

Service Design Site Visit Report Executive Summary

Spectrum Programs, Inc.
Miami, Florida



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



Spectrum Programs, Inc.

Grantee Name	Spectrum Programs, Inc.
Address	11031 NE 6th Avenue, Miami, FL 33161-7182
Site Visit Dates	March 25–27, 2013
Program Name	Electronic Transitions
Grant TI Number	TI023804-01
Grantee Contact Person	Juliette Graziano, Ph.D., Vice President of Research and Innovation
Government Project Officer	Kathryn Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., Alaysia Phillips, Iris Chai

Grantee Project Team Members	
Nancy Rudes	Project Director
Juliette Graziano	Evaluation Team
Laura Alonso	Evaluation Team
Jason Hayden	Information Technology Department
Oscar Garcia	Information Technology Department



Nancy Rudes, Project Director



Evaluation and IT Teams

Grantee Project Sites Visited

Fort Lauderdale, FL, Office	790 East Broward Boulevard, Suite 400
Miami, FL, Office	11031 NE Sixth Avenue

Executive Summary

Spectrum Programs, Inc. (SPI), located in south Florida, has provided more than 30 years of substance abuse recovery services in Miami-Dade and Broward counties. SPI is also part of Banyan Health Systems, a comprehensive primary care and behavioral health provider. SPI provides services to women aged 25–34 who abuse prescription drugs. The main purpose of the project is to provide a technology-supported intervention to educate and engage clients during the recovery process. The intervention makes use of e-therapy, recovery, coaching, a Wellness Recovery Action Plan, and an electronic curriculum. E-therapy is provided using techniques of motivational interviewing, an evidence-based intervention.

The SPI link shows Spectrum Programs, Inc., at two locations, Miami and Fort Lauderdale. The Miami location is the corporate office.

The goals of the project are to increase access and availability to services and increase engagement in women's health. SPI's outreach and recruitment efforts target both individuals seeking recovery and community organizations, including residential and court-system-operated programs. The grantee also has strong professional relationships with the community of substance abuse, mental health, and primary care providers.

Engagement in substance abuse treatment is enhanced by recovery/peer coaches and the technology SPI has implemented. The coaches are the backbone of the program, providing therapy and technology training and engaging the clients on a path to recovery. The approach to technology-assisted care is the use of netbooks for Internet access; for example, using applications developed by SPI to support the recovery process. The applications consist of the client portal, e-therapy using videoconferencing, email, and an online toolkit. The use of netbooks augments the recovery process by providing tools for sustaining recovery, including resume creation, job hunting, and accessing health resources and online recovery communities such as *In The Rooms*, a recovery social network. The technology component also provides the grantee with the ability to track client progress and evaluate project outcomes, helping both the client and project meet intended goals.

During the site visit, the JBS site visit team met with key stakeholders from SPI (including staff, clients, community partners, and the agency's board vice chair) to gain a full understanding of the program's operations; review programmatic strengths and challenges; and provide guidance regarding potential technical assistance opportunities. The site visit included discussions regarding how the program has overcome technological and recruitment challenges; established data collection and training protocols; and established planning processes to determine the next steps for sustainability and future direction of the program.

Considerations for Grantee Actions

Grantee Leadership

STRENGTHS

- The program has dedicated coaches, program staff, and therapists.
- The support from the recovery/peer coaches is so influential that their relationship with the clients is viewed as directly linked to clients' finishing the program.
- Team members work closely with one another in addressing clinical, client support, technological, and recovery process needs.
- Clients are eager to provide feedback because they know their opinion is highly respected and necessary for program success.

CHALLENGES

- Program staff have often viewed the use of technology primarily as the purview of the information technology (IT) department rather than a clinical tool and a means to improve quality and continuity of care.
- Therapists are resistant to the use of e-therapy.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider identifying a clinical champion to support staff gaining a comfort level with and appreciation of the benefits of e-therapy and other technology-assisted care options.	X		

Implementation Plan

STRENGTHS

- Recovery coaches are successful and responsive, with a client-driven approach.
- Clients are given netbooks and Internet access and make excellent use of the available Web-based tools.
- SPI has been adept at developing workaround strategies to deal with technology difficulties, such as the EHR vendor falling short on services and not being able to implement the program using iPads.
- Clients have the ability to access the technology to search for employment, research available services and supports, and improve computer skills.

CHALLENGES

- There is a lack of automated technology-training options for clients; as a result, recovery coaches spend time on nontherapeutic issues that could be better spent on addressing clients' challenges.
- Therapists are not comfortable with the technology and find streaming e-therapy burdensome. While clients seem comfortable with the technology, they also dislike the video and voice delays during the e-therapy sessions; e-therapy technology signal issues and video delays affect the usability of the technology.
- It has been difficult to reach the required Government Performance and Results Act (GPRA) target of 80 percent of the annual goal; one challenge relates to technological setbacks, such as having to end the CareCloud contract; there is currently a static portal that cannot provide engagement or evaluation of the program; other challenges have related to the development of relationships with referral sources.
- Planning for how to best sustain the project has not begun.
- Clients would like more resources readily available that coincide with their individual recovery goals.
- The organization lacks a strategic plan to guide how technology will be deployed and integrated into clinical work flows and operations.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Initiate a planning process to guide health IT decision processes so the organization can develop an integrated and sustainable technology infrastructure.	X	X	X
2	Develop YouTube videos to teach clients how to use the technology and thus free up staff time.	X		X
3	Consider expanding the target population of women with prescription drug use to women abusing any substances.	X	X	X
4	Use technology to market the technology available from SPI as part of an overall marketing strategy.	X	X	
5	Use data on return on investment to leverage funding.	X	X	
6	Conduct shorter, more frequent sessions in telehealth (cognitive behavioral therapy).	X	X	
7	Develop an online resource library for clients utilizing the portal.	X		
8	Redesign work flow to incorporate electronic health records (EHR) and an interactive Web portal.	X	X	X
9	Identify other types of hardware, outside of netbooks, to conduct e-therapy sessions.	X		
10	Create cost-benefit analysis to provide avenues for funding.	X		

Community Linkages/Program Integration, Partners, and Participation

STRENGTHS

- Staff have strong professional relationships with the community of substance abuse, mental health, social service, and primary care providers.
- Memorandums of understanding have been developed with community organizations, such as Broward Addiction Recovery Center and Broward Center.

CHALLENGES

- Outreach is difficult with certain providers because of their reluctance to make referrals and collaborate.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Invest time in developing regular information-sharing sessions with referral sources to update them on how the project is working.	X		

Client Outreach or Recruitment/Referral

STRENGTHS

- There are many outreach efforts in place, targeting both individuals and organizations, specifically the court system.
- Other referral sources include active contact and professional relationships with community leaders, judges, agency executives, halfway houses, and residential groups.
- Some outreach tools include presentations, emails, and flyers.
- There is specific outreach to the court system, such as the Dependency Drug Court.
- Efforts are under way to reach clients directly who are mandated for treatment in the public sector.

CHALLENGES

- There is difficulty reaching out to organizations not always directly associated with substance abuse, such as women's health providers.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue to develop a comprehensive referral system that encompasses an expanded population of women who abuse all types of substances.	X		
2	Use technology to market technology; show potential clients what is possible through the use of the Web portal and other tools.	X	X	

Health Care Reform Readiness

STRENGTHS

- SPI is staffed with experienced technology and compliance managers in their IT department.
- Clients are at ease using the Web portal and see it as an added benefit to assist them in recovery.
- There is strong agency commitment to using health information technology and other strategies to enhance technology-assisted care.
- Agency leadership is engaged in State and local policy development activities regarding many aspects of health reform.

CHALLENGES

- The selected technologies have not been able to deliver the services as promised, resulting in implementation delays and cancellation in the contract with the EHR provider.
- The organization would benefit from undertaking an organizational readiness assessment for health reform.
- Many therapists are uncomfortable conducting e-therapy sessions.
- Automatic software updates on netbooks cause problems for the client using the netbook, thereby creating an interruption in the recovery process.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Redesign various clinical and administrative work flows to improve efficiency, and inform the development of an agency-wide technology planning process and health reform readiness.	X	X	
2	Provide more support/training to staff on how to effectively use technology.	X		
3	Find a more suitable EHR provider.	X	X	

Program Evaluation

STRENGTHS

- There is a comprehensive approach in place for project evaluation using analytics and data tracking tools.
- Surveys and data collection tools are used to evaluate satisfaction, engagement, and retention GPRA (baseline, 6 months, and discharge) and other outcomes.
- SPI analyzes GPRA outcomes, including family and living conditions, employment status, social connectedness, criminal justice status, physical health, and trauma.
- The grantee's process evaluation includes procedures, project intervention protocols, and adherence to the original design.
- SPI's outcome evaluation includes effects of the program on participants, external and personal factors associated with outcomes, and sustainability of the effects.
- SPI is strongly invested in sharing the results of data collection efforts with agency staff for quality improvement purposes.

CHALLENGES

- The static portal inhibits collection of more dynamic data.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop an interactive portal to facilitate collection of richer information from clients.	X	X	

Service Design Site Visit Report

Spectrum Programs, Inc.
Miami, Florida



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



Table of Contents

Spectrum Programs, Inc.	1
Getting To Know Spectrum Program, Inc.	3
1. Site Visit Overview.....	4
2. Program Vision and Design.....	4
3. Grantee Leadership	5
4. Implementation Plan	6
5. Community Linkages, Partners, and Participation.....	8
6. Client Outreach, Recruitment, and Referral.....	8
7. Health Care Reform	9
8. Long-Term Business Plan	9
9. Grantee Evaluation.....	10
Appendix A Considerations for Grantee Actions	11
Appendix B Evaluation Overview.....	16

Figures

Figure 1. Goals and Objectives of Spectrum Programs, Inc.'s Electronic Transition Program.....	6
Figure 2. Population Served.....	9

Spectrum Programs, Inc.

Grantee Name	Spectrum Programs, Inc.
Address	11031 NE 6th Avenue, Miami, FL 33161-7182
Site Visit Dates	March 25–27, 2013
Program Name	Electronic Transitions
Grant TI Number	TI023804-01
Grantee Contact Person	Juliette Graziano, Ph.D., Vice President of Research and Innovation
Government Project Officer	Kathryn Wetherby
Site Visit Team Members	Dave Wanser, Ph.D., Alaysia Phillips, Iris Chai

Grantee Project Team Members	
Nancy Rudes	Project Director
Juliette Graziano	Evaluation Team
Laura Alonso	Evaluation Team
Jason Hayden	Information Technology Department
Oscar Garcia	Information Technology Department



Nancy Rudes, Project Director



Evaluation and IT Teams

Grantee Project Sites Visited	
Fort Lauderdale, FL, Office	790 East Broward Boulevard, Suite 400
Miami, FL, Office	11031 NE Sixth Avenue

Getting To Know Spectrum Programs, Inc.

Founded in 1970, Spectrum Programs, Inc. (SPI), is one of the oldest and largest nonprofit substance abuse treatment providers in South Florida, an area central to the Nation's prescription drug abuse problems. With more than 40 years of substance abuse recovery services in Miami-Dade and Broward Counties, SPI is licensed by the Florida Department of Children and Families, accredited by the Commission on Accreditation of Rehabilitation Facilities, and recently certified as a Federally Qualified Health Center. In 2003, SPI formed a partnership with Miami Behavioral Health Center to form Banyan Health Systems, furthering the treatment of co-occurring disorders by offering both mental health and substance abuse services.

SPI was awarded a grant to expand care coordination through the use of health information technology (IT) in targeted areas of need. SPI's Electronic Transitions (ET) program for women aligns with the goals of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Recovery Support Initiative. ET aims to partner with women in recovery from substance use disorders and foster health and resilience by increasing access to housing, employment, and education opportunities, and by reducing barriers to social inclusion. The program integrates technology with peer coaches and therapists to increase accessibility and engagement.

The majority of women ET serves are aged 25–34. The client population is 69 percent White and 15 percent Latino. Most of the women are indigent, and many are unemployed and underserved. The ET program offers intervention, engagement, peer support, and recovery from drug abuse and dependence. As there are many barriers that prevent women in the program from obtaining treatment, the goals are to increase access to and availability of services and increase engagement in women's health. The technology-supported intervention is used to educate and engage clients during the recovery process. The intervention makes use of e-therapy, recovery, coaching, a wellness recovery action plan (WRAP), and an electronic curriculum. E-therapy is provided using techniques of motivational interviewing, an evidence-based intervention.

SPI operates both residential and nonresidential substance abuse and behavioral health programs. There are 3 residential programs for adults and adolescents and a 78-bed Community Corrections Center in Miami under contract with the Federal Bureau of Prisons. The nonresidential programs offer assessment; individual, group, and family counseling; and psychoeducational/intervention services. The specialty nonresidential services include outreach for recipients of Temporary Assistance for Needy Families and court and family intervention services for Dependency Courts in Miami-Dade and Broward Counties.

1. Site Visit Overview

On March 25–27, 2013, the Clinical Technical Assistance Project’s Technology-Assisted Care program area site visit team met with key stakeholders from SPI to gain a full understanding of the ET program’s operations; reviewed programmatic strengths and challenges; and provided guidance regarding potential technical assistance opportunities. The site visit included discussions regarding how the program has overcome technological and recruitment challenges; established data collection and training protocols; and developed a long-term sustainability plan for the future direction of the program.

On March 26, 2013, the site visit team met with the project director, evaluation team, recovery coaches, and clients at the Fort Lauderdale office. The staff provided an overview of the ET program’s implementation, technology, and evaluation, while clients provided feedback on the program and the technology provided for their use. The following day, the site visit team met with community partners and a board member to discuss marketing, community linkages, and an expansion of the target population. The site visit ended with a debriefing conference call with the Government Project Officer Kate Wetherby. The staff and clients at SPI were receptive and enthusiastic about continuing to create a successful program.

2. Program Vision and Design

With South Florida (Miami-Dade, Broward, and Palm Beach Counties) central to the Nation’s growing public health problem of prescription drug abuse, comprehensive substance abuse treatment and recovery providers are crucial. Women are especially susceptible to prescription drug abuse and are less likely to seek treatment owing to a variety of barriers. The ET program focuses on a technology-supported intervention to provide women with the ability to access available services and overcome barriers in recovery. SPI incorporates its commitment to “Helping People Make Choices” by assisting women with understanding the process of addiction, obtaining recovery, and living a drug-free lifestyle.

The ET program begins with nonclinical engagement. Clients are assigned recovery coaches who provide peer support and serve as the backbone of the program, keeping clients engaged in the recovery process. Retention is enhanced because the coaches maintain strong relationships with the clients. The coaches are trained in the evidence-based practices of motivational interviewing and motivational enhancement therapy, and they use the WRAP model. These motivational techniques are client centered and provide peer support for initial and ongoing engagement. The WRAP model is a self-directed wellness program that teaches clients how to take care of themselves by recognizing triggers and developing action plans and tools to face

potential problems. This is especially helpful in sustaining recovery and finding a method to cope when a recovery coach or therapist is unavailable.

The approach to technology-assisted care complements the efforts of the recovery coaches and therapists. Technology helps overcome some of the barriers to treatment by being readily available and accessible to underserved populations. Clients use program-provided netbooks to connect to online applications and modules developed by SPI to support the recovery process. The technology also consists of a client portal, e-therapy using videoconferencing, email, and an online toolkit. The netbooks augment the recovery process by providing tools for sustaining recovery, including resume creation, job hunting, and access to health resources and online recovery communities such as *In the Rooms*, a recovery social network. The technology component also provides the SPI evaluation team with the ability to track client progress and evaluate project outcomes, helping both the client and project meet intended goals.

The ET program is strongly client centered. The staff encourages feedback from the clients, letting them know their opinions are critical for the development and success of the program and for future clients who hope for recovery.

3. Grantee Leadership

The SPI organizational structure consists of three departments: program/clinical, technology, and evaluation. The program and clinical aspects are managed by the project director/clinical and intern performance manager, and the evaluation is managed by the vice president of research and innovation. While all staff are extremely dedicated to the success of the ET program, the champions of the program are the recovery coaches since they understand client needs and the technology used to supplement the recovery process. The role of the coaches is critical; their relationship with the clients is directly linked to whether they finish the program and whether they return to the program if they relapse. The staff works closely with one another to address clinical, technical, and recovery process needs. Most importantly, the staff is receptive to creating a consumer-centered program driven by client feedback. SPI leadership has a vision to integrate technology seamlessly into the ET program and finds feedback from clients is essential to creating an effective program that addresses the needs of both prospective and current clients. Likewise, the clients are enthusiastic about providing feedback, knowing their opinions and experience are valuable.

4. Implementation Plan

SPI has not been able to achieve full implementation of the ET program because of many technological setbacks. As a result, the GPRA target of 80 percent of the annual goal (intake of 100) has not been achieved. Fortunately, the organization has found many workarounds to achieve a 65 percent GPRA rate for fiscal year 2012. SPI will begin expanding the target population to include women who abuse any substances, not just prescription drugs.

Despite several technological problems, implementation has been positive, with the team working closely together to make sure issues are resolved so clients can obtain the best experience SPI can provide. Recovery/peer coaches are the driving force behind client treatment and engagement. In fact, the coaches have been instrumental in helping clients use the computers and access Web resources and other features including telehealth. In more than one instance, recovery coaches have helped clients who had never used a computer before in gaining requisite skills to take full advantage of the program. Having a client-driven program has also proved to be effective in informing SPI about strategies to improve technology interventions to support recovery.

Figure 1. Goals and Objectives of Spectrum Programs, Inc.'s Electronic Transitions Program

Objective	Progress to Date (March 27, 2013)	Improvements to Develop
Goal 1: Increase access to and availability of substance abuse treatment services to women with histories of prescription substance abuse through the use of a patient portal that enhances treatment with tools for self-management.		
Objective 1: All of the women will be assigned a recovery/peer coach.	All the women seeking treatment have been assigned a coach.	
Objective 2: One hundred percent of women seeking treatment will be provided with a tablet or smartphone and with training on the "Personal Digital Connection" patient portal.	All women have been provided training by the recovery/peer coaches. The iPads have been replaced with netbooks as the iPads were not being returned and did not support some of the applications SPI was providing.	SPI should develop technology videos to help clients who do not have the necessary knowledge begin using the technology intervention, enabling the recovery/peer coaches the opportunity to focus on other aspects of implementation.
Objective 3: Eighty-five percent of women will complete motivational engagement and recovery planning exercises with the patient portal and exchange information with recovery/peer coaches.	Owing to technological issues, there has been a lack of engagement or evaluation using the portal.	SPI is currently developing an interactive patient portal.
Objective 4: Seventy-five percent of women will choose to receive motivational enhancement therapy via e-therapy as a replacement to office-based services within the outpatient clinic.	E-therapy is currently not readily used because of connection and video delays. Both therapists and clients are hesitant and have provided negative feedback.	In addition to researching vendors who can provide connection and hardware support, SPI may want to use champions to help therapists view e-therapy more positively.

Objective	Progress to Date (March 27, 2013)	Improvements to Develop
Objective 5: There will be a 25 percent increase in women engaged in treatment as measured by active participation in six electronic and e-therapy services within the first 30 days of admission.	The e-therapy connection limits usability, and therapists and clients are not inclined to use the technology.	Champions for e-therapy are recommended to help increase interest in use, and IT must address usability by improving video connection.
Objective 6: Eighty-five percent of participants will report satisfaction with the patient portal.	No measure is available since the patient portal is static.	SPI is working toward developing a portal that can collect richer client data.
<i>Goal 2: Once engaged in treatment, the Web-based and electronic applications will enhance treatment attendance and effectiveness through self-management reminders, educational prompts, and access to personal health records.</i>		
Objective 1: One hundred percent of women in treatment for at least 30 days will complete a wellness recovery action plan (WRAP) within the patient portal and monitor progress on implementation.	Because of issues with the portal, most of the WRAP plans have been completed in writing, not electronically.	SPI is currently developing an interactive Web portal.
Objective 2: Eighty-five percent of women in treatment will access the patient portal weekly to update their treatment plan progress, plan recovery activities, and review the educational recovery curriculum.	Owing to technological issues with the portal, evaluation and monitoring are not possible.	SPI is currently developing a nonstatic portal to collect richer data.
Objective 3: Eighty-five percent of the women in treatment will receive weekly reminders via email and text from recovery/peer coaches related to relapse prevention planning commitments.	Recovery/peer coaches assisted in setting up email accounts.	
Objective 4: Eighty-five percent of the women will report satisfaction with integrated health care delivery portal and electronic health record (EHR).	The integrated health care delivery is unavailable at this time because of contract issues with the EHR vendor CareCloud.	SPI is currently looking for another EHR vendor to provide solutions that match the organization's needs. It is recommended SPI develop an integrated and sustainable technology infrastructure planning process.
Objective 5: There will be a 25 percent increase in the number of women who successfully complete outpatient treatment as a result of technology enhancements.	There were no data available at the time the site visit was conducted.	

5. Community Linkages, Partners, and Participation

With a long history of filling a critical need for substance abuse treatment in South Florida, SPI has created strong partnerships for participation in the ET program. The project director, staff, and coaches have ties with providers and have begun working with the court system. Although some providers have been reluctant to collaborate or provide referrals, memorandums of understanding have been developed with community organizations such as Broward Addiction Recovery Center and Broward Center. With persistence, SPI has been able to help public providers recognize the value of the ET program, which should facilitate referrals.

SPI's partnership with Miami Behavioral Health Center (MBHC) to create Banyan Health Systems, a behavioral health treatment system of care, builds a continuum of services with resources and expertise in primary care, mental health, and substance abuse. The merging of SPI and MBHC creates a system of interventions, education, integration, direct service delivery, and emergent treatment modalities, focusing on the minority and underserved populations of Miami-Dade County.

6. Client Outreach, Recruitment, and Referral

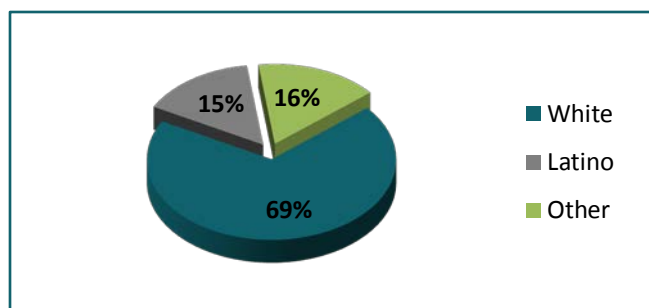
The project director and staff are all involved in outreach and recruitment. SPI uses a variety of outreach efforts and tools targeting both individuals and organizations, particularly the court system. Presentations are given to community agency leaders, including judges, public defenders, agency executives, and residential contacts, to showcase the ET program. The recovery/peer coaches connect with halfway houses and individuals seeking recovery. Although there is no formal referral process yet with the Dependency Drug Court, the magistrate is open to providing referrals. SPI staff are developing ways to recruit women while they wait for their hearings and reaching out to clients mandated for treatment who require services from the public sector. Other outreach tools include flyers, brochures, emails, and postcards.

SPI is making efforts to connect with organizations not typically considered substance abuse providers. Some examples of recruitment sites outside the substance abuse community are—

- ▶ Broward Partnership for the Homeless
- ▶ Broward County Drug Court
- ▶ Broward Sheriff's Office

- ▶ Broward County Division of Alcohol and Drug Abuse
- ▶ Women in Distress
- ▶ Broward County Family Success Centers
- ▶ Solare House
- ▶ Mom's & Pop's House
- ▶ The Phoenix House

Figure 2. Population Served



Within the population ET currently serves, 15 percent are Latino and 69 percent are White (see figure 2). The majority are aged 25–34. At the time of the site visit, SAMHSA had approved an expansion of the target population to include women abusing all types of drugs, not just prescription drugs.

7. Health Care Reform

In preparation for the Affordable Care Act, SPI has staffed its IT department with compliance managers. There is a strong organizational commitment to using health IT and other strategies to enhance technology-assisted care, such as a Web portal. The leadership at SPI is engaged in State and local activities surrounding health reform.

Despite the organization's eagerness to use EHR, its progress has been delayed because of implementation issues and cancellations with the contracted EHR provider. In addition to researching a more suitable EHR provider, SPI would also benefit from taking three specific actions: (1) developing a strategic plan to define near-term needs, (2) conducting an organizational readiness assessment for health reform, and (3) identifying strategies to manage clinical and administrative workflow and service delivery changes necessary to adequately address policy and practice shifts associated with health care reform.

8. Long-Term Business Plan

Most of SPI's focus thus far has been on addressing current issues rather than long-term needs, given the changing landscape of health care services provision. It is essential for SPI to redesign work flows to incorporate increased demands for quality and efficiency. To sustain the long-term goals of developing a continuum of care, using technology interventions with a focus on

consumer-centered treatment, and preparing for meaningful use under the American Recovery and Reinvestment Act, SPI will need to introduce strategies that facilitate real-time awareness of how the organization is performing relative to leadership expectations. Organizations frequently add new processes without consideration of the effects on long-term stability. SPI should develop a strategic plan to guide how current and future technology will be deployed and integrated into clinical work flows and operations.

Other areas that will contribute toward long-term sustainability include creating a cost-benefit analysis and using data on return on investment to leverage funding; strengthening outreach and marketing, including using technology to market technology; and developing best practices.

On the last day of the site visit, SPI was granted approval to expand its target population to include women who abuse all drugs, not only prescription drugs. This expansion in potential clients will help SPI reach its GPRA intake target and sustain the program.

9. Grantee Evaluation

SPI is strongly invested in sharing results for quality and improvement purposes. Its process evaluation will examine how closely implementation matches the plan; types of changes made from the original proposed plan; factors that led to the deviations; effect of the deviations on the planned intervention and performance assessment; and the individuals, services, and costs involved in the intervention process. For the outcome evaluation, SPI will analyze the effects of the ET program on clients, the program/contextual factors associated with the outcomes, the individual client factors associated with the outcomes, and the durability of the effects.

The ET program has a comprehensive evaluation approach that includes procedures, project intervention protocols, and adherence to the original design in evaluating the overarching questions above. The project evaluation uses analytics and data tracking tools, surveys, and data collection methods to evaluate satisfaction, engagement, GPRA, and other outcomes. SPI analyzes GPRA data inclusive of family and living conditions, employment status, level of education, social connectedness, criminal justice status, physical health, and trauma. Appendix B provides an overview of the evaluation time line and data collection, descriptions of the forms administered, and outcomes and data sources. Evaluation activities for building knowledge on technology interventions include literature reviews and evaluator meetings. A cost-benefit analysis will soon be incorporated.

Issues in evaluation have generally been related to technology. A static portal is currently preventing SPI from collecting rich, dynamic data from clients. SPI is working with a vendor to build an improved portal that will provide more capabilities to clients and valuable evaluation results. Challenges in e-therapy implementation and hardware insufficiencies have contributed to a lack of evaluation in some areas of the program. The organization is remedying the situation by working to make e-therapy more attractive to therapists and clients.

Appendix A

Considerations for Grantee Actions

Grantee Leadership

STRENGTHS

- The program has dedicated coaches, program staff, and therapists.
- The support from the recovery/peer coaches is so influential that their relationship with the clients is viewed as directly linked to clients' finishing the program.
- Team members work closely with one another in addressing clinical, client support, technological, and recovery process needs.
- Clients are eager to provide feedback because they know their opinion is highly respected and necessary for program success.

CHALLENGES

- Program staff has often viewed the use of technology primarily as the purview of the information technology (IT) department rather than a clinical tool and a means to improve quality and continuity of care.
- Therapists are resistant to the use of e-therapy.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider identifying a clinical champion to support staff gaining a comfort level with and appreciation of the benefits of e-therapy and other technology-assisted care options.	X		

Implementation Plan

STRENGTHS

- Recovery coaches are successful and responsive, with a client-driven approach.
- Clients are given netbooks and Internet access and make excellent use of the available Web-based tools.
- SPI has been adept at developing workaround strategies to deal with technology difficulties, including an EHR vendor unable to provide the services needed and not being able to implement the program with iPads.
- Clients have the ability to access the technology to search for employment, research available services and supports, and improve computer skills.

CHALLENGES

- There is a lack of automated technology-training options for clients; as a result, recovery coaches spend time on nontherapeutic issues that could be better spent on addressing clients' challenges.
- Therapists are not comfortable with the technology and find streaming e-therapy burdensome. While clients seem comfortable with the technology, they also dislike the video and voice delays during the e-therapy sessions; e-therapy technology signal issues and video delays affect the usability of the technology.
- It has been difficult to reach the required Government Performance and Results Act (GPRA) target of 80 percent of the annual goal; one challenge relates to technological setbacks, such as having to end the CareCloud contract; there is currently a static portal that cannot provide engagement or evaluation of the program; other challenges have related to the development of relationships with referral sources.
- Planning for how to best sustain the project has not begun.
- Clients would like more resources readily available that coincide with their individual recovery goals.
- The organization lacks a strategic plan to guide how technology will be deployed and integrated into clinical work flows and operations.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Initiate a planning process to guide health IT decision processes so the organization can develop an integrated and sustainable technology infrastructure.	X	X	X
2	Develop YouTube videos to teach clients how to use the technology and thus free up staff time.	X		X
3	Consider expanding the target population of women with prescription drug use to women abusing any substances.	X	X	X
4	Use technology to market the technology available from SPI as part of an overall marketing strategy.	X	X	
5	Use data on return on investment to leverage funding.	X	X	
6	Conduct shorter, more frequent sessions in telehealth (cognitive behavioral therapy).	X	X	
7	Develop an online resource library for clients utilizing the portal.	X		
8	Redesign work flow to incorporate electronic health records (EHR) and an interactive Web portal.	X	X	X
9	Identify other types of hardware, outside of netbooks, to conduct e-therapy sessions.	X		

10	Create cost-benefit analysis to provide avenues for funding.	X		
----	--	---	--	--

Community Linkages/Program Integration, Partners, and Participation

STRENGTHS

- Staff have strong professional relationships with the community of substance abuse, mental health, social service, and primary care providers.
- Memorandums of understanding have been developed with community organizations, such as Broward Addiction Recovery Center and Broward Center.

CHALLENGES

- Outreach is difficult with certain providers because of their reluctance to make referrals and collaborate.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Invest time in developing regular information-sharing sessions with referral sources to update them on how the project is working.	X		

Client Outreach or Recruitment/Referral

STRENGTHS

- There are many outreach efforts in place, targeting both individuals and organizations, specifically the court system.
- Other referral sources include active contact and professional relationships with community leaders, judges, agency executives, halfway houses, and residential groups.
- Some outreach tools include presentations, emails, and flyers.
- There is specific outreach to the court system, such as the Dependency Drug Court.
- Efforts are underway to reach clients directly who are mandated for treatment in the public sector.

CHALLENGES

- There is difficulty reaching out to organizations not always directly associated with substance abuse, such as women's health providers.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue to develop a comprehensive referral system that encompasses an expanded population of women who abuse all types of substances.	X		
2	Use technology to market technology; show potential clients what is possible through the use of the Web portal and other tools.	X	X	

Health Care Reform Readiness

STRENGTHS

- SPI is staffed with experienced technology and compliance managers in their IT department.
- Clients are at ease using the Web portal and see it as an added benefit to assist them in recovery.
- There is strong agency commitment to using health information technology and other strategies to enhance technology-assisted care.
- Agency leadership is engaged in State and local policy development activities regarding many aspects of health reform.

CHALLENGES

- The selected technologies have not been able to deliver the services as promised, resulting in implementation delays and cancellation in the contract with the EHR provider.
- The organization would benefit from undertaking an organizational readiness assessment for health reform.
- Many therapists are uncomfortable conducting e-therapy sessions.
- Automatic software updates on netbooks cause problems for the client using the netbook, thereby creating an interruption in the recovery process.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Redesign various clinical and administrative work flows to improve efficiency, and inform the development of an agency-wide technology planning process and health reform readiness.	X	X	
2	Provide more support/training to staff on how to effectively use technology.	X		
3	Find a more suitable EHR provider.	X	X	

Program Evaluation

STRENGTHS

- There is a comprehensive approach in place for project evaluation using analytics and data tracking tools.
- Surveys and data collection tools are used to evaluate satisfaction, engagement, and retention GPRA (baseline, 6 months, and discharge) and other outcomes.
- SPI analyzes GPRA outcomes, including family and living conditions, employment status, social connectedness, criminal justice status, physical health, and trauma.
- The grantee's process evaluation includes procedures, project intervention protocols, and adherence to the original design.
- SPI's outcome evaluation includes effects of the program on participants, external and personal factors associated with outcomes, and sustainability of the effects.
- SPI is strongly invested in sharing the results of data collection efforts with agency staff for quality improvement purposes.

CHALLENGES

- The static portal inhibits collection of more dynamic data.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop an interactive portal to facilitate collection of richer information from clients.	X	X	

Appendix B

Evaluation Overview

A. DATA FORMS TIMELINE

AT INTAKE/ ENROLLMENT	DURING THE INTERVENTION	AT DISCHARGE	FOLLOW UP
<ul style="list-style-type: none"> • GPRA • Computer Basics Survey • Tracking Sheet 	<ul style="list-style-type: none"> • Computer Basics Survey • Satisfaction Survey • Motivational Exercises Survey • GPRA • Tracking Sheet 	<ul style="list-style-type: none"> • GPRA • Tracking Sheet 	<ul style="list-style-type: none"> • GPRA • Tracking Sheet

B. DATA GRID

DATA SOURCE	WHO COLLECTS DATA	HOW/WHERE ENTERED	WHO ENTERS DATA	WHEN ENTERED
1. Screening Tool	Recovery Coaches	N/A	N/A	N/A
2. Tracking Sheet	Evaluation Staff	Manually into Excel	Evaluation Staff	Upon task completion
3. Baseline GPRA	Evaluation Staff	Manually entered into database & SPSS	Evaluation Staff	Upon survey completion
4. Computer Basics Survey	Evaluation Staff	Manually into SPSS	Evaluation Staff	Upon survey completion
5. Satisfaction Survey	Evaluation Staff	Manually into SPSS	Evaluation Staff	Upon survey completion
6. Motivational Exercises Survey	Evaluation Staff	Manually into SPSS	Evaluation Staff	Upon survey completion
7. 6-Month GPRA	Evaluation Staff	Manually into database & SPSS	Evaluation Staff	Upon survey completion
8. Discharge GPRA	Evaluation Staff	Manually into database & SPSS	Evaluation Staff	Upon survey completion

3

C. DESCRIPTION OF FORMS

1. Screening Tool

PURPOSE: To determine eligibility for the ET program.

DESCRIPTION: Asks questions in regards to the program criteria in order to find out if a potential client is eligible for the ET program.

2. Tracking Sheet:

PURPOSE: To have one central location that tracks all of the important information regarding dates, consent, GPRA completion, WRAP completion, and discharge data.

DESCRIPTION: Contains the names of the clients, ID numbers, contact information, date of consent, dates of GPRA completion, which gift cards they were given, which netbook they were given, name of the client's recovery coach, dates for start, completion, and most recent update of WRAP plan, and date of discharge.

3. GPRA Core Client Outcomes Measure - Baseline

PURPOSE: To document clients' physical and mental health, and the services they will be receiving, before starting the program.

DESCRIPTION: GPRA is a public law that was passed by Congress in 1993 to improve stewardship in the Federal government and to link resources and management decisions with program performance. The Core Client Outcomes Measure in the GRPA collection Baseline tool contains questions about clients' substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness. It also asks which services the clients will be receiving from the ET program.

4. Computer Basics Survey

PURPOSE: To track clients' knowledge of basic computer and internet skills.

DESCRIPTION: Contains 16 questions which ask about knowledge of computer hardware skills, internet skills, email skills, and computer worksheet skills. Given to clients when they first receive their netbooks, and then at the end of each month to monitor progress.

5. Satisfaction Survey:

PURPOSE: To track client satisfaction with the program.

DESCRIPTION: Contains 21 questions which ask clients about their general satisfaction with the program, their satisfaction with the different technology components, and contains open-ended questions that give clients the opportunity to share their personal feedback about the program.

6. Motivation Exercise Survey

PURPOSE: To determine whether the Motivational Activities sent to the clients are effective/useful.

DESCRIPTION: Contains 4 questions which ask the client how they felt about the weekly Motivational Activity they completed.

7. GPRA Core Client Outcomes Measure – 6-month

PURPOSE: To document clients' physical and mental health, and whether or not they are still receiving services from the program.

DESCRIPTION: The Core Client Outcomes Measure in the GRPA collection 6 month tool contains the same questions about clients' substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness as the Baseline tool. It also asks if the clients are still receiving services from the program.

8. GPRA Core Client Outcomes Measure – Discharge

PURPOSE: To document clients' physical and mental health, as well as which services they received while in the program.

DESCRIPTION: The Core Client Outcomes Measure in the GRPA collection Discharge tool contains the same questions about clients' substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness as the Baseline tool. It also asks about the frequency of the different services clients received in the program.

D. OUTCOMES AND DATA SOURCES

OUTCOMES:	DATA SOURCE	Questions
1. Increased access for women seeking outpatient treatment	• Research Tracking Sheet	1. Number of women assessed and enrolled 2. Number of women with portal access
2. Increased engagement of women in treatment	• GPRA	1. Number of sessions for peer coaching or mentoring 2. Number of sessions for other services (counseling, group, treatment/recovery planning, etc.) 3. Attend groups /Use of groups 4. Number of days using services
3. Decrease in substance use	• GPRA	1. In the past 30 days, how many days have you used -----?
4. Increase in retention and treatment completion	• Tracking Sheet • GPRA	1. Number of weeks in the program 2. Completion/ Graduation or Termination (12 reasons for termination)
5. Increase in satisfaction with treatment services and technology	• Satisfaction Survey	1. How satisfied are you with the Patient Portal and all the resources it offers? 2. How satisfied are you with the communication between you and your treatment team on the patient portal?
ADDITIONAL GPRA OUTCOMES		
1. Family and living condition	In the past 30 days, where have you been living most of the time?	
2. Employment status	Are you currently enrolled in school or a job training program? Is that full time or part time? Are you currently employed?	
3. Social connectedness	To whom do you turn when you are having trouble?	
4. Criminal justice status	In the past 30 days, how many times have you been arrested? In the past 30 days, how many times have you been arrested for drug-related offenses?	
5. Physical health	How would you rate your overall health right now? In the past 30 days, not due to your use of alcohol or drugs, how many days have you: How much have you been bothered by these psychological or emotional problems in the past 30 days?	
6. Trauma	Have you ever experienced violence or trauma in any setting?	