

# Service Design Site Visit Report

Randolph County  
Caring Community Partnership, Inc.  
Moberly, Missouri



Dates of Site Visit: May 29–30, 2014

◆ Targeted Capacity Expansion Technology-Assisted Care ◆

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

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



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# Randolph County Caring Community Partnership

<b>Grantee Name</b>	Randolph County Caring Community Partnership, Inc.(RCCCP)
<b>Grantee Phone Number</b>	660-263-7173
<b>Grantee Address</b>	423 East Logan Street, Moberly, MO 65270
<b>Site Visit Dates</b>	May 29–30, 2014
<b>Program Name</b>	Client Access and Services Exchange
<b>Grant TI Number</b>	TI 024762
<b>SAIS Number</b>	TA 3905
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Brent Wholeben, Ph.D.	Program Evaluator
Brian Williams, CAC	Executive Director, RCCCP



***Randolph County Caring Community Partnership team members:  
Brian Williams and Lorna Miles***

### Grantee Project Sites Visited

Randolph County Caring Community Partnership, Inc.

423 East Logan Street, Moberly, MO 65270

# Executive Summary

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In August 2013, Randolph County Caring Community Partnership, Inc. (RCCCP), was awarded the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant for the delivery of technology-supported services to individuals seeking behavioral health treatment and recovery services. Under the grant, RCCCP launched the Client Access and Services Exchange (CASE) program to recruit and engage adults (aged 18 or older) who are uninsured and underinsured living in central Missouri's Randolph, Saline, Pettis, Lafayette, Boone, and Cooper counties in pretreatment, treatment, and recovery services. The person-centered CASE program will further SAMHSA's Strategic Initiatives and use strategies recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (e.g., motivational enhancement therapy).

RCCCP has provided prevention and treatment services to rural Missouri communities for more than 15 years. In addition to support from RCCCP's extensive partner network, the CASE program has leveraged technologies developed by neighboring TCE-TAC grantee programs from SAMHSA's first cohort. The inclusion of different technology platforms will facilitate client participation in pretreatment and treatment services by encouraging communication among clients, providers, and other agencies via a client portal called Mobile CASE. This portal is linked to an electronic health record (EHR) system that is certified for meaningful use and known as Community Connection Missouri (CCMo).<sup>1</sup>

The CCMo EHR and Mobile CASE portal contain several useful features, including the capacity to refer clients to wraparound services offered by partner agencies, encrypted email messaging, appointment scheduling, and the option to complete online screening and assessment tools and enrollment forms. RCCCP has also incorporated the Virtual World Counseling 3-D program<sup>2</sup> to supplement peer-to-peer treatment activities using an avatar platform similar to the Second Life social network. Finally, RCCCP uses Iconic Health's Homepsych system, designed primarily to complete psychiatric assessments. As a result of integrating various technologies into their service portfolio, RCCCP anticipates achieving (1) decreased rates of alcohol and drug consumption and (2) increased access to and sustained retention of clients in pretreatment, treatment, and recovery services.

RCCCP is a small, rural social service provider that has become the nucleus for change in central Missouri. The organization has led an effort that created a new way of bringing the community together to address substance abuse, mental health disorders, and other external factors that influence clients' ability to survive and thrive. The CASE program intends to break the cycle of addiction by coordinating the provision of wraparound services from partner organizations. This holistic approach will confront client needs, such as a lack of housing, health care, employment, and/or education, while also addressing behavioral health treatment needs. The approach to

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<sup>1</sup> Adapted from the Community Care Link platform developed by First Call Alcohol/Drug Prevention and Recovery in Kansas City, Missouri

<sup>2</sup> Developed by Preferred Family Healthcare in Kirksville, Missouri

care will also ensure that concurrent life challenges are factored into client treatment and recovery plans for the best chance of client success.

A team from JBS International's TCE-TAC portfolio conducted a site visit to RCCCCP's program on May 29–30, 2014, to review program accomplishments and identify potential areas where technical assistance may enhance achievement of program goals. After receiving a comprehensive overview of RCCCCP and a tour of the facility, the team addressed CASE implementation with program staff, focusing on the strengths, challenges, and lessons learned in the early design and implementation stages of the grant. The team then met with several clients and case managers to better understand how the technology has affected care and service delivery. The CASE program evaluator joined by phone to discuss how RCCCCP intends to make the best use of data collection opportunities and identify meaningful outcome measures. The team reviewed the CASE technology platforms in detail and discussed opportunities to streamline workflow and improve program management capacity. The visit concluded with a discussion about RCCCCP's approach to support quality improvement and sustainability activities driven by the Affordable Care Act.

The JBS implementation site visit came at a time when 55 RCCCCP clients had received several months' exposure to the CASE program. While the program is still in the implementation stage, and RCCCCP is actively seeking partner agencies to provide wraparound services in neighboring counties, it is essential for staff to understand how clients and partners are using the technology. Their feedback can be considered when planning enhancements to the technology and to help determine how RCCCCP will respond to evolving needs. Identifying program champions from among clients, agencies, clinicians, and other support staff will assist with future development and sustainability efforts. To help users realize technology's potential, it was suggested program staff conduct additional focus groups to solicit user feedback on the technology's utility.

Full and continued client and partner engagement depends on offering meaningful, relevant, and consistently updated content on the CCMo and Mobile CASE platforms. During the consumer discussion, clients requested direct access on Mobile CASE to a more robust library of county-specific resources to supplement care, such as information on vocational rehabilitation services.

The introduction of technology has programmatic and financial implications. It is necessary to implement a technology governance process in which leadership, program administrators, and clinical support staff identify and set priorities for RCCCCP's use of technology. A cross-functional governance group would—

- ▶ Facilitate decisionmaking on the selection, integration, and use of technology.
- ▶ Facilitate development of strategies to determine how technology will complement existing client services.
- ▶ Secure RCCCCP's foothold in the evolving health care environment.

One important question to address is how CASE can streamline workflow for the greatest possible efficiency and effectiveness. The site visit team recommended completing a crosswalk of the CCMo and Homepsych platform's data elements to see if their functionalities (particularly around completing assessments) could be consolidated to avoid asking redundant assessment questions. The team also suggested expanding assessment capacity on CCMo so that clients can complete questions on their own. While saving time, evidence suggests this approach also empowers clients to answer questions honestly.

It was noted that while RCCCCP is eager to expand its partner network, staff should avoid overcommitting to program expansion in the short term until they have developed a capacity-building strategy to effectively meet the projected demand. One interested partner site in Cooper County, for example, was introduced to the CASE program 2 months ago but has not yet received training on how to use CCMo to begin referring clients. The need for services is significant in that community, and the staff are eager to get started.

The site visit team suggested that CASE staff use technology to market the program by creating training videos and conducting Webinars. This will help staff maintain partner enthusiasm while curtailing the need to travel long distances. Staff could also streamline ongoing technical assistance by developing a document of frequently asked questions and soliciting peer mentors to coach others on how to use the technology.

RCCCCP's challenges are related to its successes. Addressing workflow and project management needs are critical for coordinating staff time and managing operations. Informed by meaningful data, a project management plan is recommended to—

- ▶ Set expectations for the technology's functionality.
- ▶ Prioritize the rollout of features.
- ▶ Identify budget and timeline parameters.
- ▶ Outline staff responsibilities so that staff can address the program's long-term goals while addressing implementation-related activities (e.g., partner training).
- ▶ Adjust workflow assumptions and priorities as needed.

Developing more efficient and effective processes will enable the project director and others to work at the top end of their credentials to carry out their management tasks without, for example, entering Government Performance and Results Act data. An administrative assistant could conduct data entry until the assessment questions are automated within CCMo.

The site visit team noted that program staff and leadership have a firm understanding of technology's role in the changing health care landscape and are mindful of the importance of planning for long-term strategies to support program success. Notably, RCCCCP completed an information technology strategic plan with the assistance of a local university. Preparation at this level puts RCCCCP ahead of the sustainability planning curve. To sustain CCMo and Mobile CASE over time, the site visit team recommended RCCCCP consider a future plan of offering



partner agencies the CCMo and Virtual World Counseling 3-D platform through a subscription arrangement to cover ongoing maintenance fees and to also consider reimbursement for clinical services.

The introduction of technology coincides with broader shifts in health care coordination occurring at RCCCP, its partners, and others throughout the State. The need to share information and communicate seamlessly across systems will become increasingly important for delivering health services. RCCCP can use the consortium power of its partner agencies to initiate meaningful change in the way services are delivered in central Missouri. It would be wise for social service agencies to develop strategies to conform to health data standards to more easily share information that enable groups (e.g., behavioral health providers, social service providers) to draw conclusions about how to address client health. As noted during the discussion with program evaluator Dr. Brent Wholeben, RCCCP program staff are focused on generating dynamic and meaningful outcomes-based data that can inform the field about the merits of technology-based interventions.

The RCCCP site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the program team to enhance productivity and plan for the future. The success of the CASE program has widespread implications for RCCCP, particularly as the organization considers an integrated technology strategy for the next several years. CASE has the potential to inform future technology capacity within RCCCP and improve the service delivery model across central Missouri.

# Grantee Overview and Environmental Context

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**R**andolph County Caring Community Partnership (RCCCP) is a 501(c)3 nonprofit organization located in Moberly, Missouri. The organization opened its doors in 1998 to serve adults who are uninsured and underserved living in the surrounding rural Randolph, Saline, Pettis, Lafayette, Boone, and Cooper counties. RCCCP is dedicated to engaging the community to support social action projects and enhancing the quality of life of its residents by serving as a conduit that brings agencies together to deliver care. The organization accomplishes its mission by instilling the principles of “respect, collaboration, integrity, and accountability” in the services it offers.

*Moberly was founded in 1866. With a population of 13,974, it is the largest city in Randolph County. The boom of the railroad industry earned Moberly the moniker Magic City. Today, a large Walmart distribution center supports the rural community economy.*

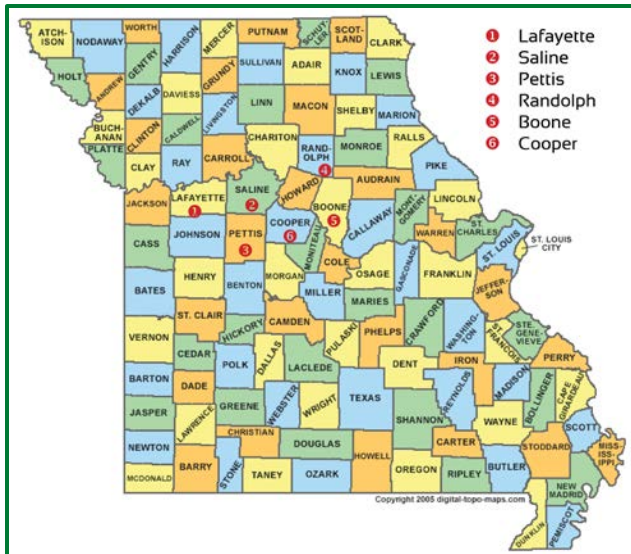
RCCCP is committed to fostering the following six core goals:

- ▶ Healthy children and families
- ▶ Children safe in their families and families safe in their community
- ▶ Young children ready to enter school
- ▶ Children succeeding in school
- ▶ Youth ready to enter productive adulthood
- ▶ Parents working at reasonable wages

To accomplish its goals, RCCCP has identified the following action items:

- ▶ Be actively involved in community decisionmaking.
- ▶ Bring services closer to where families live and children attend school.
- ▶ Use dollars more flexibly and effectively to meet the needs of families.
- ▶ Be accountable for results.

RCCCP and its community partners have decades of combined experience delivering prevention and treatment services to clients with substance use and mental health disorders. The organization has worked closely with Federal (e.g., Health Resources and Services Administration), State, and local agencies on many other grants to address substance use, mental health, and chronic disease issues that affect rural communities.



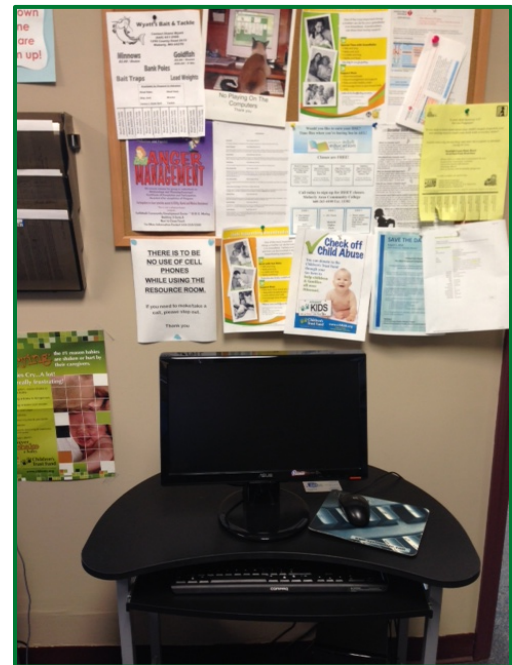
**RCCC's Catchment Area**

RCCC offers comprehensive, holistic, recovery support services, including care coordination with community resources, family engagement counseling sessions, and work readiness training; for example—

- ▶ The Mid-Missouri Fatherhood Coalition is an initiative to promote responsible parenting among fathers and is based on two evidence-based curricula (Connecting with Your Kids and Quenching the Father Thirst).
- ▶ RCCC's Women's Health Initiative includes several programs that encourage health and wellness related to heart disease, breast and cervical cancer, and other health disparities.

- ▶ RCCC began the Spice of Life program to help adults over 55 enhance their mental wellness and stay engaged in the community.
- ▶ RCCC launched the Pathways 2 ReEntry program to help adults involved in the criminal justice system successfully reintegrate into the community by offering a range of services, including physical and mental health treatment planning and counseling.
- ▶ RCCC developed The Hope Place resource center to provide clients with free computer workstations to access employment opportunities, build resumes, and/or learn about community resources.

Among other RCCC services, clients can also take advantage of onsite faith-based counseling, a fitness center, a fresh foods program, and assistance from a team of professionals to help with enrollment in the health insurance marketplace. These programs represent successful collaborations with several partnering organizations such as the Randolph County Health Department, the Burrell Moberly Clinic, and the Missouri Department of Corrections.



**RCCC Computer Station**

RCCC's program under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant—Client Access and Services Exchange (CASE)—recruits, engages, and retains clients in treatment and recovery services who might otherwise be unable to access care because of a lack of health services available in their immediate rural communities. The program makes use of a client portal called Mobile CASE, which is linked to the Community

Care Missouri (CCMo)<sup>3</sup> electronic health record (EHR), the Homepsych portal, and the Virtual World Counseling 3-D platform to become more fully engaged in their care. In addition to clinical assistance, participating agencies provide wraparound client services (e.g., housing, food, transportation).

RCCCP's clients are primarily White (60 percent) and male (75 percent), but the program anticipates targeting African Americans (33 percent) and other groups to participate in the grant. Approximately 17 percent of county-specific residents live below the Federal poverty level (compared to 14 percent statewide) and have median household incomes of \$42,400 (compared to \$47,202 statewide).<sup>4</sup> High rates of excessive alcohol use (nearly 16 percent) were reported across RCCCP's catchment area, and use of prescription drugs, methamphetamine, and marijuana is also prevalent. Co-occurring mental health and substance use disorders in these communities are exacerbated by variables such as inadequate social support, lack of household stability, and high unemployment.<sup>5</sup>

## 1. Site Visit Overview

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A team from JBS International's (JBS) TCE-TAC portfolio conducted a site visit to RCCCP on May 29–30, 2014, to review progress in implementation of CASE and identify potential areas where



technical assistance may enhance CASE's goals. Day 1 of the visit began with a meeting of the JBS team and RCCCP to learn about CASE and the staff members' role in supporting its success. The team received an indepth overview of the program and discussed general implementation and service delivery strategies. The intent of the discussion was to understand how technology is put to practice and the successes and challenges of implementation. After a tour of the facility, the team had separate meetings with several CASE clients and case managers to discuss their views on using technology and the kinds of resources and functionality that would be most beneficial. The team ended the day by reviewing program evaluation and data collection strategies.

On day 2, the site visit team spoke with Emily Hage, project manager of First Call Alcohol/Drug Prevention & Recovery (First Call). First Call is a fellow grantee in Kansas from the first TCE-TAC cohort and the program's technical assistance provider. Discussion covered the CCMo EHR, the technical assistance First Call provides, and the system's potential to grow with needs over time. The team also discussed the functionality of the Homepsych system, a platform used mainly to assess client's mental health status.

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<sup>3</sup> CCMo was adapted from First Call's EHR system called Community Care Link and renamed.

<sup>4</sup> *State & county QuickFacts*. (2013). United States Census Bureau. Retrieved from <http://quickfacts.census.gov/qfd/states/29000.html>

<sup>5</sup> *County health rankings & roadmap: Building a culture of health, county by county*. (2014). Robert Wood Johnson Foundation. Retrieved from <http://www.countyhealthrankings.org/app/missouri/2014/overview>

The team was joined by RCCCP project manager Bonita Powell to discuss the importance of forming a cross-functional and representative governance group to prioritize decisions about managing additional technology enhancements, including consolidating technology capabilities, reducing client assessment fatigue, and streamlining outreach and training activities. The meeting reinforced the need for a project management plan informed by the governance group. The team then reviewed RCCCP's health information technology (HIT) strategy, emphasizing ways CASE can become a sustainable program after the TCE-TAC grant funding period ends. The team also spoke about the role of technology in RCCCP's business model and how HIT and the availability of actionable data can support quality improvement and sustainability activities necessitated by the Affordable Care Act (ACA). The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer Kathryn Wetherby to recount the team's overall observations and recommendations.

## 2. Program Vision and Design

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The CASE program started with the idea that substance abuse is intrinsically linked to other life issues. At its foundation, CASE instills a sense of self-sufficiency in clients to help reverse the long-term health and social consequences associated with addiction.<sup>6</sup>

In addition to completing the Government Performance and Results Act (GPRA) intake questionnaire, clients complete the following standardized screening instruments to help determine their substance abuse and mental health status and readiness to engage in care:

- ▶ Addiction Severity Index, Multimedia Version (ASI-MV)
- ▶ Cut-Down, Annoyed, Guilty, Eye-Opener (known as CAGE)
- ▶ Modified Mini Screen
- ▶ Substance Abuse Subtle Screening Inventory (known as SASSI)
- ▶ Stages of Change Readiness and Treatment Eagerness Scale (known as SOCRATES)

As a condition of program participation, clients must use Mobile CASE technology. Their access to and preferences for using technology are assessed at enrollment to determine their ability to use technology and abide by program expectations. While clients wait for an appointment with their mental health specialist, they are connected with a case manager who links them to appropriate wraparound services. Clients remain in contact with their case manager throughout their involvement in the program for continuous and comprehensive care.

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<sup>6</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 14(4), 245–258.

The RCCCP grant application identified the CASE program's goals and objectives outlined in exhibit 1 (with progress updates from the biannual report submitted March 27, 2014).

**Exhibit 1. CASE Program Goals and Objectives**

CASE Goals	Objectives
Sharing of effective treatment models and results among providers	<p>Provide training for all providers on the use and implementation of the motivational enhancement therapy (MET) evidence-based model within 30 days of signing on as a CASE partner.</p> <p><b>Progress update:</b> Each site hosts either monthly or quarterly partner agency meetings where CASE staff train on best practice models, CCMo technology enhancements, and client portal updates.</p>
Increased engagement of persons in treatment for health care	<p>Provide a client portal supporting person-centered motivational interviewing (MI) and communication between the client and providers within 7 days of signing consent/release of information forms.</p> <p><b>Progress update:</b> The Mobile CASE portal gives 100 percent of CASE clients access to their treatment plan.</p>
Increased monitoring and tracking the health status of individuals	<p>Increase the number of treatment/behavioral health providers using the CCMo, Mobile CASE, and Homepsych systems by the end of the grant project.</p> <p><b>Progress update:</b> All treatment clinicians completing assessments and treatment progress notes have been trained to use the CCMo, Mobile CASE, and Homepsych systems.</p>
Improvement in recovery and resiliency rates	<p>Provide access to the CASE recovery-oriented system of care for 75 percent of clients by the end of year 3 of the project.</p> <p><b>Progress update:</b> CASE clients have displayed a strong desire to continue the use of CASE technology during the treatment and recovery stages.</p>
Increased intrinsic motivation to change	<p>Provide MI to 100 percent of clients entering the CASE program by the end of year 3.</p> <p><b>Progress update:</b> MI techniques have been used with 100 percent of CASE clients.</p>
Increase retention among pretreatment clients who used technology-based services	<p>Administer the ASI-MV assessment to 80 percent of clients in the pretreatment phase upon enrollment in the project.</p> <p><b>Progress update:</b> The ASI-MV was administered to 100 percent of clients in the pretreatment phase.</p>
Increase retention for clients who used technology-based services from treatment admission to recovery	<p>Increase the average length of stay for clients in both treatment and recovery support by 50 percent once engaged in CASE services.</p> <p><b>Progress update:</b> CASE clients have expressed their enthusiasm to participate and remain in treatment and to work toward recovery with the technology offered. Preferred Family Healthcare's avatar portal and First Call's CCMo EHR and Mobile CASE client portal have engaged clients at every stage of care.</p>



RCCCP adopted the MET approach, based on MI principles, to address client needs in the pretreatment phase of care. Once clients are fully committed to engaging in care, certified substance abuse counselors and credentialed recovery support specialists use MI techniques to help clients create individualized recovery plans based on their readiness to change. The client portal extends MI principles by enabling clients to take charge of their recovery. Clients are responsible for entering their information (e.g., demographics, behavioral health, medication history, risk/protective factors) in the CCMo portal to exchange information with their providers and access information relevant to their treatment.

RCCCP contracted with fellow grantee First Call to develop their main technology platforms – the CCMo EHR and CASE Mobile client portal. CCMo is Drummond and Office of the National Coordinator-certified software that offers a user-friendly, Web-based solution to consolidate client information. The system allows users to “connect with other providers internally or externally to coordinate a comprehensive continuum of services.” To expand EHR functionality, First Call also built CASE Mobile to enable clients to access a variety of online resources from their computer, tablet, or smartphone. With a click, clients can update their files, send and receive secure messages, complete activities as part of their treatment plan, and document their progress in a journal.



**Image from PFH's Virtual World Services portal**

RCCCP has adopted a tool developed by another TCE-TAC grantee Preferred Family Healthcare (PFH). This tool is called Virtual World Services, a computer-based, simulated 3-D environment where real people, using avatars, interact with one another and in the virtual environment.<sup>7</sup> The virtual environment offers convenience and flexibility to enable clients to access supplemental recovery resources. Clients can participate in individual or group sessions from the comfort of their home and design a meeting space and persona that works for them.

RCCCP has used Iconic Health's Homepsych client portal platform for several years. While this system offers teleconferencing capacity, RCCCP has not used this function. Rather, staff have used it mainly to conduct psychiatric assessments to help identify appropriate wraparound services for clients. At this time, a limited number of providers are able to use the Homepsych system. RCCCP explained in the grant application that “client followup referrals for additional wraparound services are not easily tracked within the system, thus diminishing the quality of

<sup>7</sup> Preferred Family Healthcare Web site: <https://pfh.org/virtual-world/>

care available.” Integrating valuable Homepsych functionalities within the CCMo portal would significantly streamline documentation and improve information sharing while eliminating the need to maintain two separate but related technologies.

RCCCP intends to enroll 300 unique participants over the course of the 3-year grant (year 1, 75; year 2, 125; year 3, 100). The program has also planned a phased rollout of the CCMo portal to treatment and behavioral health agencies with the goal that 12 agencies will use the technology by the end of year 3.

### 3. Grantee Leadership

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RCCCP program staff have years of direct social service experience and a clear understanding of the value of technology to enhance treatment outcomes. RCCCP 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 and other developments (e.g., the emergence of accountable care organizations and shifts in reimbursement).

As the CASE program grows, it will become more important to form a governance group to help prioritize short- and long-term program activities, particularly managing activities related to the increased use of technology. The governance group—composed of management team member, providers, and agencies—can develop strategies to determine how technology will complement client services and enable the organization to compete in the rapidly evolving health care environment, while ensuring leadership investment in the efficient use of resources.

RCCCP discussed establishing a project advisory council made up of select CASE clients. Council meetings would serve as a continuous quality improvement opportunity for the organization in which clients provide feedback on programming services, assess existing program options, and assist with planning and evaluation efforts.

Each year RCCCP staff undergo training on topics such as strategic planning, leadership development, compliance with the Health Information Portability and Accountability Act (HIPAA), and cultural diversity issues. The program director uses the Ideas Exchange regularly to access resources and review discussion board posts. She also participates in biweekly grantee Webinars, podcasts, and other online activities to share news on emerging technologies with staff.



## 4. Implementation Plan

RCCCP anticipates implementing an assertive community treatment model: an integrated, multidisciplinary approach composed of probation and parole officers, mental health providers, substance abuse counselors, case managers, and other social service providers to improve client outcomes across the service spectrum. While not exactly matched to the fidelity model of the evidence-based practice of assertive community treatment, the modification appears to be appropriate for the rural environment. Clients whose intake assessment scores indicate substance use and/or mental health issues are referred to the appropriate service providers in their area. Case managers also establish an email address for clients to start a CCMo account.

As reported in the grant application, CASE staff developed the project timeline in exhibit 2. Inclement winter weather may have shifted implementation timelines slightly.

**Exhibit 2. CASE Project Timeline**

Description of Task/Activity	Responsible Persons	Timeline	Anticipated Milestones
<b>Task 1: Transition Project Manager and Program Director</b>			
<b>Action Step 1:</b> Update human resources (HR) paperwork	executive director	October 1, 2013	Signed HR documents
<b>Action Step 2:</b> Project orientation	executive director	October 1–4, 2013	Logic model (see attachment 1)
<b>Task 2: Project implementation meeting with partners and project advisory council</b>			
<b>Action Step 1:</b> Determine location, date, time, and agenda for quarterly face-to-face meetings for the year	program director	October 16, 2013	Schedule sent to all partners and project advisory council members
<b>Action Step 2:</b> Review binder with grantee information	program director	October 16, 2013	Grantee binder
<b>Task 3: Training on the CCMo EHR and CASE Mobile systems</b>			
<b>Action Step 1:</b> Initial CASE project meeting with First Call to discuss project requirements, hardware needs, and provider information	project manager, program director First Call	October 18, 2013	Complete agency information packet
<b>Action Step 2:</b> Train partner sites to use the CCMo EHR and Mobile CASE systems	project manager, program director First Call	November 6, 2013	Complete training on system usage
<b>Task 4: Attend grantee meeting</b>			
<b>Action Step 1:</b> Program staff (two) will attend yearly grantee meeting	project manager, program director	TBD	Grantee packet

Description of Task/Activity	Responsible Persons	Timeline	Anticipated Milestones
<b>Task 5: Complete training on data collection system</b>			
<b>Action Step 1:</b> Attend training offered on GPRA data collection	project manager, program director	TBD	Training certification
<b>Action Step 2:</b> Provide training for all site of GPRA data collection	project manager, program director	TBD	Training certification
<b>Task 6: Complete training on MET and MI</b>			
<b>Action Step 1:</b> Meet with First Call clinician to discuss training needs	program director	November 8, 2013	Training agreement
<b>Action Step 2:</b> Host training on MET and MI	program director, First Call	November 27, 2013; December 4, 2013	Certification in MET and MI
<b>Task 7: Host quarterly partnership and semiannual project advisory council meetings</b>			
<b>Action Step 1:</b> Schedule quarterly and semiannual meetings	program director site coordinators	October 16, 2013	Meeting dates on RCCCP schedule
<b>Action Step 2:</b> Prepare meeting agenda and disseminate among members	program director site coordinators	A week prior to meeting	Meeting agenda/minutes
<b>Action Step 3:</b> Host meetings	program director site coordinators	October 2013 to September 2016	Meeting minutes, attendance sheets
<b>Task 8: Engage participants in pretreatment and treatment services</b>			
<b>Action Step 1:</b> Receive program referrals from community partners	site coordinators	February 1, 2014– September 30, 2014	Referrals submitted through CCMo EHR system
<b>Action Step 2:</b> Process referrals	site coordinators	Within 3 days	Referral entered into CCMo EHR system
<b>Action Step 3:</b> Initiate client pretreatment and treatment services	site coordinators	Within 2 days	Services verification CCMo EHR and SAIS
<b>Task 9: Program evaluation</b>			
<b>Action Step 1:</b> Extract data from system	evaluation team	October 1, 2014	Data reports
<b>Action Step 2:</b> Analyze data collected from each site	evaluation team	October 15, 2014, and ongoing	Data summary report
<b>Action Step 3:</b> Submit final evaluation report	evaluation team	November 1, 2016	Final evaluation report

Description of Task/Activity	Responsible Persons	Timeline	Anticipated Milestones
<b>Task 10: Submission of final report</b>			
<b>Action Step 1:</b> Complete final report	project manager	November 2016	Completed final report
<b>Action Step 2:</b> Submit report through electronic system	project manager	November 2016	Completed final report

RCCCP has created a manual of standard operating procedures for the CASE program, with client consent forms and step-by-step directions for using CCMo. First Call serves as a program mentor, assisting with lessons learned about CCMo and Mobile CASE and meeting weekly to brainstorm new ideas.

Managing workflow represents RCCCP's biggest challenge. The site visit team noted a workflow plan is needed to avoid having staff become overwhelmed. While the program's contact person is on leave for several months, RCCCP needs to establish another contact. The program director has been entering GPRA data, which is not a good use of her time.

Facilitating cultural change within the organization and partner agencies will be an important part of implementation. The site visit team recommended developing an implementation plan that charts program objectives, completion timelines, budget, and progress toward achieving goals. The Journey Map for grantees (featured on the Ideas Exchange) includes tips for this task. Organized, clearly defined, and well-communicated tasks will improve overall program implementation processes at all stages of the grant cycle. Establishing a standardized training protocol, using peer recovery coaches, and identifying technology champions will also facilitate adoption of technology.

RCCCP is encouraged to form a governance group to help prioritize program activities while being mindful of clinical, financial, and technological issues that affect the entire organization. The group's input will be particularly helpful when negotiating with vendors and will contribute to long-term sustainability. First Call is open to having structured, ongoing conversations about the use of CCMo and Mobile CASE.

It is important to make sure staff capacity is not strained and there is sufficient support available to streamline operations. The CASE project manager can help to coordinate a project plan that ensures staff are working at the top end of their credentials. For example, rather than entering GPRA data, the project manager should be responsible for introducing community partners to the CASE program. She will need assistance with training and troubleshooting needs.

## 5. Community Linkages, Partners, and Participation

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Establishing partnerships with agencies to engage clients in wraparound services is one of the primary functions of the CASE program. RCCCP has developed an extensive partner network to address this need.

As mentioned earlier, RCCCP contracted with fellow TCE-TAC grantee First Call, adapting its technology platform, the Community CareLink (CCL) EHR and Mobile CCL client portal, to become CCMo and CASE Mobile. RCCCP also contracted with another fellow TCE-TAC grantee PFH to use their Virtual World 3-D tool.

In addition to technology-based partnerships forged with First Call and PFH, RCCCP has aligned services with agencies throughout the catchment area:

- ▶ Powerhouse Community Development Corporation (PCDC) is nonprofit organization based in Marshall, Missouri, formed in 2008 to expand access to services related to social, educational, and economic issues affecting rural communities. PCDC offers substance abuse support meetings (Power of HOPE) and other recovery services to help individuals overcome life challenges.
- ▶ United Community Builders Development Corporation (UCBDC) is a nonprofit, faith-based organization in Columbia, Missouri, that offers programming designed to help rural, underserved, and uninsured residents of Boone, Cole, Cooper, and Callaway counties. Among its many services, UCBDC's I AM Plan provides recovery support and life skills training to participants.
- ▶ FaithWalk Ministries, Inc. (FWM) is a nonprofit, faith-based organization in Paris, Missouri, that serves individuals from Randolph, Marion, Monroe, and Ralls counties. Among its many services, FWM offers pastoral counseling, recovery support services, and classes on employment skills, anger management, and budgeting. FWM's reentry program serves ex-offenders on probation or parole and, and FWM provides behavioral health support to individuals with co-occurring disorders in RCCCP's Pathways 2 ReEntry program.
- ▶ Department of Corrections' support was spurred by RCCCP's fatherhood program as a way to encourage decreased recidivism rates among men. Probation and parole officers recognize it can be challenging for released inmates to access services. Unlike traditional correctional settings, RCCCP clients are empowered (not mandated) to do the right thing.

RCCCP coordinates behavioral health services and referrals with the following groups:

- ▶ Pathways Community Health
- ▶ Hannibal Council on Alcohol and Drug Use

- ▶ Family Counseling Center
- ▶ Burrell Behavioral Health Services

With great demand for wraparound services, RCCCP is actively recruiting new partners to fulfill client needs. Staff visited Boonville in Cooper County earlier in the year to promote the CASE program, and nearly 2 dozen agencies signed up to train to begin referring clients. RCCCP plans to coordinate trainings with new partners as soon as possible.

## 6. Client Outreach, Recruitment, and Referral

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RCCCP is able to effectively recruit clients into service because of their expansive community partner model in which they collaborate with organizations with similar missions and goals. One community partner mentioned that RCCCP enables groups to meet client needs in ways that were once impossible to coordinate.

RCCCP has generated flyers and brochures to explain CASE program services and generate referrals. Materials are distributed to local treatment and behavioral health provider offices, probation and parole offices, law enforcement agencies, health departments, hospitals, federally qualified health centers, drug courts, and faith-based agencies. RCCCP also holds informational sessions with community-based partners to encourage participation.

The CASE program is designed to enable case managers to complete referrals directly in the CCMo system. Staff encourage agencies to use the electronic-based referral option to more effectively and efficiently coordinate client care. Some referral sources are using incentives to increase client engagement. One Department of Corrections judge, for example, has agreed to expunge client records as a condition of program participation.

CASE is working with the Missouri Substance Abuse Professional Credentialing Board to ensure staff can become certified Missouri Recovery Support Specialists. This is a career-building opportunity for staff and will expand CASE's service delivery capacity to manage client outreach, recruitment, and referral needs.

## 7. Affordable Care Act Readiness

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RCCCP staff have only recently begun to implement their program; however, they are mindful of the changes outlined under the ACA, particularly with regard to technology and an increased focus on quality metrics. The CASE program is part of a broader, organization-wide strategy to meet meaningful use standards established under the Health Information Technology for Economic and Clinical Health (HITECH) Act and ACA. Predicting and managing financial and population health outcomes and cost offsets will be an essential part of ACA quality

expectations, and data collected by this project will help make a business case for the value of RCCCCP services. Looking ahead, RCCCCP anticipates launching CASE Plus, the enhanced iteration of the CCMo portal, as part of the next phase of RCCCCP's technology strategy to integrate behavioral health and primary care systems. Unfortunately, Missouri is not a State slated for Medicaid expansion.

RCCCCP's adoption of CCMo is helping to build RCCCCP's capacity to act as "go-to" source for care coordination. The system is meaningful-use certified, compliant with HIPAA, and includes a patient portal to allow clients easy access to their health information. RCCCCP anticipates the new system will increase workflow efficiency (e.g., timeliness, scheduling, billing) and information sharing capacity across the organization and among partner agencies.

The organization's momentum toward ACA readiness is affected by statewide health care reform measures. The Missouri Office of Health Information Technology is actively promoting the use of certified EHRs among doctors, hospitals, clinics, and other health care providers and the creation of a secure, statewide health information exchange.<sup>8,9</sup> RCCCCP has staff on site to help clients navigate through the State's health insurance marketplace.<sup>10</sup>

The site visit team encouraged CASE program staff to develop a strategic plan that aligns with ACA requirements to guide the organization's technology use and future (3–5 year) investments. The plan should be comprehensive, aligned with the broader organizations goals, and designed to meet clients' needs. A solid, data-informed strategy will help secure RCCCCP's role as a leader in technology-supported behavioral health care.

## 8. Sustainability Planning

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While implementation of the CASE program has been the primary focus, program staff understand the importance of developing a long-term sustainable practice model—notably, the involvement of leadership in discussions about technology enhancement and sustainability options, investments, and planning to further enhance buy-in opportunities for partner agencies.

Prior to the TCE-TAC grant award, RCCCCP worked with students from a local university to develop an information technology strategic plan to outline the organization's approach to integrate technology tools in their standard operating practice. This help was made possible via grant funding from the Missouri Department of Health to address HIT integration. The plan is

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<sup>8</sup> Missouri Office of Health Information Technology: <http://www.dss.missouri.gov/hie/faq-hie.shtml>

<sup>9</sup> Missouri Health Connection was the public-private nonprofit organization responsible for developing Missouri's only secure HIE. The State received \$13.8 million in Federal stimulus dollars to fund the HIE.

<sup>10</sup> Cover Missouri: <http://covermissouri.org/>

an important first step to address payment reform, data management, information integration, workflow, and organizational culture shifts (for clinical staff and clients).

Additional staff support, preferably cross-functional assistance that draws on the expertise of staff, partners, and clients across RCCCP, will help the organization realize its long-term sustainability goals. This will also enable program leaders to focus on development opportunities to assist with near- and long-term strategies for ongoing maintenance costs. RCCCP is considering hiring an information technology staff person specifically to help with technology expansion projects.

The organization has identified substantial needs for CASE services within the region, and it is essential to determine RCCCP's potential to scale services in the future, considering staff and technology capacity. The site visit team recommended RCCCP consider using technology in different ways to assist with program expansion efforts. Creating video tutorials, using videoconferencing technology, developing a strong Web presence, and employing recovery coaches are strategies that can facilitate growth.

RCCCP noted that many of its partner agencies have their own electronic record-keeping systems. CCMo, however, is a shared platform that can significantly increase the potential for improved care coordination, increased efficiencies, and facilitated information sharing. Forming a consortium among partner agencies may help defray costs associated with acquiring new technologies and/or upgrading existing platforms. The consortium could also work together to explore reimbursement opportunities associated with delivering case management, counseling, and telehealth services to clients. In this way, the consortium could prompt necessary policy and reimbursement changes to help the CASE program stay relevant and competitive in the changing technology landscape.

## 9. Grantee Evaluation

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The CASE program does not yet have meaningful evaluation data to report on the 55 clients enrolled in the program. RCCCP has partnered with Dr. Brent Wholeben, director of the Office of Research, Evaluation, and Policy Studies at Northern Illinois University in DeKalb, Illinois, to manage CASE evaluation activities. Dr. Wholeben has revised the organization's original evaluation model and developed a quasi-experimental/quasi-comparative study design that will examine client progress over time and assess factors that facilitated or impeded success. RCCCP also developed a comprehensive list of project outcomes (see attachment 2) and will use information captured in the CCMo system to demonstrate changes in (1) client motivation, engagement, and retention in services; (2) technology adoption and use; and (3) substance use behavior.

CASE technology enables program staff to link composite assessment results with appropriate wraparound services. Clients can update their progress weekly by completing an automated

worksheet on CCMo that tracks their outcomes. The system enables program staff to view longitudinal changes and determine next steps in client treatment plans.

Clients must complete a lengthy assessment process that is both time consuming and repetitive. The site visit team recommended consolidating and automating assessment questions so that RCCCP can expedite the initiation of service delivery. To encourage long-term engagement, clients who complete the 6-month GPRA followup interview will receive a \$20 gift card incentive.

The CASE program will help RCCCP consider technology's broader role for the overall organization. A successful evaluation strategy will inform technology's ability to add value to the management of health outcomes and effectively demonstrate its return on investment. The plan must be dynamic, focused, and account for State and national system changes (e.g., the changing technology landscape outside of RCCCP). These factors will be particularly helpful to garner stakeholder buy-in and support future expansion efforts.

Extreme winter weather in December 2013 and January and February 2014 reduced the program's ability to meet projected GPRA targets. Despite this setback, RCCCP anticipates exceeding targets moving forward.



# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- RCCCCP connected with nearby cohort 1 TCE-TAC grantees (First Call and PFH) to incorporate their respective technologies as part of the CASE design.
- RCCCCP staff underwent extensive training with First Call to learn about the CCMo EHR system and the protocols for completing client assessments and referrals.
- RCCCCP plans to integrate existing record systems with the CCMo platform over time so that client services can be coordinated from a single repository.
- RCCCCP has a long-term vision for incorporating technology in recovery services for clients.

### CHALLENGES

- The utility of the Homepsych platform is limited to completing psychological assessments. Clinicians also report the system uploads slowly.
- The intake process is time consuming. Clients are asked duplicate assessment questions, which prolongs entry into care and can make clients feel they are not trusted to answer questions honestly the first time.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Adapt the CASE program with the end user in mind. Consider the user experience to achieve the greatest potential and minimize frustration with technology use. Conduct routine focus groups to help guide decisionmaking regarding enhancements.	X		
2	Consider having technology champions lead technology support groups and education efforts.	X		
3	Consider expanding the online client portal content to include resources that benefit clients' lives (information related to employment, dealing with emotions, housing, child welfare, etc.).	X		
4	Conduct a crosswalk of Homepsych and CCMo functionalities, and consider consolidating the platforms so clients and clinicians use a single system.	X		
5	Consider streamlining and automating assessment questions so clients can complete them on their own.	X		

## Grantee Leadership

### STRENGTHS

- RCCCCP leadership believes in the value of technology to support client outcomes.
- Leadership is committed to partnering with organizations to expand the CASE program's potential to deliver wraparound services.
- Each year RCCCCP staff undergo training on topics such as strategic planning, leadership development, HIPAA compliance, and cultural diversity issues.
- CASE program staff appear strongly committed to achieving goals.
- The program director uses the Ideas Exchange regularly to access resources and review discussion board posts. She also participates in biweekly grantee Webinars, podcasts, and other online activities to share news on emerging technologies with staff.
- RCCCCP is considering forming a consumer advisory council to help develop, assess, and promote programming that meets client needs.

### CHALLENGES

- In the absence of a technology governance group, tasks associated with technology implementation are not prioritized, and effective implementation processes are threatened.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Form a governance group to help prioritize enhancements to increase the use of technology and to address barriers to service delivery.	X		
2	Identify champions from within the organization and among members to promote the value of using technology to enhance substance abuse treatment services.	X		

## Implementation Plan

### STRENGTHS

- RCCCCP created a document of standard operating procedures that outlines the CASE program, the appropriate client consent forms, and step-by-step directions on how to use CCMo (complete with screen shots).
- RCCCCP has been mentored by fellow grantee First Call. The project manager and project director have made themselves readily available to assist with lessons learned and tips to ease implementation of the CCMo and Mobile CASE platforms. It has been beneficial to have a competent and responsive point of contact to troubleshoot issues.
- The First Call team meets weekly to discuss technology enhancement opportunities for the platforms they support. First Call is willing to brainstorm new ideas, such as interfacing with different applications and interoperability potential.
- RCCCCP is committed to ensuring implementation fidelity across partner sites.

### CHALLENGES

- Managing workflow is RCCCCP's biggest challenge. As program participation expands, so will the need to restructure workflow. Without a formal workflow plan in place, staff run the risk of becoming overwhelmed.
- The First Call contact person will be on extended leave for several months. During this time, RCCCCP will need to establish another contact to manage questions and/or troubleshoot issues as they arise.
- User questions may become bottlenecked if they go through multiple staff members. First Call said users may contact them directly to minimize the burden on the program director as a gatekeeper. This may not offer the most organized and efficient process.
- The program director has been entering GPRA data into SAIS, which is not an efficient use of her time.
- Changing established practices also means shifting attitudes and behaviors among clinical and administrative staff.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Minimize the steps needed to get things done to make the system much more accessible (i.e., effective and efficient) to clients and staff.	X		
2	Develop efficient workflow policies and ensure staff are operating at the top end of their licenses.	X		
3	Develop brief video-based tutorials and client testimonials to assist with training, implementation, and engagement efforts, particularly when in-person help is not available and/or travel is difficult. Videos can be housed online and accessed as needed.	X		

## Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	Compile a document of frequently asked questions (to supplement the training manual) that can be uploaded directly to CCMo and Mobile CASE to troubleshoot common user issues.	X		
5	<p>Solicit client input at intake to better determine access to and preference for different types of technology. Clients suggested adding the following technology features:</p> <ul style="list-style-type: none"> <li>Instant messenger capacity</li> <li>Real-time access to county-specific resources</li> <li>Panic button for trigger situations</li> </ul>	X		
6	Consider expanding content to include resources that benefit clients' lives, such as information related to education, health care, employment, housing, and child welfare. Content must be relevant and easy to find.	X		
7	Consider establishing a peer mentoring program where clients in recovery can support others with technology adoption and training. A similar process can be established for program staff. This is a professional development and confidence-building opportunity.	X		
8	Establish a detailed project management plan to help set expectations for technology's functionality, prioritize the adaptation and rollout of features, and identify a budget and timeline.	X		
9	Determine which assessments tools are being used by clients, and make those a priority for what is automated on the CCMo system (after eliminating redundant questions).	X		
10	Collaborate with First Call to develop a clear plan for receiving technical assistance while the point person is on leave.	X		

## Implementation Plan

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
11	Consider exploring telehealth opportunities as a way to connect clients with service providers.	X		
12	Assign GPRA data entry tasks to administrative staff to relieve the program director of the responsibility so she can focus on program development priorities.	X		
13	Solicit client input at intake to better determine access to and preference for different types of technology. JBS provided sample questionnaire language that can be incorporated in the client intake forms.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- RCCCP has a longstanding presence in the community and established partnerships with multiple Federal, State, and local agencies. Its reputation and voice in the community facilitate partnership opportunities.
- RCCCP is focused on collaborating across agencies to more effectively and efficiently meet client needs. Partner agencies stand to benefit enormously from participating in this integrated approach to care.
- Technology engagement will also increase peer engagement opportunities. RCCCP will grow demand for people to get involved as peer recovery support specialists.

### CHALLENGES

- It can be challenging for partners to fully adopt a new service delivery system when they are emotionally attached to traditional methods. Some partners find it difficult to allow the clients to manage their own care.
- The CASE program uses three forms of technology and is interacting with agencies that have their own platforms. It might be challenging to effectively integrate multiple technologies.
- With a small staff, it is difficult to meet the training demand. RCCCP will need to identify strategies (including using technology and peer mentors) to support training needs.

## Community Linkages, Partners, and Participation

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collect qualitative and quantitative data to share with potential partners about the program's value and effectiveness.	X		
2	Create a detailed workplan to capture best practices for streamlining staff workflow and continuity of care strategies for clients who are transitioning to different service providers/agencies.	X		
3	Develop a capacity-building strategy to effectively address needs while also considering limits on staff time and resources.	X		
4	Leave prospective partners with something to review (e.g., a training video) immediately following an introductory session. When in-person visits are not possible, direct partners to an updated Web site or video link or hold a Webinar.	X		

## Client Outreach, Recruitment, and Referral

### STRENGTHS

- Patients are empowered to take charge of their own care.
- All client activities can be coordinated through a central portal.
- Clients have commented on the value and utility of technology in supporting their treatment and recovery.

### CHALLENGES

- The online referral source can be challenging to use; however, the difficulty should dissipate with additional training and practice.
- It can be challenging to manage multiple simultaneous referrals from multiple partner sites.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore technology-based options to encourage client engagement such as daily motivational text messages.	X		

## Client Outreach, Recruitment, and Referral

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	As an incentive to keep clients engaged, tap into agencies that can help acquire smartphones or tablets clients can use with discounted data plans. Outlets such as TechSoup provide free or low-cost resources.	X		
3	Consider curtailing expansion activities until processes are in place to manage the current influx of clients or until expansion can happen without focusing on completing GPRA data collection with clients.	X		
4	Address the shortage of licensed professionals by using telehealth to alleviate distance issues involved with recruiting providers. Consider connecting with universities to help recruit recent graduates who have provisional licenses.	X		
5	Consider ways to streamline intake and consent processes. Have a single consent form that cuts across agencies so that if a client ends service in one location, he or she can continue to seek services elsewhere. Allowing clients to complete consent forms online may also be helpful.	X		
6	Include links to other agencies on the Mobile CASE portal to empower clients to learn more.	X		

## Affordable Care Act Readiness

### STRENGTHS

- RCCCCP understands the value of distance treatment technology on client outcomes and appreciates the role technology will have in the future of patient care.
- RCCCCP staff are available to assist clients with navigating the health insurance marketplace.

### CHALLENGES

- Missouri is not a State slated for Medicaid expansion.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider using the CASE program to demonstrate technology's effectiveness in improving health outcomes for clients outside static clinical settings to help make the case for needed reimbursement reform.	X		
2	Consider joining local chapters of health informatics groups to better understand how to use technology in the changing health care landscape.	X		
3	Stay informed on ACA developments and demonstrate the value of early intervention and improved client engagement.	X		



## Sustainability Planning

### STRENGTHS

- While implementation has been their primary focus, staff are mindful of the importance of sustaining the project beyond the grant.
- RCCCCP has always considered sustainable practices as part of its program design. RCCCCP developed an information technology strategic plan with the assistance of students from a local university to guide their approach to adopting new technologies.

### CHALLENGES

- As the program grows, there will be increased demands on staff, which may affect their ability to manage competing program requirements.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	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 and HITECH Act.	X		
2	Train recovery coaches to promote the program to embed CASE services in the community and reduce strain on staff. Expand credentialing opportunities for recovery coaches.	X		
3	Demonstrate the value of technology to support broader RCCCCP initiatives by showcasing the program's cost-benefit and savings potential.	X		
4	Build a robust Web presence to house training materials and other resources that clients and partners can access on a regular basis.	X		
5	Develop a technology wish list that coincides with RCCCCP's expansion goals for the next 3–5 years.	X		
6	Explore reimbursement options for providing clinical services (e.g., case management, counseling, telehealth services), including bundled treatment options.	X		
7	Consider offering Mobile CCMo as a subscription service to partner agencies to defray maintenance costs.	X		

## Sustainability Planning

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
8	Use the partner network to promote the adoption of favorable reimbursement policies.	X		
9	JBS can provide technical assistance related to strategic planning for billing and reimbursement options.		X	

## Grantee Evaluation

### STRENGTHS

- Meeting GPRA reporting targets is a priority for CASE staff. GPRA training was recently completed, with a plan to repeat the training more broadly with other staff.
- RCCCP is using data to capture the comprehensive service needs of clients. There are multiple data collection points RCCCP can use as a function of the CCMo platform.
- RCCCP uses an objective, independent program evaluator to support data collection and assessment efforts.
- RCCCP is motivated to build technology-related questions into the evaluation model to make the case for how technology-based practices enhance client outcomes.

### CHALLENGES

- Extreme winter weather in December, January, and February reduced the program's ability to meet projected GPRA targets. Despite this setback, RCCCP anticipates exceeding targets moving forward.
- The intake process is lengthy and includes redundant assessment questions.
- Adjust workflow to accommodate collection of GPRA and other data.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collect evidence of program effectiveness to demonstrate why distance treatment services should be reimbursed in the future.	X		
2	Streamline the intake assessment process by considering skip patterns or other strategies to reduce responding to unnecessary questions and eliminate redundancies in the questions asked.	X		
3	Consolidate data elements and automate the questions on CCMo.	X		
4	Assess client access to and preferences for using technology to help measure technology's impact on client outcomes.	X		

## Abbreviations and Acronyms

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ACA	Affordable Care Act
ASI-MV	Addiction Severity Index, Multimedia Version
CASE	Client Access and Services Exchange
CCL	Community Care Link
CCMo	Community Connection Missouri
EHR	electronic health record
First Call	First Call Alcohol/Drug Prevention and Recovery
FWM	FaithWalk Ministries, Inc.
GPRA	Government Performance and Results Act
HIPAA	Health Information Portability and Accountability Act
HIT	health information technology
HITECH	Health Information Technology for Economic and Clinical Health
HR	human resources
JBS	JBS International, Inc.
MET	motivational enhancement therapy
MI	motivational interviewing
PCDC	Powerhouse Community Development Corporation
PFH	Preferred Family Healthcare
RCCCP	Randolph County Caring Community Partnership
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	technology-assisted care
UCBDC	United Community Builders Development Corporation

# Attachment 1

## CASE Project Logic Model

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Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
<b>People</b> <ul style="list-style-type: none"> <li>Project Manager</li> <li>Program Director</li> <li>Site Coordinators</li> <li>Care Coordinators</li> <li>IT Systems Admin</li> <li>Clinician</li> <li>Evaluator</li> </ul> <b>Funds</b> <ul style="list-style-type: none"> <li>SAMHSA</li> <li>Missouri Foundation for Health</li> </ul> <b>Facilities</b> <ul style="list-style-type: none"> <li>RCCCP</li> <li>PCDC</li> <li>UCB</li> </ul> <b>Equipment</b> <ul style="list-style-type: none"> <li>CCL EMR</li> <li>Mobile CCL</li> <li>Homepsych</li> <li>PC laptops for project sites and case coordinators</li> </ul> <b>Community Partners</b> <ul style="list-style-type: none"> <li>Randolph County</li> <li>Saline County</li> <li>First Call CCL</li> <li>Iconic Health</li> </ul>	<b>Training (for agencies)</b> <ul style="list-style-type: none"> <li>IT training</li> <li>MET/MI training</li> <li>Cultural competency</li> <li>ROSC capacity training</li> </ul> <b>Outreach Strategic communication Intake/Assessment</b> <ul style="list-style-type: none"> <li>Client portal used for:</li> <li>Enrollment</li> <li>Screening</li> <li>Triage</li> <li>Appointment setting</li> <li>Encrypted email</li> <li>Text messaging</li> <li>ASI-MV</li> <li>MI</li> </ul> <b>Treatment and Recovery Services</b> <ul style="list-style-type: none"> <li>Integrated treatment planning</li> <li>Care coordination</li> <li>Outpatient counseling</li> <li>MET</li> <li>Client questionnaires</li> <li>Telepsychiatry</li> </ul> <b>Other services Psychosocial support services</b> <b>Program support</b> <ul style="list-style-type: none"> <li>Network development</li> <li>Strategic planning</li> <li>Administration</li> </ul>	<b>Client numbers</b> <ul style="list-style-type: none"> <li>75 (Y1)</li> <li>100 (Y2)</li> <li>125 (Y3)</li> </ul> <b>Treatment and Behavioral Health Participation</b> <ul style="list-style-type: none"> <li>5 agencies (Y1)</li> <li>8 agencies (Y2)</li> <li>10 agencies (Y3)</li> </ul> <b>Streamlined intake and assessment Clients enter system via client portal</b> <b>Clients complete intake assessment via ASI-MV</b> <b>Improved treatment planning and care coordination Clients work with providers on person- centered integrated treatment plans</b> <b>Clients receive treatment (inpatient or outpatient)</b> <b>Clients receive recovery support</b> <b>Clients referred to mental health services</b> <b>Clients referred to psychosocial support services (as needed)</b>	<b>Motivational Enhancement Outcomes</b> <ol style="list-style-type: none"> <li>Decreased alcohol and drug use</li> <li>Increased intrinsic motivation to change</li> <li>Increase retention among pre-treatment clients utilizing technology-based services</li> <li>Increase treatment retention for clients utilizing technology-based services from treatment admission to recovery.</li> </ol> <b>Technology-Related Outcomes</b> <ol style="list-style-type: none"> <li>Number of treatment/behavioral health providers utilizing CCMo, Mobile CASE portal, and Homepsych</li> <li>Increase in the number of provider/client contacts</li> <li>Use of links and resources</li> <li>Source/location of technology-based applications use (at select portals)</li> <li>Result of use (e.g., appointments made and resource accessed)</li> <li>Analysis of services provided by partner agencies and accessed by program clients,</li> <li>duration and intensity of services, and leveraged funding of psychosocial support services provided</li> </ol> <b>Client-related process outcomes</b> <ol style="list-style-type: none"> <li>Analysis of the usage of technology- based applications by unduplicated persons accessing client portal</li> <li>Number and percent of those using technology-based applications for whom treatment was appropriate and time efficient</li> <li>Number and percent of those using technology-based applications who remained in treatment until completion</li> <li>Number and percent of those using technology-based applications that entered into recovery support</li> <li>Percentage of consumers who report a reduction in substance use at designated intervals</li> <li>Number and percent of consumers who were assessed for and received mental health and/or psychosocial support services</li> </ol>

## Attachment 2

### CASE Project Outcomes

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## Motivational Enhancement Outcomes

1. Decrease by 40 percent annually - incidence of substance abuse (including marijuana use) in participating client population, as measured by participant responses to repeated administration of Addiction Severity Index (ASI), as documented by responses to ASI items D1-D35.
2. Decrease by 40 percent annually - incidence of alcohol consumption in participating client population, as measured by participant responses to repeated administration of ASI, as documented by responses to ASI items D1-D35.
3. Increase by 40 percent annually - intrinsic motivation for readiness to change in participating clients, as measured by participant responses to the SOCRATES V8, as documented by responses to the 19 item drug/alcohol questionnaire.
4. Increase by 60 percent annually - retention from pre-treatment to treatment initiation among clients who utilized technology-based services, as measured by contact data in the CCMo system, as documented by case manager records.
5. Increase by 40 percent annually - retention from treatment initiation to recovery among clients who utilized technology-based services from treatment admission to recovery, as measured by contact data in the CCMo system, as document by clinician and recovery support specialist records.

## Technology-Related Outcomes

1. Increase by 20 percent annually - number of treatment/behavioral health providers utilizing CCMo EHR, as measured by the providers signed onto CCMo EHR, as documented by log-in to the database.
2. Increase by 25 percent annually - number of provider/client contacts, as measured by the number of participant interactions recorded, as documented in CCMo.
3. Increase by 20 percent annually - number of links and resources utilized by clients, as measured by the number of referrals to service providers, as documented by client referral forms.
4. Increase by 20 percent annually - source/location of technology-based applications use (at select portals), as measured by participants using the CCMo EHR thru selected portals, as documented by log-in data tracked thru CCMo.
5. Increase by 20 percent annually - utilization of referral services including appointments, use of resource links, as measured by the number of participants having and appointment and/or using the services of identified service providers, as documented by their log appointment or service provision.
6. Increase by 20 percent annually - number of services provided to and accessed by clients, as measured frequency of portal access and provider contact, as documented by portal access logs and provider contact logs.

7. Increase by 20 percent annually - length of time clients use available services, as measured duration of portal access and provider contact, as documented by portal access logs and provider contact logs.
8. Decrease by 5 percent annually - per capita cost of services, as measured by average cost per person across all provided services, as documented by cost account ledgers.

## Client-Related Process Outcomes

1. Increase by 40 percent annually - unduplicated persons accessing the client portal thru the use of technology in participating client population, as measured by participant usage of CCMo as documented by log-in to the CCMo system by user.
2. Increase by 40 percent annually - appropriate treatment of substance abuse (including marijuana use) in participating client population, as measured by type of use during portal access and type of provider contact, as documented by portal access logs and provider contact logs.
3. Decrease by 20 percent annually - time interval between entry into pre-treatment with CASE and entry into treatment, as measured by the number of days between the two phases, as documented by CCMo and treatment provider reporting.
4. Increase by 40 percent annually - completion of treatment among participating client population, as measured by participant responses to follow up survey with CASE clients, as documented by provider caseworker records.
5. Increase by 40 percent annually - entry into recovery support among participating client population, as measured by participant responses to follow up survey with CASE clients, as documented by provider caseworker records.
6. Decrease by 30 percent annually - incidence of substance abuse (including marijuana use) in participating client population use at designated day intervals, as measured by participant responses to repeated administration of ASI, as documented by responses to ASI items D1-D35.
7. Increase by 20 percent annually - consumers who were assessed for and received mental health and/or psychosocial support services thru CASE, as measured by the number of participants assessed and service cases, as documented by the number of complete assessments and open service cases in CCMo.