

Service Design Site Visit Report

The Centers, Inc.

Ocala, Florida



Date of Site Visit: February 10–11, 2014

◆ Targeted Capacity Expansion Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS2832007000031/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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The Centers, Inc.

Grantee Name	The Centers, Inc.
Address	5664 SW 60th Avenue, Ocala, FL 34474
Site Visit Dates	February 10–11, 2014
Program Name	N/A
Grant TI Number	TI 024763
SAIS Number	3905
Grantee Contact Person	Alma Rosario
Government Project Officer	Kate Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., and Iris Chai, M.S.

Grantee Project Team Members	
Charles Powell	President/Chief Executive Officer
Alma Rosario	Grant Coordinator/Quality Management Clinical Specialist
Lew Whittiemore	Vice President of Acute Care Services
Yvonne Hess	Director of Citrus County Services
Tim Cowart	Senior Vice President of Operations/Finance
Heather Luig, M.D.	Chief Medical Officer
Penny Napier	Director of Quality Management
Kevin Jabber	Director of Marion County Services
Meghan Shay	Public Relations and Development
Angela Juaristic	Assistant Community-Based Care Director
J.D. McFarland	Interim Information Technology Director



The Leadership Team

Grantee Project Sites Visited

The Centers, Inc., Marion County Office

5664 SW 60th Avenue, Ocala, FL 34474

Executive Summary

The Centers, Inc., is one of the largest community mental health providers in Florida. Last year alone, the organization served 16,313 individuals. Its mission is to offer a spectrum of behavioral health care services aimed at helping people of all ages reach their highest levels of functioning. The Centers provides a continuum of care for inpatient, residential, and outpatient behavioral health services, focusing on mental health, substance abuse, co-occurring disorders, community outreach, and education. The Centers serves two main counties, Marion and Citrus, with a total of seven locations that provide care. The catchment area is vast and largely rural. Most of the population is considered indigent and underserved, with less than 1 percent having access to public transportation. The target population is mostly homogenous, with some variation by race, income, and education. The main issues that limit access to services are transportation and poverty.

In August 2013, the Centers 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 underserved individuals with substance use and/or mental health disorders. The grant program aims to address care disparities by overcoming barriers of rurality and limited access to health services. The Centers' program seeks to support several of SAMHSA's Strategic Initiatives by using technology to address recovery support, substance use and mental health disorders, and co-occurring disorders. The development of an integrated system of care incorporating the use of a more modern and responsive electronic health record (EHR) will also support information technology initiatives.

The TCE-TAC team from JBS International, Inc., conducted the site visit to the Centers on February 10–11, 2014. The team reviewed the program accomplishments and identified potential areas for improvement and technical assistance in achieving program goals. The site visit was informative and included a tour of the facility; WebEx discussions with clients at two remote sites; demonstration of telehealth functionality; and discussions with community partners, evaluation team members, and county representatives. Many staff were actively involved in the site visit, providing perspectives on opportunities and challenges experienced.

The Centers' program seeks to address disparities in care by providing expanded access to services through the use of technology, including the Internet, laptops, smartphones, and Webcasts. Services the program anticipates providing through technology, with a significant expansion of the use of telehealth, include—

- ▶ Eligibility and prescreening services
- ▶ Health and medication management education/e-prescribing
- ▶ Individual, group, and family therapy sessions

- ▶ Prevention, intervention, and crisis management services
- ▶ Receiving and making appointments
- ▶ Treatment and aftercare planning

The organization uses WebEx for group therapy and anticipates expansion, particularly for medication management and psychiatric consultation through the use of LifeSize Clear Sea, a video administration software platform. Other potential applications are also being tested. The Centers wants to test many applications before choosing the product best for its use. This is a constructive approach, provided the grantee incorporates in decisionmaking the results from surveys of satisfaction with technology used, impacts on workflow for staff, and accessibility and ease of use by clients. Designing technology efficiently not only addresses client needs but also can be helpful in reducing no-show rates and making the best use of staff time. One of the goals of the program is to use telehealth services to decrease program dropout rates, a major challenge the program is trying to overcome. It is critical to analyze workflows and develop specific client engagement strategies so clients become involved in supporting their recovery between therapy sessions. Interactive portals and messaging can be useful in this regard.

In addressing the health Information technology initiatives from SAMHSA and the need to respond to the Affordable Care Act, it will be important to plan for replacement of the existing EHR. Thoughtful selection and implementation will require establishment of a governance process and detailed itemizing of requirements prior to developing a procurement document. Defining requirements should also anticipate the use of the EHR not only as an avenue for recording information, but also as a repository of data to be used for analytics. Having data that can be converted into valuable knowledge will be essential to supporting the organization toward long-term goals and future sustainability. It will also be critical that any EHR selected can transmit a standards-based Continuity of Care Document through State and local health information exchanges.

Over the 3 years of the grant, the expected number of intakes is 5,300 clients the first year, increasing 7–10 percent each successive year. The methodology used to develop these estimates was flawed, so it is unlikely these targets will be achieved, and the organization should request an adjustment from the Government Project Officer. Evidence-based practices used in recovery support services for clients will include the outpatient program and the wellness recovery action plan. These practices are readily administered through telehealth and other Web-based services as they require little coaching for the client and offer preprinted forms, providing clients the opportunity to participate in treatment planning strategies for their own recovery.

The Centers partners with many agencies in its service area to advance the implementation of its programs, including Kids Central, Citrus County Florida Department of Health, Heart of Florida Health Center, and Langley Health Services. The latter two are federally qualified health centers (FQHCs). Partnerships with FQHCs are helpful in leading the organization toward

integration of behavioral health and primary care. Performance measurement and evaluation are provided through contract services with WellFlorida Council.

The site visit team identified some areas for improvement. Although the leadership supports technology innovation, it is vital that the Centers also identifies technology champions among the clinical staff. The new technology will not prove cost-effective if staff do not embrace its use. It is also critical for leadership to understand the potential of technology and its effects on service delivery and patient engagement. It is recommended the grantee develop a formal plan for technology and a strategy for information sharing to help address the needs of the clients, the long-term goals of the organization, and the potential that technology can offer the clinical and administrative staff.

One immediate opportunity lies in analyzing the cost savings in travel when using technology in program operations. Implementing technology within a given program will alter workflows and affect reimbursement issues and partnership opportunities. Developing efficacy and impact surveys and assessments will help lead the organization toward more effective program implementation, expansion, and sustainability. Potential clients must be provided information to increase their interest in and comfort with receiving in-home or locally available Web-based treatment and support services. Marketing ideas are available through a variety of resources, including JBS International. Investing in the program and using the grant as a launching pad for the entire organization can enhance sustainability planning.

The Centers site visit was an informative and productive experience. JBS staff learned about program operations and exchanged ideas with the project team to enhance productivity and plan for the future. The meeting involved several active members from the program and partners, demonstrating the organization's commitment to develop a community program that provides a continuum of care through telehealth services. The grantee has persevered through staff turnover and will continue to implement the goals of the program. The site visit team encouraged the grantee to request technical assistance to support implementation and sustainability.

Grantee Overview and Environmental Context

The Centers' motto is "rebuilding hope." Although the agency is located in Ocala, Florida, the county seat of Marion County, its catchment area extends to Citrus County. In the 1970s, the Centers began as the Marion-Citrus Mental Health Centers, created to fulfill the Community Mental Health Act of 1964. The name change came about in 2003, but throughout the history of the organization, the mission has always been to provide services closer to where residents live to increase access to care. The Centers provides a broad continuum of care, with services for mental health and substance abuse crisis intervention, evaluations of at-risk children and individuals sent under Florida's Involuntary mental health commitment Law, and an array of residential treatment options. Although the agency focuses on substance use disorders and co-occurring disorders (SUDs/CODs), the work also entails serving families in the child protective services system since the root of the family issues is often substance abuse. The agency is also connected with the community, providing outreach, education, and a range of established agency partnerships, which increase the Centers' reach to individuals seeking care. The Centers is accredited by the Joint Commission for compliance with quality and safety standards in behavioral health care.

Ocala, Florida, is the largest city in Marion County. In a largely rural area, it seems fitting that Ocala is also known as the "horse capital."

The two-county catchment area is mostly rural and predominantly White, with less than 1 percent of the population having access to public transportation. This is a major barrier for individuals accessing health care. Although plans are being developed to expand public transportation, no immediate relief is foreseen. More than 12 percent of residents live below the poverty line, with the median income lower than that of the State of Florida. Within the client population at the Centers, 80 percent are classified indigent and underserved, falling below the poverty line. Both income and transportation are substantial barriers that contribute to high program dropout rates, no-show rates, and low engagement in recovery. To achieve the best possible connections with the area's ethnic minority populations, the Centers provides a language bank to enable communication with patients and their families in their native languages.

In addition to poverty and transportation challenges, the population is affected by domestic violence, homelessness, and lack of social supports. With so many difficulties, in-home services can alleviate the stresses of finding means to seek and maintain treatment engagement and offer a viable option for recovery. Having received the Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant from the Substance Abuse and Mental Health Services Administration, the agency will be able to support in-home services for the underserved through telehealth.

1. Site Visit Overview

On February 10–11, 2014, the Clinical Technical Assistance Project's TCE-TAC program staff conducted a site visit to review program accomplishments, implementation, and service delivery approaches at the Centers. The site visit team met with key staff and community partners, gaining an understanding of operations, strengths, and challenges. The visit included discussions about overcoming challenges related to developing a sustainable telehealth program for Marion and Citrus counties. The site visit team provided guidance on potential technical assistance opportunities that may enhance the program and address issues that come with development and expansion of telehealth programs.

During the 1½-day site visit, the JBS team met with leadership from the Centers: the chief executive director, grant coordinator, vice presidents for operations/finance and acute care services, the chief medical officer, directors for the quality management and public relations departments, and the interim information technology director. The grantee has experienced staff turnover but will continue to implement the goals of the program. The JBS team also met with leadership from the community partners.

The grant coordinator presented an overview of the organization and the scope and goals of the grant project, including future uses of technology, staff training, and client recruitment plans. A timeline was presented, with major milestone deliverables for the project. The site visit team gained insight into project planning goals and community connections. The team also set up a remote site connection with the community-based care team in Citrus County to hear receive feedback about the grant program and use of technology. Telehealth functionality using the LifeSize technology was also demonstrated.

2. Program Vision and Design

Rurality, poverty, lack of health insurance, and Federal and State budget cuts greatly reduce access to care for those with substance use and co-occurring disorders (SUDs/CODs). The Centers hopes to lessen this service gap through technology-assisted care. The mission is to provide unsurpassed delivery of behavioral health care that helps people of all ages reach their highest level of functioning. The target population lives in mostly rural Marion and Citrus counties, with transportation the main barrier to care. Consequently, the grantee focuses on in-home therapy and case management.

Via teleservices, clients can seek treatment closer to home, if not in the home. In-home therapy overcomes the barriers of transportation and childcare, helping reduce dropout and relapse rates. If clients do not need to make arrangements to travel to appointments, they are more likely to stay engaged with the treatment program. The team at the Centers also finds a fellowship component of treatment is necessary so recovering clients live in proximity and can

support one another. The staff noted the telehealth program would work best for clients already engaged, providing one-to-one counseling. Clients who are already enrolled in the program are more likely to access the services via smartphone. For clients new to the program, telehealth services are not as acceptable, with clients preferring personal contact. This should not deter from exploring methods to better engage clients in using technology from intake through recovery support.

The Centers will use three evidence-based practices to treat SUDs/CODs in adults: the Intensive Outpatient Model, ASAM Level II Intensive Outpatient Program, and Wellness Recovery Action Plan. These practices were chosen because they can be administered via telehealth, require little client training, and engage the clients in their own treatment and recovery. System integration is also key to achieving best practices. Merging mental health and substance abuse services and integrating treatment will help improve program effectiveness.

Over the 3 years of the grant, the expected number of intakes is 5,300 clients the first year, increasing 7–10 percent each successive year. The methodology used to develop these estimates was flawed, so it is unlikely these targets will be achieved, and the organization should request an adjustment from the Government Project Officer.

3. Grantee Leadership

Leadership members are actively involved in ensuring the program's success, evident in the level of participation during the site visit. Those who participated included the chief executive officer, chief medical officer, and vice presidents and directors of various departments. To further strengthen the program's leadership team, the partner agencies were present during the 1½-day site visit. Directors from Marion and Citrus County Services also contributed ideas for program design and implementation. One of the strengths of the leadership team is its appreciation of the importance of sharing information across the organization, with the partners, and with the community to support growth of the program. Leadership is investing in and technology in the delivery of care, which is important since the needs will increase exponentially over the coming years. Leadership will need to find technology champions within the staff to promote the use of the program's teleservices across all center programs.

4. Implementation Plan

Since only about 6 months had passed between receipt of the grant and the site visit, most of the three major goals had not been achieved. There is expansion of services to Marion and Citrus counties and an increase in followup and aftercare services to meet the goals defined in SAMHSA's Purpose of Initiative 6. Although the grantee uses Profiler, a working EHR, it is anticipated it will be updated or replaced after a merger is completed with two other

organizations. Program staff were not satisfied with the utility of Profiler, and it is not clear that the technological and functionality challenges can be overcome. Webex is used for individual and group therapy, with telepsychiatry starting soon. Webex also has limited functionality because the bandwidth requirements make it less than optimal for clinical services. As the agency proceeds with the technology planning process, it is testing a variety of platforms to determine the most fitting application. The Centers will also need to implement technology surveys, assessments, and analyses of staff and client use and accessibility of the various platforms. Moving forward, the agency should focus efforts on implications of the Affordable Care Act (ACA) and consideration of the agency's Web site as a patient engagement tool, promoting program and services and providing recovery support. These efforts will be vital to attaining initial and long-term goals (see exhibit 1). It is critical for the grantee to analyze workflows, increase use of specific client engagement strategies, and develop an information/data strategic plan.

Exhibit 1. The Centers' Goals, Progress to Date, and Improvements To Develop

Goals	Progress to Date (February 11, 2014)	Improvements To Develop
Goal 1: Expand treatment opportunities, communication, and education for clients and people living in Marion and Citrus counties.		
Objective 1: Reduce dropout rates from 33 percent to 21 percent the first year, 16 percent the second year, and 11 percent the third year.	There has been no progress in reducing dropout rates.	Use of technology can reduce dropout rates by using reminders and engaging clients in their own recovery, such as through a portal or texting appointment reminders.
Objective 2: Provide educational Webinars to the public once a month for the first year and expand programs in years 2 and 3.	No Webinars have been provided yet.	Videos of the Webinars can be provided via the Web site to encourage viewership and more involvement from the community. Engaging videos can increase traffic to the Web site, thereby promoting the agency and program.
Goal 2: Encourage and measure continued aftercare and followup of SUD/COD services to clients on a long-term, continuing basis.		
Objective 1: Objective 1: Sign up 5 percent of the clients for at least 3 months the first year.	This objective has not been obtained.	Marketing efforts need to be increased to promote the in-house service program to encourage individuals to join the program and staff to promote the program. The agency should ensure it fully utilizes referral sources from the organizational partners and federally qualified health centers (FQHCs) to increase intakes.

Goals	Progress to Date (February 11, 2014)	Improvements To Develop
Objective 2: Increase the number of clients and the length of time for continued care based on year 1 experience.	This objective has not been met since there is no year 1 experience available yet.	N/A
Goal 3: Meet the goals outlined in Purpose of Initiative 6, Health Information Technology, as modified for the Centers.		
Objective 2: Develop the infrastructure for interoperable EHRs within the Centers and throughout the two-county area, including privacy, confidentiality, and data standards.	The agency currently uses Profiler, a certified EHR.	Leadership must understand the Health Insurance Portability and Accountability Act and its implications for the organization.
Objective 2: By example and leadership, show the way to create tools to facilitate the adoption of health information technology and EHRs with behavioral health functionality in general and in specialty health care settings. Specifically, this grant supports this objective by directly and indirectly providing incentives for the adoption and use of EHRs and technology-assisted care.	The Centers is currently exploring a variety of platforms to determine the best application for technology-assisted care.	Technology champions among staff represent an ideal approach to increasing adoption of technology use to deliver behavioral health services. Ensuring the needed functionality of technologies will require a more focused strategy and development of financial and staff EHR and telehealth competency expectations.
Objective 3: Provide technical assistance to local leaders, behavioral health and health providers, patients and clients, and others to increase adoption of EHRs and health information technology with behavioral health functionality.	The Centers has partnerships with several other organizations to enhance and expand the grant program.	Discover technology champions within the staff to help provide assistance and promote the use of technology in the delivery of care. Achieving this goal will also necessitate the development of a plan with measureable goals and timelines.
Objective 4: Enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.	Exchange of data has not begun as there is no current process for data analysis. The evaluation plan is still being developed.	Use the EHR as a repository of valuable information that can be used for predictive analysis. Develop measurable outcomes and establish measurable performance objectives. Create analytic capacity within the organization, or contract with an entity capable of producing timely decision support information.

5. Community Linkages, Partners, and Participation

The Centers has established numerous partnerships with other behavioral health organizations and community partners: Kids Central, Citrus County Florida Department of Health, Heart of Florida Health Center, and Langley Health Services. The latter two are FQHCs. These partnerships are helpful in supporting project goals. The agency is also a member of several coalitions and councils that help further marketing efforts, needs assessment, and expansion of services for the target population:

- ▶ Florida Council for Community Mental Health
- ▶ National Alliance on Mental Illness
- ▶ Marion County Children's Alliance
- ▶ Mental Wellness Coalition
- ▶ Ocala Community Care
- ▶ Indigent Care
- ▶ Sheriff's Advisory Board (Marion County)
- ▶ Senior Alliance (Marion County)

6. Client Outreach, Recruitment, and Referral

Referrals come from a variety of organizational partners mentioned above, including the two FQHCs, Heart of Florida Health Center and Langley Health Services. The partners providing referrals have signed letters of commitment with the Centers, agreeing to participate in the development, expansion, and use of the telehealth program.

Recruitment can be enhanced by effective marketing. There are various approaches for promoting and educating the community about the mission of the Centers. One marketing focus should be promoting virtual and in-person, in-home services. Increasing interest in the technology-enhanced care program is essential to success, and tailoring the marketing to the audience (i.e., staff, partners, client) is important in engaging individuals at all levels. Although marketing efforts are currently limited, the organization is planning to develop videos to help recruit clients and educate individuals on anger management and parenting. JBS International has experience in marketing and engagement strategies and can be a valuable resource in this area.

7. Affordable Care Act Readiness

The program supports participation in the system transformations that will accompany ACA. Recently a contract was signed for the organization to participate in the local health information exchange. The leadership is aware of organizational implications for meeting ACA requirements. It is recommended the organization develop a formal plan for ACA, and anticipate the effects on reimbursement opportunities under payment reform, information exchange, needed partnerships, and infrastructure, thereby enhancing future opportunities for the organization.

8. Sustainability Planning

The Centers does not yet have a strategy for sustainability but should consider investing resources to achieve its long-term goals. As a platform for the sustainability of the organization, the focus on telehealth should be incorporated into the overall ACA readiness of the organization. Investment in technology is necessary for achieving positive outcomes related to such issues as quality of care, reimbursement, and cost savings. It is also vital that the Centers understand and appropriately develop use cases for the telehealth services. These use cases will help engineer a system of care delivery with the highest likelihood of positive outcomes for both the agency and clients. A viable system is a sustainable system. It is important to document the program requirements to ensure goals are met in the long term. The Centers' development of measureable goals for improving client access, collaboration, productivity, and overcoming travel barriers are important to increasing sustainability of the agency. Ultimately, understanding the requirements and effects of ACA and being anticipatory and agile can provide substantial contributions toward sustainability.

9. Grantee Evaluation

The Centers contracts with WellFlorida Council for program needs assessment and evaluation. Since the program is in its beginning stages, the evaluation is still evolving, with the team in the initial stages of instrument development. In this phase, the agency should consider focusing efforts on establishing performance objectives and output to measure the program progress relative to defined timeframes. This step is critical to ensuring the evaluation plan is capable of meeting the goals and expectations as written in the grant. Structured interviews with key staff on process and implementation and focus groups with the community and potential clients are important aspects of evaluation efforts. Achievement of program outcomes will be imperative for overall program effectiveness and should inform ongoing fine-tuning of the use of the various interventions. Providing evaluation results to leadership on a regular basis will support needed actions being taken to ensure a viable program that can positively contribute to the success of the agency.

Summary

The Centers is in its 6th month of the grant program. Although many of the project goals have not yet been achieved, leadership has supported efforts to prepare staff and initiate purchasing of technology for program implementation. A timeline of program milestones has been developed as a guide to ensure program activities are achieved on target. Leadership supports using technology to deliver telehealth services, particularly focusing on in-home services to help reduce program dropout rates and encourage continuous engagement in recovery. The agency's eagerness to collaborate with other grantees can help achieve a successful program that helps close gaps in health care disparities in the areas of mental health, substance abuse, and co-occurring disorders.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The Centers is focused on developing a program providing in-home services through telepsychiatry, helping to overcome barriers to client access in a largely rural area.
- The grantee understands that in-home therapy should also provide a recovery support component.
- The staff view technology as beneficial in providing outreach, prevention, followup, aftercare, crisis intervention, and community and provider education. Technology is also viewed as the approach for improving access, collaboration, and productivity, and overcoming the challenges of rurality for clients and staff.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Research marketing possibilities to promote the goal of in-home therapy. Videos represent an effective, inexpensive marketing tool. Consider working with local universities, or recruit clients for testimonials.	X		
2	Understanding clients' technology use and accessibility is key to designing the intervention.	X		

Grantee Leadership

STRENGTHS

- The leadership overcame staffing and project challenges that occurred when the original grant writers left the agency.
- Leadership and partners are involved and enthusiastic and have provided many ideas for the program.
- The CEO views technology as a way to serve clients.
- The leadership understands the importance of information sharing to successfully implement the program with the community partners.

CHALLENGES

- Although leadership understands the significance of ACA in general, there is limited knowledge about its potential effects on the program and organization.

Grantee Leadership

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Leadership buy-in for using technology in a wide variety of care delivery modalities is critical for the program.	X		
2	Understanding future technology needs and planning for these investments must be a leadership priority to fully implement services using multiple technologies.	X		
3	Ensure engagement with all staff to gain needed buy-in and ongoing investment in expansion of technology use in clinical services.	X		
4	Develop a thorough understanding of opportunities in telehealth reimbursement, and support statewide efforts for expansion of billable services.	X		
5	Stay current on ACA issues, and understand the stages of meaningful use and how they affect the organization and its decisions regarding EHR upgrades or replacement.	X		

Implementation Plan

STRENGTHS

- Employing technology in program administration can help ease travel costs.
- Focusing on and planning for the end goal of a technology-enabled organization and careful planning for technology use will help support program growth.
- The Centers is aiming to increase use of social media to increase client engagement.
- The grantee presently uses Webex technology for group therapy to reduce client travel barriers.
- The program uses a point-of-sale system, which provides a simpler way to pay for service copays.
- The implementation plan includes a timeline of major milestones throughout the 3 years of the grant.

CHALLENGES

- There are multiple telehealth and data platforms currently being used at the Centers, with other technology being tested. The organization is searching for a way for all the platforms to work together.
- There is a high no-show rate with the clients, which ultimately affects the financial stability of the agency.
- There is difficulty in finding payer sources for service reimbursement.
- The organization is unsure how to implement security issues with social media and device apps.
- Webex encounters bandwidth issues that can affect the audio and visual aspects of the session.

Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider promoting technology through technology champions from within the clinical staff.	X		
2	Regular debriefings are a proactive way to help alleviate bad experiences from technology or implementation processes.	X		
3	Quantify how much is saved on travel costs when using videoconferencing technology to better understand the benefits.	X		
4	Promote the program through social media and outreach.	X	X	
5	Focus on a strategy for developing and managing the Web site.	X	X	
6	Ensure the best possible expertise among staff and recovery coaches in increasing clients' technology literacy to avoid exhausting the IT staff time on non-IT issues.	X		
7	Monitor the effectiveness of the technology being used, and make needed changes if it is determined technologies are not meeting expectations. Understanding clients' technology use and access can contribute to a more efficient system for addressing reimbursement and no-show rates.	X		
8	Understand how technology benefits workflow for increased program efficiency.	X		
9	Use the Web portal as a way to incorporate life skills resources into recovery support.	X		
10	Provide alternatives for clients using technology for recovery (i.e., hotspots, accessible computer at a community center or partner agencies).	X		
11	Engage clients through videos and testimonials.	X		
12	Provide resources in Spanish, including closed captioning.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The Centers has partnerships with two FQHCs, providing good direction in the realm of primary care.
- The Centers works with law enforcement, the homeless, and the court system to build referrals.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop partnerships with organizations with experience with Medicaid reimbursement.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The Centers televises anger management and parenting classes at various locations for criminal justice.
- Partnerships with law enforcement and the court system are developed to gain referrals.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Make technology an ongoing engagement tool, particularly when clients are not in counseling sessions.	X		
2	Develop focused marketing strategies tailored to each of the target audiences (i.e., staff, partners, clients, community). Different landing pages on Web sites are often used to target particular groups.	X		

Affordable Care Act Readiness

STRENGTHS

- The Centers will be the first in the State to have a certified health information exchange.

CHALLENGES

- The agency can benefit from a dedicated planning process to help recognize opportunities and challenges related to ACA implementation.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Understand the effects of ACA and how the transformation underway will affect the agency.	X		

Sustainability Planning

STRENGTHS

- None noted.

CHALLENGES

- The workflow does not focus on the direction of the agency and effects of actions.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Use the EHR as a repository of data that can provide analytics that will support improvements in achieving quality outcomes and can facilitate planning for payment reform.	X		
2	Develop a plan for technology and information use. Recognize that the future of the agency depends on the technology and how it is used to deliver services to clients.	X	X	
3	There is an unavoidable need to invest in technology. As a starting point, use the TCE-TAC grant as a way to initiate a plan for the entire organization.	X	X	
4	Stay current with ACA and the requirements of meaningful use.	X		

Grantee Evaluation

STRENGTHS

- The resulting information will be shared with partners to promote coordination.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Incorporate evaluation of clients' technology use, access, and literacy. Understanding these results will help better tailor services to the clients. (Consider using the six questions focused on efficacy, dosage, and impact, developed by the evaluation workgroup).	X		
2	Develop surveys that effectively measure outcomes, which can lead to better engagement.	X		
4	Develop evaluations that can be used to inform the leadership of staff acceptance and adoption issues.	X		
5	Develop efficacy and impact surveys and assessments.	X		

Abbreviations and Acronyms

ACA	Affordable Care Act
EHR	Electronic health record
FQHC	Federally qualified health center
SAMSHA	Substance Abuse and Mental Health Services Administration
SUD/COD	Substance use disorder and co-occurring disorder