TAKING SYSTEMS CHANGE TO SCALE: BUILDING REPLICABLE PROCESSES

Drs. Lyons, Walton, Israel and Friedman

2013 Tampa Conference
PURPOSE

- Identifying replicable strategies for system improvement, focusing on:
  - Creating shared understanding of system performance
  - Identifying targets for improvement
  - Achieving improvement over time
PRESENTERS

- Robert Friedman, PhD, Discussant
- John Lyons, PhD, University of Ottawa
- Betty Walton, PhD, Indiana University
- Nathaniel Israel, PhD, SFDPH
FORMAT / ORDER

- Introduction to TCOM (Lyons)
- State-wide Strategies and Processes (Walton)
- County-level: $360^0$ Implementation (Israel)
- Consensus Replication Strategies (All)
- Implications for Policy and Practice (Friedman)
INTRODUCTION TO TCOM
THREE MAJOR CHALLENGES IN THE EXISTING SYSTEM

- We are not actually managing our business.
- Serving children/youth and families is complex.
- Expertise is often not resident with our direct care.
UNDERSTANDING OUR BUSINESS: THE HIERARCHY OF OFFERINGS

I. Commodities—raw materials
II. Products—produced for wider use
III. Services—hiring someone to apply a product for you
IV. Experiences—a memory
V. Transformations—helping someone change his/her life is some fundamental way

- Gilmore & Pine, 1997
THE PHILOSOPHY: TOTAL CLINICAL OUTCOMES MANAGEMENT (TCOM)

- *Total* means that it is embedded in all activities with families as full partners.
- *Clinical* means the focus is on child and family health, well-being, and functioning.
- *Outcomes* means the measures are relevant to decisions about approach or proposed impact of interventions.
- *Management* means that this information is used in all aspects of managing the system from individual family planning to supervision to program and system operations.
THE STRATEGY: CANS
SIX KEY CHARACTERISTICS OF A COMMUNIMETRIC TOOL

- Items are included because they might impact care planning
- Level of items translate immediately into action levels
- It is about the child not about the service
- Consider culture and development
- It is agnostic as to etiology—it is about the ‘what’ not about the ‘why’
- The 30 day window is to remind us to keep assessments relevant and ‘fresh’
## TCOM Grid of Tactics

<table>
<thead>
<tr>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Support</td>
<td>Care Planning</td>
<td>Eligibility</td>
</tr>
<tr>
<td></td>
<td>Effective practices</td>
<td>Step-down</td>
</tr>
<tr>
<td></td>
<td>EBP’s</td>
<td></td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Transitions</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>&amp; Celebrations</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management</td>
<td>CQI/QA</td>
</tr>
<tr>
<td></td>
<td>Integrated Care Supervision</td>
<td>Accreditation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program Redesign</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
STATEWIDE IMPLEMENTATION

State System of Care

Local System of Care
CMHC(s)
Residential Child Welfare
Juvenile Court
Schools
Youth & Families

Community

Youth & Families
DIFFUSION OF INNOVATION IN AN ORGANIZATION

Initiation
- Agenda-Setting
- Matching

Implementation
- Restructuring
- Clarifying
- Routinizing

(Rogers, 2003)
Effective Implementation Requires…

- System Support
- Local Context and Readiness
- Staff Selection
- Training
- Organizational Supports
- Supervision and Coaching
- Performance Management
- Program Evaluation

(Fixsen et al., 2005; Bruns, 2010)
RELATIONSHIPS AMONG SYSTEMS & PROVIDERS

Integration to identify needs, access, and fund behavioral health care

Coordinated Policies & Practice

Sharing Information Increasing
<table>
<thead>
<tr>
<th>Purpose</th>
<th>DCS</th>
<th>Residential</th>
<th>CMHCs</th>
<th>DMHA</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Needs &amp; Strengths</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Interventions</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBPs</td>
<td>trauma</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Intensity of Services</td>
<td>Foster Care Rates Placement MRO Referrals</td>
<td>Contract with CMHCs for Treatment Services (Medicaid)</td>
<td>X</td>
<td>Different Levels of Service based on Pattern of CANS Needs</td>
<td>Authorize Services: MRO Intensive Services PRTF</td>
</tr>
<tr>
<td>Monitor Progress</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Performance Measures</td>
</tr>
<tr>
<td>Improve Services</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
IMPLEMENTATION STRATEGIES & PROCESSES

**Training/Certification & TA**
- Consultation with state & local agencies, individuals

**Technology**
- Develop Data Collection, Analysis, & Reporting
- Available to all systems & providers
- Require certification
- Partnership between CANS TA & IT
- Transition from data collection to easy access & use of information in practice, funding, policy development, & measuring outcomes

**Implementation & Sustainability**
- State & University Partnership
- Incremental
- Add systems & agencies
- Ongoing activities to improve reliability and effective use of information
- Link funding to ratings
- Outcome Performance Measures
- Link to EBPs
- Integrated policies
- Monitor Fidelity/Progress
- Use information for QI
ACROSS LIFE SPAN

- **CANS Birth to 5**
  - New Glossary includes normal development, research

- **CANS 5 to 17**
  - Enhanced item and item anchor descriptions
  - Improve Trauma & Substance Use rating

- **Adult Strengths & Needs Assessment (ANSA)**
  - ANSA Study (2012)

- **Comprehensive, Multi-system Tools**
  - CORE items expand based on complexity of needs
### Behavioral Health Treatment Recommendations (5-17)

- **0** No Services
- **1** Outpatient
- **2** Outpatient with Limited Case Management
- **3** Supportive Services
- **4** Intensive Wraparound
- **5** Intensive: PRTF Waiver, MFP
- **6** Intensive: PRTF Waiver, MFP, PRTF or State Hospital

### Child Welfare/JJ Placement Recommendations

- **0** No current DCS/JJ Removal
- **1** Foster Care
- **2** Foster Care with Support
- **3** Therapeutic Foster Care
- **4** Group Home**
- **5** Residential**

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*Only used when DCS or JJ have currently removed child from home.

**Could be served in foster home, if available & safe, with treatment & Support to address identified needs.
N = 35,484 Initial Assessments
1/1/2012 - 12/31/2012
<table>
<thead>
<tr>
<th>Recommended Level of Placement</th>
<th># of Initial CANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth at Home (Not removed by DCS/JJ)</td>
<td>27,446</td>
</tr>
<tr>
<td>Foster Care</td>
<td>1,264</td>
</tr>
<tr>
<td>Moderate Foster Care (+ Services)</td>
<td>2,650</td>
</tr>
<tr>
<td>Treatment Foster Care</td>
<td>1,171</td>
</tr>
<tr>
<td>Group Home for youth &gt; 14</td>
<td>59</td>
</tr>
<tr>
<td>Group Home for children &lt; 12</td>
<td>23</td>
</tr>
<tr>
<td>Group Home for youth 12 - 14</td>
<td>193</td>
</tr>
<tr>
<td>Residential</td>
<td>2,678</td>
</tr>
</tbody>
</table>

N = 35,484 Initial Assessments 1/1/2012 - 12/31/2012
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges/Questions</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Language</td>
<td>Rating needs of youth &amp; families in intensive services</td>
<td>Review rating basics, myths, challenges</td>
</tr>
<tr>
<td>Helps engage families &amp; youth</td>
<td>Who is the caregiver?</td>
<td>Clarify; permanency plan caregivers</td>
</tr>
<tr>
<td>Helps determine case plan, referrals, and placement, transitions</td>
<td>Gathering information in limited time – rate based on what you know or inquire further?</td>
<td>Use all available information: engage family &amp; youth, ask questions, records, share info.</td>
</tr>
<tr>
<td>Can help reach agreement among family, youth, DCS, &amp; providers</td>
<td>Differences in ratings among DCS, community &amp; residential providers</td>
<td>Discuss differences in rating specific items (evidence)</td>
</tr>
<tr>
<td>Helps new FCM look at issues that may have been overlooked</td>
<td>Perceived pressure to make ratings fit (desired placement or rate, service level)</td>
<td>Policy statements. Rate to describe real needs, then determine action.</td>
</tr>
<tr>
<td>Team tool – everyone has input</td>
<td>Misunderstandings between systems</td>
<td>Cross-System Booster Workshops &amp; Training</td>
</tr>
<tr>
<td>Helps transition youth to appropriate placement and services</td>
<td>Differences in “LON scores”</td>
<td>Focus on specific items, discussing reasons for differences in ratings</td>
</tr>
</tbody>
</table>
ITEM LEVEL OUTCOME REPORT

Life Functioning Domain

- Physical/Medical
- Family Functioning
- Employment
- Social Functioning
- Recreational
- Intellectual/Development
- Sexuality
- Living Skills
- Residential Stability
- Legal
- Sleep
- Self-Care
- Decision-Making
- Involvement in Recovery
- Transportation

Colors:
- Green: 2/1/2008 - Assessment
- Blue: 9/22/2008 - Assessment
DMHA implemented Outcome Performance Measures (funding):
- Youth with BH Needs
- Adults with SMI
- Adults with Substance Use Needs

Reliable Improvement in:
- Any One Domain
- Substance Use
- School Functioning
- Employment
- Housing
- Community Integration
YOUTH & FAMILY OUTCOMES

- Since 2008, as measured by the CANS, about 56% of youth who complete an episode of treatment in usual public care improve in one domain.

- In SFY2013, since DCS and residential providers systematically refer youth to CMHCs to access Medicaid services, improvement over the last six months decreased to 40% for CMHCs, range 21.52% – 56.38%.
  (target = 45% between last 2 assessments)

- Compare with 65% improvement for youth participating in intensive services (CA-PRTF grant).

- When youth and families receive high fidelity wraparound, up to 78% improve in any one domain.

  (Walton & Moore, 2012)
SF COUNTY: 360° IMPLEMENTATION
DISCLAIMER

- Information in this presentation is not to be construed as the official position of the San Francisco Department of Public Health
360° IMPLEMENTATION

- Describe a series of supports developed over time to support multi-level alignment
- Align with Youth and Caregiver goals, then Clinicians, Supervisors, program Directors, Administrators, State and Federal goals
- Implement the tools, training and ongoing strategy and technical assistance to realize its potential
YOUTH AND CAREGIVERS

- CANS Designed as Communication and Treatment Planning tools for use with youth and caregivers
- Assessment and Treatment Planning are not often done in a collaborative, culturally-appropriate manner
- Clinicians may mis-perceive the CANS as a barrier to engagement
- How can this be remedied?
YOUTH AND CAREGIVERS

- Sat down and listened to caregivers and youth: ~25 listening / working collaboration sessions
- Developed rich picture of the ways the CANS can be used as a collaboration tool across cultures, throughout the entire clinical process (from first contact to treatment transitions)
- Created interactive, multi-level curriculum co-led by a caregiver to disseminate this information and help develop collaboration skills
- Created feedback loop designed to validate engagement measure and benchmark current levels of engagement
ENGAGEMENT ➔ OUTCOMES
Goal is to transform the use of the CANS from “another piece of paperwork” to value-added tool essential to meeting goals

Focus on key decision points in clinical work: entry, formal reviews (scheduled and episodic), transition planning

Provide suite of tools/views which set the stage for a collaborative Clinical Formulation

Align these tools/views at every level of the system, so all persons are making decisions based on the same data
CLINICIANS

Treatment Planning Summary:

<table>
<thead>
<tr>
<th>Presentation - Behavioral / Emotional Needs ( &amp; Trauma Symptoms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety 2</td>
</tr>
<tr>
<td>Oppositional 2</td>
</tr>
<tr>
<td>Anger Control 2</td>
</tr>
<tr>
<td>Adjustment to trauma 3</td>
</tr>
</tbody>
</table>

Summary of Presentation - Behavioral/Emotional Needs: Profound

<table>
<thead>
<tr>
<th>Impact on Functioning - Life Domain Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
</tr>
<tr>
<td>Living Situation 2</td>
</tr>
<tr>
<td>School Behavior 2</td>
</tr>
<tr>
<td>School Achievement 2</td>
</tr>
</tbody>
</table>

Summary of Impact on Functioning - Life Domain Functioning: Profound

<table>
<thead>
<tr>
<th>Risk Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger to Others 2</td>
</tr>
<tr>
<td>Judgement 2</td>
</tr>
</tbody>
</table>

Summary of Risk Behaviors: Serious
Clinical Alert! Your client’s profile is consistent with clients experiencing high levels of anxiety, depression, and traumatic stress. Clients with a similar profile in San Francisco have been found to have:

- *Increased rates of Suicidality* (nearly 15% of children/youth with this profile)
- *Increased rates of Danger to Others* (nearly 30%)
- *Serious difficulties in School Behavior* (50%), *Achievement* (almost 55%), and *Attendance* (about 35%)
- *Increased rates of Caregiver Mental Health concerns* (30%)

BE SURE TO THOROUGHLY ASSESS FOR THESE CONCERNS. A SUICIDE ASSESSMENT PROTOCOL IS AVAILABLE BELOW FOR CLIENTS SHOWING SIGNS OF DANGER TO SELF. THE SFDPH TARASOFF POLICY (FOR CLIENTS WHO MAY BE A DANGER TO OTHERS) IS ALSO AVAILABLE BELOW. RESOURCES FOR TREATING TRAUMA AND DEPRESSION FOLLOW THE SUICIDE ASSESSMENT AND DUTY TO WARN PROTOCOLS.
CLINICIANS

Client-Level Change:
PROGRAM DIRECTORS

- Monthly SuperUser Calls
- Integration of CANS Objectives with Contract Objectives
- Semi-Annual Progress Reports (Moving to Quarterly, and full automation)
PROGRAM DIRECTORS

CRISIS - MST:
Overall Number of Actionable TOC Items Averaged Over Youth Clients (Ages 5-18)

- Initial Assessment
- Closing

Graph showing the number of actionable TOC items averaged over youth clients (Ages 5-18), with bars indicating Initial Assessment and Closing.
Behavioral and Emotional Needs
ADMINISTRATORS

- Monthly Strategic Planning re: Data Presentation and System Goals
- As-Needed Information for Changing System Priorities / Contingencies (specialized reports on school programs, substance using sub-population, and children also involved in child welfare or juvenile justice systems)
- Alignment with Multi-Level System Goals (County, State, Federal Government)
ADMINISTRATORS

![Bar Graph showing percent prevalence of different conditions at entry and six months.](image-url)
Each diamond represents a Children's Behavioral Health program.

**ADMINISTRATORS**

**Efficiency by Program**

- **Real-World EBP Efficiency**
- **Deterioration or Harm**
REPLICATION STRATEGIES
REPLICATION STRATEGIES

- Multi-Level and Multi-System Alignment
- Data Explicitly for Decision-Making
- Attention to the ‘Human’ Process
- Iterative Change
- Systems Change Guides and Peers