Service Design Site Visit Report

Irene Stacy Community Mental Health Center
Butler, Pennsylvania

Dates of Site Visit: May 29–31, 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

Substance Abuse and Mental Health Services Administration

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Irene Stacy Community Mental Health Center

Grantee Name	Irene Stacy Community Mental Health Center
Address	112 Hillvue Drive, Butler, PA 16001
Site Visit Dates	May 29–31, 2013
Program Name	N/A
Grant TI Number	TI-13-008
Grantee Contact Person	Erin Matis
Government Project Officer	Kathryn Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., and Iris Chai

Grantee Project Team Members	
Natalie Ross	Executive Director
Curtis Vella	Chief Financial Officer
Erin Matis	Supervisor of IT
Lynne Winter	Substance Abuse Program Lead
Rebecca Gilson	Program Manager

Left to right: Curtis Vella, Chief Financial Officer; Lynne Winter, Substance Abuse Program Lead; Erin Matis, Supervisor of IT; Paula Spears, Board Member

Grantee Project Sites Visited	
Irene Stacy Community Mental Health Center	112 Hillvue Drive, Butler, PA 16001

Executive Summary

The Irene Stacy Community Mental Health Center was created as a result of an initiative by the Butler County Health and Welfare Council (which later became the Mental Health Association) to study local mental health problems and needs in Butler County. The study showed a critical need for treatment facilities in the county, building the groundwork and support for the Mental Health Guidance Clinic, which began offering services in the late 1950s. After the enactment of the Mental Health and Mental Retardation Act, the clinic became part of a comprehensive mental health care unit serving Butler County. The center was subsequently named for a local advocate for mental health services.

The process of intake in this county-managed system requires individuals seeking services who are not self-pay or Medicaid-eligible to receive an initial assessment by the county behavioral health program staff. The staff subsequently make a referral to the Irene Stacy Center. The center is currently serving approximately 3,500 clients per year, including adolescents, adults, and families. Most clients are Medicaid-eligible, but many are private or self-pay clients. The center provides both outpatient and residential services to individuals with mental illness, intellectual disabilities, and substance use disorders. Among the services provided are outpatient programs such as life skills development, mobile-based intervention services within the community, case management, and crisis residential services provided at the Veterans Affairs campus. Physicians and nurses on site operate the medication clinic. Irene Stacy maintains that "recovery is reality."

The Irene Stacy Community Mental Health Center has not made much progress in implementing its grant project because of significant staff turnover, including the entire senior management team. None of the original grant development team is still employed at the organization, so there is a lack of institutional memory about why the project was conceived as it was in the application. Given an entirely new executive staff, the program has needed to start over, designing a project based on current realities. The grant leadership team has made some progress in creating implementation and advisory committees and user groups to guide the organization in program design and technology selection efforts. The technology chosen for this project is an electronic health record (EHR) for the substance use treatment program, although this choice offers limited utility for the engagement of consumers in the use of technology as envisioned by SAMHSA. Leadership also wants to focus on EHR implementation for the entire organization, despite the original grant application focusing only on the drug and alcohol program. While this is the logical approach, it will mean a more complex implementation to incorporate all clinical programs. This will require additional focus on policy and clinical care issues, while ensuring the technology is congruent with organizational needs.

Staff turnover is not the only factor affecting program implementation. The new EHR, the Anasazi software, has contributed to implementation challenges. The software is intended to replace the original EHR, which lacks much of the needed functionality; however, the change in applications has resulted in data loss and integrity issues. Phase 1 for the Anasazi

implementation was completed at the end of 2012, with the billing and scheduling components going live in December 2012. The next phase is scheduled to occur mid-September 2013.

Irene Stacy has also experienced challenges in working with the contractor around scheduling staff trainings consistent with the center's needs and response to support requests. Lack of training and resistance to the use of technology are two of several factors that have contributed to a complex and somewhat change-averse environment for implementation of technology. Technology provides the means for developing a more fluid flow of information that will help clients better manage and become more engaged in their recovery, although actively managing the design and implementation processes is critical to ultimate success.

During the site visit, the JBS team met with Irene Stacy staff and stakeholders, including the president of the board; a representative from ValueOptions, the local behavioral health Medicaid managed care entity; and the county behavioral health manager. The goals were to gain a better understanding of the program's operations, review programmatic strengths and challenges, and provide guidance regarding potential technical assistance opportunities. The site visit team toured the facility and saw a demonstration of the Anasazi billing and scheduling components and prototypes for clinical modules of the software.

The site visit included discussion about how the program has evolved and how best to steer the center in a productive direction for the future. Since the grantee is beginning anew, Irene Stacy has submitted a request to SAMHSA to determine a new target number for Government Performance and Results Act (GPRA) data collection. During the site visit conference call debriefing, the center was advised that the data collected must be related to delivery of care through the use of technology to be meaningful GPRA data. It is important for the leadership to provide a strong foundation so the organization can move forward with technology-based program implementation.

EHR implementation is complex and requires a substantial organizational commitment to address the contractual, technological, workflow, governance, and change management processes. There is currently an individual with considerable information technology expertise on staff, although she is relatively new to the organization. Substantially increased commitment of clinical and executive management staff time will be necessary for the program to be successful.

Grantee Overview and Environmental Context

The Irene Stacy Community Mental Health Center has provided care to underserved populations in Butler, Pennsylvania, for more than 50 years. The center's goal is to provide high-quality and affordable services to all, including outpatient and residential services to individuals with mental illness, intellectual disabilities, and substance use disorders. Physicians and nurses on site operate both the medication clinic and a central intake department. The program provides onsite and mobile services to approximately 3,500 clients per year, including adolescents, adults, families, and veterans. Most clients are Medicaid-eligible, but many are private or self-pay.

The Irene Stacy Center is located in Butler, Pennsylvania, 35 miles north of Pittsburgh, but still part of the Pittsburgh metropolitan area.

Irene Stacy was awarded a grant to expand care coordination through the use of health information technology in targeted areas of need. The center's goals are aligned with goals within two of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Initiatives: Prevention of Substance Abuse and Mental Illness and Recovery Support. The center promotes emotional health, aids in reducing the likelihood of mental illness and substance use, and partners with people in recovery by fostering health and resilience through programs such as life skills development.

Some of the major barriers to care are similar to those facing other rural and nonrural areas. Examples include transportation, family support, and child care. Internet access is not a major barrier because the area has good connection speed. This will be helpful once the program uses more technology for outreach, education, marketing, and supplement to recovery. With technology, the barriers mentioned will be less burdensome to those seeking help.

Because of significant staff turnover, including the previous executive team, Irene Stacy has had a difficult start in delivering services using technology. None of the original grant team is still employed at the organization. As a result, the new team has needed to start over to design a program based on current possibilities and technological capabilities. Another issue has been staff resistance to new processes and technology, with staff concerned the technology will replace the old methods and their roles. It is critical for the executive staff to help the clinical staff understand technology as a benefit to both recovery and organizational roles.

The electronic health record (EHR) being implemented by Irene Stacy is the Anasazi software, a behavioral health application part of the Cerner Corporation. The road getting to Anasazi was a long one, following work with two EHRs eventually determined to not meet center needs. The center had to return to an old application that resided on an AS400 platform from 1968. These changes in EHRs—with the ensuing loss of data, auditing issues, and contractor management issues—have hindered the use of technology in service delivery.

1. Site Visit Overview

On May 30–31, 2013, the Clinical Technical Assistance project's Technology-Assisted Care program area site visit team met with key staff and stakeholders from Irene Stacy with several objectives in mind: gain an understanding of the center's operation, review programmatic strengths and challenges, discuss the evolution of the technology program, and provide guidance related to potential technical assistance opportunities. The site visit included discussions about how the program has overcome both staff and technological challenges. Irene Stacy has the opportunity to begin with a new focus through the efforts of an entirely new and stable executive staff.

On May 30, the site visit team met with the executive director, chief financial officer, supervisor of information technology, substance abuse program lead, and one of the program managers. The staff provided an overview of the staffing issues the center has overcome and barriers to program and technology implementation. The site visit team also spoke with the evaluator via teleconference to learn about Irene Stacy's data collection and analysis design. The following day, the site visit team was given a demonstration of the Anasazi software being used by the, including the billing and scheduling functionalities. The team also met with the board president, a ValueOptions representative (the Medicaid-managed care entity), and the Butler County behavioral health manager. The site visit ended with a debriefing conference call with the Government Project Officer Kate Wetherby. It was suggested Irene Stacy submit a reevaluation of the Government Performance and Results Act (GPRA) target numbers as the original number submitted was unrealistic.

2. Program Vision and Design

The original grant award from the Center for Substance Abuse Treatment (CSAT) focused on drug and alcohol treatment services; however, the current executive team believes the focus should be on an EHR for the entire organization. The current EHR, the Anasazi software, is intended to replace the previous EHR. Unfortunately, Anasazi lacks some of the original EHR's needed functionality. The center is collaborating with Anasazi to attain application functions important for service delivery, starting with scheduling and billing. No other organization in Pennsylvania uses this application. Anasazi is a "thin client," employed through a remote desktop. The individual responsible for the grant and lead on information technology production is the champion for this application, with several users on board.

The intake process begins with individuals who are not self-pay or Medicaid-eligible seeking assistance to receive an assessment from the county behavioral health office. After the county collects information from the individuals, they are referred to the Irene Stacy Center. At Irene Stacy, information is collected again. This method of data collection, which can inhibit patient

engagement, could be streamlined using a portal. A portal could also provide an avenue for ongoing contact with clients.

Irene Stacy employs both onsite and mobile services in psychiatry, medical care, case management, and family-based programs. Some of the programs are currently separate from the center, but the organization is working to better integrate them to streamline service provision efforts and increase efficiency. One of the community programs implemented by Irene Stacy is Assertive Community Treatment Team, a program assisting individuals from State hospitals and those with intensive service needs. No other organization offers this service. The inpatient diversion program, part of the Veterans campus, also assists individuals at risk of going to the State hospital.

Among its plans for updating technology to address quality and access, the center is considering piloting iPads. These devices could support recovery and supplement clients' recovery through engaging and online collaboration tools. The pilot will focus on adolescents and adults in both group and individual therapy sessions, using cognitive behavior therapy. Other considerations for using technology to expand services include telepsychiatry, telereminders, and texting. Irene Stacy staff believe telereminders contribute to higher rates of kept appointments, and telehealth approaches work best, particularly for clients with transportation barriers resulting from county transportation cuts. Determining what services are reimbursable could help increase the number of clients served through telehealth.

3. Grantee Leadership

The new leadership team has stabilized, which is a good start for Irene Stacy in working toward meeting technology-assisted care goals. The executive staff believe the EHR implementation will benefit the entire agency and is not just another grant within the organization. The executive director brings insight from past experiences to lead the organization. EHR user groups, including cross-functional implementation and advisory committees, have been created. These groups can guide the agency in program design and technological efforts.

The leadership might also consider the following recommendations:

▸ In working to rebuild the staff, consider creating more focus groups to increase staff involvement and buy-in for EHR use.

▸ Have the executive staff review and discuss the EHR vendor contract as a team to ensure it will provide the desired results.

▸ Become more familiar with the Affordable Care Act and how the implications of this legislation will affect Irene Stacy.

The leadership at Irene Stacy has made great strides in overcoming personnel challenges and filling vacancies necessary to help the center establish a foundation to build a successful program.

4. Implementation Plan

Original grant implementation goals have not come to fruition because the grant's scope has been completely modified and because of high staff turnover. Irene Stacy needed to start anew, implementing an EHR not included in the original grant. Redeveloping workflows has been a major barrier in technological implementation since the center lacks wireless Internet access. A wireless connection would benefit staff and help clients use technology to supplement their recovery.

Despite the major drawbacks, however, the executive team has committed to overcoming the challenges, move the center toward the program goals, and work toward implementing technological supplements to recovery. Committees have been formed to focus on various program areas, such as technology or grant-related tasks and issues. In considering piloting mobile devices, needs assessments have been developed to determine viability and client capacity. The team appreciates that an EHR is beneficial to the entire organization. See figure 1 for program objectives, progress to date, and improvements needed.

Figure 1. Program Objectives, Progress to Date, and Improvements Needed

Objective	Progress to Date (June 30, 2013)	Improvements Needed
Goal 1: Enhance services by improving the functionality for ISCMHC's EHR system. Staff will be able to acquire a real-time medical record of the consumer regardless of whether the record is being accessed in the facility or in the consumer's home. The Web-based capability will allow for community-based mobile programs to make real-time updates to the consumer's treatment team and improve monitoring of patient needs, treatments, supports, and outcomes, resulting in a substantially improved quality of care especially for consumers with serious chronic illnesses and disabilities.	Phase I of the Cerner Anasazi application went live December 2012, with the first billing cycle in the same month. The training sessions were not as successful and collaboration with the contractors was not positive as staff had hoped. Phase II of the Cerner Anasazi implementation included clinical templates for Assessment and Treatment. Both training and application operations have been successful. Phase II will also provide templates and customized data sheets chosen by the staff. Cerner Anasazi consultant will provide a demonstration and training in July and August 2013. The projected time line for completion of all phases of the EHR is mid-September 2013.	To avoid repetitiveness in data collection, it is recommended the staff arrive at necessary sets of data elements. Help staff understand that the new system will not reflect the same format as the original paper forms and that it is critical to use the system correctly. Consider requesting assistance in managing contractors to reduce frustration and increase achievement of the organization's goals.

Objective	Progress to Date (June 30, 2013)	Improvements Needed
Goal 2: Expand services with the support of a functional EHR system. With an EHR system that requires no data reentry, has shorter down times, and has more timely access to consumer charts, overall ISCMHC workflow will drastically improve. This increased agency efficiency will facilitate an increase in the number of consumers that can be served. The combination of increased efficiency in staff time and an increase in their billable time will give the agency the ability to increase service provision.	Since Phase II of the implementation has not been completed, it is not yet possible to measure improvement in workflow, increased number of clients, or staff efficiency. The organization is currently reviewing whether to customize the application based on need or on employee resistance to change.	Having a champion among the clinical staff will increase staff buy-in, which is imperative in using the EHR properly and efficiently. Before moving forward with too much customization, consider understanding the business rules of the application. Reviewing contracts of other community mental health organizations and consulting with other users of Anasazi might prove useful. Consider using the benefits of technology to integrate data collection processes and reduce redundancy while increasing engagement.
Goal 3: Expand service offerings with the integrated co-occurring Jake's Place program. The project will implement evidence-based care for co-occurring consumers. ISCMHC's Jake's Place program will use an integrated approach to treat both substance use disorder and mental health disorders jointly. The Jake's Place program will also use a holistic approach that focuses on housing, community, and purpose.	Irene Stacy has implemented co-occurring treatment services, but it no longer uses Jake's Place.	Not applicable.
Goal 4: Expand and enhance substance use disorder services in the Jake's Place program with the inclusion of electronic contacts and a surge of mobile services. The use of the two strategies will increase consumer engagement in their own treatment and access to recovery support services resulting in improved recovery outcomes.	The Jake's Place program has been consolidated into center operations. To help move toward use of mobile services, a survey was given to determine mobile phone ownership and feasibility of a mobile device program. Irene Stacy is currently exploring mass texting software and Anasazi's capability to support texting software. The organization is also exploring the use of iPads and mobile applications as a supplement to recovery, particularly for the younger clients. Along with establishing a baseline for "no show" rates, staff have been shown how to correctly use Anasazi, so future use with mobile technology can provide more	Wireless capability at Irene Stacy should be the first step in employing technology in service delivery. Consider redesigning the Web site as a technical assistance request and connecting with other grantees for insight by using the Ideas Exchange. The executive team will need to understand the business rules of the Anasazi application so customization does not inhibit the center's ability to obtain analytics for decision support services. Consider creating a technology governance group to help address technological issues and policy.

Objective	Progress to Date (June 30, 2013)	Improvements Needed
	accurate and helpful information. Staff were not using the application correctly.	
	Irene Stacy is in the process of redesigning the Web site to include more detailed content, links, and resources to better engage clients.	

5. Community Linkages, Partners, and Participation

Irene Stacy's leadership has limited connections with the State agencies but has partnerships with other organizations. With regard to intellectual disability services, Irene Stacy partners with community organizations and offers financial support but no clinical assistance. There is a contract with the local Veterans Affairs facility to be available for community-based crisis stabilization. The center also works with sister agencies with community programs, including mobile-based psychiatry, Assertive Community Treatment case management, and family-based programs. A contract was established with an agency to provide telepsychiatry. The center might reconsider another contract since staff members involved were impressed with the possibilities.

6. Client Outreach, Recruitment, and Referral

While no marketing efforts are in place and the Web site is static, the center is considering new ways to promote its program and services. The staff are working on updating brochure content, adding quick response codes, and using electronic billboards. The team understands the value of updating the Web site to serve as a portal for engagement, recruitment, and outreach. Many referrals come from the local hospital, and none of the referral processes is automated or online. The team is interested in visiting primary care providers to collect data on potential clients for further assessment of the client capacity. The ability to share data electronically would facilitate these care integration efforts.

7. Affordable Care Act Readiness

Health Insurance Portability and Accountability Act and other confidentiality policies are in place at Irene Stacy; however, there is little activity to prepare for implications of the Affordable Care Act. It will be important for the leadership to become more familiar with the implications the Affordable Care Act has on the center's services and financing. Seeking information from State agencies is a good start. The team would become better prepared, and vital connections with the key operations agencies would be created.

8. Sustainability Planning

As mentioned, the new leadership team is stable and supports the organization's goals, particularly regarding implementing an EHR. Although Irene Stacy is in the beginning stages of program development, it is still essential to begin incorporating long-term sustainability goals. A strategic plan that includes Affordable Care Act planning and reimbursement strategies will be critical for the future of the program and organization. With the staffing challenges over, the next focus for achieving long-term goals will be fostering staff buy-in, improving staff morale, and developing a strategy to manage contractors.

Also critical to sustainability will be increasing focus on the quality of continuity-of-care efforts. Care integration not only improves patient outcomes for the provider—it also supports patient-centric health care. Developing a system is particularly challenging when organizations use different applications and lack seamless coordination. It is essential for Irene Stacy to integrate interoperable continuity of care documents within Anasazi early in the planning stage to ensure needs are aligned. Developing the technology around the center quality policies and desired clinical care outcomes can help ensure Irene Stacy provides quality and access to care while employing technological applications. GPO Kate Wetherby also suggested researching free resources on the SAMHSA Web site for more insight into change management.

9. Grantee Evaluation

In its active pursuit of improved evaluation, the center has accomplished much to date: provided GPRA training for staff members, developed a client locator form for 6-month GPRA (see appendix 1), developed a client consent form with the help of a former advisory committee member of the University of Pittsburg Internal Review Board (see appendix 2); entered GPRA data into the CSAT database, conducted site visit evaluations, and drafted the effects of the technology application. The evaluator is interested in furthering data collection to other areas and levels to understand the achievements and benefits of using technology in

delivery of care. Some suggestions from Dr. Wanser (JBS) are client technology capacity assessments, including level of use and technology availability; client satisfaction with technology forms; and a cost–benefit analysis in technology investment.

Evaluation findings are unavailable at this time because the program is in its early stages. Meaningful GPRA collection will also not occur until delivery of care is implemented with technology. As of the time of the site visit, Irene Stacy had submitted a reevaluation request for the GPRA target intake number. The original number was unrealistic, and GPO Kate Wetherby agrees with this decision.

Summary

The team at Irene Stacy has overcome great obstacles. With determination and dedication, the center has achieved a stable foundation for program development. This foundation is essential for integrating information technology with care coordination and EHR implementation. Although the site visit was made because the GPRA rate was well under 80 percent, it was found the original number was unrealistic. As of the time of the site visit, a request for a new target number had been submitted to SAMHSA. The center also needs to focus on implementing a wireless network to begin the process toward using technology. Strong commitment will be needed to address the contractual, technological, workflow, governance, and change management processes.

Strengths and Considerations for Action

Grantee Leadership

STRENGTHS

- The organization has established a cross-functional implementation and advisory committee.
- A stable leadership team is emerging after the organization's significant employee turnover.
- The leadership believes the EHR implementation benefits the organization as a whole and not simply a program within Irene Stacy.
- The leadership is working diligently to rebuild staff after many staff left during the organizational overhaul.

CHALLENGES

- A completely new team has been established with no member of the original grant committee present.
- The leadership has little understanding of the Affordable Care Act and the implications for Irene Stacy.
- The leadership has no established connections with the State policymakers involved with health reform and health information technology efforts.
- The commitment of clinical and executive leadership in EHR implementation and contract management will be greater than is currently anticipated by staff.
- It is necessary to envision this project as more than a technology project with regard to resources needed.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider creating focus groups or workgroups to address organizational barriers and challenges. These focus groups can help involve staff and enhance staff engagement in change processes, including EHR implementation.	X		
2	The executive director may benefit from having an executive coach to help support her through consultation and linkages with peers who can provide insights into the issues confronting the center.		X	
3	The leadership will need to establish stronger relationships with and gain knowledge from the State's policymaking role in mental health and substance use issues affected by the Affordable Care Act and health information technology.	X		

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	Since the staff turnover was substantial and the leadership team is newly created, it would be beneficial for the grantee committee to review the contract with the EHR vendor and identify any issues that could create roadblocks in grant implementation and in achieving desired organizational outcomes.	X		
5	It may be beneficial for the project to have a stronger clinical leadership presence as the major challenges with workflow and implementation will be in ensuring buy-in and competencies needed by the clinicians. The information technology manager will need to devote virtually all her available time to the EHR implementation issues.	X		
6	Create a technology governance group for the purpose of managing the EHR implementation and ensuring time lines are met.	X		

Implementation Plan

STRENGTHS

- The organization is focused on the EHR benefitting the entire organization, even though the grant is focused on the drug and alcohol program.
- Irene Stacy is open to telehealth and has contracted with another agency for telepsychiatry.

CHALLENGES

- There will be a significant challenge in managing the contractor and ensuring Anasazi is responsive in providing needed training and support.
- Barriers to EHR use include employees who may be resistant to the changes necessitated by introducing technology into the workflow and employees with little computer knowledge.
- There is no EHR clinical staff peer support in-house for staff to use Anasazi since few people understand how to use the software.
- There is no wireless capability at Irene Stacy.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider seeking assistance in managing contractor issues.		X	
2	Consider redesigning the Web site to be an interactive portal as a means to collect data, creating an environment for seamless care coordination and maintaining contact with clients. Track no-show rates and introduce process improvements to track desired outcomes.	X	X	
3	Consider telepsychiatry and telereminders to address transportation barriers and no-show rates.	X		
4	Focus on designing data collection tools and streamlining existing processes, particularly in the elimination of repetitive data elements to increase patient engagement at entry into treatment.	X		
5	The center could benefit from the development of a strategic data plan to guide the organization's decisionmaking processes relative to the Affordable Care Act and health information technology.	X	X	
6	Understand business rules of the application completely so customization does not inhibit the center's ability to have the level of analytics needed for decision support purposes.	X		

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
7	Review vendor contracts from community mental health centers for further insight into EHR implementation.	X		
8	Consider integrating across all the data collection processes and content to reduce redundancy and increase information flow. Emphasizing initiation of treatment as quickly as possible will help increase client engagement.	X		
9	Reduce workflow change anxieties by increasing staff engagement in change process and specifically introducing targeted strategies to help employees understand the benefits of the technology.	X		
10	Consider becoming a health home.	X	X	
11	Develop a more fluid flow of illness management and recovery support information to help clients better manage recovery by using multiple media.	X		
12	The Continuity of eCare document, which will be essential for participating in the health information exchange, should align with the Anasazi application and be capable of producing and transmitting to effectively use the data available.	X		
13	Use the Ideas Exchange as a resource to connect with peers on selecting and implementing technology, including EHRs.			X

Community Linkages, Partners, and Participation

STRENGTHS

- Irene Stacy has contracted with and co-located within the local Veterans Affairs facility in Butler for two beds to be available for community-based crisis stabilization.

- The new executive director has met with individuals at the State to become more actively involved in statewide behavioral health issues.

- There are community programs such as MobileMeds, Assertive Community Treatment, blended case management, and family-based programs that work closely with sister agencies.

CHALLENGES

- The leadership could benefit from more sustained connections with the appropriate State agencies and community organizations about policymaking and decisions being made regarding health information technology and the Affordable Care Act.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The executive director will gain valuable knowledge from increased involvement with the State and community agencies involved in policymaking in areas that will affect center operations and finances in the near future.	X		
2	The Veterans Affairs Butler Healthcare organization could be a valuable partner and provide a good referral source for the center.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The local hospital routinely refers patients to Irene Stacy.
- The staff are working on marketing efforts such as electronic billboards and redesigning program services brochures, including employing quick response codes so people can easily access the Web site and services.
- Irene Stacy is working on coordinating with other agencies that do not offer the services offered by Irene Stacy.

CHALLENGES

- There are no active marketing efforts in place now; brochures need to be updated.
- The Web site is static and does not provide useable information to potential clients about center programs and how to gain access to them.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider redesigning the Web site to create and enhance interest in the services provided at Irene Stacy.	X		
2	Consider visiting primary care providers to collect data about potential clients to be able to assess target population.	X		

Affordable Care Act Readiness

STRENGTHS

- Current Health Insurance Portability and Accountability Act and confidentiality policies are in place.

CHALLENGES

- The leadership has limited knowledge of Affordable Care Act readiness and the implications it will have for Irene Stacy.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It is important for the organization to seek information from the relevant State agencies regarding policy and financing issues associated with Affordable Care Act readiness and determine how the center needs to prepare for changes.	X		
2	Planning and preparedness for Affordable Care Act readiness and the associated issues in health information technology will require a focused planning effort and the development of strategies to ensure the center is properly positioned to succeed as these changes occur. A specific written plan and project management strategy should be developed for this purpose.		X	X

Sustainability Planning

STRENGTHS

- Leadership is stable and focused on engaging the staff and working toward common goals, including an EHR.

CHALLENGES

- The grantee is starting anew and does not have solid processes in place to move the organization forward.
- It is a challenge to manage contractors to help with Irene Stacy's long-term goals.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a strategy to manage contractors.		X	
2	Introduce processes to help stabilize the center's staffing and morale so the organization can move toward successful technology program implementation.	X		
3	Develop a 2–5-year data strategic plan, including State Affordable Care Act planning and reimbursement strategies.		X	

Grantee Evaluation

STRENGTHS

- The evaluator is interested in increasing data collection to other areas and levels.

CHALLENGES

- Current data collected are not as useful as potentially possible; for example, the current evaluation does not help determine target population.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Implement a process to assess technology capacity, level of use, and preferred methods of contact for all center clients.			X
2	Create client and staff satisfaction questions.	X		

ISCMHC

Health Study Locator Form

This form is to assist us to reach you if you are no longer in the program when it's time for your follow-up interview six months from now. The information you give us will be kept in a separate place from your answers to the interview. It will be used only to locate you for your follow-up and will not be given to anyone else. We will not tell any contact person on this form anything except that you are participating in a health study. The information is completely confidential and your privacy is protected by state and federal law. You will receive $20 in cash or gift card for your participation in the final follow-up interview.

Client ID: _____   Date: _____

_____ (_____)
First name   Middle name   Last name   Maiden name

Date of birth: _____/_____/_____
                  Month   Day   Year

Where do you live now? _____
                              (Street address)   (Apt. # or P.O. Box)

_____
          (city, state)

How long have you lived there? _____ Do you plan to move anytime soon? ☐Yes ☐No
If yes: Do you know where to?_____
Best mailing address: _____
                              (street address)   (Apt. # or PO Box)

_____
          (city, state)

Home phone: (_____) _____

Cell phone: (_____) _____ Can you accept text messages? ☐Yes ☐No

Email: _____

Work phone: (_____) _____ _____
                                                            (company name)
Other phone: (_____) _____ _____
                                                            (whose phone is this?)

Do you attend school? ☐No ☐Yes
If yes, name of school: _____

Address/location: _____

Page **1**

Best Contacts: Please list mother and/or father contact information in the event that we would need to reach you should you move or leave the program.

Mother's Name: _____

Address: _____

Phone: (_____) _____ Are you in touch? ☐Yes ☐No

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Father's Name: _____

Address: _____

Phone: (_____) _____ Are you in touch? ☐Yes ☐No

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Best Contacts: Please list family and friends who usually know how to reach you if you should move or leave the program.

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____ _____

<div align="center">(company name)</div>

Client Consent Form for Participating in
Program Evaluation Related Data Collection

You are selected as a client participant of a Center for Substance Abuse Treatment (CSAT) funded drug and alcohol rehabilitation program provided by Irene Stacy Community Mental Health Center. CSAT requires all funded programs to solicit voluntary participants for the program evaluation effort involving answering various survey questions, including Government Performance and Results Act (GPRA) survey and other quality assurance surveys such as program satisfaction and suggestions for improvement.

It should be noted that GPRA survey will be conducted three times during your involvement with ISCMHC services: (1) at intake; (2) 6-month post-intake; and (3) at service completion or termination. For the final interview, an incentive for completion will be given in the form of a $20 gift card to a local grocery store or fast food chain. Only one incentive per client is available. In contrast, the quality assurance surveys will be issued every 6-month post-intake during your enrollment with ISCMHC services, and there are no gift certificates provided for the participation.

To assist us with locating you if you are no longer in the program when it's time for your follow-up interview, we request that you complete our Health Study Locator Form. By consenting to the survey, you acknowledge a release for our agency to contact anyone listed on the Health Study Locator Form. We will not tell any contact person listed on the Health Study Locator Form anything except that you are participating in a health study and that we are trying to locate you.

Your decision to participate or not to participate in this evaluation will not affect the plan for your continued involvement with ISCMHC services. There are no foreseeable physical, medical, psychological, legal, or other risks or adverse affects to you due to participating in the program evaluation process. However, you may feel some discomfort in sharing personal experiences and problems during the interviews and completing surveys. If you should experience an emotional crisis or a relapse in alcohol and substance abuse that you feel are directly stemming from participating in this evaluation process, an on-site treatment counselor will be provided for assistance.

You may not gain direct benefit from participation in this program evaluation activities and surveys. However, your participation will allow the ISCMHC to understand the program outcomes and factors related to good service practice. It is also expected that your participation in the study will contribute towards a deeper understanding regarding how to serve and offer treatment services through journal and report publications.

Your information provide to the ISCMHC regarding the above-mentioned evaluation process would be kept strictly confidential. No evaluation reports, articles, or presentations will include your name or other means of identification such as social security number, driver's license number, and agency level client identification number.

Voluntary Consent

All of my current questions related to the program evaluation have been answered. By signing this form, I agree to participate in the program evaluation activities and surveys as noted above. A copy of this consent form will be given to me.

_____
Printed Name of Volunteer Participant

_____   _____
Participant's Signature   Date

Certification Of Informed Consent

I certify that I have explained the nature and purpose of the program evaluation to the above-named individual, and I have discussed the potential benefits and possible risks of study participation.

_____
Printed Name of Person Obtaining Consent

_____   _____
Signature of Person Obtaining Consent   Date