

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

1st Cohort Implementation Site Visit

WestCare



Las Vegas, NV



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	WestCare Nevada
Grantee Project Name	Tele-Health – Rural Nevada
Address	Martin Luther King Jr. Blvd.
Grant TI Number	TI023807-01
Date of Site Visit	October 9–10, 2012
Grantee Contact Person	Bradford Glover
Grantee Agency Director	Kevin Morris
Government Project Officer	Wilson Washington
Site Visit Team Members	Dave Wanser, Ph.D., and Alaysia Phillips, MPH

Grantee Project Team Member Participants
Bradford Glover, Project Director Alyson Martinez, Project Coordinator Jasmine Troop, Clinical Supervisor Tiana Louis, Counselor Terry Bahr, Counselor Kevin Morss, Area Director Heather Shoop, Quality Improvement Coordinator

Overview and Summary of Findings

Site Visit Overview

WestCare Nevada is part of a larger, international non-profit organization run by WestCare Foundation. WestCare Foundation oversees contracts for services in 15 States and 1 U.S. Territory that provide a wide spectrum of health and human services in residential and outpatient environments. WestCare Nevada has been operational for more than 30 years providing substance abuse and addiction treatment, homeless and runaway shelters, vocational counseling, and mental health programs in Las Vegas, Nevada and the surrounding area.

As a current grant recipient of the Substance Abuse and Mental Health Services Administration's Health Information Technology (HIT) program, WestCare Nevada delivers tele-health service expansion and enhancement in Nevada's rural communities. The WestCare Rural Nevada Tele-Health Program (RNTP) has four major goals: 1) increase the number of expanded or enhanced technologies in rural Nevada's provider infrastructure; 2) increase the number of persons in treatment trained on how to effectively use technology tools such as e-apps, tele-health, and web-based programs and services; 3) increase the availability and accessibility of substance abuse and mental health services in rural Nevada; and 4) reduce barriers associated with onsite services through the expanded use of the aforementioned technology tools.

The JBS HIT Team conducted a site visit at WestCare Nevada on October 9–10, 2012. The purpose of the site visit was to evaluate WestCare RNTP's grant implementation activities to date. The goal of the site visit was to accomplish the following:

- 1) Discuss strengths, barriers to implementation, and lessons learned with senior program staff.
- 2) Review evaluation plan and data collection methodologies (related to, but not limited to, the collection of the Government Performance and Results Act [GPRA]).
- 3) Evaluate the current marketing/recruitment plan for clients in rural communities.
- 4) Meet with consumers/clients via use of tele-health technology.
- 5) Discuss the future direction of the program and the development of an action plan that address technical assistance (TA) needs.

The site visit lasted one and a half days, with the first half day at the WestCare Nevada site and the last day at WestCare Foundation's headquarters. All HIT grantee program staff were present, including one of the rural counselors from Pahrump, Nevada. The Government Project Officer (GPO), Wilson Washington, was present for the site visit debriefing via teleconference. JBS' HIT Technical Expert Lead, Dr. Dave Wanser, began the site visit by focusing on WestCare Nevada's GPRA challenges in client recruitment (intake) and reporting.

Program Vision and Design

RNTP was designed to provide tele-health service and enhancement in nine rural and isolated communities (Fallon, Dayton, Winnemucca, Elko, Wendover, Ely, Pahrump, Hawthorne, and Tonopah). Currently, RNTP staffs two full-time counselors and one part-time counselor to provide substance abuse counseling using the Polycom videoconferencing equipment, which is housed at WestCare Foundation.

WestCare Nevada plans to incorporate electronic health records (EHR) into all programs within their organizational site, RNTP included. The EHR software that will be implemented is Netsmart and will roll out in 6 months to a year. Netsmart's EHR application would enhance WestCare Nevada's ability to do third-party billing, collect patient demographics, schedule patients for upcoming visits, and access clinical information from an evaluation standpoint.

When planning to respond to SAMHSA's HIT RFP, WestCare identified a partner, the New Frontier Treatment Center (NFTC). Upon receiving the award notice, NFTC decided not to move forward with the partnership. NFTC was to play a major role in providing substance abuse and mental health treatment, as well as client referrals in the rural communities, so this created a significant setback to the grant's implementation timeline. With the dissolution of the partnership arrangement, WestCare Nevada developed an outreach strategy that involved developing an unofficial partnership with the NyE Communities Coalition (NyECC). NyECC is funded and accredited by the Nevada Bureau of Alcohol and Drug Abuse for the State of Nevada. NyECC currently consists of numerous members and partner agencies, representing a wide variety of sectors interested in engagement of youth and adults across the two rural counties. NyECC has been influential in providing WestCare with much needed access to four of the nine rural communities (Tonopah, Hawthorne, Dayton, and Pahrump,). WestCare maintains constant communication with NyECC through phone calls, impromptu meetings with committee members, and attending their town hall meetings once a month.

Changes in Staff

RNTP had a recent change in leadership. Kevin Morss, the former Project Director was promoted to Area Director for WestCare. Kevin Morss was with RNTP since its inception over a year ago. He was influential in forming the relationships with NyECC and resolving the technical difficulties regarding the Polycom videoconferencing equipment. Bradford Glover has since replaced him as the current Project Director and has been in his new position since August 2012.

Administrative Observations:

Polycom Tele-Health Equipment

Implementation for RNTP was delayed for up to 8 months due to dissolving the partnership with NFTC and the technical difficulties with the T1 lines, which are needed to run the Polycom tele-health equipment. The technical difficulties were mostly due to the lack of technology infrastructure in the nine rural communities. When first contacting agencies in the rural communities, it was discovered that the only buildings that had T1 access were government buildings. WestCare Nevada was informed that they would have to acquire approval from government officials in order to run the RNTP out of the

government offices. It was also discovered that even though a building may have a T1 line, they did not have sufficient bandwidth for the video transmission. WestCare Nevada selected AT&T as the carrier to provide the set-up services and management of the T1 lines. Through AT&T, WestCare Nevada was able to set up working connections in Hawthorne, Dayton, Tonopah, and Pahrump. However, once the connection was set up, there were issues with T1 equipment lines going down after less than 45 minutes into the session. It was discovered that too many users on the system led to it shutting down and minimal pixilation. These issues were resolved by moving the Polycom equipment to the WestCare Foundation's office and increasing the bandwidth. Resolution of these issues ended up being very time consuming due to challenges with the vendor's availability to complete repairs in a timely manner.

Workflow

WestCare Nevada would like to establish protocols and develop a workflow diagram to streamline their intake process. The workflow diagram would assist WestCare Nevada in ensuring that clients have immediate access to care, create access standards for tele-health (emergent, urgent, and routine), and effectively market their services. WestCare Nevada will need to include their Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation standards into the workflow diagram. CARF holds WestCare Nevada accountable for meeting business standards, client satisfaction, performance improvement, direct service standards, and specifies standards for completing assessments at intake. WestCare Nevada intends to create and implement a Gantt chart and dashboard performance reports to track and manage the workflow. WestCare Nevada believes that they would benefit from seeing a workflow diagram of another HIT grantee that is successful with tele-health. The issues confronting the program at this point include very cumbersome intake and assessment documentation requirements, which can require hours of time spent on data collection prior to treatment being initiated—an issue that keeps potential clients from engaging. There are a number of solutions to this issue, and guidance was provided onsite regarding alignment of the various assessment and intake forms required and a process for segmenting the data collection so that treatment begins earlier in the encounter, much work remains before this process can quickly engage the client in treatment.

Scheduling and Time Management

WestCare is experiencing a number of challenges with the scheduling of clients. The tele-health sessions are currently conducted in one of several large conference rooms in the administrative offices which are not conducive to either establishing a sense of confidentiality with clients or ease of clinical documentation. The JBS site visit team suggested conducting the counseling sessions in a more intimate space, such as having a dedicated office with one desk computer to document client appointments.

A more effective client scheduling process is also needed for the tele-health sessions. At the present time, there is not an automated scheduling process other than the periodic use of Google Calendar. In addition, two of the sites are not staffed by WestCare staff members so there are additional issues with managing appointments, scheduling changes, and arranging for introducing potential new clients to the program. The implementation of the EHR will not address this issue in these locations since non-staff members will not have access to the scheduling component.

There are currently two full-time counselors and one part-time counselor providing tele-health counseling services. Each counselor is now conducting 50-minute (or longer) therapeutic sessions, which will soon become overwhelming as more clients enter the program with only one tele-health hub available. The JBS site visit team recommended that counseling staff be trained in using the evidence-based practice (EBP) of Cognitive Behavioral Therapy (CBT) to better engage clients, manage time of sessions, and offset the inevitable scheduling issues as more clients enter the program. There are also opportunities for additional training for staff in motivational interviewing (MI), and utilizing online tools/modules in providing care. It is also recommended that WestCare develop a plan for utilizing these technologies beyond the grant program so that other clinicians can be trained to provide counseling sessions. There is a number of policy issues associated with reimbursement for services provided by tele-health that the leadership of WestCare should begin to address since the investments in technology should provide for long-term increases in access to treatment for rural populations.

Community Partners, Client Outreach, and Implementation Plan

WestCare has been active in seeking new partnerships that would provide expanded access to the rural communities that would benefit from tele-health services. The former Project Director (now Area Director) Kevin Morss, sought to partnership with a statewide prevention coalition, NyECC, which is made up of 13 local agencies. The coalition facilitated WestCare's access to Hawthorne, Tonopah, Dayton, and Pahrump as four tele-health sites; all communities have a high suicide rate among adults and adolescents, many of whom also have co-occurring mental health and substance use disorders. Once agreements were reached for establishing services in these communities, WestCare Nevada then sought volunteer organizations to provide office space for the tele-health connection and to facilitate client referrals. WestCare Nevada provided the tele-health equipment; the counseling service; connection fee; and eventually intends to provide access to psychiatric consults after they fill the position. Establishing services under these conditions has not proven easy. One of the sites is a school, which shortly after finalizing an agreement to host a remote site, closed for the summer. Ultimately, more permanent and accessible arrangements will need to be a part of the sustainability strategy and used for criteria for additional remote sites in other parts of the State.

RNTP is currently receiving clients from criminal justice (domestic violence, drug courts, driving under the influence [DUIs]), and adolescents services. WestCare Nevada is now establishing a means of seeking referrals from an army base in Hawthorne, the forth remote site, for soldiers who have returned from active duty in Afghanistan and their families. WestCare Nevada will need to identify what specific needs the military will have and how they will go about addressing them, and determining the counseling staff competencies in dealing with these issues. The JBS site visit team suggested that a more expansive process be implemented for seeking referrals from faith-based organizations, primary health providers, such as Federally Qualified Health Centers (FQHCs), and child welfare agencies. These efforts should be articulated in a marketing plan.

WestCare Nevada currently promotes the RNTP through announcements in each of the local community papers; however, there is not a written or measureable marketing/client

recruitment plan. The JBS site visit team recommended creation of a marketing plan to be created in the next 60–90 days that could be utilized to increase clients served in line with grant requirements. The plan development is an area of immediately needed technical assistance. The plan should include a range of targeted opportunities, including such things as holding an open house for local referral sources so they can see a demonstration of the tele-health technology and how it can benefit or compliment services already provided in the community. The open house could proactively generate referrals instead of passively waiting to receive referrals.

The RNTP program does not currently have access to a psychiatrist. There are psychiatrists in local programs, as well as in private practice, but identifying an interested provider and establishing a contractual relationship has not been accomplished. The JBS site visit team suggested that more executive leadership involvement is needed in developing relationships that can lead to creating a memorandum of agreement and partnership with mental health centers. This will be needed in order to effectively address co-occurring conditions as well as other issues requiring mental health and psychiatric expertise as the program expands. Offering a range of behavioral health services will provide an additional revenue stream and enhance RNTP's menu of services.

Developing the overall marketing/client recruitment plan should be a first TA priority. WestCare Nevada agrees that in order for the marketing/client recruitment plan to be effective, there needs to be more of an overall corporate responsibility (WestCare Foundation) for ensuring all needed steps are being taken in order to make the program operational and successful. The JBS site visit team recommends that the marketing/client recruitment plan focus on the following strategies:

- Identify and foster relationships with additional referral sources (organizations and individuals).
- Develop a range of printed and electronic marketing materials targeting different demographics in the service areas.
- Demonstrate how communities have made an investment into the program through in-kind support (quantifiable).
- Conduct tele-health open houses.
- Address issues of capacity and access of tele-health (including scheduling difficulties).
- Incorporate mental health services.
- Market extension of counseling hours (offering weekend hours).

Demonstration of Tele-Health Technology (Meeting with Client)

The JBS site visit team met with a client using the tele-health equipment. The client expressed being comfortable with using the equipment, and that it was like therapy with a TV. There were some previous issues with scrambling and blacking out, but the contractor, AT&T, fixed most of those issues. When asked about how to recruit additional clients, the client suggested the local First Step Club Community Organization, Alcoholics Anonymous, and Narcotics Anonymous. There was also a suggestion that staff in these rural locations could be an effective recruitment source if they are made comfortable with the use of these technologies.

Data Collection and Evaluation Summary

The WestCare Foundation's evaluator was interviewed via teleconference to give an overview of the evaluation portion of the HIT grant. Since WestCare Nevada is part of a larger organization, WestCare Foundation, they do not handle the overall evaluation of the program locally. WestCare's RNTP has budgeted for a Grants Research Assistant, who is responsible for collecting and entering the data (GPRA, the Comprehensive Addictions and Psychological Evaluation [CAAPE], and the Addiction Severity Index [ASI]) completed at intake, discharge and at 6-month post follow-up. Because, there is no Grants Research Assistant located at the WestCare Nevada site, the clinical staff has been charged with collecting all of the data. The clinical staff is currently responsible for data collection, which as previously stated, is not conducive for client engagement. In order to address collection of GPRA data and in order to increase clients entering the program, WestCare will need to reduce the requirements for data at the initiation of treatment, as well as developing a more effective workflow for follow-along and follow-up data collection that does not interfere with clinical contacts. The JBS site visit team reiterated that even with a research assistant onsite, the clinical staff must be able to reduce documentation requirements, start treatment quicker, and increase their focus on engaging the client.

The JBS site visit team reviewed the existing and extensive intake and assessment forms. The duplication of information that was being collected was considerable across the GPRA, the Nevada Health Information Provider Performance System (NHIPPS), CAAPE, and CARF defined assessment elements. The JBS site visit team suggested doing a crosswalk of all four forms and putting together a workgroup to decrease duplication of efforts and streamline the intake process. When convening the workgroup to review the data collected, the data should be prioritized utilizing three criteria: 1) data client can provide prior to being seen by the clinician—no more than two pages; 2) clinical data needed to begin treatment; and 3) a set of questions related to client risk management. Once the initial data collection is complete, the group should address workflow processes in order to limit intake data collection to 15–20 minutes. The next 20 minutes should be spent on developing a plan for the client and setting up the next session. This is an overall operational issue, which needs to be addressed before the clientele increases, and managing the appointment schedules and associated clinical documentation becomes unmanageable.

While discussing RNTP's EBP (CAAPE), it was discovered that after completing the assessment, the client information is not scored. The JBS site visit team suggested that due to the length of the document, there are other EBPs that would work better for tele-health. WestCare Nevada will speak with the GPO, Wilson Washington, regarding the possibility of replacing CAAPE with a more tele-health user-friendly EBP. In addition, the focus for an EBP should be clinical approaches more than data collection.

A follow-up call will be scheduled with the evaluator to discuss revising the current evaluation plan to reflect JBS suggestions and to develop a Performance Improvement Initiative in terms of a measureable project management plan. The staff would also like to address the development of a client satisfaction survey, which would include questions related to client's comfort level with the use of the current tele-health technology and what type of technology would be complimentary to tele-health.

Sustainability and Scalability Plan

WestCare Nevada has a stake in continuing the RNTP once the SAMHSA funding has ended. WestCare Nevada plans to implement a third-party billing system once their EHR is in place that should also enable billing for psychiatrist services through health insurance, Medicaid, and Medicare, and allow for prescribing medication to remote locations. The JBS site visit team suggested researching policy and reimbursement rates for tele-health through the Nevada Medical Association and Psychiatric Association. The American Psychological Association (APA) would be a good resource for policy work being done on tele-health reimbursement.

Lastly, the JBS Site visit team suggested increasing efforts to build partnerships with local FQHCs, health clinics, and local hospitals in this era of health care providers preparing for health reform requirements to better address behavioral health issues.

Considerations for Grantee Actions: Recommended Technical Assistance

Site Visit Debriefing and TA Recommendations

- 1) There are extensive and cumbersome documentation requirements, which have led to poor client engagement and not being able to follow up with clients.
 - a. Focus on reducing the documentation, but still maintain fidelity for accreditation of CARF and GPRA. This will lead to increased client engagement.
- 2) Submit a TA request for a structured marketing/client recruitment plan. It should be fully implemented within the next 60–90 days. The marketing plan should include tele-health open houses and building relationships with mental health centers, FQHCs, and child welfare. The plan should also provide for multiple strategies for outreach to various constituencies utilizing different media.
- 3) Ensure a well-managed process for implementing the EHR system, which accommodates integration of a range of technologies, including tele-health. This also would need to include research regarding Nevada State requirements on tele-health billing and establishing partnerships to ensure such services become reimbursable.
- 4) Address challenges with managing workflow.
 - a. Shorten intake/assessment to improve client engagement.
 - i. Form an evaluation committee to review and condense the three assessment forms.

- b. Fix scheduling issue of creating appointments for clients in remote locations.
 - c. Develop workflow protocols (risk and access standards).
 - d. Compress times of sessions to manage more clients.
 - e. Establish protocols for assessing risks.
 - f. Be able to request referrals for other areas of clinical expertise and potentially add other clinicians and bill them to the grant until the third-party billing system is in place.
 - g. Establish a dedicated office to conduct tele-health counseling sessions.
- 5) Hire an Evaluation Research Assistant onsite to collect intake and follow-up for GPRA. Establish a mechanism to develop and incorporate additional questions, such as client satisfaction and comfort level using tele-health.
 - a. Focus on increasing GPRA rates from 15 percent to 80 percent.
 - b. Create client satisfaction survey through Survey Monkey or other means.
- 6) Create a mechanism to work more closely with potential partners from agencies in the rural communities, such as a list of community health centers.
 - a. GPO Wilson Washington will assist in creating linkages with local FQHCs in rural communities
 - b. Will need to identify all aforementioned entities and contact information
- 7) WestCare Foundation's senior management will need to be involved in RTNP in order for the program to be operational and successful.
- 8) Apply for a Federal grant through the State of Nevada to improve broadband service.

The JBS HIT team will assist WestCare Nevada in submitting TA requests for the most urgent TA needs—developing a marketing/client recruitment plan and an evaluation plan based on streamlined data collection requirements. These requests should be inputted and TA initiation completed within a 60-day period in order for the RTNP to be operational and successful. With operational marketing and evaluation plans, WestCare Nevada will be able to increase its intake and follow-up GPRA rates. The JBS HIT team will create a more detailed action plan for completion of each TA once the requests have been submitted and approved by SAMHSA.