

Attachment 3

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Behavioral Health Information Technologies and Standards In-Depth Data Collection

Site Visit Materials

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Proposed Topical Outline for Site Visit Case Studies

The Behavioral Health Information Technologies and Standards (BHITS) team will conduct up to ten (10), in-person site visits of an estimated four hours duration at SAMHSA-funded grant program sites that have demonstrated excellence in health information technology implementation strategies in at least one of the key categories (certified electronic health records, telehealth, mobile health, and/or social media). The site visits will gather detailed information on the drivers for adopting technology, the impact on patient care, how success is measured and monitored, and lessons learned. The site visits will further inform how health information technologies can be adopted by other organizations in the field. The site visits will be conducted by two (2) members of the BHITS team (i.e., a discussion facilitator and note-taker). Site visits will be accomplished by completing the following steps:

I. Identify site visit participants and generate profiles to understand audience:

- Site visit participants will be recruited/nominated from within each of the ten (10) Department of Health and Human Service regions as proposed by SAMHSA-funded program Government Project Officers and subject matter experts at the National Council for Behavioral Health, drawing from the network of behavioral health providers in the region that have demonstrated success implementing health information technologies. A single location will be selected from each region to share their health information technology adoption experience.
- Upon identification of site visit candidates, the BHITS team will contact participants by phone to confirm interest and availability. A written confirmation letter and a consent form will be shared via email to document the purpose, time commitment, and travel considerations related to participating in the site visit. It will emphasize the importance of participating in the site visit and next steps, including contact information for questions and concerns. Participants will be asked confirm their willingness to participate by acknowledging receipt and review of the emailed materials.
- Once candidates are selected and confirmed, the BHITS team will gather and review existing data and reports to capture baseline information on participants in advance of their scheduled site visit. The profiles will highlight organizational capacity and HIT-specific initiatives. The profile will also present environmental factors that influence provider service delivery (e.g., Medicaid expansion status, third-party payer models, rules/regulations around integrated care).

SITE VISIT PROGRAM PROFILE (top or “face” page for quick reference)

1. Program/organization selected
2. Brief description of technology examined
3. Brief explanation of “why exemplary”
4. Portability for adoption by other community behavioral healthcare providers

SITE VISIT PROGRAM DETAILED PROFILE

1. Description of organization
2. Description of technology examined
3. Site visit agenda
4. Discussion of “why exemplary”
5. Detailed examination of technology adoption by category (see below)
6. Factors affecting portability of technology adoption methodology
7. Exploration of lessons learned

TECHNOLOGY ADOPTION (Details by category, to be tagged for analysis across sites, independent of technology adopted)

1) Category: Drivers for adoption

- a. Issues to be addressed
 - i. Unmet needs to be addressed
 - ii. Met needs addressed more effectively, efficiently
- b. Peers, consumers and families as drivers for adoption
 - i. Roles played
- c. Staff as drivers for adoption
 - i. Roles played
- d. Quality enhancements
 - i. How did the technology improve quality of care? What measures?
- e. Effectiveness and efficiency enhancements
 - i. What processes/workflows were enhanced?
 - ii. Value (money/time/effort saved)

2) Category: Methodology

- a. Readiness assessment to adopt the technology
- b. Preparation of the environment for change
 - i. Change management techniques used
- c. Planning for change
 - i. Timeframes, processes (steps)
 - ii. Leadership and management involvement and support
 - iii. Addressing gaps in resources
- d. Initiating change
 - i. Roles and responsibilities clearly defined
 - ii. Required skill sets defined
 - iii. Policies and procedures identified

- e. Monitoring and controlling change during implementation
 - i. Leveraging technology for patient care
 - ii. Matching of technology to patient need
 - iii. Flexibility that enhances patient experience
- f. Incorporating final changes into operational policies and procedures

3) Category: Barriers encountered and how addressed

- a. Before, during and after technology implementation
 - i. Patient level
 - ii. Peer level
 - iii. Family level
 - iv. Clinician level
 - v. Program level
 - vi. Systemic
 - vii. Financial
 - viii. Regulatory

4) Category: Quality, availability and utility of data

- a. Measures used to assess
 - i. Value and utility (efficiency and effectiveness)
 - ii. Outcomes measured (quality)
 - iii. Accessibility of data to inform patient care

5) Category: Sustainability

- a. Cost of opportunity
- b. Cost/benefit ratio or estimated return on investment (ROI)
- c. Funding sources for start up
- d. Funding sources for ongoing costs / maintenance

Proposed Site Visit Invitation Letter

TO: Substance Abuse and Mental Health Services Administration Grantees

FROM: Dr. Pete Delany, Center Director, Center for Behavioral Health Statistics and Quality (CBHSQ)

SUBJECT: Behavioral Health Information Technologies and Standards (BHITS) Site Visit

DATE: XX, XX, XXXX

Dear Colleagues,

Congratulations! The Substance Abuse and Mental Health Services Administration (SAMHSA) wishes to commend the exemplary work [insert program name] has done in the area of Health Information Technology (HIT).

As you may know, SAMHSA has established Strategic Initiatives aimed at advancing the use of HIT to support integrated behavioral health and its potential to transform the healthcare system. SAMHSA will soon begin conducting site visits of an estimated four hours duration to select organizations that have been recognized for excellence in implementation strategies in at least one key HIT category (certified electronic health records, telehealth, mobile health, and/or social media).

The site visits are intended to: (1) gather detailed information on the drivers for adopting technology, (2) assess the impact of HIT on patient care, (3) understand how success is measured and monitored, and (4) identify lessons learned. The site visits will further inform how HIT can be expanded to other organizations in the field. Because of your success with [insert HIT rationale], SAMHSA has identified [insert program name] as one of the distinguished programs to participate in this effort.

SAMHSA values your time and contributions and looks forward to conducting the site visit on [insert site visit date here]. As discussed, participants shall include staff who led the actual adoption of the technologies and the administrator who supported the initiative. Please refer to the draft agenda (provided under separate cover) to help coordinate the appropriate staff for the designated activities planned throughout the day.

SAMHSA believes that this is an important project that will contribute to SAMHSA's strategic vision and we very much value your participation as it will help to inform the direction of SAMHSA's HIT initiatives.

If you have any questions, please contact Thomas Clarke at CBHSQ. His information can be found below.

Thomas Clarke, Ph.D. Center for Behavioral Health Statistics and Quality (CBHSQ);
SAMHSA

Daytime Phone: (240) 276-0493

Email: Thomas.Clarke@samhsa.hhs.gov

Rear Admiral Peter J. Delany, Ph.D., LCSW-C
Director, Center for Behavioral Health Statistics and Quality

Proposed Informed Consent Letter for Site Visit Participants

Site Visit Purpose:

The Substance Abuse Mental Health Services Authority (SAMHSA) is collecting qualitative data to support its Strategic Initiatives specific to Health Information Technology (HIT). To further this effort, SAMHSA has identified behavioral health provider programs that have been recognized for their excellence in implementation strategies in at least one key HIT category (certified electronic health records, telehealth, mobile health, and/or social media) to participate in a site visit.

The site visit will help to inform the nature of the how behavioral health information technologies are being adopted and used among behavioral health providers and the priorities they have identified in this area. The site visits will further demonstrate how HIT can be expanded to other organizations in the field.

Participant Roles and Responsibilities:

Site visit participants shall include organizational staff who led the actual adoption of the technologies and the administrator who supported the initiative.

Participants are expected to take part in a one-day site visit of an estimated four hours duration in which they will share organization-specific information on: (1) the drivers for adopting technology, (2) HIT's impact on patient care, (3) how success is measured and monitored, and (4) lessons learned.

The site visit date and agenda have been mutually agreed upon by members of the behavioral health program and the SAMHSA-contractor staff facilitating the session.

Participant Risks and Benefits:

There are no known physical, psychological, social, financial, or other risks attributed to participating in the site visit. Participants are asked only to share their time and HIT implementation experience with site visit facilitators over the course of the encounter.

Participants will not receive financial or other tangible incentives for participating in the site visit; however, they will be among the first to receive a copy of findings submitted to SAMHSA.

Voluntary Participation:

Site visit participation is purely voluntary. Participants may withdraw at any time with no negative repercussions.

Participants may excuse themselves at any time during the course of the site visit to attend to personal or professional matters as they arise.

Confidentiality:

Information shared during the site visit will be transcribed for reporting purposes. A final report of findings obtained during the site visit will be submitted to SAMHSA.

Contact Information:

For questions and/or requests for additional information, please contact:

Ms. Colleen O'Donnell, MSW, PMP, CHTS-IM
Policy and Practice Improvement Specialist
The National Council for Behavioral Health
Email: colleeno@thenationalcouncil.org
Phone: 202-684-7457 x278

Ms. O'Donnell may be reached during normal business hours (Monday – Friday from 9:00 am – 5:00 pm ET). All queries will be responded to within 24 hours, excluding holidays and weekends.

Consent Acceptance:

I _____ (print name) understand and agree to the terms pertaining to my participation in the site visit.

Signature: _____
Printed Name: _____
Title: _____
Organization: _____
Date: _____

Proposed Site Visit Agenda

[Insert Program Name]

[Insert Program Location] • [Insert Date]

Purpose:

Attendees:

[Insert Program Name]:

- [Insert Participant Name, Title]
- [Insert Participant Name, Title]

Site Visit Facilitators:

- [Insert Facilitator Name, Title]
- [Insert Participant Name, Title]

Time	Discussion Topic	Room Location	Participants
9:00 am – 9:15 am	Welcome and Introductions	TBD	TBD
9:15 am – 10:45 am	Technology demonstration and discussion of system drivers behind adoption	TBD TBD	TBD TBD
10:30 am – 10:45 am	Break	--	--
11:45 am – 12:30 pm	Financing and sustainability issues, and other challenges	TBD	TBD
12:30 pm – 1:00 pm	Data quality, availability, and utility. Meeting wrap up and next steps.	TBD	TBD
		TBD	