

# Service Design Site Visit Report

Heartview Foundation  
Bismarck, North Dakota



Date of Site Visit: June 26–27, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

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



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# Heartview Foundation

<b>Grantee Name</b>	Heartview Foundation
<b>Grantee Phone Number</b>	701-222-0386
<b>Grantee Address</b>	101 East Broadway, Bismarck, ND 58501
<b>Site Visit Dates</b>	June 26–27, 2014
<b>Program Name</b>	Recovery Network for Rural & Underserved
<b>Grant TI Number</b>	TI 13-008
<b>SAIS Number (TA Number)</b>	TA 3905
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## Grantee Project Team Members

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William Schmidt	Board of Directors, President
Don Wright	Board of Directors Member
Doug Herzog	Portal Consultant



***Heartview Foundation staff***

## Grantee Project Sites Visited

Heartview East	101 East Broadway, Bismarck, ND 58501
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## Executive Summary

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**T**he Heartview Foundation is a Joint Commission-accredited, nonprofit, substance abuse treatment and education provider located in Bismarck, North Dakota. The agency provides a wide array of evaluation, treatment, and education services to individuals and families, including residential and outpatient services, buprenorphine maintenance therapy, nursing services, family programming, psychological services, and a variety of educational programs. With 50 years of service provision, the grantee is the most experienced addiction center in North Dakota. Its abundant services and central location in the State render it a rich resource for people seeking care. As a collaborator, it helps fill service gaps for smaller providers in other areas of the State. However, to receive care at the Heartview Foundation, rural clients may need to travel hundreds of miles.

In August 2013, the Heartview Foundation was awarded the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant for the delivery of technology-supported services to individuals seeking behavioral health treatment and recovery. The program being implemented—Recovery Network for Rural & Underserved—supports several of SAMHSA's Strategic Initiatives: promoting emotional health and addressing substance abuse and mental illness in special populations, providing recovery support and reducing barriers to treatment, integrating coordinated care, adopting health information technology and an interoperable electronic health record (EHR) in care delivery, and developing a framework that will inform and improve care quality and outcomes.

Heartview does not currently use telehealth (it will begin soon) but currently employs social network recovery sites, EHRs, and mobile phones to expand access and provide aftercare. The grant program addresses the needs of individuals residing in rural and underserved areas who suffer from opioid and other drug addiction, psychiatric comorbidity, and co-occurring health issues. The target population includes individuals over 18 and ethnic and racial minorities, including Native Americans, the largest minority group in the State. The grant program uses technology to support recovery and resiliency and help overcome the barriers to treatment predominantly relating to transportation, lack of access, economic status, and rural isolation.

As of March 2014, the grantee submitted a request to the Government Project Officer Danielle Tarino for an amendment to the initially projected Government Performance and Results Act (GPRA) target intake of 855 clients. The grant program now seeks to serve 290 clients over the 3 years of the grant: 70 in the first year, 120 in the second, and 100 in the third.

The TCE-TAC team from JBS International, Inc., conducted a site visit to Heartview Foundation on June 26–27, 2014, visiting with the staff, program participants, and various stakeholder representatives from the board of directors, State agencies, and community partners. The team reviewed the program accomplishments and identified potential areas for improvement and technical assistance that can support Heartview in achieving program goals and sustainability.

The visit included an overview and history of the agency, a demonstration of the Web site and social network recovery sites—Network Assisted Recovery (NAR) and Helping Everyone Achieve Recovery Today (HEART)—and a presentation of evaluation findings from the NAR program. Discussions were also held on the implications of the Affordable Care Act for the future of the organization. Leadership actively participated in the 1½-day visit and provided many insights into the program’s successes, challenges, future goals, and possible strategies for sustainability.

The need to build capacity is urgent in light of the rapid increase in energy and oil development of the past few years and associated growth. Urban development has been rampant, along with increased social issues, housing shortages, and substance use and mental health disorders. The infrastructures of the small, rural towns are unable to support the influx of residents, including provision of necessary health care. Fortunately, the technology grant will enable Heartview to expand upon existing technology and develop a telehealth system to increase its ability to address access, engagement, retention, and barriers to treatment.

Expansion will focus on the social networking tools (NAR and HEART) and the portal. The social networks are private, available to Heartview clients only. Clients can access the online networks via desktop computers and mobile phones, the predominant forms of access for individuals in the State. Accordingly, the National Institutes of Health’s evidence-based standard of 90 “doses” of contact with clients within a 90-day period will be implemented with all patients. Evaluations and performance measures will be further enhanced with the support of a Web-based secure application, Research Electronic Data Capture (REDCap). REDCap offers the ability to securely build and manage online surveys and databases, both essential components to improved services and quality of care. Telehealth development is a major enhancement to implement in the program’s technology-assisted care model. Heartview has chosen to use Veamea for telehealth, and implementation should begin in approximately a month. The site visit team suggested creating an information technology governance structure to facilitate the expansion and development of the many technology projects underway. It was also recommended that at least one champion be designated for each technology and within the various clinical and administrative functions to help support and manage adoption efforts.

Other suggestions from the site visit team follow:

- ▶ Develop a more assertive posture for holding the EHR vendor accountable for contractual obligations. The contract renewal period is an opportune time to review the agreement and realign the organization’s goals with the capabilities of the vendor.
- ▶ Thoughtfully design and manage the workflow of the expanding program to address both program and client needs, particularly in anticipation of increased demand.
- ▶ Develop a data/information strategy to help determine how the information obtained through the program can also be used for decisionmaking and predictive analytics.
- ▶ Embrace a dynamic program design to facilitate constant improvement of services and individualized patient care.

- ▶ Reframe followup GPRA data collection as a “wellness check” to keep clients engaged.
- ▶ Continue engagement with the key players in health care and policy in North Dakota, particularly in light of the State legislature’s current interest in behavioral health.

Heartview is staffed with an enthusiastic team and enjoys invested leadership. The team members are willing to contribute any amount of effort to help individuals in recovery. The staff were receptive and appreciative of the visit and suggestions provided. The team is engaged in not only implementing a thriving program but also playing an active role in other grant-related activities, such as participating in biweekly grantee calls, reaching out to other grantees, and using the Ideas Exchange.

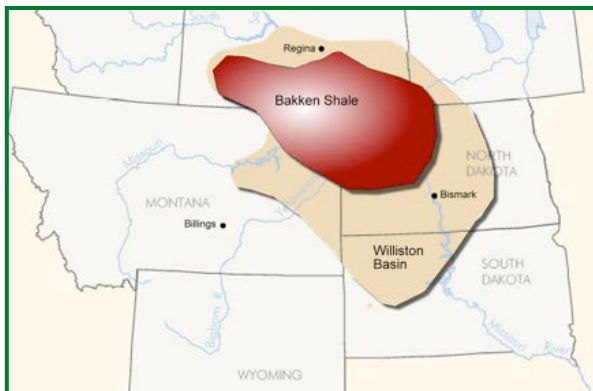


# Grantee Overview and Environmental Context

Since 1946, the Heartview Foundation has served thousands of individuals in the United States and Canada seeking alcohol and drug treatment and education. It has grown from a treatment clinic located in two buildings to one of the most experienced nonprofit treatment providers in North Dakota. The organization currently provides court-mandated evaluations; treatment integrated with specialty areas such as addiction, nursing, social work, psychology, primary care, and internal medicine; and educational services for community members, professionals, and support networks.

*The Heartview Foundation is located in the historic district of the capital city of Bismarck. Bismarck is the second most populous city in North Dakota and also the regional center for health care.*

North Dakota is a largely rural State where a preponderance of health and social service resources are located in major cities. Parts of the State are predominantly vast farmlands and small communities spread across thousands of acres. Sparsely located population centers, transportation, access, lack of services, and rural isolation are major barriers to care. Centrally located within North Dakota, Heartview Foundation is therefore the key provider of services throughout a large part of the State. The agency's focus population is adults over the age of 18 who reside in rural and underserved areas, including individuals with special needs relating to ethnicity (Native Americans), opioid addiction, psychiatric comorbidity, and co-occurring health issues. The Native American population is the largest minority group in the State, with five federally recognized tribes and one Indian tribal community.



***Oil boom in western North Dakota***

In recent years, the Bakken oil boom has created rapid urban development in the western half of the State. Unfortunately, the infrastructure of the small rural communities was unprepared for the expansion and the rise in problems frequently encountered in urban areas. Despite reducing the State's unemployment rate, the boom has caused an increase in crime, housing shortages, drug trafficking, and substance use disorders (SUDs). The transient oilfield population has increased risk factors associated with alcohol, drugs, and

a low sense of community attachment.

Based on surveys conducted by Heartview, it was determined that obstacles to care included the wait time for evaluations and treatment and the availability of buprenorphine maintenance therapy (BMT). Heartview seeks to address these barriers and engage individuals through technology-assisted means, including telehealth, Web-based services, mobile phones, and behavioral health applications. Heartview is the only treatment program in Bismarck to offer

buprenorphine services. Through technology, the organization will be able to enhance efforts to support recovery and resiliency and promote engagement and wellness.

# 1. Site Visit Overview

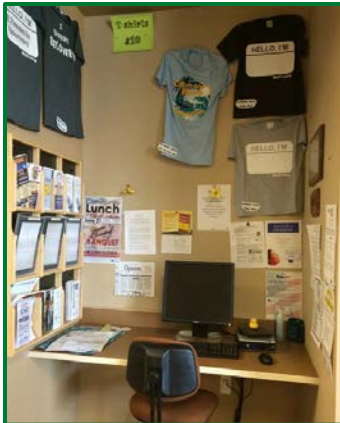
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On June 26–27, 2014, the Clinical Technical Assistance Project's Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) program staff conducted a site visit to review program accomplishments, implementation, and service delivery approaches of the Heartview Foundation Recovery Network for Rural & Underserved program. The site visit team met with key staff from the leadership, clinical, information technology (IT), and evaluation teams, gaining an understanding of Heartview and the grant program's operations, strengths, and challenges. Valuable insight was also gained from discussions with consumers and clinicians on the program and technology at Heartview.

The program staff prepared an extensive binder of information related to the grant, including information on the recovery social network called Network Assisted Recovery (NAR), an aftercare study, Heartview's technology, a copy of a marketing brochure, evaluation surveys, a summary of a National Institute on Drug Abuse (NIDA) social media proposal, and a copy of the North Dakota Legislature directed Behavioral Health Planning Report. The Web site administrator provided a demonstration of the social networking sites, and the evaluator presented findings on the aftercare study of 49 participants. The visit included discussions about overcoming challenges related to vendor contractual delays, portal development, and followup GPRA data collection. The site visit team provided guidance regarding the implementation of technology for the delivery of services and potential technical assistance opportunities that may enhance the program.

The site visit team met with two clients who spoke positively about the program and felt the staff and online network were useful in their recovery. In particular, the program helped create the experience of a commonality of recovery with other clients. Although the clients found the online support helpful and easily accessible, there were barriers to using the network. Trust and security topped the list in preventing more active engagement with NAR, and the clients were interested in seeing more online resources. The staff understood the clients' apprehension about the technology. As a result, they will incorporate useful online network communication at meetings and events to help clients understand the closed network support system.

During the site visit, several clinicians also provided their perspectives. Many felt the biggest challenges were re-engagement after discharge and 6-month followups. The JBS team had four major suggestions for addressing these challenges: (1) frame the followup as a wellness check, not a GPRA data collection process; (2) align the questions that have already been asked to avoid repetition; (3) repurpose the data that have been obtained in as many ways as possible; and (4) develop an engaging and efficient workflow from the beginning of the client's assessment and treatment episode. These recommendations are integral to the implementation of the postadmission program workflow.



**Heartview kiosk station**

The tour of the facility featured various resource centers and kiosks available to the community and clients. The kiosks foster initial engagement via technology and provide an online resource area supplemented by informational brochures. The kiosk station also offers information on community recovery events and Heartview items for sale.

Following a hiatus in providing inpatient treatment, a residential area expansion and renovation in 2007 allowed Heartview to accommodate 12 beds. A kiosk station is available in the residential unit to help increase engagement with NAR.



**Heartview residential unit**

## 2. Program Vision and Design

Heartview's motto, "A New Life," reflects the words countless patients and families have come to know because of the agency's services. Heartview has made this possible by aiming to be "the provider of choice for quality chemical dependency treatment and education." As such, its central location in North Dakota and online social network attract clients from around the State when core services are unavailable or inadequate.

The two main ambitions of the technology-assisted care program are—

- ▶ Enhancing and improving treatment engagement and retention for the target population via telehealth
- ▶ Improving rates of participation and program completion for continuing care services

Telehealth and the use of technology in delivering care are vital for the focus population as rural isolation and lack of services are weighty obstacles to recovery and a continuum of care. Consequently, all patients are provided with an introduction to technology as a vehicle for

support, education, and therapy. The two online recovery social network applications are NAR and the Helping Everyone Achieve Recovery Today (HEART) Family Network. The applications use NING, a vendor of personal social networks. Both networks are private, and membership must be approved by the Web site administrator or executive director. The program design stresses incentivizing participation.

A variety of evidence-based practices are applied to implement the program, including cognitive behavioral therapy, motivational interviewing, contingency management interventions/motivational incentives, principles of relapse prevention, and illness management and recovery. In particular, Heartview employs the National Institutes of Health (NIH) evidence-based standard of 90 “doses” of contact with clients within a 90-day period. The staff believe this standard is key to engaging patients as it provides constant communication. It is anticipated that the daily routine will provide a foundation for continuing recovery, including contact with Heartview once a patient has completed the program.

As a provider of many types of services, including outpatient and residential treatment, Heartview employs a multi-Level of Care system to help patients seamlessly transition from one service level to another. The program also employs recovery coaches to help provide continuous support and outreach through NAR and other types of technology. The coaches help clients develop recovery life skills, thereby increasing individualized care.

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### 3. Grantee Leadership

The leadership at Heartview is intensely involved in the success of the grant program, as well as sustainability of the organization. The entire leadership team was present and active during the site visit and was enthusiastic about sharing information and learning from the JBS team. The professional backgrounds and experience of the leadership and staff are diverse, ranging from behavioral health to management, compliance, and policy. The executive director is affiliated with several local, State, and Federal boards, which helps him stay current with the changing health care landscape. He is also cognizant of the implications of policies for the well-being and sustainability of the Heartview Foundation, and he is striving to help the organization align with Affordable Care Act (ACA) mandates. The organization as a whole is a positive workplace, with many eagerly returning as alumni staff. Most importantly, the leadership is invested in using the grant program as a means to expand the delivery of services through the use of technology.

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### 4. Implementation Plan

As of June 2014, the Recovery Network for Rural & Underserved program had enrolled 51 clients. Through the TAC grant, implementation expansion for this program is possible. Although there is currently no telehealth system in place, there are other technologies being

used. Heartview's existing online, private social network recovery application, NAR, has built a strong foundation for Heartview to enhance and improve service delivery through the use of technology. The accessibility of the recovery application using a desktop and mobile phone has proven successful in helping patients in continuing services or recovery support. Heartview also anticipates installation of a teleconferencing application called VeaMea.

Heartview is prepared for telehealth as counselors have already received telehealth training from an Addiction Technology Transfer Center (ATTC) expert. The electronic health record (EHR) system was implemented in December 2013. It is readily used and accepted by the staff, and data can be extracted for analysis. Unfortunately, the vendor is falling short on contract requirements, delaying the medication documentation component of the system. The documentation is an essential element of maintaining patient records. The next step is to hold the vendor accountable and renew the contract dependent on its ability to deliver. The portal is yet another piece in the deployment of technology. There are many ideas for the portal, and the aftercare study provides ample user insight (see Grantee Evaluation section). However, the portal development is currently struggling with Health Insurance Portability and Accountability Act (HIPAA) compliance.

The program is ambitious in implementing multiple initiatives in the first year: the social networks, EHR, the portal, telehealth, policy, and capacity building. Operating on an ad hoc basis will create challenges for the future and is not recommended. The JBS team suggested creating an IT governance structure to help manage and communicate the requirements of and priorities for managing all the integral parts of the TAC program and other technologies Heartview is using or planning to use. The team also suggested developing an information strategy to help guide Heartview toward an integrated suite of technology tools in support of its business goals. A data strategy is also vital to establish a roadmap for the agency in how data will be used, governed, managed, and processed. Development of both of these strategies can help drive Heartview toward population health management, which will be an increasingly important priority for the State.

***Exhibit 1. Heartview Foundation's Goals, Progress to Date, and Potential Improvements***

Goals	Progress to Date (June 27, 2014)	Potential Improvements
<b>Goal 1:</b> Enhance access, engagement, retention in treatment, continuing care services, and postdischarge care using technology-assisted care for up to 60 adults per year, aged 18 and over, who reside in rural and underserved areas and/or have special needs including Native Americans and individuals with opioid addiction, psychiatric comorbidity, and/or co-occurring health issues.		
<b>Objective 1:</b> Increase treatment access by decreasing the "no show" rate from 26 to 15 percent.	<ul style="list-style-type: none"> <li>There are currently no measures available for "no show" rates.</li> </ul>	<ul style="list-style-type: none"> <li>The program can consider using reminders as a way to positively impact "no show" rates.</li> </ul>
<b>Objective 2:</b> Increase the number of therapeutic doses for program participants to 90 doses within 90 days.	<ul style="list-style-type: none"> <li>The agency currently employs NAR to implement the 90 doses within 90 days design to help maintain constant communication and engagement.</li> </ul>	

Goals	Progress to Date (June 27, 2014)	Potential Improvements
<b>Objective 3:</b> Seventy percent of program participants will report increased knowledge of interaction of SUDs with special needs recovery benefits and resources, life skills, and relapse/prevention.	<ul style="list-style-type: none"> <li>Participants are knowledgeable of the recovery benefits and resources; however, no current measures are available.</li> </ul>	<ul style="list-style-type: none"> <li>Consider having a searchable resource database on the portal to increase access to information necessary for long-term recovery.</li> </ul>
<b>Objective 4:</b> Eighty percent of program participants will have access to technology-assisted addiction and mental health treatment/support via computer or smartphones.	<ul style="list-style-type: none"> <li>All participants currently have access to online recovery networks using laptops and smartphones. Clients are engaged with technology-assisted means upon their initial contact with Heartview.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the telehealth system will help increase the rate of technology-assisted addiction and mental health treatment.</li> </ul>
<b>Goal 2:</b> Improve the rates of participation and completion of continuing care from 40 to 60 percent.		
<b>Objective 1:</b> Eighty percent of program participants will have daily contact with the recovery community.	<ul style="list-style-type: none"> <li>Currently less than 80 percent of the participants have daily contact with the recovery community, but the staff are working diligently toward overcoming barriers and incentivizing contact.</li> </ul>	<ul style="list-style-type: none"> <li>Help clients overcome apprehension using technology to help increase the rate of contact.</li> </ul>
<b>Objective 2:</b> Eighty percent of program participants will complete primary treatment.	<ul style="list-style-type: none"> <li>There are currently no measures regarding completion of primary treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the use of technology (i.e., telehealth) to promote primary treatment completion.</li> </ul>
<b>Objective 3:</b> Fifty percent of program participants will complete continuing care.	<ul style="list-style-type: none"> <li>There are currently no measures regarding completion of continuing care.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing the use of technology can increase the rate of primary treatment completion.</li> </ul>
<b>Goal 3:</b> Improve lifestyles and decisionmaking abilities regarding mental health and health care.		
<b>Objective 1:</b> Ninety percent of patients will receive information/instruction on how to access their personal health history including an EHR.	<ul style="list-style-type: none"> <li>Clients are engaged with technology-assisted means upon their initial contact with Heartview.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to realize the value of early engagement when incorporating the use of technology.</li> </ul>
<b>Objective 2:</b> Ninety percent of patients will receive counseling on management of personal health issues and resources for health management.	<ul style="list-style-type: none"> <li>NAR is expected to be expanded as a case management tool in addressing individualized treatment and recovery.</li> </ul>	<ul style="list-style-type: none"> <li>Use recovery coaches as a way to help individualize care and technology uptake.</li> </ul>
<b>Objective 3:</b> Eighty-five percent of patients with psychiatric comorbidity will be able to articulate effective coping strategies to manage their mental health concerns and make informed decisions about their treatment.	<ul style="list-style-type: none"> <li>A model is being developed for telehealth management for patients identified with psychiatric comorbidity and/or co-occurring health issues.</li> <li>Heartview partners with other rural organizations to help develop strategies to address individuals with psychiatric comorbidity and/or chronic health issues.</li> </ul>	<ul style="list-style-type: none"> <li>Telehealth will have broader applicability.</li> </ul>



## 5. Community Linkages, Partners, and Participation

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Heartview has developed partnerships with Heartview alumni, community-based organizations, State agencies, and others. The grantee has also partnered with small, rural organizations that have limited capabilities and resources to address the needs of their local population. These partners will identify and refer individuals in need of treatment and enhance treatment opportunities and ongoing care to the underserved population. To promote quality care throughout North Dakota, Heartview is committed to continuing its strong relationships with State, private, and local agencies, including—

- ▶ North Dakota Association of Counties
- ▶ Coal Country Community Health Centers
- ▶ Rural Behavioral Health Network
- ▶ Standing Rock Treatment Program
- ▶ North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services
- ▶ North Dakota Attorney General
- ▶ NIDA Ohio Valley Node Clinical Trial Network
- ▶ Missouri Valley Addiction Counselor Training Consortium
- ▶ University of North Dakota Medical School
- ▶ Sanford School of Nursing
- ▶ University of North Dakota Family Practice Center

Other collaborations are also necessary for technology and research implementation. Heartview has collaborated with Coloring Outside of the Box for the development of the portal; the vendor is versed in behavioral health and understands the needs of the grantee. It is interesting to note that the EHR vendor, Celerity, LLC, has approached Heartview with a potential partnership in development and distribution of a behavioral health EHR. This initiative is not currently being considered as the vendor is not delivering services according to the contract. For evaluation purposes, Dr. Erin Winstanley from the University of Cincinnati will help develop and implement the research to study NAR's impact on the focus population.



## 6. Client Outreach, Recruitment, and Referral

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Heartview works with referral sources from surrounding rural communities to expand access to treatment and continuing services. The social networking sites are already being used by clients who have completed the program at Heartview or can no longer attend programs due to residence outside of Bismarck. Outreach is accomplished through recovery coaches who support clients in recovery life skills through in-person meetings, phone calls, texting, emails, and NAR. Community marketing of the program is often through the extensive network of Heartview alumni. The agency's strong involvement and presence in the community stimulates awareness of the program.

## 7. Affordable Care Act Readiness

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The leadership at Heartview is aware of the importance of the ACA. Engagement in policy and several State and Federal agencies helps Heartview stay informed about the shifting health care and behavioral health environments. Staying informed can help the agency position itself for ACA readiness and long-term success and sustainability. The agency's participation in the North Dakota Behavioral Health Planning report shows its dedication to staying involved and informed.

## 8. Sustainability Planning

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The program is looking toward sustainability but has not begun developing strategies. It is hoped that reimbursement can be one of many options to sustain long-term funding. Consequently, the leadership maintains involvement with Federal and State agencies to stay informed of the health care landscape in North Dakota. Other approaches include designating budget funds for continuation and reaching out to alumni and community partners.

## 9. Grantee Evaluation

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Dr. Erin Winstanley, University of Cincinnati, is leading the evaluation. She is a behavioral health researcher focused on improving outcomes for underserved populations. The infrastructure for the evaluation data is REDCap, which offers the ability to securely build and manage online surveys and databases. REDCap can push surveys to the targeted audience to improve services and quality of care. For example, results can be used to help develop the structure and content of the portal.

The aftercare study presented was based on a pilot test of NAR with 49 aftercare participants. The study included data on barriers to care and use of technology and provided insight into features users may like for the future portal. The results showed that the majority of participants not only have access to technology but are comfortable using it daily (Internet, text messaging, smartphones, Facebook, Skype, etc.). The program realizes the value of qualitative reporting and is working to expand the evaluation.

The JBS team suggested keeping the evaluation dynamic to fully capture data that can inform implementation and ongoing improvements. Emphasizing predictive analytics will help the program develop effective long-term service interventions and technological enhancements, particularly useful in addressing meaningful use. Stage III demands predictive models and analytics that enable analysis for interpretation of large volumes of data. Being able to tap into useful information will better position Heartview to make evidence-based decisions, improve outcomes, streamline operations, and increase efficiency and revenues. The JBS team provided Dr. Winstanley with the contact information of the program evaluator for the Centerstone Research Institute for further assistance in developing robust evaluations.

## Summary

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It has been almost a year since Heartview's grant award, and the team has worked diligently in serving clients within the focus population. The leadership and staff are strongly involved in the success of Heartview. Leadership maintains a strong involvement in the behavioral health arena for North Dakota. As one of the more experienced and larger substance abuse providers, Heartview provides services to individuals throughout the State. Technology will help expand access to recovery and aftercare support. With an evolving evaluation, implementation of telehealth, attention to ACA and policies of North Dakota, and devoted staff, the agency is headed in the right direction in meeting the goals of the grant and achieving its long-term ambitions.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- The program employs NIH's evidence-based standard of 90 "doses" of contact with clients within a 90-day period to maintain constant communication and engagement.
- Recovery coaches are used as needed. The coaches are often volunteers and part of the on-call staff.
- Online social network applications are used to incentivize aftercare/continuing care and engagement.
- The online accessibility gives clients the opportunity to be part of the social network even if they are not local to Bismarck. The ease in accessing the network has also overcome the digital divide barrier.
- The agency is diverse and experienced, providing both inpatient and outpatient services, as well as BMT.
- The program has monthly social events to increase engagement with clients.

### CHALLENGES

- Some clients are still hesitant in using the online social network application due to apprehension about privacy and unfamiliarity with technology use.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Focus on addressing the client apprehension, computer skill level, and fear in using the social network by outreach to the clients who are inactive online.	X		

## Grantee Leadership

### STRENGTHS

- Several staff members are alumni who have returned to work for Heartview as they have found the organization a motivating and positive place to work.
- The leadership has strived to find innovative approaches to funding since there are no block grants available. The most recent endeavor includes applying for NIDA's first social media grant.
- The leadership maintains active involvement on local and State boards, keeping abreast of policy and legislature initiatives and helping to make positive changes for behavioral health.
- The leadership is composed of individuals with different strengths and talents, including addiction counseling, nursing, compliance, social networking, quality assurance, and management.
- The strong engagement and involvement of the staff allow the executive director the opportunity to focus on organizations and policies that are important to Heartview. The staff contribute to the progress of the program and agency as needed, regardless of their title and position.
- Leadership understands the importance of early buy-in, particularly from the counselors. The staff played a major role in the implementation of the social networking application.
- Management holds weekly meetings for discussion and support to keep communication active.

### CHALLENGES

- The staff often have many responsibilities beyond their roles.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider creating an IT governance structure to help manage and communicate the needs across staff members and projects.	X		
2	The leadership is interested in how to begin planning for reimbursement and policy issues with elected officials and the State Medicaid office.	X	X	
3	Leverage involvement with other relevant agencies to help promote payment reform.	X		

## Implementation Plan

### STRENGTHS

- Data collected through quality reporting and success stories have shown that engagement strategies are effective.
- Implementation of the EHR has been mostly favorable and staff have found it to be a useful system.
- The agency is considering partnering with other agencies in using the EHR.
- Counselors have all been trained to use telehealth. The onsite trainer has ATTC experience.
- Veamea has been chosen to provide telehealth services.
- The program is designing a portal that adheres to security and compliance mandates.
- The staff understands that staff engagement and early buy-in are critical to the success of using technology to deliver care.
- The program utilizes technology “superusers” to help champion the technologies.
- The social network applications are mobile responsive, making it easier to access at any time.
- The staff is constantly seeking ways to keep clients engaged through incentives. Daily reminders are provided, such as wristbands, magnets, and key chains.

### CHALLENGES

- The EHR vendor is not delivering on all contractual requirements, including the medication administration module.
- No progress is being made on the billing system as reimbursement issues are uncertain.
- Policies and procedures have not been developed for telehealth.
- Security and HIPAA compliance challenges are hindering factors in the design of the portal.
- Followup, crucial to finding individuals in crisis, is difficult due to client disinterest in completing GPRA surveys.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The program focuses on 90/90 but would like to integrate additional clinical care into its service delivery.	X		
2	Consideration has been made to invest funds into new technology to focus on individualized care, such as telehealth and implementation of a portal.	X		
3	Linking the EHR with the portal is being considered to further improve outcomes and access to useful analytics.	X		
4	Consider employing an IT governance structure to help manage the multiple technology-related pieces.	X		

## Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
5	Develop a data/information strategy to help the organization focus on population health management for North Dakota. The information strategy is intended to support integration and agency goals.	X	X	
6	The portal should have a searchable resource directory to maximize the benefits to users. Additional suggestions for the portal include testimonials, instructional videos, podcasts, patient education, and public-facing material.	X		
7	Consider implementing a reminder system and analyzing its impact on no-show rates.	X		
8	Though the social network applications are a closed network of approved users, it is important to develop an environment of trust to engage clients in feeling comfortable in using the applications.	X		
9	Consider streamlining the workflow process to make the treatment process more efficient for clients; for example, online forms and integrating assessment questions so they are not redundant.	X		
10	Hold the EHR vendor accountable for contractual requirements; should this prove unworkable, consider reprocurring the EHR.	X		
11	Consider employing at least one champion for every piece of technology implemented.	X		
12	Consider reframing the GPRA followup as a wellness check to engage client interest and motivation.	X		
13	Repurpose data as much as possible to increase value gained from the information.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- Heartview collaborates with many smaller providers that do not have the capacity to deliver services to clients with more complex behavioral health conditions.
- The agency is involved with both Federal and local agencies.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Heartview should focus efforts in using telehealth for collaboration with the providers in outlying areas serving complex clients	X		

## Client Outreach, Recruitment, and Referral

### STRENGTHS

- Heartview works with referral sources from the surrounding rural area.
- The agency is active in the community, which helps increase awareness of the program.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Telehealth can expand the reach of Heartview services.	X		

## Affordable Care Act Readiness

### STRENGTHS

- The leadership understands the importance of ACA readiness and stays involved in the policy and politics both federally and locally.
- Heartview was involved in the development of the North Dakota Behavioral Health Planning report.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Maintain involvement in policymaking to help position Heartview favorably in the behavioral health environment.	X		

## Sustainability Planning

### STRENGTHS

- Leadership seeks innovative approaches to funding.
- The agency seeks support from the large alumni group and community partners.

### CHALLENGES

- There is currently no planning strategy for sustainability.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Maintain involvement in health care and behavioral health care reform efforts in North Dakota.	X		



## Grantee Evaluation

### STRENGTHS

- The quality reporting and analytics available from the Heartview social networking sites show that clients are engaged and involved with the online applications.
- Google analytics is being used to analyze utilization of NING.
- Patient and provider satisfaction tools are available to supplement the analytics from Google.
- The infrastructure for the program evaluation data is REDCap, which can be used for quality improvement and monitoring and in conjunction with the portal features.
- The evaluation efforts can provide insight into development for the portal.

### CHALLENGES

- There is uncertainty about the type of information that needs to be pulled from the portal analytics.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider developing an evaluation component focused on return on investment.	X		
2	Incorporate predictive analytics to help the program understand current situations and make effective predictions.	X		
3	Keep the evaluations dynamic to minimize burden and increase compatibility with the program as it evolves.	X		

## Abbreviations and Acronyms

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ACA	Affordable Care Act
ATTC	Addiction Technology Transfer Center
BMT	buprenorphine maintenance therapy
GPRA	Government Performance and Results Act
HEART	Helping Everyone Achieve Recovery Today
HER	electronic health record
HIPAA	Health Insurance Portability and Accountability Act
NAR	Network Assisted Recovery
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
REDCap	Research Electronic Data Capture
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder
TCE-TAC	Targeted Capacity Expansion, Technology-Assisted Care