The organization is also planning to institute billing for telehealth services and is aware of the policy issues at the State level in this area. Promesa has a longstanding track record in reaching out to and collaborating with a range of community partners. This has been valuable in sustaining referrals and growing additional funding streams. Promesa has also developed competencies in grant writing, which has been a critical aspect of their ongoing success.

9. Grantee Evaluation

PBH has a comprehensive project evaluation plan in place. PBH hired a doctoral-level evaluator to comprehensively engage in planning, implementing, and improving the TAC grant. Performance reports are actively used to perform summative evaluation and monitor the success of the grant program. Additionally, weekly meetings are held to review data collection. PBH has used technology evaluation questions not required by GPRA to determine whether telecare is comparable in quality to standard care. PBH evaluation efforts include effects of the program on participants, external personal factors, and technology challenges.