Service Design Site Visit Report

First Choice Health Services, Inc.

Charleston, West Virginia

Date of Site Visit: August 27–28, 2013

◆ Health Information Technology ◆

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

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Grantee Name	First Choice Health Services, Inc.
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Site Visit Dates	August 27–28, 2013
Program Name	Appalachian Technology-Assisted Recovery Innovations
Grant TI Number	TI023798
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The FCHS team: (from left) Carmen Raynes, Teresa Warner, Steven Burton, Susie Mullens, Adam Sypolt, and Scott Jarrett

Grantee Project Sites Visited	
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Executive Summary

First Choice Health Services, Inc. (FCHS), an incorporated nonprofit division of First Choice Health Systems, Inc., offers comprehensive behavioral health care services to the State of West Virginia, a rural State with many low-income and medically underserved residents. The State's rural landscape and limited treatment and transportation options restrict many West Virginians from receiving adequate care without the assistance of telehealth and other technology services. FCHS, headquartered in the heart of downtown Charleston, West Virginia, works with an extensive network of providers committed to addressing the treatment and recovery needs of those struggling with addiction and mental health issues.

In 2012, FCHS was awarded the Substance Abuse and Mental Health Services Administration's Technology-Assisted Care grant to deliver technology-supported services to West Virginians in recovery from alcohol and drug abuse. In collaboration with the University of Wisconsin, FCHS launched the Appalachian Technology-Assisted Recovery Innovations (ATARI) program, which uses the Addiction–Comprehensive Health Enhancement Support System (A-CHESS) mobile application system to address the substance abuse treatment needs of clients.

The ATARI program strives to use technology to enhance current substance abuse delivery services and improve patient outcomes among six currently identified partner agencies across the State (four of which have implemented the program). The application is accessible via a smartphone, tablet, or personal computer. It offers substance-dependent patients valuable recovery-oriented resources such as audio functions for those with literacy challenges and enhanced relapse prevention support. Among other customized resources, clients have the option to communicate with peer support groups and addiction experts, receive reminders to help them remain on course with goals, and be prompted to complete the Brief Alcohol Monitor screening tool on a weekly basis to assess their risk and protective factors. Participating in the ATARI program means that clients have increased engagement opportunities with their treatment providers and peers and have access to round-the-clock recovery services and resources.

A team from JBS International's Technology-Assisted Care portfolio conducted a site visit to FCHS on August 27–28, 2013, to review program accomplishments and identify potential areas where technical assistance may enhance program goals. The site visit team focused on understanding existing implementation and service delivery strategies. The team also spent time with technology consumers, including program staff and clients, to discuss program strengths and areas for improvement. This was followed by a meeting with the evaluation coordinator to review FCHS's evaluation plan and data collection processes. The site visit concluded with a discussion of how data can support future quality improvement and sustainability activities driven by the Affordable Care Act (ACA).

Despite a late start date and changes to program scope and leadership, ATARI has positioned itself to yield promising results. The site visit team identified several noteworthy accomplishments and areas that may warrant additional consideration.

FCHS has experience incorporating different types of treatment technology to support an array of behavioral health programs for its clients, including the 1-800-GAMBLER (problem gambler) network; a database for screening, brief intervention, and referral to treatment (known as SBIRT) program; and a prescription drug abuse quitline (1-866-WV-QUITT). FCHS has the appropriate technology and graphic media infrastructure to expand current Web applications and product development capacity.

Staff turnover at FCHS partner agencies has been unusually high. This has resulted in provider recruitment and retention challenges at partner sites and created continuity challenges for the ATARI program. The program would benefit from developing a detailed plan that captures best practices for streamlining staff work flow and continuity of care strategies for patients who are transitioning to different levels of service. This would be beneficial as a training tool for new sites and could be continually updated as new strategies are implemented. It was also recommended that FCHS identify staff and client champions from within and across partner agencies to assist with marketing and sustainability efforts since such efforts typically are more productive when product users are supporting their peers in adopting new technologies.

There are several different cell carriers in the State, and program staff dedicate a considerable amount of time to managing logistics associated with data plan incentive benefits for clients who complete four consecutive weekly check-ins. FCHS may wish to consider adapting its incentive program to ease workforce strain, especially in anticipation of increased client participation. Specifically, a plan should be designed to anticipate how to manage client incentives when the program is operating at full capacity.

It is essential for FCHS to prepare itself for the changes that will occur under ACA. Together with its partner agencies, FCHS should consider how to expand its current menu of technology and data collection strategies to help to prepare providers and clients for impending changes. Plans for sustaining the program beyond the life of the grant should be viewed as relevant to an organization-wide approach to the future and should begin as soon as possible.

Since many clients are impatient when troubleshooting issues related to technology, it is imperative for FCHS and A-CHESS developers to reduce end-user burden in a timely fashion. Clients and partner agency staff need to communicate when issues arise so that program staff can work with the University of Wisconsin to more effectively respond to glitches and support technical assistance needs.

Evaluation data will continue to serve as an important illustration of program success. It was suggested that FCHS consider exploring other data matrices—beyond Government Performance and Results Act data—to expand and promote the program. Evaluation should include not only outcome-related but process-related measures. Moving forward, solid data

collection and evaluation strategies will more effectively inform programming and sustainability decisions.

FCHS may benefit from technical assistance to help develop a strategic plan to address next steps to grow ATARI's menu of services and delivery mechanisms and to better understand how data can be used to prepare the organization for ACA implementation expectations.

The FCHS site visit was an informative and productive experience enhanced by the engagement of FCHS and partner agency leadership. JBS staff learned about existing program operations and exchanged ideas with the FCHS team to enhance productivity and plan for the future.

Grantee Overview and Environmental Context

First Choice Health Services, Inc., based in Charleston, West Virginia, delivers behavioral health care services throughout the State. Its headquarters are located in Kanawha County, characterized as a metropolitan cultural center amidst lush, green mountains.

Founded in 1995, First Choice Health Services (FCHS) is an incorporated nonprofit division of First Choice Health Systems, Inc., that offers comprehensive behavioral health care services to the State of West Virginia. With headquarters in downtown Charleston, FCHS has an extensive network of providers committed to addressing the treatment and recovery needs of those struggling with substance abuse addiction and mental health issues. As the organization's Web site indicates, "We're located in the heart of our capital city, but our impact stretches across the mountains to serve every area of our state."

West Virginia is described as a rural state with many low-income and medically underserved residents. Demographically, a large portion the State's 1.8 million residents (nearly 44 percent) live in remote communities. The State has a sizeable older population with little racial diversity (92 percent Caucasian). The economy is driven largely by tourism and the development of natural resources; namely, coal mining, oil drilling, and logging. Unemployment hovers at around 8.2 percent. Low academic achievement levels have inhibited residents' ability to achieve higher incomes. The rural landscape and limited treatment and transportation options mean that many residents are unable to receive adequate care without the assistance of telehealth services.

Substance misuse and abuse has left its mark on West Virginia. In addition to alcohol and marijuana abuse, there has been a particularly problematic increase in the use of methamphetamines and prescription drugs. Not only does the State have one of the highest rates of prescription drug use in the country, but it also experienced the largest increase (550 percent) in overdose deaths between 1999 and 2004.

In addition to serving clients under SAMHSA's Technology-Assisted Care grant, FCHS also developed and maintains the database for the West Virginia screening, brief intervention, and referral to treatment (known as SBIRT) program. This represents a collaborative effort among participating behavioral health centers, primary care facilities, trauma units, and school-based health clinics.

The use of technology to engage and retain clients in recovery services who might not otherwise have the ability to gain access to and/or remain in care is essential to curbing the negative consequences of substance use and demonstrates FCHS's commitment to innovation for the well-being of the State's citizens.

1. Site Visit Overview

A team from JBS International's Technology-Assisted Care portfolio conducted a site visit to FCHS on August 27—28, 2013, to review program accomplishments and identify potential areas where technical assistance may enhance program goals. Day 1 of the visit kicked off with a meeting of the JBS team, FCHS leadership, and ATARI staff to learn about the organization and the interdependent roles in supporting ATARI's success. The team received an indepth overview of the program and discussed general implementation and service delivery strategies. The team then traveled with ATARI staff to Parkersburg, West Virginia, to visit an active partner agency—Westbrook Health Services—to see firsthand how the technology is put into practice. While there, the team met Westbrook's director of outpatient substance abuse services and an outreach counselor to discuss the benefits and burdens of implementing the technology at their facility. The team met with program clients who are using the technology as part of their recovery program. The team received candid feedback from the clients about the benefits, challenges, and enhancement opportunities for the current operating platform.

On Day 2, the site visit team continued their initial discussions with FCHS leadership and ATARI staff about how they can use the current technology offering as a springboard for other product development opportunities to enhance marketing and sustainability potential. They also discussed how data can support quality improvement and sustainability activities driven by the Affordable Care Act (ACA). This was followed by a meeting with the evaluation coordinator to review FCHS's evaluation plan and discuss the status of the Government Performance and Results Act (GPRA) data targets and other data collection findings. The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer (GPO) Danielle Tarino to recount the team's overall observations and recommendations.

2. Program Vision and Design

FCHS is dedicated to serving clients who are completing inpatient or intensive outpatient substance use disorder treatment. Partner aftercare services—supported under SAMHSA's 2012 Technology-Assisted Care grant—use technology to bridge social, economic, and geographic barriers to recovery.

The ATARI program strives to use technology to enhance current substance abuse delivery services and improve patient outcomes among its partner agencies across the State. Specifically, the program aims to (1) use technology to increase the length of time in which clients engage in substance use disorder aftercare services, (2) help clients remain abstinent from substance use by preventing relapses, and (3) expand community partnership opportunities.

The use of telehealth services enables FCHS to cross traditional boundaries. In collaboration with the University of Wisconsin, FCHS launched its program—Appalachian Technology-Assisted Recovery Innovations (ATARI)—to incorporate the Addiction–Comprehensive Health Enhancement Support System (A-CHESS) mobile application system to support substance abuse recovery among its clients, most of whom live in rural communities throughout the State.

Figure 1. The A-CHESS Application

The A-CHESS application (see figure 1) is designed to complement existing treatment opportunities for those in recovery. The application is intended to supplement the time when clients are not participating in face-to-face activities with their recovery coach, clinician, or peer group. A-CHESS is a tool that can be accessed anywhere and at any time through a smartphone, tablet, or a personal computer. It offers substance-dependent patients valuable recovery-oriented resources such as audio functions for those with literacy challenges and enhanced relapse prevention support. In addition to individualized resources, clients have the option to communicate with peer support groups and addiction experts, receive reminders to help them remain on course with goals, and complete a weekly Brief Alcohol Monitor (BAM) screening tool to assess their risk and protective factors.

A-CHESS has several other useful functions for clients (see figure 2). For example, the "easing distress" function provides clients with brief guided exercises to help them learn refusal skills, relaxation techniques, assertiveness strategies, tips on how to cope with urges to use substances, and what to do if a relapse occurs. Clients can also find information to learn more about their addiction and the recovery process. Audio files of prerecorded shows and materials are available from others sharing the story of their recovery and are especially helpful for those with low literacy levels. A panic button is available when a client feels recovery is in jeopardy. Clients can enter contact information for their loved ones or others in their support system who will receive a text message when a crisis arises. Discussion boards are particularly helpful to serve as a followup to counseling sessions and for others to share messages of encouragement. Clients are encouraged to use A-CHESS for at least 6 months, but ATARI staff would prefer clients to use it for a year.

Figure 2. The A-CHESS Resources

There is a growing literature base in support of the effectiveness of the A-CHESS application. A-CHESS was recently evaluated in one randomized controlled trial in which patients were randomly assigned to either a treatment group that received usual recovery services plus use of the A-CHESS application or a control group that did not use technology enhancements in their recovery program. After a 1-year followup, A-CHESS users demonstrated statistically significant decreases in risky drinking behavior when compared to the control group. Moreover, a statistically significant percentage of patients in the treatment group reported increased

abstinence from alcohol consumption at months 8 and 12 (Gustafson et al., 2012).[1] According to the study's authors—

> *This randomized trial demonstrates that technology such as A-CHESS can help provide continuing care to people struggling with alcohol use disorders and improve outcomes. Smartphones applications could be a practical and cost-effective way to provide continuing care. While further research needs to be done (including cost benefits of such systems), this is an encouraging first step into using smartphones technology in alcohol treatment followup care.* (Discussion section)

As currently designed, the ATARI team is responsible for coordinating with its partner agencies to deliver initial A-CHESS training to staff and to provide technical assistance as needed. The goal is to embed the technology into partner sites so it becomes a standardized practice.

In Year 1, FCHS's six partnering treatment agencies committed to identifying 100 clients to participate in the program. An additional 200 clients are anticipated to be added in Year 2 and 300 clients in Year 3. The program anticipates retaining 60 percent of its clients at 3 months posttreatment and 40 percent of clients at 6-months posttreatment. FCHS predicts that 50 percent of clients will remain abstinent from substances at the 1-year followup.

3. Grantee Leadership

FCHS opened its doors in the mid-90s with the intent of delivering high-quality behavioral health care to West Virginians in need via a network of dedicated providers. The ATARI program fits naturally among FCHS's menu of existing services, including its programs to address problem gambling and prescription drug abuse.

FCHS's core leadership has years of direct service experience—in fields such as psychology, social work, and program management—and a clear understanding of the value of technology to enhance treatment outcomes. Leadership is keenly aware of technology's role in the future of health care and is invested in adapting its strategies to comply with changes anticipated by ACA.

The success of the ATARI program is attributed to the tireless efforts of its team—most notably, its program director Susie Mullens and program assistant Teresa Warner. Both are passionate champions of the program and eager to promote technology as a mechanism to support clients

[1] Gustafson, D., McTavish, F., Atwood, A., Chih, M., Shah D., Boyle, M., & Levy, M. (2012, December 4). Effects of a mHealth intervention for alcohol and relapse prevention: A randomized trial. *iMedicalApps.* Retrieved from http://www.imedicalapps.com/2012/12/mhealth-intervention-alcohol-relapse-prevention/

Left, ATARI program director Susie Mullens; right, program assistant Teresa Warner

on the road to recovery. They have invested much time in meeting with partner agencies, coordinating client incentives, monitoring A-CHESS discussion boards, and offering technical assistance. The team has remained flexible in the implementation strategy, recognizing there is no one-size-fits-all approach to service delivery. The team is amenable to adapting the program as needed to address challenges and considerations beyond implementation—including sustainability and readiness for ACA.

Despite a late start date and changes to program scope and leadership, the ATARI program has positioned itself to yield promising results. The team is currently working with active partner sites to identify champions among administrators, providers, and clients. Identifying additional partners in the community will be particularly important to assist with program sustainability efforts.

4. Implementation Plan

FCHS experienced some preliminary hurdles launching the ATARI program. It has since overcome setbacks related to a late start date, a complete program redesign, and technology adoption challenges at its partner sites. The program has shown great resolve and determination to set itself on a course for success.

In December 2012, FCHS received technical assistance from JBS International to assist with project planning and implementation strategies. As a new project director, Susie Mullens felt the initial plan proposed in the grant application was not the optimal choice. She sought specific guidance on how to connect with the A-CHESS developers and how to construct a functional work plan (see figure 3).

Figure 3. Program Goals, Objectives, and Activities

Goals	
1.	Use/leverage technology to enhance substance abuse treatment service delivery to clients in West Virginia.
2.	Engage agencies, clinicians, and clients in considering how technology can assist in client engagement, retention in treatment, and extended recovery time.
3.	Use and integrate technology-assisted care options to support recovery and achieve improved outcomes for those in treatment.
4.	Integrate technology-assisted care by implementing the A-CHESS smartphone application with 100 clients in Year 1, 200 clients in Year 2, and 300 clients in Year 3.

Objectives/Activities	Time Line	Progress
Objective A: Educate behavioral health providers in different areas of West Virginia about the possible enhancements to treatment through the use of technology.		
Activity A1: Identify potential partners to provide contact with clients.	March 1, 2013 (Year 1) June 1, 2013 (Year 2)	FCHS has identified nine partners (see section 5). Program director Susie Mullens continues to deliver presentations and offer information to several prospective partner agencies.
Activity A2: Educate partners about the technology chosen for this project (A-CHESS).	February 15, 2013 (Year 1) May 15, 2013 (Year 2)	Education has been provided to partner agencies. Additional trainings are offered as needed.
Objective B: Prepare clinicians at partner agencies to use and integrate technology-assisted options**.**		
Activity B1: Develop an implementation plan with each partner agency.	April 1, 2013	Preliminary discussions have been held with active partner sites; although formal written implementation plans have not been developed.
Activity B2: Develop training tools and protocols for clinicians and clients to best use the A-CHESS application.	March 1, 2013 Ongoing refinement/development	FCHS developed handouts and checklists on how to use A-CHESS. It also posted video tutorials to its Web site. Training materials will be developed/refined as needed throughout the course of the grant.
Activity B3: Identify barriers to use and problem solve with partner agencies.	Monitor weekly	FCHS maintains an open line of communication with its active partner agencies. Program staff are available at any time to address the technical assistance needs of the agencies and their clients. Staff work closely with the University of Wisconsin to troubleshoot issues.
Activity B4: Implement incentive program to support access to technology.	April 1, 2013	FCHS will provide a $40 credit toward clients' mobile data plan if they complete four consecutive, weekly BAM assessments. Staff will refine the tracking protocol as it requires substantial staff time to coordinate.

FCHS is committed to providing a technology-assisted care intervention using the A-CHESS mobile application for clients engaged in outpatient, intensive outpatient, or residential substance use disorder treatment. Figure 3 outlines the program's strategy to accomplish its goals.

Successful program implementation hinges on overcoming work flow and cultural barriers at participating sites. Staff turnover and reluctance to embrace technology has impeded

momentum; however, the team remains flexible in its approach. At this time, FCHS does not have formal operating policies and procedures for its active sites.

To boost the number of clients it serves, FCHS has launched an aggressive marketing initiative to expand its reach to additional providers and agencies in the State. In addition to revamping its Web site, FCHS developed several tools, such as video tutorials and Webinars, to create the best possible user experience for staff and clients. FCHS also hired a dedicated program assistant to help with recruitment, training, and data management responsibilities.

Staff have taken an active role in managing program expenditures. They have developed a detailed compliance and incentive verification tracker to account for monthly credits applied to client mobile data plans. Staff also constructed a comprehensive monthly invoicing system for each active site to bill for staff time linked to tasks such as GPRA intakes, client training and orientation to A-CHESS, weekly check-ins, and program planning.

5. Community Linkages, Partners, and Participation

FCHS has partnered with the University of Wisconsin to offer the A-CHESS mobile application to support those struggling with addiction. Through A-CHESS, clients at partnering behavioral health agencies can access a host of resources; learn about support groups in their area; share encouraging messages on discussion board posts; and stay in contact with their clinician, among other features.

FCHS set out to partner with six West Virginia-based behavioral health centers as part of its original design. It developed a memorandum of understanding to confirm the mutual expectations of participating in the program. Two sites opted not to continue the partnership. Since then, FCHS expanded its scope to include agencies not originally considered for inclusion in the project. Staff have met with several organizations to increase service provision opportunities, including community probation facilities, transitional living programs, residential treatment centers, student services, and veteran agencies. They have also coordinated with West Virginia's Medical Professionals Health Program to reach impaired physicians.

Of the partner sites identified in figure 4, the CRC Health Group sites in Charleston and Clarksburg, Prestera Center, and Westbrook Health Services have active client participation at this time.

Figure 4. Participating Partner Agencies

Partner Agencies	Services
CRC Health Group, Charleston Clinic (active site)	Outpatient opiate treatment program: provides medically supervised methadone maintenance and Suboxone detox treatment
CRC Health Group, Clarksburg Clinic (active site)	Outpatient opiate treatment program: provides medically supervised methadone maintenance and Suboxone detox treatment
Lee Day Report Center	Community-based correctional program
Louis A. Johnson Veterans Affairs Medical Center (Clarksburg)	Residential and transitional living facility
Prestera Center (active site)	Outpatient opiate treatment program: provides medically supervised and Suboxone detox treatment
Valley Health System (implementation to begin soon)	Residential and postresidential treatment facility
Westbrook Health Services (active site)	Postresidential traditional treatment program
West Virginia University's Carruth Counseling Center, Well WVU Program	Student counseling center
Wheeling YWCA	Transitional living program with outpatient treatment services

Westbrook Health Services, Petersburg, WV

The CRC Health Group is a leading provider of behavioral support for adults and youth with 145 locations throughout the United States. CRC specializes in services for substance abuse dependency, learning disabilities, weight management, eating disorders, and other behavioral issues.

Prestera Center is West Virginia's largest health and addictions services provider with more than 50 locations in the region. Prestera Center provides services to more than 14,000 clients each year, including education and treatment programs, support groups, transitional homes, and tailored outpatient care.

Westbrook Health Services is a comprehensive mental health center that offers substance abuse treatment services for adults and adolescents, including recovery and relapse prevention groups, inpatient and outpatient therapy, detoxification, and long-term residential treatment for women. Currently, Westbrook is offering the A-CHESS tool to its women's recovery group.

6. Client Outreach, Recruitment, and Referral

FCHS is making use of technology to promote the ATARI program. Its Web site redesign includes a section dedicated to each of FCHS's program offerings, including ATARI. While online, clients and clinicians can explore video-based tutorials on how to use the A-CHESS application, test the system, explore resources offered by reputable organizations and government entities, and learn about different abused substances. The Web site also serves as a repository for important programmatic materials such as client enrollment and tracking forms, training materials, and invoicing worksheets.

High turnover at FCHS partner agencies has contributed to recruitment and retention challenges for ATARI. Program assistant Teresa Warner was brought on board to manage staff and client engagement efforts. Together, the team is working with existing partner sites to identify champions among administrators, providers, and clients. The team is also actively seeking new community partners by delivering presentations, showcasing at exhibitions, and attending networking events.

The State of West Virginia does not have a health information exchange at this time. There have been discussions to develop a "hope line" that addresses different behavioral health issues and connects individuals through a single point of entry to available services in the community, such as ATARI. With continued exposure and increased buy-in from agency staff and clients, it is anticipated ATARI's reach will grow within existing and prospective sites.

7. Affordable Care Act Readiness

The ATARI program has the potential to transform technology and policy practices in the State of West Virginia. A solid data-informed strategy will help FCHS secure its role as a leader in technology-supported behavioral health care. At this time, the program has contemplated changes but has not yet acted.

Behavioral health centers throughout the State are preparing for the changes required under ACA. Currently, primary care and behavioral health organizations operate independently of each other. Recommendations have been made to address the creation of health homes and accountable care organizations; however, formal decisions have not yet been made. Provider organizations are building electronic heath record systems. Each site is making progress at a slightly different rate; the systems have varying functions, compatibility, and adherence to Health Level 7 International (HR7) data standards. Westbrook Health Services' system, for

example, does not include a patient portal to enable clients secure access to their records or health resources, and it does not communicate with other provider organizations.

Payment structures will change under ACA. At this time, provider organizations are reimbursed for each patient they see (i.e., a claims-based system). When ACA takes effect, payment will eventually be linked to claims and quality-focused patient outcome measures. While using technology may curtail billable hours under the current reimbursement system, it will become a critical component of overall patient care. It is essential for organizations to enhance client services by offering different forms of technology access and care continuity.

8. Sustainability Planning

FCHS has focused primarily on program implementation and has not yet addressed plans for sustainability. The site visit team recommended that sustainability planning begin early and include a focus on adapting work flow and financial strategies that can support the program beyond the life of the grant. FCHS should also consider developing a strategic plan for the next several years with a focus on how the program will adapt to technology requirements outlined under ACA. Involvement of key stakeholders in sustainability discussions will be critical for buy-in.

Diversifying its menu of services to offer an holistic approach to wellness will enhance ATARI's sustainability potential. The program has the capacity to support a variety of different behavioral health products given its technical and graphic media infrastructure. The A-CHESS application is one of several tools, such as online portals and texting features, that FCHS may consider using to expand its technology portfolio and secure its position as a statewide leader in recovery services.

FCHS staff are responsible for serving the program in multiple capacities. As the program grows, increaseed demand on staff could impede the ability to effectively serve geographically diverse sites. Expanding the number of recovery coaches and champions from within and across partner agencies in the field will reduce staff burden.

9. Grantee Evaluation

Robust program evaluation results are not yet available because clients have used the A-CHESS application for only a short time. Thus far, the program has enrolled 58 clients, falling short of the 100 clients ATARI anticipated enrolling in Year 1. Program staff will work with their GPO Danielle Tarino to adjust the current year's GPRA numbers.

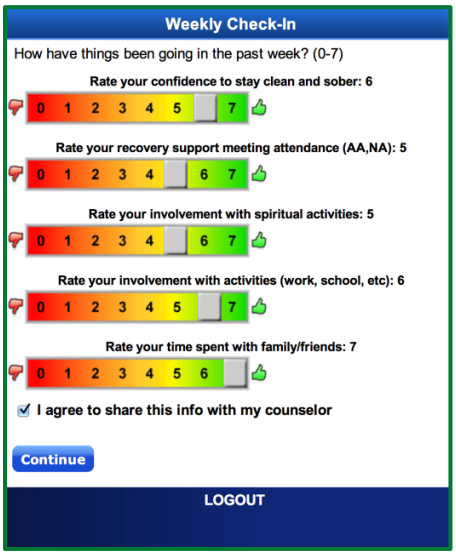
Several factors have affected ATARI's ability to meet targeted GPRA goals, including an overhaul of the program's initial design, technology limitations, and clinician buy-in. The program has instituted various strategies to increase client intake numbers, such as launching a targeted marketing campaign; recruiting new partners; and hiring a program assistant to focus on client engagement, training, and data management tasks.

Partner agencies have reported success since implementing A-CHESS at their sites. One agency reported 4 relapses among its 29 clients, and another had no relapses from among its 8 clients. As a result of the ATARI program, clients have demonstrated increased engagement with their clinicians and recovery support network. They have also shown increased motivation and have taken advantage of the incentive offer by completing the weekly BAM assessment.

According to ATARI's evaluation plan, outcome data are based on information collected from the following sources:

- Each partner agency collects GPRA-required data on its clients at baseline, at discharge, and at 6 months postenrollment; the information includes duration of abstinence, housing status, employment status, criminal justice involvement, access to services, retention in services, and social connectedness.
- The A-CHESS application has a weekly survey (the BAM) for its clients to complete. Results from the BAM consist of a series of questions that evaluate symptoms and help to monitor indications of relapse potential for clients working on their recovery (see figure 5). The BAM survey is grouped into two primary domains consisting of protective factors and risk factors, items that can both encourage and threaten successful recovery. Staff monitor survey responses on a weekly basis. Depending on client responses, clinicians and staff can revise recovery plans to address strategies that will most effectively prevent a relapse. When four consecutive weekly surveys are completed, clients are eligible to receive $40 toward their cell phone data plan.

Figure 5. Brief Addiction Monitor Assessment Tool



- The A-CHESS tool can provide a wealth of statistical data and can show in real time what information is accessed and how it is being used. For example, program staff are able to track user activity on the A-CHESS application to determine the features and functions used most and least frequently by clients.
- Partner agencies have agreed to share with ATARI staff relevant assessment information they complete as part of their own internal programming.

- The evaluation team is in the process of developing a client satisfaction tool. In addition to assessing client perspectives on how technology has affected their recovery, they will track clients' access to and use of technology. At an agency level, evaluation questions will focus on the number of persons trained to effectively use technology, and how technology has been used to enhance existing service operations.

Once each partner agency is fully trained, ATARI program staff will convene weekly conference calls with them to determine the sites' success in collecting evaluation data. ATARI program evaluator Carmen Raynes will use the data to inform best practices and determine where adjustments may be needed.

Moving forward, data can be used to inform a process evaluation to determine the effectiveness of day-to-day implementation processes and identify potential areas for improvement.

Summary

FCHS's ATARI program has overcome enormous implementation obstacles, including a late start date, a new program director, and a dramatic shift in its technology focus. Thanks to the knowledge base and passion of FCHS leadership and program staff, ATARI is well positioned to support the behavioral health recovery needs of clients served at partner agencies throughout the State. Refinements to staff and client work flow, identification of champions, and expansion of technology offerings will further enhance ATARI's impact. While continued implementation considerations are critical at this juncture, it is worthwhile for FCHS to begin planning to sustain ATARI beyond the life of the grant. Similarly, it should also develop strategies to expand and market its technology capability to align with the ACA requirements that will affect the State's primary and behavioral health organizations.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- FCHS has experience incorporating different types of treatment technology to support an array of behavioral health programs for its clients, including the 1-800-GAMBLER (problem gambler) network, a database for the SBIRT program, and a prescription drug abuse quitline (1-866-WV-QUITT).

CHALLENGES

- Program expansion into other sites will stretch limited staff resources.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	FCHS may benefit from developing a project work flow that anticipates future demands.	X		

Grantee Leadership

STRENGTHS

- FCHS leadership and ATARI program staff have strong backgrounds in behavioral health care. For example, the ATARI program assistant recently completed recovery coach training.
- FCHS'S executive leadership believes in the value of technology to support patient outcomes.
- The program team demonstrates passion and drive to achieve goals.

CHALLENGES

- Partner agencies do not yet have clear technology champions at each of the active sites.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	FCHS may wish to identify champions from within its provider networks and the recovery community to support program sustainability.	X		

Implementation Plan

STRENGTHS

- FCHS has in-house graphic and video support with commercial-ready results. It recently completed an impressive redesign of its Web site with specialized features, such as video tutorials and targeted links for clients and providers.
- FCHS hired a dedicated program assistant to attend to recruitment, training, and data management responsibilities.

CHALLENGES

- There may be hesitation to use technology, especially from clients who often do not have reliable access to a smartphone or computer or feel comfortable using the technology. FCHS currently offers data plan incentives and application tutorials to those in need.
- Clinicians have exhibited reluctance to incorporate technology into practice because of billing and work flow issues.
- Geographically, cell phone service is unreliable in many rural communities.
- Communications and resources must be adapted to take into consideration clients' language and their literacy and education levels, which in many cases are low.
- FCHS is adapting its incentive strategy to reduce the amount of time needed to coordinate data plan benefits for clients who complete four consecutive weekly check-in assessments.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It is imperative for FCHS and A-CHESS developers to reduce end-user burden. Clients and partner agency staff need to communicate when issues arise so that program staff can work with the University of Wisconsin to respond to glitches and provide technical assistance needs in a timely fashion.	X		
2	There are many recovery-centered resources that clients would like to access in addition to the ones currently offered through A-CHESS. Consider linking to resources such as the *In the Rooms* portal, *My Spiritual Toolkit,* the *Recovery App*, and other motivational podcasts.	X		
3	Solicit client input at intake to better determine ability/preference to access and use different types of technology. JBS will provide examples of questionnaire language that can be incorporated into the client intake forms.	X		X
4	Refine staff and patient work flow at each participating agency to show how technology can improve patient outcomes.	X		

Implementation Plan				
	Potential Enhancements	**Grantee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
5	Identify in-house experts from within and across partner agency staff and clients who can serve as champions of the technology and encourage broader adoption.	**X**		
6	Develop a plan that anticipates how to manage client incentives when the program is operating at full capacity.	**X**		
7	In addition to the video tutorials, FCHS may wish to consider developing a "newcomers" guide to introduce clients to the technology. It could include video testimonials from clients who have benefitted from using A-CHESS to support their recovery.	**X**		

Community Linkages, Partners, and Participation

STRENGTHS

- FCHS is working to diversify its workforce and streamline certification/licensure processes for those who wish to deliver recovery services to clients.
- FCHS has met with several organizations to increase service provision opportunities, including community correction facilities, transitional living programs, residential treatment centers, student services, and veterans agencies.

CHALLENGES

- Several sites that were initially approached to participate in the program determined they did not have the clients or the interest in incorporating A-CHESS into their recovery curriculum. FCHS is actively exploring partner opportunities around the State.
- Program implementation is taxed by geographical distance between sites. Technology is essential to effectively managing the program among participating agencies.
- Licensure requirements have limited the number of individuals capable of delivering specialty services within the State. Currently, supervision laws prohibit the use of technology for training purposes. This has prompted workers to look outside West Virginia for training opportunities.
- Turnover at FCHS partner agencies is unusually high. It has been difficult to recruit and retain quality health care providers, especially with more enticing salaries in neighboring States.
- Current statewide payment structures must be revisited. Partner agencies are forced to take on considerable debt while they wait to be reimbursed for services rendered—often waiting 6–9 months.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	FCHS may benefit from developing a detailed work plan that captures best practices for streamlining staff work flow and continuity of care strategies for patients who are transitioning to different levels of care.	X		
2	Given internal staff limitations, FCHS may benefit from intensive recruitment efforts within existing partner agencies as opposed to adding more sites to their roster.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- FCHS has launched an aggressive marketing and promotion initiative to expand its reach to additional providers and agencies in the State. In addition to revamping its Web site, FCHS developed several tools, such as videos and Webinars, to create the best user experience for staff and clients.

CHALLENGES

- There are many resources available to help clients, but there is not a single real-time referral repository from which clients can identify the appropriate services.
- Identifying program champions/mentors from among agency staff and clients has been challenging.
- High turnover at FCHS partner agencies has contributed to recruitment and retention challenges for the ATARI program.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The program may benefit from identifying clients who have had success in their own recovery to serve as champions to others.	X		
2	Training recovery coaches to promote the program may assist in a capacity that case managers cannot.	X		
3	Texting may serve as an effective marketing mechanism to spread the word about ATARI and complement discussion board activities. Consider incorporating "thought-of-the-day" messages.	X		
4	FCHS would benefit from identifying champions from among agency staff and clients to recruit other participants into the program.	X		

Affordable Care Act Readiness

STRENGTHS

- None noted.

CHALLENGES

- Existing payment structures do not provide incentives for the use of technology. Current provider reimbursement schedules are based on the number of clients staff see (i.e., billable activities), and using technology takes away from billable hours. Payment schedules will radically shift under ACA, which will focus on reimbursement for patient outcomes, not individual service events.
- Behavioral health agencies within the State are using different electronic health record systems. This inhibits their ability to communicate with one another and provide the best possible support around patient outcomes.
- Behavioral health and primary care systems are not integrated.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	FCHS may request technical assistance to help develop strategies to link the State's behavioral health and primary care systems in anticipation of ACA.			X
2	FCHS may request technical assistance to learn about the different data collection strategies that will be useful to consider under ACA.		X	
3	FCHS may request technical assistance to deliver trainings to partner agencies on the effects and role of technology and ACA requirements.		X	

Sustainability Planning

STRENGTHS

- FCHS has the appropriate technical and graphic media infrastructure to expand current Web applications and product development capacity.

CHALLENGES

- FCHS staff are responsible for serving the program in multiple capacities. As the program grows, this will increase demand on staff and affect their ability to effectively serve geographically diverse sites.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It may be helpful for FCHS to identify staff and client champions from within and across partner agencies to assist with marketing and sustainability efforts and to reduce staff burden.	X		
2	Consider expanding the number of recovery coaches in the field to build capacity within partner sites.	X		
3	FCHS may wish to expand its menu of technology options beyond the A-CHESS smartphone application. Consider other goal-setting tools that can assist clients with their treatment plans.	X		
4	Sustainability planning should begin early and include a focus on workforce and financial strategies that can support the program beyond the life of the grant. Develop a strategic plan for the next several years with a focus on how the program will adapt to the technology requirements outlined under the ACA.	X		

Grantee Evaluation

STRENGTHS

- FCHS's evaluation coordinator has experience managing SBIRT data and is familiar with GPRA reporting requirements.
- FCHS has a Web-based reporting portal to track services, outcomes, and other measures.
- The addition of a part-time in-house staff member to manage data has eased data collection struggles.

CHALLENGES

- Staff believe the goal of providing service to 600 intake clients (as originally identified in their application) may have been set artificially high.
- It has been challenging to find adequate time and cooperation from the partner agencies to collect evaluation data. Meetings with agency administrators are being planned to address staff cooperation and motivation factors.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	FCHS may consider revising its GPRA intake numbers for the current reporting period. SAMHSA GPO Danielle Tarino requested that all change petitions be accompanied by a write-up that includes a brief justification for the change and the percentage of adjustment desired.		X	
2	It may be beneficial to consider collecting additional data beyond what is required by GPRA. Include questions that capture clients' use and satisfaction with technology. JBS can provide examples of sample questions.	X		X
3	Evaluation should include not only outcome-related but process-related measures to support future implementation efforts.	X		
4	FCHS may wish to streamline data collection strategies to ease respondent fatigue. Organizing the progression of questions, using skip patterns, and linking responses to tailored resources may increase completion rates.	X		
5	FCHS may request technical assistance on strategies to use tools such as Google Analytics to track user engagement on its Web site.		X	

Abbreviations and Acronyms

ACA	Affordable Care Act
A-CHESS	Addiction-Comprehensive Health Enhancement Support System
ATARI	Appalachian Technology-Assisted Recovery Innovations
BAM	Brief Alcohol Monitor
FCHS	First Choice Health Services
GPO	Government Project Officer
GPRA	Government Performance and Results Act
HL7	Health Level 7 International
SBIRT	Screening, Brief Intervention, and Referral to Treatment