

Service Design Site Visit Report Executive Summary

Buffalo Valley, Inc.
Hohenwald, Tennessee



Date of Visit: May 21–22, 2013

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



Buffalo Valley, Inc

Grantee Name	Buffalo Valley, Inc.
Address	501 South Park Street, Hohenwald, TN 38462
Site Visit Dates	May 21–22, 2013
Program Name	Buffalo Valley Connect
Grant TI Number	TI023830-01
Grantee Contact Person	Debbie Hillin
Government Project Officer	Kathy Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., and Iris Chai

Grantee Project Team Members	
Debbie Hillin	Senior Vice President
Jerry Risner	Chief Executive Officer
Sherri Allen	Program Manager
Rusty Gray	Operations Manager
Justin Barber	IT Specialist



***Back, left to right: Rusty Gray, Sherri Allen, Michael White
Front: Debbie Hillin, Jerry Risner***

• Grantee Project Sites Visited

Buffalo Valley, Inc.	501 South Park Street, Hohenwald, TN 38462
Buffalo Valley West	120 Kittrell Street, Hohenwald, TN 38462
Buffalo Valley–Maple	221 South Maple Street, Hohenwald, TN 38462

Executive Summary

Buffalo Valley, Inc. (BVI), is the largest provider of alcohol and substance abuse treatment services in Middle Tennessee, serving 19 counties. BVI was established in 1979 as a small community-based organization located in a two-story house, with a mission to provide a continuum of care to low-income veterans who are disabled and homeless residents. For more than 30 years, BVI has provided affordable treatment to more than 1,200 patients a year. The organization has expanded its services over the years to include housing and supportive services such as job training and placement, life skills counseling, and case management. Valley Housing, a division of BVI, provides affordable housing. BVI is accredited by The Joint Commission and certified as a Federally Qualified Health Center.

Buffalo Valley, Inc., is based in Hohenwald, which translates to “high forest” in German and accurately depicts the area. Satellite offices are located throughout Middle Tennessee, with three major locations in Hohenwald.

BVI's motto is *People Helping People Help Themselves*. The mission of BVI is to treat alcohol and drug addiction as a chronic and continuing disease, addressing addiction and co-occurring disorders by focusing on both the addiction and the mental health of the individual. Providing a holistic, integrated treatment process helps improve both the likelihood of recovery and quality of life. The programs operated by BVI provide alcohol and substance abuse treatment for individuals requiring varying degrees of residential care and detoxification, and outpatient, emergency shelter, transitional housing, and affordable home ownership services. BVI is committed to improving the lives of residents in the community by offering housing assistance, programs where “veterans are helping veterans,” and criminal justice programs aimed at decreasing incarceration.

Despite the major barriers associated with the use of telehealth in rural areas, such as limited phone capability and lack of fiber optics, BVI successfully uses telehealth to deliver clinical services and improve the lives of rural residents seeking recovery. The organization uses technology to reach clients and site managers, distributing a common message across a large, scattered area. Technology is used to provide Webcam training and e-treatment capabilities, reaching more clients than would otherwise be possible and improving patient engagement and accessibility of services. The organization incorporates e-continuing care into its system of care. BVI is working with the State of Tennessee to implement a mobile crisis call system using telehealth technology. The grantee has partnered with the University of Alaska to research and beta test various smartphone applications, including the Step Away application, to extend its mobile health capabilities. BVI also has its own management information system and currently uses the Sequest Technologies, Inc., Total Integrated Electronic Record (TIER) workflow and billing solution. The application is 2011–2012 compliant and was certified as a complete electronic health record (EHR) by the Certification Commission for Health Information Technology. All BVI staff will complete TIER training by July 2013.

The BVI treatment process is initiated when a potential client makes contact, either via the agency's Web site or by phone. The individual receives an email (if available) with instructions on accessing the secure Web portal. The Web site offers an e-therapy gateway login, with a payment and patient exchange interface. Engagement begins when the potential client submits Government Performance and Results Act (GPRA) data online. BVI refers all potential clients when initial contact is made. The admission process takes approximately 3 days, primarily because of the data collection requirements and existing workflow.

Buffalo Valley has had a strong relationship with the community for many years. BVI's senior vice president also serves as president of the Tennessee Association of Alcohol, Drug and other Addiction Services, and the former assistant commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSA) was involved in the BVI Technology-Assisted Care grant development process.

During the site visit, the JBS site visit team met with BVI staff, watched an excerpt of an instructional video session that was in progress, and participated in teleconferences with stakeholders, including the TDMHSA assistant commissioner, clients, and clinicians. The purpose of the teleconferences was to better understand the program's operations, review programmatic strengths and challenges, and provide guidance regarding potential technical assistance opportunities. The site visit included discussion of how the program has expanded, challenges pertaining to the expansion, established data collection protocols, and how the organization uses telehealth to deliver recovery services.

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Grantee Overview and Environmental Context

Buffalo Valley, Inc. (BVI), is the largest provider of alcohol and substance abuse treatment services in Middle Tennessee, serving 19 counties. BVI was established in 1979 as a small community-based organization located in a two-story house, with a mission to provide a continuum of care to low-income veterans who are disabled and homeless residents. For more than 30 years, BVI has provided affordable treatment to more than 1,200 patients a year. The organization has expanded its services over the years to include housing and supportive services such as job training and placement, life skills counseling, and case management. Valley Housing, a division of BVI, provides affordable housing. BVI is accredited by The Joint Commission and certified as a Federally Qualified Health Center.

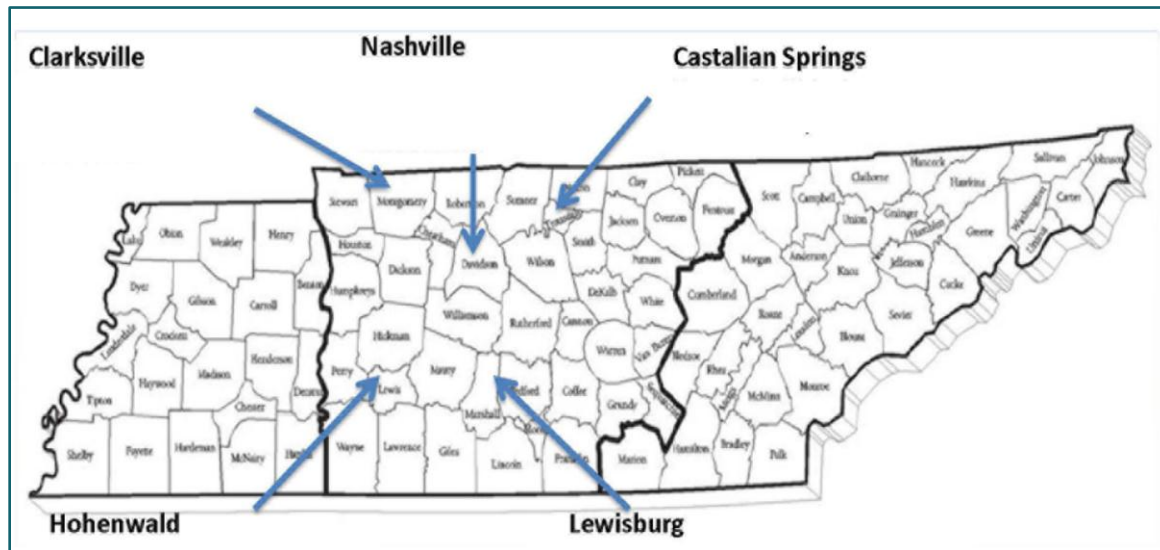
Buffalo Valley, Inc., is based in Hohenwald, which translates to “high forest” in German and accurately depicts the area. Satellite offices are located throughout Middle Tennessee, with three major locations in Hohenwald.

BVI was awarded a Technology-Assisted Care grant to expand care coordination through the use of health information technology in targeted areas of need. Its mission is aligned with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Recovery Support Initiative. The BVI Connect program aims to partner with people in recovery from substance abuse and mental health disorders; promote programs and approaches that nurture health and resilience; reduce barriers to social inclusion regardless of gender, race, or socioeconomic status; and increase permanent housing. The goals of the program also incorporate the strategic initiative of Health Information Technology through its adoption of technology and the anticipated use of the Total Integrated Electronic Record (TIER), a certified electronic health record (EHR) application, for delivery of care.

Middle Tennessee is characterized as the largest in area but least densely populated part of the State, compared to East and West Tennessee. The BVI Connect program serves a vast, primarily rural 19-county area that is underserved. With such a large catchment area, most potential clients are forced to be on a wait list for treatment. For example, of the 5,000 calls received in 2009, only 1,599 individuals were served by BVI. This represents only a 31 percent admission rate, with 72 percent of applicants not accessing any type of recovery or treatment service. Even though admission in the past 12 years has increased by more than 50 percent, there are still many people unable to access care. The 19 counties served by BVI are also known to be among the most disadvantaged in Tennessee, with several counties having high rates of poverty. Lack of transportation, including the lack of public transportation and a limited income to take public transportation, are the main barriers limiting access to care. Telehealth is necessary to overcome these obstacles.

In trying to serve this large geographic area, BVI has created five licensed treatment sites distributed throughout Middle Tennessee: Clarksville, Nashville, Castalian Springs, Hohenwald, and Lewisburg (see figure 1). The program provides various counseling and treatment services, including outpatient treatment, intensive outpatient, partial hospitalization, inpatient residential treatment, medical detox, social detox, and ambulatory detox.

Figure 1. Buffalo Valley, Inc., Licensed Treatment Sites Throughout Middle Tennessee



Clarksville: 10 beds; intensive outpatient treatment; peer to peer

Nashville: 12 beds; intensive outpatient detox; males only

Castalian Springs: 33 beds; intensive outpatient treatment

Hohenwald: 103 beds, intensive outpatient treatment; housing during treatment available; detox; females only

Lewisburg: 16 beds; outpatient treatment; housing during treatment available

1. Site Visit Overview

On May 21–22, 2013, the Clinical Technical Assistance project’s Technology-Assisted Care site visit team met with key stakeholders from BVI to gain a full understanding of the Connect program’s operations, review programmatic strengths and challenges, and provide guidance regarding potential technical assistance opportunities. The site visit included discussions on how the program selected an EHR system; linkages with the State and community agencies, particularly in support of a common EHR application; program design challenges; long-term sustainability for an expanding program; and developing evaluations in other areas, including discussion of how to measure Government Performance and Results Act (GPRA) data intake.

On May 21, 2013 the site visit team met with the organization’s senior management, program manager, operations manager, and IT specialist at the main office in Hohenwald. The senior vice president provided an overview of Buffalo Valley, Inc., including its history, community linkages, projects undertaken, and admission and demographics data. The site visit team watched one of the instructional videos—conducted by a peer specialist and available through the telehealth connection—and spoke to recovering clients from the Lewisburg location. The team also held a teleconference with representatives from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) to discuss future implications of the Affordable Care Act for provision of behavioral health services at the community and State

levels. The site visit team also toured Buffalo Valley West. The following day the site visit team met with a board member who is expert in rural service issues and held a debriefing conference call with the Government Project Officer Wilson Washington. The staff and clients at BVI are enthusiastic about continuing the program and expanding its reach, while senior management feels strongly about supporting the progress and technological advancements required for a successful program.

2. Program Vision and Design

BVI's program is more expansive than described in the grant, and the geographic catchment area is large. Both these factors contribute to obstacles in program implementation; however, BVI has realized the barriers can be overcome by employing technology. The overarching goal of the Connect program is to use existing and emerging health information technologies to deliver and provide access to a range of evidence-based services for the unserved and underserved residents of Middle Tennessee (see figure 2) with co-occurring, substance use, and mental health disorders through outreach, active treatment and recovery, and aftercare.

Figure 2. Nineteen Counties (Shown in Yellow) Targeted by Buffalo Valley, Inc., in Middle Tennessee



The program makes it possible for individuals with alcohol and drug problems to have contact with staff via the online application or a phone call to BVI. Anyone can complete a prescreen and psychosocial assessment from the Web site to determine the severity of an issue. At that time, individuals receive further information as to how to be admitted to services or placed on the wait list. If an individual has an email account and access to the Web site, engagement can begin, along with the collection of GPRA data online. The information is submitted through their secure website and routed to the technology department. BVI has found, however, interest wanes in receiving treatment the longer a person is on the wait list, so the program tends to reach out during treatment as well. On average, admission into the Connect program is a 3-day process because of collection of needed information for multiple reporting purposes.

Motivational interviewing (MI) and illness management and recovery (IMR) are evidence-based practices (EBPs) employed at BVI. Both were selected for their applicability to a wide range of clients within the target population, from young individuals demonstrating risky behavior, to those who have experienced a lifetime of substance abuse and mental illness. BVI has been

certified by the State of Tennessee Department of Mental Health as an agency capable of providing services to those with co-occurring disorders (substance abuse and mental health disorders), with staff trained to address these disorders.

Treatment also includes Webcam training, a 3-hour educational video used during intensive outpatient group sessions. Outpatient delivery of care to individuals and groups is conducted in a scheduled manner using techniques similar to those used during face-to-face sessions. BVI has faced the challenge of an inaccurate estimate of individuals with an Internet connection, making it more difficult to use health information technology tools to reach out and engage individuals. For example, the lack of connection through a computer or smartphone limits use of the Web site; SecureHealth; e-therapy login; videos; mobile applications being beta testing; and other treatment supplements necessary to guide, monitor, and help recovery. BVI also uses peer specialists in conjunction with technology. Program staff understands the value of using peer specialists, so more individuals will be trained in the coming year. Aside from delivery of care through clinicians, specialists, and technology, BVI's housing projects adhere to the motto of *People Helping People Help Themselves* by providing a place to live and a place to recover.

The clients have found the staff friendly and meetings easy to attend, greatly encouraging recovery. The program has also helped increase computer literacy and employment skills, important tools that help empower the clients. Clients felt the courses both in and out of treatment were helpful, and they would like to see more resources online; for example, social media, treatment and recovery resources, online meetings, and training and job opportunities. Other areas where clients would like to see improvement are more interaction with other clients and more staff to decrease the wait time. One client was so grateful for the program that he wishes the program was big enough to accommodate anyone interested in getting help. Some clinicians found e-treatment to be easily accessible, requiring less travel and higher potential returns for treatment. Clinicians also felt involving the community was a good way to promote the BVI Connect program.

3. Grantee Leadership

The senior vice president and chief executive officer lead the BVI team. At the time of the site visit, one of the team member's roles shifted from operations manager to project supervisor to provide a higher level of visibility of the project within the organization. He will focus on operational aspects of the Connect program, freeing more time for senior leadership to focus on Affordable Care Act issues. Management strongly believes in technological advancements and health care reform as a limitless opportunity to improve the behavioral, mental, and physical health of the residents being served. There is strong collaboration among team members to achieve these organizational goals. Fortunately, the senior management team is not afraid of change or moving forward to expand the program and is focusing heavily on using health information technology. The leadership has strong ties with the community and associated mental and behavioral health organizations and is committed to providing services to better the lives of community residents.

4. Implementation Plan

BVI has developed a process for implementation; however, there is still room for improvement in the area of work flow and client engagement. Decreasing redundancy in documentation, reducing the length of therapy sessions, and increasing interaction and supplemental treatment options using technology are excellent ways to keep clients involved. Having more peer-to-peer specialists will also help improve client results. It is important for the program to develop a work flow directed toward enhancing service delivery capabilities.

The biggest barrier to telehealth for BVI Connect is the limited Internet connection. For such a large, geographically dispersed area, telehealth services are a necessity to reach the target population. BVI has implemented processes for intake, EBPs are used in treatment, and physical structures have been built to treat and house clients, but the lack of Internet and phone connectivity greatly limits the reach and capacity of the project. Management is considering purchasing smartphones to increase connectivity during beta testing of applications to supplement recovery. It is also critical for satellite locations to have connectivity and maximum coordination within the program.

Telehealth also affects the workforce, offering the flexibility to use qualified individuals from other areas of the organization or contracted staff to reduce the burden on local staff. Although the issue of Internet connectivity affects many aspects of the program, the management team is aware of the issues and feels confident about overcoming the challenges through technology. See figure 3 for a summary of goals, progress, and future needs.

Figure 3. Buffalo Valley, Inc., Connect Program: Goals and Objectives, Progress to Date, and Improvements Needed

Objective	Progress to Date (May 22, 2013)	Improvements To Develop
Goal 1: Expand, strengthen, and maintain BVI technology-based access to substance abuse and co-occurring disorder services.		
Objective 1: Assess the existing BVI Connect program and develop plan to enhance its capabilities, efficiency, and effectiveness by December 15, 2011.	Assessment of the program was made and developed to include technology.	
Objective 2: Implement an EHR that is client-centered, comprehensive, and interoperable to support substance abuse and co-occurring outreach, treatment and aftercare services delivered by BVI, its partners, and other providers of health care by January 1, 2012.	BVI has chosen an EHR system called TIER, developed by Sequest Technologies, Inc. The last of the training sessions is being set up.	The EHR selected does not support outreach and is not interoperable with other State and local applications. The current system is unable to upload and integrate with TIER. Continued collaboration with other providers will begin in TIER.

Objective	Progress to Date (May 22, 2013)	Improvements To Develop
Objective 3: Build sustainable funding into BVI Connect by September 30, 2014.	Funding for the EHR is not being requested through TCE-Health IT. Almost half of the payer source is from TNCare, Tennessee's Medicaid managed care program. The housing projects have received much funding through the Department of Housing and Urban Development and other grants.	To reduce the wait list time, BVI will need to develop a financial plan that can sustain the program expansion and long-term sustainability for technologies implemented.
Goal 2: Use multiple health information technologies to reach out to develop a therapeutic relationship with individuals who have requested substance abuse services but have been placed on a wait list because of agency resource constraints, individual time constraints, and/or geographic remoteness (Phase 1: Outreach).		
Objective 1: Reach out to residents who have special difficulty accessing traditional "face-to-face" services because of their age, their occupation, their schedules, and/or their remote locations: 100 residents by September 30, 2012; 120 residents by September 30, 2013; 140 residents by September 30, 2014.	BVI has a Web site with an online application, prescreen application, and psychosocial assessment. BVI is the largest provider of substance abuse and mental health, so referrals are provided. BVI's relationship to the community helps market the program. The organization is also featured in the news and on a billboard.	Promoting the program using the Web site is necessary, particularly for those unable to travel. Quick response codes that lead directly to the landing page represent an immediately accessible resource to assist in this effort.
Objective 2: Decrease the average wait list time for treatment by 40 percent by March 1, 2012.	In 2012, BVI had 3,500 calls, with 2,600 individuals treated—a rate of 74 percent admittance.	BVI should consider more outpatient and less residential treatment so more people can be served.
Objective 3: Create three general video presentations for Web viewing by individuals on wait list or other interested parties seeking educational information about substance use and co-occurring mental health disorders by December 31, 2011, and an additional three presentations by June 30.	No measure was provided, but there are videos during recovery and aftercare.	Access to online resources is not yet available through the Web site. Consider adding other videos and resources such as <i>In The Rooms</i> for individuals on wait lists.
Objective 4: Provide GAIN and Addiction Severity Index (ASI) evidence-based assessment capability through BVI Connect by December 1, 2011.		The evaluator can consider incorporating the ASI information into the evaluation.
Goal 3: Provide evidence-based services to individuals seeking substance abuse treatment and services who have been placed on the BVI wait list (Phase 2: Outpatient Treatment).		
Objective 1: Identify appropriate candidates from the Outreach component of BVI Connect for admission into the Outpatient Treatment component	The Web site currently has an application called SecureHealth where clients can log in and connect with staff. BVI is also working on other technology that can provide care to outpatients; for example, smartphone apps.	Consider having champions who will be experts in using technology to reach and engage outpatient clinicians and clients.

Objective	Progress to Date (May 22, 2013)	Improvements To Develop
Objective 2: Use MI and IMR to delivery technology-assisted evidence-based outpatient treatment to individuals needing services who were on the wait list and then engaged in outreach (Phase 1) of BVI Connect: year 1: 40 individuals; year 2: 60 individuals; Year 3: 70 individuals.	No measure is available at this time, but clinicians provide e-therapy.	Consider employing peer-to-peer specialists for increased engagement. Developing the Web site into a portal can also help engage potential clients on the wait list.
Goal 4: Maintain healthy, functional, and informative relationship with individuals who participated in all phases of BVI Connect to support the individual's recovery process (Phase 3: Recovery Aftercare).		
Objective 1: Provide ongoing substance abuse relapse prevention services to help sustain recovery to 350 individuals throughout the project: year 1: 90; year 2: 110; year: 3: 150).	No measure is available at this time. Aftercare is reimbursable since the BVI campus is licensed.	Providing aftercare services through technology in areas that help improve lives (i.e., education, employment, literacy) can help prevent relapse.

5. Community Linkages, Partners, and Participation

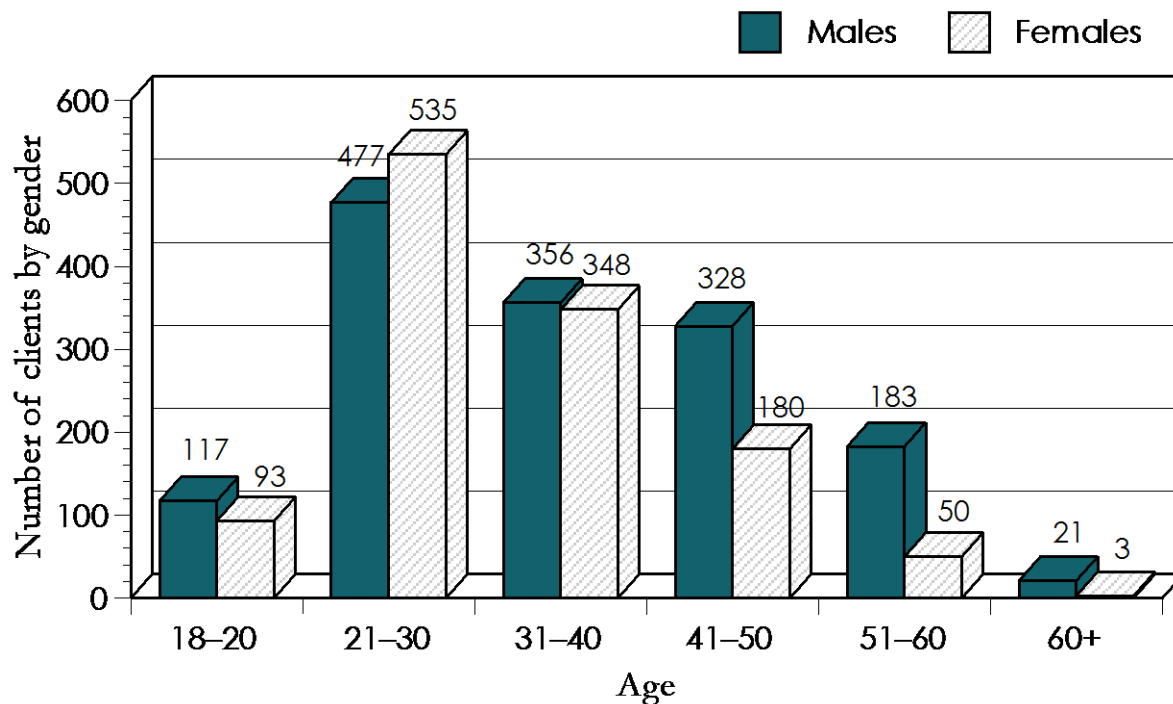
The leadership at BVI has a strong and longstanding presence within the community and with associated mental and behavioral health organizations, both State and local. BVI has developed a consortium for smaller organizations to share the same EHR system at a nominal cost, which benefits the State, providers, and clients alike. Another positive resource for BVI is a board member with expertise in rural areas. This facilitates identifying the needs of the population of Middle Tennessee.

Other partnerships include the University of Alaska, the developers of the Step Away mobile application. The staff at BVI is beta testing the application as a potential supplement to the recovery process and possible use with the newly acquired mobile devices for clients. The grantee also works closely with managed care organizations and criminal justice; for example, the Community Correction Services and Federal Probation. The program helps these individuals recover while supporting them in avoiding incarceration. The program has also employed individuals from the prison system to build houses for BVI programs, with some of the workers later admitted as clients. In collaboration with Homeless No More, BVI has helped strengthen a continuum of services for homeless people in Wilson County. With the increase of returning veterans, Buffalo Valley works closely with the Veterans Administration in helping to treat and provide shelter for veterans.

6. Client Outreach, Recruitment, and Referral

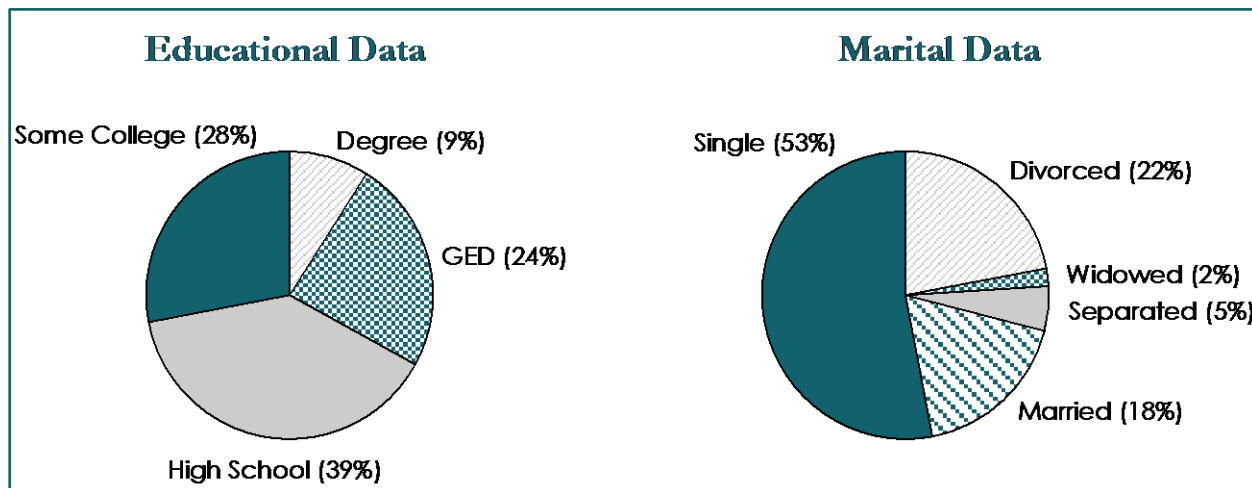
BVI's population targets 19 counties within Middle Tennessee. Marketing efforts are highlighted by news channels and billboards. As the largest provider of substance abuse and mental health treatment, the grantee is fairly well known throughout the catchment area, and outreach comes through the senior management's connections with the community. The partnerships with criminal justice also create potential referrals through corrections services. It would be beneficial to redesign the Web site to have greater presence as a potential source for recruitment. The admitted population is roughly half male and half female, with most females aged 21–30 (see figure 4).

Figure 4. Gender Demographics 2011–2012



Education and marital status (see figure 5) and race demographics were captured for clients admitted between 2011 and 2012. Most clients at BVI have finished high school and are White and single.

Figure 5. Educational and Marital Data, 2011–2012



7. Affordable Care Act Readiness

The goals of BVI incorporate SAMHSA's strategic initiative of Health Information Technology through its adoption of technology and the anticipated use of the Total Integrated Electronic Record (TIER), an EHR application, for delivery of care. TIER is 2011–2012 Meaningful-Use-compliant and certified as a complete EHR by the Certification Commission for Health Information Technology. The consortium for an EHR created by BVI is beneficial to the State in supporting increased connectivity among organizations, providers, and health information exchanges. Buffalo Valley is working toward better understanding of the consortium among organizations. The SecureHealth application on the Web site is compliant with the Health Information Portability and Accountability Act and Health Level 7. Although BVI is making progress in readiness for the Affordable Care Act, the management team could benefit from reviewing SAMHSA's new Health Information Exchange data standards as a guide for continuity of care documents.

8. Sustainability Planning

The grantee appreciates that integrating technology will benefit the entire organization, though the focus thus far has been on the current state of the program rather than expansion and long-term sustainability. It is essential for Buffalo Valley to consider developing a technology strategic plan, redesigning workflows and developing needed competencies in the workforce.

Adjusting the workflow around technology is critical since technology-assisted care and the EHR are central to the program's goals. The workflow can be redesigned to create ways for the program to accommodate greater client intake and increased client engagement. Areas for improvement include shorter wait times, redesign of the Web site into a portal, shorter sessions and self-directed applications, and more outpatient (less residential) treatment augmented by recovery supports. Such improvements could directly affect the program's ability to serve more clients and lessen the existing gaps in access to care. Technology can also address issues in workforce development where clinicians and therapists elsewhere (in or outside Tennessee) can provide assistance when local staff are unavailable. Having more peer specialists is also highly recommended as many programs have seen great success in peer-to-peer therapy. For the program to continue its success expand, the overarching issue of Internet connectivity must be resolved.

Fortunately, the management team at BVI is committed to developing a program that can address the largely rural and dispersed geographic area. The team understands the challenges specific to the geography and target population and is willing to find creative solutions to meet the demands of the catchment area. The strong community relationship can be enhanced through memorandums of understanding and other partnerships to collectively address the behavioral health treatment and support needs affecting many citizens of Middle Tennessee.

9. Grantee Evaluation

The evaluation component for the Connect program needs more development. Evaluation currently incorporates the Addiction Severity Index. Questions might be introduced regarding technology use and its helpfulness, adoption, and barriers. Periodic technology satisfaction surveys could help identify challenges in gaining access to the program to help close the gap in services provided. It is also important for BVI to measure other elements, including return on investment; outcomes related to achievement, in line with Healthcare Reform; and outcomes related to access, engagement, and retention. Understanding the data from these evaluations will help identify strengths and weaknesses and direct focus on redesign and strategy that will help further program implementation. Understanding characteristics of staff who can become technology champions will help overcome the barrier of staff's failure to adopt technology.

During the site visit, the management team discussed uncertainty in measuring outreach and in understanding when a client is considered discharged according to the GPRA data collection.

Strengths and Considerations for Actions

Grantee Leadership

STRENGTHS

- BVI's leadership is not afraid of change and progress and often seeks alternative ways to promote client recovery; for example, assisting in housing initiatives for individuals who are homeless and in recovery.
- Team members collaborate to achieve the organization's goals.
- The leadership is committed to providing services to the community.

CHALLENGES

- Workforce-related issues are affecting program expansion, including staff unwilling to work nontraditional office hours, staff resistance to technology that is crucial to the expansion of the organization, and counselors not being able to provide recovery assistance in a way that aligns with new processes.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop an approach to workforce development that encourages increased staff flexibility through the use of e-therapy, with counselors available online, and avoiding shifting the burden to other clinicians.	X		

Implementation Plan

STRENGTHS

- BVI has its own management information system.
- The Web site has program applications and assessment tools available to clients seeking BVI services.
- Because of its rural location, BVI uses telehealth to deliver clinical services.
- BVI uses a range of technologies to enhance service delivery, including an EHR, instructional videos through OmniJoin, and an application called SecureHealth.
- BVI staff are beta testing mobile applications (e.g., Step Away) for smartphones, and a mobile application for SecureHealth is in progress.
- BVI uses an EHR system called Sequest; the last set of trainings for the system is being scheduled.
- Technology assists BVI in reaching clients and site managers, facilitating communication throughout its large service delivery area.
- BVI provides e-treatment, which increases the likelihood of return treatment and engagement, particularly for those individuals in rural locations or those without access to reliable transportation.
- A resource center is available for supplemental recovery support where clients can access resources such as job listings, obtain community support, and view videos.
- There are currently two peer specialists who have completed the certification; BVI plans to increase the use of the peer specialist approach.
- BVI is able to receive reimbursement for the provision of peer support services.
- The Webcam has good audio and visual quality, which is essential for patient engagement.

CHALLENGES

- Existing workflows do not always support effective and efficient service delivery.
- There are training and supervision issues, including clinicians who are uncomfortable with technology, staff who need to learn how to engage clients more effectively, and staff unwilling to work nontraditional hours.
- The three hour-long intensive outpatient sessions conducted via teleconference are too long and do not effectively engage patients.
- BVI provides services to sprawling rural areas, and the efforts to expand technology to reach these areas have resulted in staff development issues. Staff training is needed to address the work schedule issue, and changes in workflow will help accommodate the program's expansion.
- Fewer than expected numbers of clients had smartphones and computer access; therefore, there was less use of e-continuing care services than anticipated.
- There are challenges with phone and computer connectivity in remote locations, causing difficulty in staff use of TIERS.
- While the Webcam quality is good, the angle and view could be improved.

Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Integrate more BVI counselors into the technology-assisted care program to provide service to more clients and have shorter waiting lists.	X		
2	Improve technology at satellite site delivery locations to serve more clients.	X		
3	Develop additional capacity for the Web site to create a more dynamic portal interface.	X		
4	Redesign service delivery processes to achieve the greatest staff efficiency and effectiveness and to support BVI goals, including EHR implementation and meaningful use.	X		
5	Increase the number of peer specialists for client recovery; they are valuable in supporting client engagement and retention.	X		
6	Incorporate shorter instructional video sessions, embed polls, and integrate face-to-face brief intervention to improve patient engagement.	X		
7	Shift to more outpatient treatment.	X		
8	Integrate more technology, such as videos and testimonials, into counseling sessions to increase patient engagement.	X		
9	Use the JBS Ideas Exchange as a resource to gain insight and knowledge that can help with program implementation.	X		
10	Recruit technology “champions” who will support staff adoption and effective use of technology.	X		
11	Use less group therapy and more brief, individual, face-to-face telehealth sessions to improve patient engagement and individualized care.	X		
12	To enable the information technology manager to focus on IT issues, have another staff member collect the GPRA information from program participants.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The leadership has strong and enduring relationships within the community.
- Debbie Hillin has been president of the Tennessee Association of Alcohol, Drug and other Addiction Services.
- Buffalo Valley is able to purchase an information system, while smaller organizations are unable to do so. As a result, they have developed a consortium for smaller organizations to share the same system at a nominal cost.
- Buffalo Valley has programs serving individuals who are homeless, veterans, and other underserved populations, including those in jail.
- Buffalo Valley partners with the University of Alaska (developers for Step Away mobile application).

CHALLENGES

- Affiliation decisions have been difficult since not all programs want to partner in a consortium.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Increase work with managed care organizations, criminal justice, and the State of Tennessee to realize the potential of telehealth as a reimbursable service.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- Buffalo Valley has marketed its services on television and billboards.

CHALLENGES

- The waiting list for referrals is lengthy.
- Assessment and data collection can create barriers for clients who consider returning.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Buffalo Valley could benefit from using its Web site for marketing available services and resources.	X		
2	Use the resources on JBS's Ideas Exchange, such as Marketing Technology Through Technology.	X		
3	Consider using quick response codes to direct potential clients, or use a referral source's landing page as a way to market to different clients and providers.	X		
4	Redesign data collection flow: Decrease question redundancy and use logical clinical flow in collecting data. Use the treatment planning process as another means of data collection.	X		
5	It would be helpful to determine when clients are disengaging from the Web site during data collection. Having the IT department analyze when clients disengage would provide valuable information.	X		
6	Begin data collection earlier in the screening and enrollment process.	X		

Affordable Care Act Readiness

STRENGTHS

- Buffalo Valley's consortium for an EHR can benefit the State and support increased connectivity of organizations with one another and with health information exchanges.
- The SecureHealth application on the Web site is compliant with the Health Insurance Portability and Accountability Act and Health Level Seven.
- Sequest's TIER solution is 2011–2012 compliant and certified as a complete EHR by the Certification Commission for Health Information Technology.

CHALLENGES

- Staff are unfamiliar with SAMHSA's newly released health information exchange (HIE) standards.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It would be advantageous for the providers in Tennessee to understand the value of consortium approaches to health IT and to support shared purchasing and management.		X	
2	Buffalo Valley should consider reviewing SAMHSA's new HIE data standards as a guide for future data standards for continuity of care documents.	X		

Sustainability Planning

STRENGTHS

- BVI is working toward reaching the target GPRA intake by year's end.

CHALLENGES

- Buffalo Valley's expansion will require more planning to accommodate increased intakes.
- Consider becoming a health home to improve comprehensive health care and active partnerships.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Buffalo Valley should consider developing a technology strategic plan.	X		
2	It would be beneficial to assess the ways technology demands changes in workflows.	X		
3	Consider developing and using applications that are more self-directed; this may help to create active client involvement in recovery-related activities.	X		
4	Consider having a portal as a point of entry for intake; for example, taking a quiz to assess whether the individual has a drinking problem may encourage potential clients.	X		
5	Telehealth should be a service for any client who could benefit, rather than only for existing clients in the various Buffalo Valley locations.	X		

Grantee Evaluation

STRENGTHS

- The evaluator for Buffalo Valley uses the Addiction Severity Index (ASI) information and incorporates it into the evaluation.

CHALLENGES

- Buffalo Valley is not sure at what point a client is part of a discharge GPRA or 6-month GPRA data collection activity.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Periodic technology satisfaction surveys would be beneficial in determining how the technology is working for the clients.	X		
2	Measure return on investment.	X		
3	Measure access, engagement, retention, and relationship to outcomes.	X		
4	Examine the characteristics of staff who could become technology champions and those most likely to be resistant, and introduce processes to support the ability to optimize technology use.	X		
5	The evaluation should introduce questions regarding technology use—adoption, barriers, and helpfulness of the technology.	X		

Abbreviations and Acronyms

ASI	Addiction Severity Index
BVI	Buffalo Valley, Inc.
EBP	evidence-based program
EHR	electronic health record
GPRA	Government Performance and Results Act
HIE	health information exchange
IMR	illness, management, and recovery
MI	motivational interviewing
SAMSHA	Substance Abuse and Mental Health Services Administration
TDMHSA	Tennessee Department of Mental Health and Substance Abuse Services
TIER	Total Integrated Electronic Record