UNIVERSITY OF
MARYLAND
Institute for Governmental Service & Research

ADAA
Alcohol and Drug Abuse Administration
Working toward drug-free communities

Pre-Training Manual
Preparing Your
Agency for SMART

Office of Problem Solving Courts

bSAS
People.
Priorities.
Progress.
Baltimore Substance Abuse Systems

Purpose of this Manual

The purpose of the Pre-Training manual is to prepare each Maryland treatment agency and drug court to use the SMART application as their primary MIS for tracking client and program data and submitting required data to the Alcohol & Drug Abuse Administration and the Office of Problem Solving Courts. This manual provides background information about SMART, as well as serves as a guide for developing a SMART implementation plan that includes, project management, data collection plans, change management, and quality assurance. The implementation plan guides each treatment agency and drug court through the process of incorporating SMART into the agency's individual business practices.

Pre-Training Objectives

The SMART Pre-Training will provide participants with the tools for seamless SMART implementation. Participants will:

- Possess a thorough knowledge of the purpose of the SMART system.
- Understand the steps required to prepare for SMART Training.
- Develop a comprehensive SMART implementation plan.

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Why SMART - What's in it for Me?

Why SMART?

There has been an increasing demand placed on treatment agencies and drug courts by policy makers, legislators and funders to provide more information on program performance. As a result, not only are treatment agencies and drug courts under increasing pressure to evaluate their programs, but also to build management information systems (MIS) to track client and program data. An effective MIS can improve the integration of treatment and criminal justice processes by facilitating the exchange of client information; as well as provide a complete data set and consistent data collection methodology to collect the necessary information to better understand the characteristics of drug courts and treatment providers.

> **Purpose of SMART in Maryland Treatment Agencies:**
>
> - Provide all Maryland treatment providers and drug courts with a MIS to track client and program progress.
>
> - Enable the systematic monitoring and reporting on the performance and progress of treatment providers and drug courts in Maryland.

The Maryland Alcohol and Drug Abuse Administration (ADAA) and the Maryland Office of Problem Solving Courts (OPSC) have identified the State Wide Maryland Automated Record Tracking (SMART) system as Maryland's MIS. SMART is operated by the University of Maryland's Institute for Governmental Service and Research (IGSR) and has been funded through various sources, including: ADAA, OPSC, the National Institute on Drug Abuse, the Bureau of Justice Assistance, and the Maryland Governor's Commission on Crime Control and Prevention.

SMART provides a comprehensive viable approach to the effective collection of substance abuse treatment and drug court client (services) and program data (efficiency), ensures continuity and coordination of client care and obtains desired program and system outcomes (effectiveness) through established performance measures. SMART facilitates the analysis of treatment and drug court operations and processes both within and across jurisdictions, allowing treatment agencies and drug court programs to document and monitor performance in distinct program areas (e.g. client targeting, treatment participation, compliance management) and outcomes at the system and offender levels.

Utilizing SMART – What's in it for me?

State-of-the-art MIS

Maryland treatment and drug court agencies will have access to the SMART system as a centralized data collection tool supported by ADAA, OPSC, IGSR & Baltimore Substance Abuse Systems (BSAS) (training and technical assistance). As part of the SMART project, each agency/program will be expected to develop a plan for SMART

implementation, adopt and integrate the SMART MIS, as well as participate in training and technical support/follow-up. *Specific benefits of using SMART include:*

- Implementation planning around SMART implementation, outlining the steps of organizational change.
- A web-based application with no software to download.
- An adaptable system that is user friendly and highly flexible to accommodate local data.
- Streamlined data entry, notes, and reporting.
- Built in quality control, and validity checking.
- Built in reports.
- Ability to disclose client records and make client referrals electronically that maintains all federal confidentiality regulations including Title 42 Code of Federal Regulations (CFR), 28 CFR, and HIPAA.
- Timely availability of client data for decision-making purposes.
- Redundancy for hardware failure and disaster recovery.
- Centralized hosting to provide cost effective operations and reduce duplicate administrative costs.

> **How does my agency benefit from using SMART?**
>
> - Access to state-of the art MIS for centralized data collection.
>
> - Ability to generate client data and reports from a central system for immediate decision making (no hand counting data).

Collecting Comprehensive Client Information

Informed decisions cannot be made regarding a client without adequate information, where the more information known about a client, the better informed we are about their needs. The ability to make these decisions rests with the availability of the information. SMART allows for the centralized entry of comprehensive client information at a variety of levels to track client participation and progress throughout several system modules, including: client characteristics, screening instruments, assessment instruments, admission, drug testing, treatment planning, medication tracking, treatment encounters, charges received during drug court, case management, consents & referrals, court activities, criminal justice supervision, sanctions/incentives, discharge, client progress reports, and performance measure reports.

Assessing and Monitoring Client Progress

SMART also has numerous screens and client level reports that provide the drug court team with comprehensive status information about the client (See Table 1). Client level data allows for the immediate access by all drug court team members to monitor client participation in drug court services (treatment, criminal justice supervision, drug court review hearings, case management, etc.), as well as client progress toward drug court goals (sobriety, employment, education, sober living, etc.). Because all team members can access the information in a central location, they can better communicate about the client and collaborate in the decision making process. The following table (Table 1) highlights some client level measures and the reports available in SMART.

Table 1. Reports for Client Level Monitoring

Client Level Monitoring	Available Report (s)/Review Modules
Readiness for Change	
Is my client ready to change his/her lifestyle and is the drug court the appropriate program for him/her?	Motivational Readiness/Cage Screens
Are there patterns among successful clients that signify a trigger for readiness to change?	ASI Narrative Report Treatment Assignment Protocol (TAP) Client Profile Data Report (Excel File)
Compliance/noncompliance	
Client level data can be used to track client participation (attendance) in required activities (treatment, criminal justice, supervision/probation, case management, court hearings, etc.), as well as to identify patterns of compliance/non-compliance.	Treatment Encounters Report Encounter Data Report (Excel File) Court & Other Criminal Justice Report Case Management Report Charges Received During Drug Court Report
Is the client remaining sober or relapsing?	Drug Testing Report Program Enrollment
Is the client's action plan appropriate, or can it be modified to better serve the needs of the client?	Treatment Plan Drug Testing Report Treatment Encounters/Progress Notes
Attachment to the community	
Is my client developing resources in the community and establishing community relationships that will support him/her after the drug court program. Does my client have a job? Can I provide resources to advance the client's level of education if desired? Does the client have community support (e.g. AA/NA sponsor, etc.).	Treatment Encounters Report (review progress notes) Case Management Report
Identify client needs not being met and develop resources to address client needs.	Case Management Report Treatment Encounters Report Treatment Plan
Provide data necessary for a coordinated management approach to meeting clients' needs.	All client level reports
Is the client employed in the community?	Client Employment History Report ADAA Admission/Discharge
Family/living situation	
Does the client have a permanent and sober living arrangement? If appropriate, is the client working toward positive relationships with family and friends?	Treatment Encounters Report (Progress Notes) Treatment Plan DENS ASI
Behavior Patterns & Triggers	
Is there a pattern of behavior that leads to certain client behavior? Monitor client present and past behavior to identify patterns of behavior.	Drug Testing Report Case Management Report Treatment Encounters Report Court & Other Criminal Justice Report DENS ASI
Client Discharge	
Inform the discharge plan to help clients plan to transition from one type of setting or service program to another.	ADAA & Drug Court Admission Reports ADAA & Drug Court Discharge Reports

Laying the Foundation for SMART

Adopting the SMART MIS

As a Maryland treatment agency or drug court program, your primary task will be to implement the SMART MIS, report required data to ADAA and OPSC and measure client and program progress. Your agency will participate in a three pronged approach to SMART implementation: (1) implementation planning, (2) comprehensive training, (3) and follow-up/technical support. The first phase, implementation planning, will prepare your agency to implement SMART and provide you with an action plan for implementation. In the second phase we will then provide hands-on computer training for staff, where we will train team members in those functions of the system necessary to complete assigned tasks. Lastly, in the third phase we will provide follow-up technical support to answer any questions and resolve any system issues, as well as provide ongoing technical support.

Prior to undertaking the implementation process, each agency should understand what skills and resources may be necessary for success and the possible changes in internal organization and local court culture that may be associated with such enhancement. This Pre-Training Manual guides you through the implementation planning process. To ensure SMART is successful and policy objectives are achieved, it is important to develop and maintain an implementation plan as a living and flexible document to manage program responsibilities. An implementation plan will help ensure that the project is equipped with the appropriate resources to accomplish project goals in a timely manner; connect general conclusions to specific actions; provide a roadmap for implementation; and establish a framework for ongoing quality assurance and accountability. This implementation plan will serve as the guiding documentation for SMART and allow you to actively develop strategies and monitor your agency's progress throughout implementation. A SMART Implementation Checklist is provided to assist in tracking your implementation planning progress (see Table 2).

What do I need to get started?

- Computer Related Requirements:
  - ✓ High speed Internet Access
  - ✓ Internet Explorer 6.0 or Higher
  - ✓ Adobe Acrobat Reader
- Staff Computer Skills
  - ✓ Internet Navigation
  - ✓ Basic Computer Skills
  - ✓ Typing (data entry)
- Project Manager

What else is recommended?

- Change Management Plan
  - ✓ Project Specific Goals & Objectives
  - ✓ Staff Outreach Plan
  - ✓ Barriers & Strategies Plan

Table 2. SMART Checklist

☑	Task	Reference Page
Computer Equipment/Capabilities		
	Each staff member has access to a computer with high speed internet and Internet Explorer version 6.0 or higher?	
	Do all computers have Adobe Acrobat Reader?	
	Do all staff members possess the necessary computer skills to learn and use a new MIS?	
Project Management Team		
	A project manager/SMART liaison has been identified.	
	The project team has been identified (if the agency is large enough to warrant a management team).	
Change Management Strategy		
	Agency goals and objectives for SMART have been identified and incorporated into policies and procedures.	
	Potential barriers have been identified and strategies have been developed to address them.	
	A staff outreach plan has been developed to generate excitement about SMART implementation.	
	Policies and procedures have been updated to include any new policies and procedures pertaining to SMART.	
New & Existing Business Practices		
	Completed existing client case flow (how does a participant move through the treatment or drug court process?).	
	Identified staff roles and responsibilities.	
	Identified data to be collected for SMART, as well as additional program data to be collected, and reports to be generated.	
Quality Assurance		
	Developed a quality assurance plan.	
Administrative Tasks		
	Agency Setup Form has been completed and sent to IGSR.	
	Qualified Service Organization Agreement has been signed and sent to IGSR.	
	Training Request Form has been completed and sent to IGSR.	
	Training complete.	

What do I need to get started?

Computer Requirements & Staff Training

It is important to identify the computer hardware needs for staff using the SMART system. An inventory of current hardware will help to determine if additional hardware/software is required to implement SMART. It is recommended that each staff using the system has access to his/her own computer, however it is not required. Each computer that will be used to access SMART must have a web browser (we recommend Internet explorer version 6.0 or higher) and high speed internet access. Additionally, in order to access reports in SMART each computer will need to have Adobe Acrobat Reader installed. Adobe Acrobat Reader is free of charge and can be accessed and downloaded from the Adobe website at http://www.adobe.com. Other recommendations include: (1) creating a SMART shortcut on each computer desktop; and (2) configuring the web browser to allow pop-ups from the SMART site. Please be advised that pop-up blockers will hinder the ability to generate and print SMART reports.

Staff must also have the appropriate skills to use computers based on his/her role(s) in relationship to SMART practices. If staff members are required to accomplish certain tasks, s/he must be provided with the opportunity to obtain the necessary skills. For example, several reports allow the user to export the data into Microsoft Excel, the person identified to export data should have a working knowledge of Microsoft Excel or should be provided with Microsoft Excel training. Additionally, all staff utilizing SMART should have the skills to access and navigate the Internet, as well as general typing (data entry) skills. Assessing the computer skill level of drug court team members and developing a comprehensive staff skills-based training plan (see Table 4) will equip staff with the appropriate training, skills, and resources to accomplish tasks for this project (see Table 3).

Table 3. Staff Skills and Computer Needs Chart

Staff	Tasks	Skills Necessary	Training Needed	Computer/Hardware Needs

Project Management Team

To ensure the successful implementation of the SMART project, the project should be guided by a project management team, and lead by a project manager. The project manager will serve as the SMART liaison, and his/her primary role will be transforming the concepts of the implementation plan into reality. The SMART Liaison will serve as the point person for the project, and provide project management oversight, including identifying staff and program needs (computers, training, etc.), providing first line SMART technical assistance, documenting and reporting project status to leadership, as well as, communicating pertinent information to staff.

If the treatment agency/drug court is large enough, a project team should report to the project manager and carry-out specific project tasks. It is recommended that agencies consisting of multiple sites assign an onsite SMART liaison or point person for each site. The project team will be comprised of additional staff as necessary to conduct SMART implementation. If an agency has information technology (IT) staff, it will be very important to include this person on the project team as s/he will be instrumental in resolving internal computer issues related to accessing SMART through the internet.

Table 4. Project Management Team

Project Team	Name	Organization	Telephone	Email
SMART Liaison/Project Manager				
Project Team – IT Staff				
Project Team - Clinical Staff				
Project Team –				
Project Team –				
Project Team –				
Project Team –				

Change Management Plan

Successful implementation should include change management efforts and ongoing deployment follow-up to implementation. Key leadership must be on hand to set an example and support the implementation, both by using it and re-enforcing the benefits of using the software. Management must demonstrate an on-going commitment to making it an integral part of the business practices of the agency. Each agency should deploy change management strategies to assist staff in adjusting to change, including: identifying project specific goals and objectives; conducting staff outreach; and identifying barriers to agency implementation and strategies to overcome those barriers.

Setting Expectations: Project Goals & Objectives

The overarching goal of SMART is to provide an electronic platform where all treatment and drug agencies can efficiently maintain electronic client records, as well as utilize the data for measuring client outcomes and program performance. Before drafting the project goals and objectives, the agency should review its vision, mission, goals and objectives. These existing guiding documents will provide the framework for developing the specific SMART project goals and objectives. Each agency should develop specific project goals and objectives that fit within their overall guiding documentation, as well as modify any goals and objectives to include the implementation of SMART. Please review the example below in developing goals and objectives.

Example:
Goal: To develop and maintain an electronic record for all clients.
> *Objective:* Develop a project management team.
> *Objective:* Develop a change management plan.
> *Objective:* Educate and train staff about SMART.
> *Objective:* Implement SMART agency wide.
> *Objective:* Monitor implementation and modify implementation plan as necessary.
> *Objective:* Draft quality assurance measures and performance indicators.
> *Objective:* Provide staff immediate access to individual participant records, as well as client and program progress.

Table 5: SMART Goals & Objectives

Goal	
Objective	
Objective	
Objective	
Goal	
Objective	
Objective	
Objective	

Staff Outreach

Deploying any system may involve significant changes in a program's business process and daily staff tasks. A successful deployment ensures that areas of resistance related to this change are identified and addressed prior to and during implementation. Therefore, staff should be informed of the project in advance and should be brought in as part of the process to gain buy-in to the new technology. Agencies can be creative in their own staff outreach; for example: (1) facilitating a series of staff meetings specifically to discuss SMART; (2) drafting a timeline for implementation and staff expectations; (3) adding the new project as a topic at team meetings to answer questions and quell any anxiety about the new project; (4) hosting topic specific focus groups to bring staff ideas to the table and encourage staff buy-in; (5) modifying policies and procedures to reflect SMART implementation; and (6) updating job descriptions to reflect duties and responsibilities associated with SMART. The more staff members included in the process, the increased likelihood of reduced resistance to change.

Table 6. Staff Outreach Tasks

Staff Outreach Task	Who's Responsible?	Frequency	Notes

Overcoming Barriers to Planning & Implementation

It is vital to the successful implementation of a new system, that staff understand the strengths and weaknesses of the agency or program in which it operates. Barriers can impede successful system implementation, if not identified and addressed. However, a better understanding of the issue, along with some "nuts and bolts" the management information system (MIS), can reduce the barriers and empower the partners to overcome obstacles. Implementation barriers can be overcome through a step-by-step process of helping agencies identify potential barriers, determine the impact, and identify strategies for overcoming the identified barriers.

Task: Identify existing barriers/obstacles encountered in data collection, tracking client progress, and reporting client data; then identify the existing strategies in place to overcome those barriers.

Table 7a. Barriers/Strategies

Barriers	Strategies	Timeline	Responsible Party

Task: Identify barriers/obstacles that you anticipate in implementing SMART and strategies for overcoming those barriers.

Table 7b. Barriers/Strategies

Barriers	Strategies	Timeline	Responsible Party

Mapping Business Practices & Collecting the Data

Mapping Business Practices

Paramount to the implementation of any new technology is the process of mapping the agency's existing business practices with the new application to identify gaps, The first step is to understand the agency's existing business practices. This documentation or review process should assist in the understanding of how the agency currently conducts business, processes clients, collects data, and reports data. This process should also identify each staff member's role in the agency. Once the existing business practices have been clearly understood, the next step is to map how SMART works within the existing practices and identify the gaps, either in the new application or the business practices and update business practices. Additionally, the next step is to identify/update each staff members role in the use of the application at contributes to the success of the treatment and/or drug court program. Based on the mapping process, the agency then develops solutions that might permit the achievement of its goals and objectives through the use of SMART.
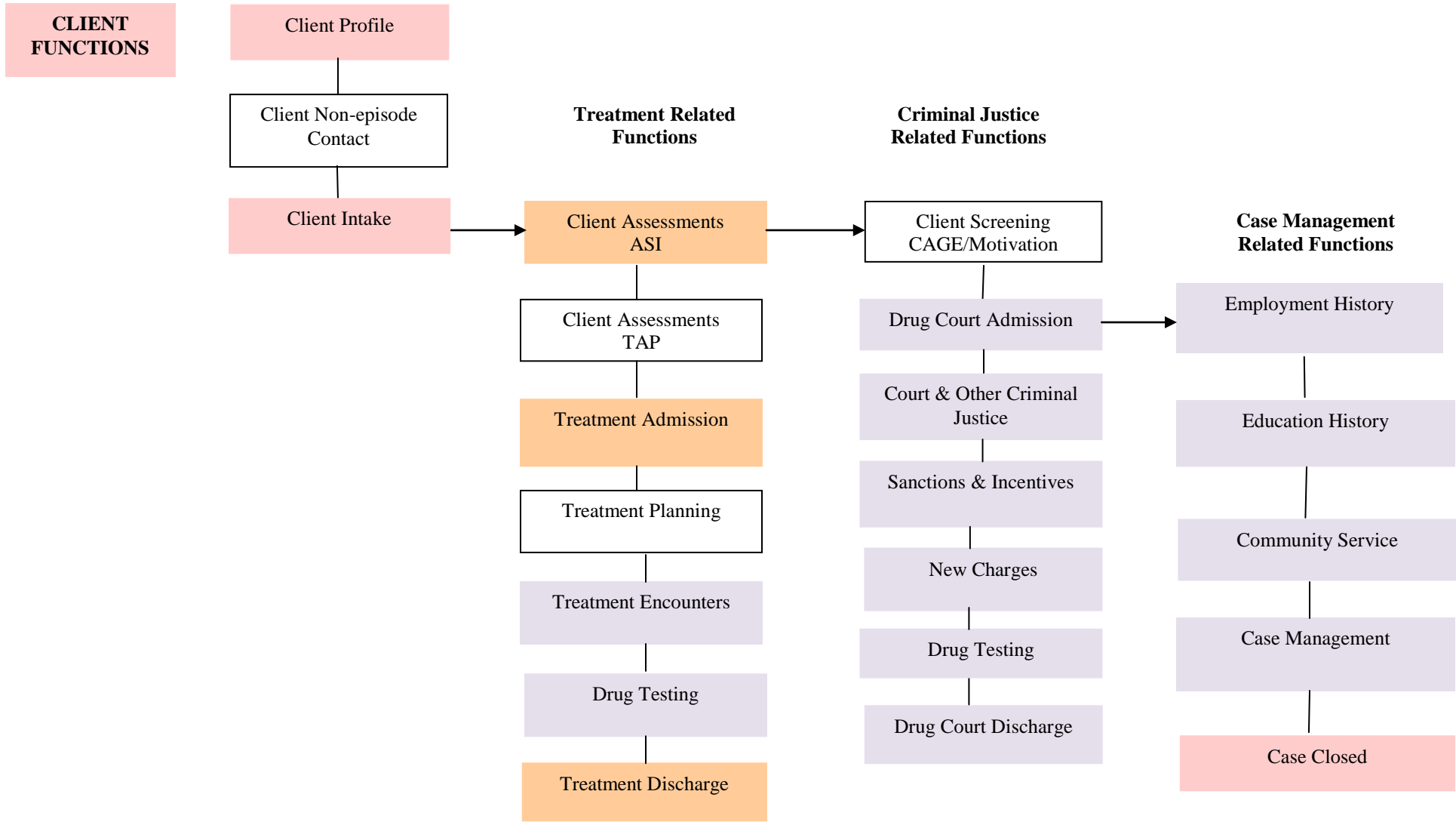
A business process analysis will allow the treatment and drug court programs to address any needs prior to implementation, thus increasing the chances of successful implementation. It is important that you continually assess the practices, and not assume that there is a clear end point. It is also important to periodically look at the extent to which the plan has been successful.

Mapping Client Case Flow

In order to understand the agency's activities, the first step is to map the process of how a client moves through the agency or program; specifically how inputs are transformed into useful outputs. The goal of this process is to clearly articulate the defined business processes. Once these business processes are identified and well defined, it provides a powerful means to understand how SMART can be incorporated into the agency or program process.

This document contains two flow charts to assist you in this process. The SMART Case Flow and Functions chart (Chart 1), outlines the typical information collected by drug courts and treatment providers, as well as the modules available in SMART. This flow chart is informational and provides you with an overview of the SMART system. The second flow chart (Chart 2) is specific to drug courts, and provides a working flow chart that allows the drug court to identify which agency or person(s) is responsible for collecting the associated data. The SMART trainer will facilitate a process, whereby collecting the information necessary, to document your agency's business process and flow of information. This will serve as the guiding flow chart for the next step, which identifies staff roles and responsibilities for data collection and an overall data collection plan.

Chart 1. SMART Case Flow & Functions

CLIENT FUNCTIONS

Client Profile

Client Non-episode Contact

Client Intake

Treatment Related Functions

Client Assessments ASI

Client Assessments TAP

Treatment Admission

Treatment Planning

Treatment Encounters

Drug Testing

Treatment Discharge

Criminal Justice Related Functions

Client Screening CAGE/Motivation

Drug Court Admission

Court & Other Criminal Justice

Sanctions & Incentives

New Charges

Drug Testing

Drug Court Discharge

Case Management Related Functions

Employment History

Education History

Community Service

Case Management

Case Closed

= Required Functions ADAA/OPSC   = ADAA required Functions   = OPSC required Functions   = Not required

Mapping Staff Roles and Responsibilities

This next task takes the mapping process a step further by outlining staff roles and responsibilities within the agency. The goal is to: (1) identify all the key business roles and responsibilities in each identified business process; (2) select the appropriate staff necessary for implementation; and (3) determine staff roles and responsibilities as they pertain to SMART. Identify which team members are required to enter data as part of the SMART implementation and the specific roles and responsibilities for SMART implementation (e.g. who collects what information, who reviews electronic files, etc.).

To accomplish staff role identification, each staff team member should complete the Staff Roles and Responsibilities worksheet. Below is an example of how to complete the worksheet. The goal is to ask staff members to really think through the type of data they collect and to document it. The next step is to identify the utility of data (e.g. how is it used?), whether it is currently collected and finally, whether it can be collected in SMART. For example:

Staff Member Role: Treatment Provider
Responsibility: Provide ongoing treatment to drug court clients
Data Collected: Treatment encounters, drug testing, treatment plan, ASI, etc.
Data Reported to Others: Treatment encounters, drug testing results

Identify Data Collection Process

Once the business process and staff roles and responsibilities have been documented, the next step is to identify data necessary to perform job functions and generate reports. First, the agency should identify which SMART modules will be used as part of the electronic record, the second step is to draft a list of data elements by module, then compare the data elements collected in SMART to the data elements currently collected by the agency at the client level (e.g. what goes into the client file) and program level. This will ensure that client data currently being collected by the agency will also be collected in SMART. This can be mapped using the Staff Roles & Responsibilities Worksheet (Table 8). It is also important to determine data tracking requirements and outcomes that need to be measured, and compare your existing needs to the report options available in SMART. The agency should also identify all data elements required for reporting to funding and certifying agencies (e.g. CARF, JHCO, BJA quarterly reports, American University Clearinghouse Survey, state legislatures, county executives, etc.). The result of the gap analysis will be the development of a data collection plan to ensure that all necessary data is entered into SMART. For all data not collected in SMART, draft a plan for alternative data collection (paper or electronic), as well as policies and procedures that include the alternative data collection practices. Use the Data Collection Plan worksheet (Table 9) to document who collects what data and when, as well as to document plans for quality assurance.

Table 8. Staff Roles & Responsibilities Worksheet

		Utility of Data	Currently Collected in Existing System (Y/N)	Available in SMART (Y/N)
Team Member Role				
Responsibility				
Data I collect to track client progress?				
Data I collect to report to others?				

Table 9. Data Collection Plan

Information to be Captured	Staff/Agency Responsible for Data Collection	Data Elements Collected for State Agency	Additional Data Elements to be Collected	Quality Assurance Responsible Staff	Quality Assurance Frequency
Client Profile/Intake					
Non-Episode Contact					
CAGE/Motivational Screening					
Client Assessments (DENS ASI)					
Drug Court Screening (Legal/Tx readiness, etc.)					
Drug Court Admission					
ADAA Admission					
Treatment Plan					
Community Service					
Treatment Transactions/Notes					
Drug Testing Results					
Case Management					
Court Hearings					

Information to be Captured	Staff/Agency Responsible for Data Collection	Data Elements Collected for State Agency	Additional Data Elements to be Collected	Quality Assurance Responsible Staff	Quality Assurance Frequency
Court & Other Criminal Justice					
Incentives/Sanctions					
Phase Movement					
Client Referrals					
Charges Received During Drug Court					
Employment History					
Education History					
Client Reports					
Program Reports					
Export Client Data					
ADAA Discharge					
Drug Court Discharge					

Quality Assurance

A quality assurance plan must be in place to determine what quality measures will be evaluated, when quality checks will occur, and how corrective actions will be implemented. The continuous use of the quality assurance plan can help the project deliver the highest possible quality result within committed resources, schedule and budget. As part of this project, it is strongly encouraged that agencies develop a quality assurance plan (See Appendix A) that describes the strategy and methods the project will deploy to ensure that the project is being managed, developed, implemented, and monitored appropriately. Useful performance indicators to include in the quality assurance plan are: (1) success in meeting client needs; (2) timely reporting of program data; efficiency and effectiveness of SMART tasks by all staff; (3) timely client referrals; and (4) timely submission of local, state and federal reports.

Modifying Business Practices to Include SMART

The goal of this process has been to provide you with a roadmap for implementing SMART. The mapping process was designed to assist you in identifying a process by which you can reduce repetitive tasks, reduce redundant data entry, share appropriate client data and ultimately streamline the tracking of client and program progress. The next step is to use the information gathered during the process to modify the agency's existing business practices to integrate SMART implementation. Additionally, it is important to create new policies and procedures that outline the tasks necessary to implement the new project. Once roles and responsibilities have been decided, it will be important to update all existing policies and procedures, as well as staff job descriptions.

Each agency should also draft policies and procedures to ensure the security of their data is compliant with the Health Insurance Portability Accountability Act (HIPAA), Title 42 Code of Federal Regulations, and Title 28 Code of Federal Regulations. Each agency should also develop a policy for adding new staff and inactivating staff accounts of those no longer with program.

Next Steps

Implementation Steps

After completion of the pre-training manual and the development of your implementation plan, agency staff will complete the agency/staff setup, attend a comprehensive training, and participate in technical support/follow-up post-training sessions.

Agency/Staff Setup

Each agency will be required to complete the SMART Agency/Staff Setup form (see Appendix B), requesting information about the agency (e.g. capacity, consent disclosure agreements), as well as staff who will use SMART and what permissions should be assigned to each based on their roles. Additionally, each agency must sign a Qualified Service Organization Agreement (QSOA) with IGSR (see Appendix B). Additional Memorandum of Agreements (MOA)/Memorandum of Understanding (MOU) may be required depending on agency needs.

Training

One of the keys to successful implementation is to ensure that everyone can accurately use the system through comprehensive training and technical support. Administrators should be trained to manage the system and users should be trained in common usages and SMART requirements. It is important for each program to identify training and ongoing support requirements. IGSR will provide training for SMART, where training will be tailored to the needs and business practices of each agency. Each agency will be assigned a SMART trainer. SMART trainers will work to provide training based on staff roles, as well as specialized to how the specific drug court will use SMART. Please use the Training Request Form when requesting staff training (see Appendix B).

Technical Assistance

IGSR manages the SMART Technical Support Desk operates from 7:30am to 5:30pm EST, providing assistance on a first come, first serve basis via email or telephone request. It is recommended that the SMART liaison attend all trainings to become familiar with all functionality in SMART and serve as the fist contact for technical support. For all issues not handled internally, the SMART liaison should be responsible for coordinating technical support requests, as well as outcomes/resolutions for all staff. It is also recommended that each agency develop internal tip sheets for users that outline the agency's business practices at each level of data entry, what data must be entered, what reports are required, frequency, among other agency requirements. Lastly, we recommend that each agency update their policies and procedures to reflect SMART responsibilities, update job descriptions and performance review requirements.

SMART Training Plan				
Training Type	**Number of Staff Trained/Date**	**Number for Training**	**Scheduled Training Date(s)**	**Status**
1. ADAA Admission & Discharge Training: Client Profile, Intake, ASI, Admission, Enrollment/Disenrollment, Discharge, Case Close.				
2. Clinical Training: Treatment Encounters, Miscellaneous Notes, Drug Testing, Treatment Plan, Group Notes.				
3. Consent/Referral Training: Consents, Making Referrals, Receiving Referrals.				
4. Drug Court Case Manager Training: Client Profile, Intake, Drug Court Admission, Employment, Education, Drug Testing, Case Management, Sanctions & Incentives, Drug Court Discharge.				
5. Drug Court Supervision Training: Client Profile, Intake, Drug Testing, Court & Other Criminal Justice, New Charges.				
6. Reports Training – Treatment.				
7. Reports Training – Drug Court.				
8. BSAS Provider Intake Scheduler Training.				
9. TCA Training.				
10. 8508/8507 Training.				
11. Oversight Training				
11. DTMS Training.				
12. Other training, please describe:				

Appendix A
Quality Assurance Plan Checklist

Quality Assurance Plan Checklist

		Requirement	Evidence/ Reference Source	Project Manager Comments	Compliance		Reviewer Comments
					Y	N	
1.0		**Schedule of Tasks and Responsibilities**					
		Based on the tasks described in the SMART Project Plan, below is the schedule of QA activities for the project. • Form Focus Group • Establish Steering Committee • Identify Project Manager • Identify Partner Agency SMART Liaisons • Conduct Organizational/Program Analysis • Conduct Organizational Needs Assessment • Establish SMART Goals and Objectives • Evaluate Project Planning, Tracking, and Oversight Process • Develop and Evaluate Corrective Action Process • Develop SMART Implementation Plan • Develop Policies and Procedures • Modify and Develop Job Descriptions • Develop Staff Survey and Interview Tools • Develop SMART Training Materials • Develop Meeting Minutes Format • Design Quality Evaluation Tools • Develop Change Management Plan • Set-up Agency and Staff in SMART					
2.0		**Project Documentation**			Y	N	
2.1		Documents by Phase:					
		2.1.1 <u>Initiate Phase</u>: • Needs Assessment and Statement • Project Implementation Plan (draft) • Project Policies and Procedures • Project Staff Role Identification and Description • Needs Analysis & Resource Identification • Project Quality Assurance Plan & Evaluation • Business Practice Plan (Feasibility Analysis) • Change Management Plan					
		2.1.2 <u>Define Phase</u>: • SMART Decision Making Guide • Program Functional Requirements Documentation • Project Support Plan • Equipment, i.e., hardware purchase					

		Requirement	Evidence/ Reference Source	Project Manager Comments	Compliance		Reviewer Comments
		2.1.3 Design Phase: • Project Requirements • Program Requirements • Change Management Plan • Initial Training Plan • Update Project Implementation Plan					
		2.1.4 Build Phase: • Agency Set-up • Account Set-up • Hardware Installation • Training Materials and Resources • Training Plan • Update Project Plan					
		2.1.5 Evaluate Phase: • Results and Evaluate Reports • QA Reports					
2.2		**Documentation of Standard Practices:** The SMART Evaluation Tool will used during the review and evaluation process.					
3.0		**Review and Evaluation**			Y	N	
3.1		Review and Evaluation:					
		3.1.1 • Project Requirements Review • Implementation Plan Review • Project Readiness Review • Performance Review • Implementation Review • Post Implementation Review					
		3.1.2 Audits: The Project leaders will collaborate with the program's QA staff to use existing QA project audit tools, as well as develop new ones.					
3.2		Review Report : Project Leaders will work in conjunction with the program's QA staff to utilize existing reports and develop new reports to ascertain detailed project performance information, i.e., Assessment Reports, Performance measures, Quality Status Outcome Reports, Data Analysis and Summaries Reports, SMART Evaluation Tool, etc.					
3.3		Reporting Outcomes: The Project Manager will work with the program's QA staff to review report findings, and translate the findings into a report.					

	Requirement	Evidence/ Reference Source	Project Manager Comments	Compliance		Reviewer Comments
				Y	N	
4.0	Testing					
	QA will be an integral component throughout the process. The project manager will use existing evaluation tools to measure the project's effectiveness. In addition, the project manager will design project specific tools to track and evaluate all project aspects for accountability.					
5.0	Problem Reporting & Corrective Action					
	Project leadership will closely work with the program's QA staff to develop a project evaluation tool that will be integrated into the program's QAP.					
	5.1 Problem Documentation: The Project Manager will have a mechanism in place to report project problems/issues. This tool will include- problem description, analysis, duration, and the impact on the project in relation to the established project standard.					
	5.2 Corrective Action Plan (CAP): A CAP complete with problem description, project standards, problem analysis, and the most efficient and effective methodology to address the problem will be included. In addition, the CAP will include a resolution timeline.					
6.0	Tools					
	Project Management will use the SMART Evaluation Tool, the SMART Quality Assurance Check-list, and other tools defined appropriate by the program's QA staff.					
7.0	Training					
	A detailed training schedule, along with training activities will be developed to meet the project and program QA needs.					
8.0	Technical Assistance					
	A detailed technical assistance plan, including follow-up activities will be developed to meet the project and program QA needs.					

Appendix B
SMART Agency Setup & Training Request Forms

SMART Agency Setup Request Form

Agency Name:	**Date:**
Agency Address:	**Agency ID (e.g. Clinic ID):**
Telephone:	**Fax:**
SMART Liaison:	**SMART Liaison Email:**
Parent Agency (if appropriate):	**Parent Agency Clinic ID:**
SMART Training Contact:	

Facilities/Programs: Please identify all facilities (physical locations) within your agency and associated programs. A facility is a physical location (e.g. the County Health Department may have several facilities 3rd Street Facility, Main Street Facility). For ADAA certified clinics the facilities must be licensed by ADAA, we are not allowed to create non-licensed facilities. For treatment clinics, programs will also be setup according to certification at each facility and will be identified by ASAM LOC (e.g. Main Street Level II.1 IOP).

Facilities (list each facility below)	Programs (list all the programs per facility)

Agency Disclosure

☐ 1. IGSR's General Consent Policy

SMART Module	Until Discharge + # of Days	Date Signed + # of Days	No
ADAA Admission			X
Behavioral Health Assessment			X
Client Information (Profile)	X(+30)		
Client Program Enrollment			X
Client Screening			X
Client SSI-SAI Screening			
Community Service			X
DENS ASI Assessment			X
DENS ASI Lite			X
Discharge			X
DJS Prescreen Risk Assessment			X
eCourt Admission			X
eCourt Alcohol & Drug Assessment			X
eCourt Cage Assessment			X
eCourt Case Management	X (+30)		
eCourt Client eligibility			
eCourt Court & Other Criminal Justice			X
eCourt Discharge			X
eCourt Education			
eCourt Employment			
eCourt New Charges			
eCourt Sanctions & Incentives			
Drug Test Results	X (+30)		
GPRA Assessment			X
Intake Transaction	X (+30)		
Mental Status Report			X
Miscellaneous Note Detail			
TAP Assessment			X
Treatment Plan			X
Treatment Review			X
Treatment Encounter	X (+30)		

☐ 2. Create your own Consent Policy

SMART Module	Until Discharge + # of Days	Date Signed + # of Days	No
ADAA Admission			
Behavioral Health Assessment			
Client Information (Profile)			
Client Program Enrollment			
Client Screening			
Client SSI-SAI Screening			
Community Service			
DENS ASI Assessment			
DENS ASI Lite			
Discharge			
DJS Prescreen Risk Assessment			
eCourt Admission			
eCourt Alcohol & Drug Assessment			
eCourt Cage Assessment			
eCourt Case Management			
eCourt Client eligibility			
eCourt Court & Other Criminal Justice			
eCourt Discharge			
eCourt Education			
eCourt Employment			
eCourt New Charges			
eCourt Sanctions & Incentives			
Drug Test Results			
GPRA Assessment			
Intake Transaction			
Mental Status Report			
Miscellaneous Note Detail			
TAP Assessment			
Treatment Plan			
Treatment Review			
Treatment Encounter			

User Name:	Supervisor:
Title:	Email:
Email:	

Identify the facilities and programs this staff should have access to:

Facilities:	Programs:

Identify the permissions/roles the user should have assigned to his/her account:

□ Clinical Functions Full Access	□ eCourt Functions Full Access
□ Clinical Functions (Read Only)	□ Records Management (delete Intake/Profile)
□ ADAA Monthly Reconciliation	□ DTMS
□ Case Re-open	□ DTMS Lab
□ Other	□ Other

User Name:	Supervisor:
Title:	Email:
Email:	

Identify the facilities and programs this staff should have access to:

Facilities:	Programs:

Identify the permissions/roles the user should have assigned to his/her account:

□ Clinical Functions Full Access	□ eCourt Functions Full Access
□ Clinical Functions (Read Only)	□ Records Management (delete Intake/Profile)
□ ADAA Monthly Reconciliation	□ DTMS
□ Case Re-open	□ DTMS Lab
□ Other	□ Other

User Name:	Supervisor:
Title:	Email:
Email:	

Identify the facilities and programs this staff should have access to:

Facilities:	Programs:

Identify the permissions/roles the user should have assigned to his/her account:

□ Clinical Functions Full Access	□ eCourt Functions Full Access
□ Clinical Functions (Read Only)	□ Records Management (delete Intake/Profile)
□ ADAA Monthly Reconciliation	□ DTMS
□ Case Re-open	□ DTMS Lab
□ Other	□ Other

SMART
QUALIFIED SERVICE ORGANIZATION/BUSINESS ASSOCIATE AGREEMENT

This Agreement is entered into by and between the Institute for Governmental Service & Research (IGSR) of the University of Maryland, College Park and the [Insert Program Name and Address] (the PROGRAM).

I. Background

WHEREAS, pursuant to an agreement between IGSR and the Maryland Alcohol and Drug Abuse Administration, IGSR operates an electronic information management system (SMART) that is available for use by various entities, including alcohol and drug abuse treatment programs; and

WHEREAS, PROGRAM is an alcohol and drug abuse treatment program that utilizes the information management services provided by IGSR through SMART; and

WHEREAS, in connection with those services, PROGRAM information entered into SMART by PROGRAM may include patient information that is subject to protection under federal laws governing the confidentiality of alcohol and drug abuse patient records and/or protected health information; and

WHEREAS, the parties desire to comply with applicable requirements for the confidentiality of alcohol and drug abuse patient records and/or protected health information;

NOW, THEREFORE, the parties agree as follows with respect to SMART operations:

II. General

1.   All information and data from the PROGRAM is owned by the PROGRAM.

2.   IGSR acknowledges that in receiving, storing, processing or otherwise dealing with any information received from the PROGRAM identifying or otherwise relating to the clients in the PROGRAM, it is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 (42 CFR) and/or the Health Insurance Portability and Accountability Act, 45 CFR Parts 142, 160, 162 and 164 (HIPAA), to the extent such regulations respectively apply to such PROGRAM information ("Protected Client Information"or "PCI"); and IGSR may not use or disclose PCI except as permitted or required by this Agreement or by law.

3.   IGSR agrees, if necessary, to resist in judicial proceedings any efforts to obtain access to PCI covered by 42 CFR, except as provided for in those regulations.

4.   PROGRAM acknowledges that, as an alcohol and drug treatment provider, it is fully bound by the provisions of the 42 CFR and/or HIPAA, to the extent such regulations respectively apply

to such PROGRAM PCI; and PROGRAM will not use or disclose such PCI via SMART except as permitted or required by law; nor will PROGRAM request or require IGSR to use or disclose such PCI except as permitted or required by law.

5.   IGSR acknowledges that in receiving, storing, processing or otherwise dealing with any Criminal History Records Information (CHRI) in SMART from any source including PROGRAM, it is fully bound by the provisions of the federal regulations governing Criminal Justice Information Systems, 28 CFR, Part 20; Criminal Procedure Article, Subtitle 10 (Criminal Justice Information System), ACM; and COMAR 12.15.01.01-16 (Criminal Justice Information System Central Repository).

6.   PROGRAM acknowledges that in receiving, or otherwise dealing with any CHRI contained within SMART, the PROGRAM is fully bound by the provisions of the federal regulations governing Criminal Justice Information Systems, 28 CFR, Part 20; Criminal Procedure Article, Subtitle 10 (Criminal Justice Information System), ACM; and COMAR 12.15.01.01-16 (Criminal Justice Information System Central Repository).

7.   If PROGRAM is not an authorized criminal justice agency, PROGRAM acknowledges that it may have terminal access through SMART only to current CHRI data which pertains only to the offense(s) for which the individual is currently under supervision by a criminal justice agency.

8.   Program has obtained, or will obtain, from individual clients any consents, authoriztions and/or other permissions necessary or required by applicable law(s) to allow IGSR and PROGRAM to fulfill their obligations under this Agreement and/or underlying SMART operations.

9.   PROGRAM will promptly notify IGSR in writing of any arrangements and/or restrictions regarding the use and/or disclosure of PCI to which PROGRAM has agreed that may affect IGSR's ability to perform its obligations under this Agreement and/or underlying SMART operations.

10.   PROGRAM will promptly notify IGSR in writing of any changes in or revocations of any permission by a client to use and/or disclose PCI, if such changes or revocation might affect IGSR's ability to perform its obligations under this Agreement and/or underlying SMART operations.

11.   Nothing express or implied in the Agreement is intended to confer, nor shall it confer, any rights or remedies whatsoever upon any person or entity other than the parties to the Agreement.

12.   This Agreement shall be governed and construed in accordance with the laws of the State of Maryland.

III. HIPAA

1.   The following provisions apply only to the extent that PROGRAM is a Covered Entity subject to HIPAA and only to the extent that its PCI contains protected health information covered by HIPAA:

        a.   IGSR agrees to use appropriate safeguards to prevent the use or disclosure of PCI other than as provided for in this Agreement.

b. IGSR agrees to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PCI.

c. IGSR agrees to report to PROGRAM, in a reasonable time and manner, any use or disclosure of PCI in violation of this Agreement of which it becomes aware. IGSR agrees to report to PROGRAM, in a reasonable time and manner, any security incident involving electronic PCI of which it becomes aware. IGSR agrees to mitigate, to the extent practicable, any harmful effect that is known to IGSR of a security incident and/or a use or disclosure of PCI by IGSR in violation of this Agreement.

d. IGSR agrees to require that any IGSR agent, including a subcontractor, to whom IGSR provides the PCI received from the PROGRAM, or created or received by the IGSR on behalf of the PROGRAM, agrees to the same restrictions and conditions that apply through this agreement to IGSR with respect to such information.

e. (1) To the extent IGSR possesses PCI that constitutes a Designated Record Set under HIPAA, IGSR agrees, at PROGRAM's sole cost and expense, to: (i) make available, in a reasonable time and manner, such PCI as necessary for PROGRAM to meet the requirements of 45 C.F.R. 164.524 which provides patients with the right to access and copy their own protected health information; and (ii) make such PCI available for amendment as directed or agreed to by PROGRAM pursuant to 45 C.F.R.§164.526. In the event a client requests access to PHI in a Designated Record Set directly from IGSR, NDCHealth shall forward such request to the PROGRAM in a reasonable time and manner. PROGRAM shall be solely responsible for responding to such requests, including but not limited to, any denials of access to or amendment of the client's protected health information

Notwithstanding the above, nothing in this provision is intended to prevent IGSR from releasing PCI in response to a client's valid consent or authorization.

(2) Notwithstanding the foregoing, the parties agree that IGSR does not, and shall have not obligation to, maintain and Designated Record set on PROGRAM's behalf.

f. IGSR agrees to make available, in a reasonable time and manner, its internal practices, books, and records, including any policies and procedures, relating to the use and disclosure of PCI received from PROGRAM, or created or received by IGSR on behalf of PROGRAM, to the Secretary of the Department of Health and Human Services for purposes of the Secretary determining PROGRAM's compliance with HIPAA.

g. IGSR agrees to document any disclosure of PCI by IGSR, and information related to such disclosures, as would be required for the PROGRAM to respond to a request by an individual for an accounting of disclosures in accordance with 45 C.F.R.§164.528. At PROGRAM's sole cost and expense, IGSR agrees to provide PROGRAM with such documentation, in a reasonable time and manner, so as to permit PROGRAM to respond to a request by an individual for an accounting of disclosures in accordance with 45 C.F.R. §164.528.

IV. Termination

1.   Upon PROGRAM's knowledge of a material breach or violation of this Agreement by IGSR, PROGRAM will either: a. Provide an opportunity for IGSR to cure the breach or end the violation, and terminate this Agreement if IGSR does not cure the breach or end the violation within a reasonable time specified by PROGRAM; or b. immediately terminate this Agreement if PROGRAM reasonably determines that IGSR has breached a material term of this Agreement and cure is not feasible.

2.   This Agreement will automatically terminate when the underlying SMART arrangement terminates.

3.   Except as provided in paragraph 4, below, upon termination of this agreement for any reason, at the PROGRAM's sole cost and expense, IGSR shall return or destroy all CHRI and HIPAA covered PCI received from PROGRAM, or created or received by IGSR on behalf of PROGRAM. IGSR shall retain no copies of the CHRI or PCI.

4.   In the event that IGSR determines that returning or destroying the CHRI or HIPAA covered PCI is not feasible, IGSR shall notify the PROGRAM of the conditions that make return or destruction infeasible. Upon notification that the return or destruction of such PCI is not feasible, IGSR shall extend the protections of this Agreement to such PCI and limit further uses and disclosures of the information to those purposes that make the return or destruction infeasible, as long as IGSR maintains the information.

Executed this _____ day of _____, 2009.

[INSERT PROGRAM NAME]   _____IS or _____IS NOT a "Covered Entity" under HIPAA
                                                        (Check one, as appropriate)

By:_____
Program Director

By:_____
Robin Parker-Cox, Ph.D. or Designee

Director

INSTITUTE FOR GOVERNMENTAL SERVICE & RESEARCH
University of Maryland, College Park

SMART Training Request Form

Name of Agency (In SMART):	Name of Person Requesting Technical Assistance:
Address:	**Telephone:**
	Email:

Is this Agency under contract to any another agency or health department? ☐ Yes ☐ No

If yes, please identify the oversight agency(ies):

Please identify the types of SMART training requested:	Number of Staff for Training:
1. ADAA Admission & Discharge Training: Client Profile, Intake, ASI, Admission, Enrollment/Disenrollment, Discharge, Case Close.	
2. Clinical Training: Treatment Encounters, Miscellaneous Notes, Drug Testing, Treatment Plan, Group Notes.	
3. Consent/Referral Training: Consents, Making Referrals, Receiving Referrals.	
4. Drug Court Case Manager Training: Client Profile, Intake, Drug Court Admission, Employment, Education, Drug Testing, Case Management, Sanctions & Incentives, Drug Court Discharge.	
5. Drug Court Supervision Training: Client Profile, Intake, Drug Testing, Court & Other Criminal Justice, New Charges.	
6. Reports Training – Treatment.	
7. Reports Training – Drug Court.	
8. BSAS Provider Intake Scheduler Training.	
9. TCA Training.	
10. 8505/8507 Training.	
11. Oversight Training	
12. DTMS Training.	
13. Other training, please describe:	
Please submit this form to your SMART Training Representative.	

SMART Request for Technical Assistance

Name of Agency (In SMART):	Name of Person Requesting Technical Assistance:
Email Address:	**Telephone:**

Is this Agency under contract to any another agency or health department? ☐ Yes ☐ No

If yes, please identify the oversight agency(ies):

Please identify your role in using SMART when this issue was encountered:

☐ **Treatment Provider**	☐ **DPP Agent**
☐ **8505/8507 Assessor**	☐ **Drug Court Case Manager**
☐ **TCA Assessor**	☐ **Drug Court Coordinator**
☐ **BSAS Provider**	☐ **DJS Drug Court Case Manager**
☐ **BSAS Assessor**	☐ **DTMS**
☐ **Oversight Agency**	☐ **Other, describe:**

Diagnosing Your Issue (Please complete all that apply). The more information we have the better we can serve you.

What screen were you working in that provoked an issue?	
What button did you click when this issue occurred?	
Describe the nature of the issue in SMART.	
Please attach as many screen shots with descriptions of the specific problems as necessary.	

Please submit this form to the IGSR Technical Support Desk (or your assigned SMART Trainer)
helpdesk@bgr.umd.edu
301.397.2330 (fax)