MERCER

Government Human Services Consulting

May 22, 2006

Town Hall

Maricopa County Regional Behavioral Health Services:

What's Working? What Will Make it Better?

Sponsored by the Arizona Department of Health Services
Division of Behavioral Health Services

MMC Marsh & McLennan Companies

Welcome & Purpose of The Town Hall

Branch McNeal, Mercer Government Human Services Consulting

Purpose of the Town Hall

- **To increase our collective understanding of "what is working" and "what needs to change" with Maricopa County Regional Behavioral Health Services**
  - **National experts discuss innovations from other states and best practices in recovery and quality**
  - **Town Hall participants question the experts and offer comments on what's working and what can be improved here in Maricopa County**

Town Hall Agenda

- **6:00 p.m. – Expert Panel Presentation**
- **7:25 p.m. – Break (15 minutes – collect written audience questions)**
- **7:40 p.m. – Panel Discussion in response to written questions from the audience**
- **8:10 p.m. – Audience comments/questions**

Panel Presentation

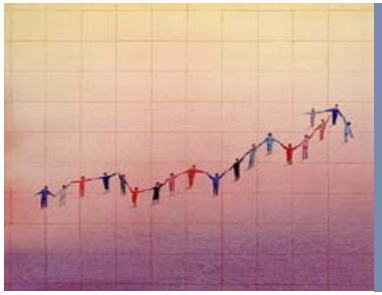
Richard “Dick” Dougherty – Panel Moderator and Presenter

Panelists

- **Introductions of Panelists:**
  - **Lori Ashcraft, PHD, CRP**
  - **Clarissa Marques, PHD**
  - **Neal Adams, MD**

News from Other States: Innovations in Managing Care

Richard Dougherty, PhD

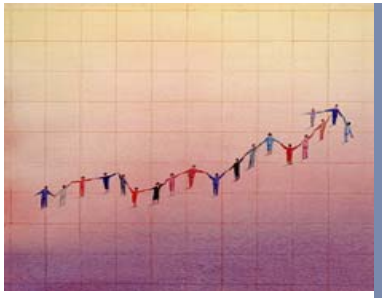


Transforming Behavioral Health: Examples from Other States

Maricopa County

Arizona Department of Behavioral Health Services

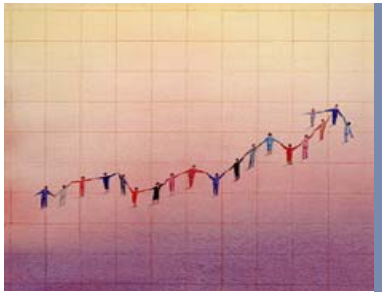
May 22, 2006



Transformation - Defined

- A break with the past; Quantum change
- More than just reorganizing, “transformation” involves a shift in focus, a new mission and vision for the organization
- “Transformation” is virtually always a positive event
- May include a radical redesign and new strategic intent for the organization – e.g. IBM
- Organizational transformation requires energy, vision, support and change management
- Don’t underestimate resistance to change

Source: Mazade, Noel A., Concepts of “Transformation”. Alexandria, VA: National Association of State Mental Health Program Directors Research Institute, Inc., January 2005



Corporate Transformation

New Ventures Transforming their Markets

FedEx Kinko's Office and Print Services

24 -7 Copying Services across the country

SOUTHWEST.COM

Discount Flights with transparent pricing for peanuts

jetBlue AIRWAYS

Discounts with leather and screens

FedEx

When it absolutely positively has to be there overnight – Order tracking and services

ebay

On-Line Auctions with volume

Google

Search the world with google-bots

Businesses with Internal Transformations

The home of the Macintosh finds new music and a shuffle

IBM

Mainframes to Services; in and out of PCs.

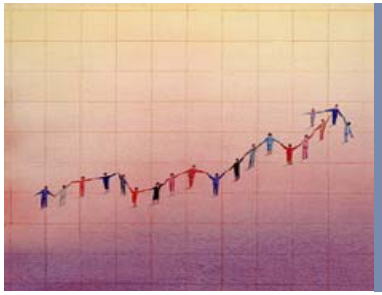
Abercrombie & Fitch

From Tweed to teen fashion with lust

From private banking to the #1 worldwide servicer of mutual funds and pensions

imagination at work

From Light bulbs to Financial services and world class productivity



Examples of Health and Human Service Transformation

Systems of Care for Children's Mental Health Services

Transforming children's MH services one community at a time

CDHC - Consumer Directed Health Care

Currently emerging radical change in health coverage

WebMD®

Transformational business models for e-health

KAISER PERMANENTE

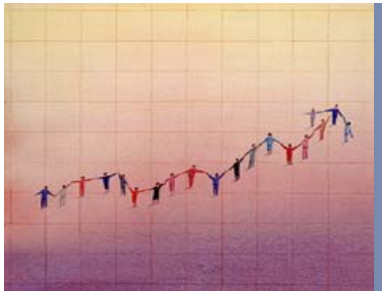
Enduring commitment to quality through dramatic growth

Network of Care and Supports for Behavioral Health & Mental Retardation Services

NEW MEXICO DEPARTMENT OF HEALTH

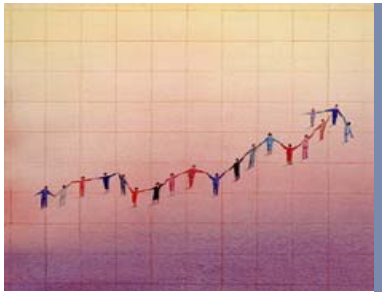
Potential for transformative change in new BH Purchasing Collaborative

To date, many public sector examples of behavioral health transformation are relatively small in scale or have been managed care procurements.



Potential Provider Transformation Examples

- Implementation of E-Health records
- Implementing family and consumer run divisions
- Developing **truly** consumer and family directed service plans
- Use of consumer and family directed purchasing accounts
- Disease management programs
- *Comprehensive* primary care integration with behavioral health – co-location of staff with FQHCs, etc.
- Implementation of consumer and family education as a major focus and intervention
- Use of Peer specialists in lieu of and to supplement case managers

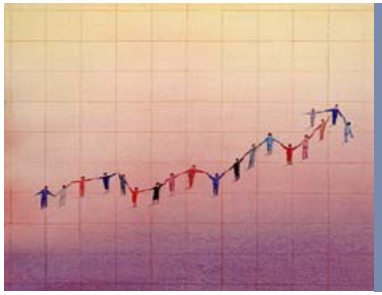


State Innovations

A recent study completed for the Commonwealth Fund highlights 18 State behavioral healthcare innovations. Projects nominated through a national survey of leaders from SAMHSA, states, universities, consulting firms, and consumers.

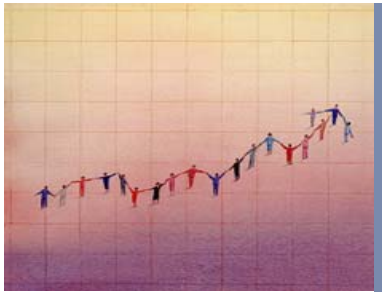
Key areas include:

- Consumer Centered Care (New Jersey, Georgia, and Florida)
- Criminal Justice Coordination (Ohio Center for Excellence)
- Interagency Integration (New Mexico, Washington, New Jersey,
- Performance Incentives (Delaware, Kentucky, Oregon)
- Quality Improvement (Washington, Iowa, Oklahoma)
- Housing (TN), Taxing for Transformation (CA), Purchaser's Collaborative (MN)
- Disease Management (Wyoming)



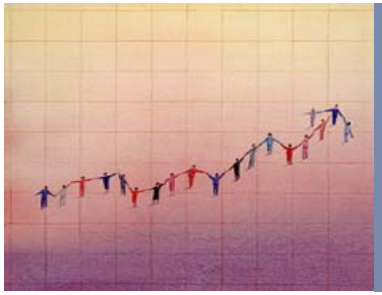
System Integration

NJ	Children's MH system	Development of one comprehensive system of flexible, accessible community-based services with individualized service planning across child-serving systems; common screening & assessment tools & protocols; effective community based crisis management.
NM	Behavioral Health Purchasing collaborative	Blended funding - mental health, criminal justice, child welfare, TANF and substance abuse
WA	Medicaid Integration Partnership	Beginning in one county (Snohomish), all funding is blended and health care, pharmacy, and mental health and substance abuse care are managed by one managed care contractor. Plan is to extend program throughout the state.



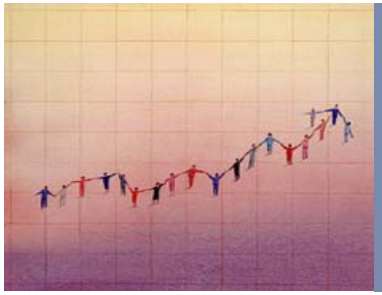
Paying for Performance

OR	Required implementation of Evidence-Based Practices	In response to state legislature's 2003 passage of Senate Bill 267, which requires that increasing amounts of state funds be devoted to Evidence-Based Practices (EBP), the Office of Mental Health and Addiction Services is restructuring the mental health and substance abuse delivery systems for adults and youth.
DE	Performance Based Contracting	Performance-based contracting that provides financial rewards to providers who are able to engage and retain clients in treatment.
KY	Performance Based Contracting	KY's Department for Mental Health and Mental Retardation Services (KDMHMRS) has engaged in extensive internal planning & change in processes in order to utilize performance based contracting strategies.



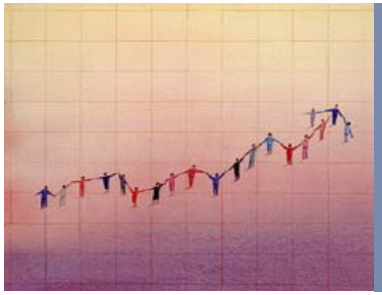
Quality Improvement

OK	Transformation to a culture of performance improvement throughout the addiction treatment system	OK's Department of MH and SA (ODMHSAS) Services uses quarterly Regional Performance Management (RPM) reports with providers to promote a culture of performance improvement. The RPM reports focus on six indicators that track identification of eligible persons and their initiation and engagement in SA treatment.
IA	Improve access and retention in substance abuse treatment	The goals of Iowa's NIATx project are to improve access and retention by identifying and reviewing licensing standards that present barriers to access and retention; testing the elimination of continuing care review requirements; giving intake personnel more time to conduct intakes; and considering modifying the incentive formula to facilitate use of process improvement.
WA	Research and Data Analysis Division reports, articles and fact sheets	The WA Research and Data Analysis Division produces numerous reports that are used both for quality improvement purposes and to document the effectiveness of services and the need for additional services, resulting in increased funding for SA services.



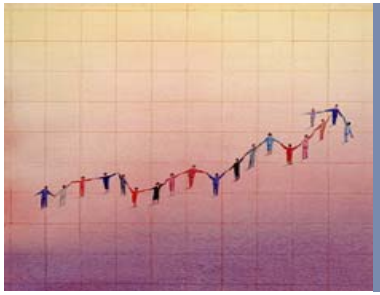
Taxing for Transformation, Coalitions, Disease Management and Housing

CA	Proposition 63 initiative: 1% tax on personal incomes above $1 million.	To seek funding, each county must develop a collaborative, community-driven process to determine priorities, and submit a 3-year plan. The MHSA Oversight & Accoun-tability Commission reviews and comments on plans; the CA Department of MH approves plans and distribute funds.
MN	Minnesota Mental Health Action Group (MMHAG)	MMHAG is a broad-based coalition of mental health providers, hospitals, health plans, consumer advocacy organizations and the MN Departments of Human Services and Health that has developed a "road map" for system changes and is now monitoring the implementation of those changes.
WY	Healthy Together	Disease management program that Includes all Medicaid members, with additional services for those with chronic ailments, including mental disorders.
TN	Creating Homes Initiative	Provides a consumer-directed, accessible housing resource system for Tennesseans diagnosed with mental illness or co-occurring disorders; works to reduce stigma.

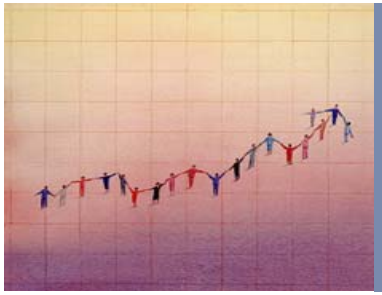


Consumer Centered Care

GA	Certified Peer Specialist Project	Consumers complete extensive training program & their work is then reimbursable by Medicaid. Consumers are employed throughout the system.
NJ	Consumer Connections	Trains & supports consumers to fill MH and human services jobs
FL	Consumer Directed Care – Hillsborough County (DCF - children) and District 8 (Adults)	Program gives each participant an account with a portion of their estimated costs. Consumers and family members or guardians of children can control the resources to purchase a flexible array of services with the help of case managers.

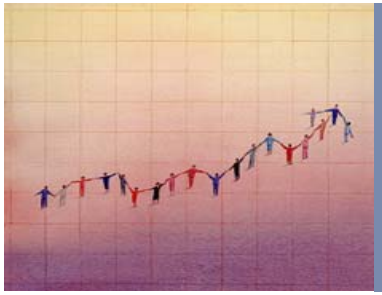


Innovations in Children's Behavioral Health



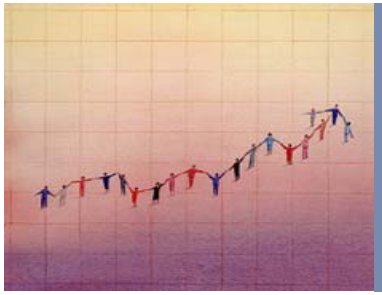
Hawaii

- Background:
  - Two court orders in the 90's (CRIPA and Felix); SAMHSA system of care site; convened 1999 Evidence Based Practice Committee; CAMHD 2002 Strategic Plan
  - CAMHD becomes a prepaid inpatient plan under Medicaid in 2002 with Support for Emotional and Behavioral Development (SEBD) of Youth Program
  - Commitment to CASSP Principles
- Recent RFP for geographically based Comprehensive Behavioral Health Services to include Emergency services; Educationally Supportive Intensive Mental Health Services and Medicaid SEBD services. Will award to multiple providers.
- Integrates MH/SA, Medicaid, and certain covered educational testing services
- Comprehensive vision of the system of care in one fully integrated procurement



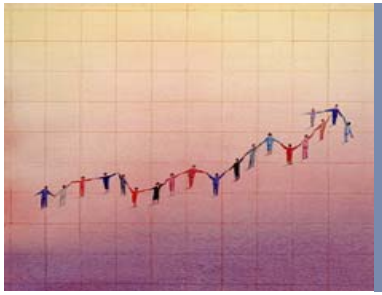
New Jersey: Child Behavioral Health System of Care

- The Child Behavioral Health System of Care blends funding from the primary child serving agencies including mental health, child welfare and Medicaid.
- Each county has a care management organization and a family support organization
- The state has also implemented a statewide Contracted System Administrator (Value Options) that is responsible for coordinating eligibility and payment, developing a single information record, tracking outcomes, and coordinating care.
- Between January 2001 and January 2006 the state has rolled out its system of care implementation to 15 counties
- 13 of these have new mobile crisis capabilities
- Significant new funding over the last 4 years including increased federal match
- Evaluation with USF currently under way



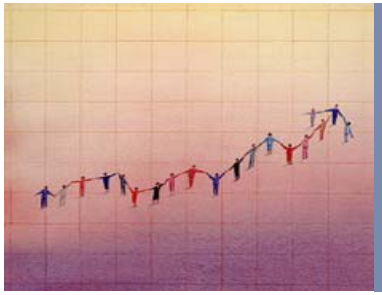
Oklahoma

- Currently 2 federal System of Care grants for the Choctaw Nation and another with a 5 county area by ODMHSAS
- Successful collaborations with schools and tribal systems of care
- Trained family advocates and obtained Medicaid reimbursement for these services
- Now seeking to take systems of care statewide with Partnership for Children's Behavioral Health – weekly planning meetings with all child serving agencies
- Planning to expand funding and coverage
- MH to administer all MH and Medicaid funds similar to an adult project
- Claims will be run through MMIS with a charge back to the agencies



Primary Care Integration: Iowa; Utah and Vermont

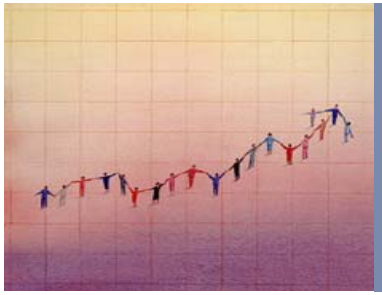
- Iowa: Medicaid EPSDT coordinator facilitates pediatric referrals for mental health services. Pediatricians have standardized screening tools. Positions are funded with Title V funds and are primarily for very young youth.
- Utah uses physician led collaboratives to spread screening practices
- Vermont outstations MH professionals in primary care clinics, uses CRAFFT standardized screening tool and pairs PCPs with Child Psychiatrists



Pittsburgh: The Hill District

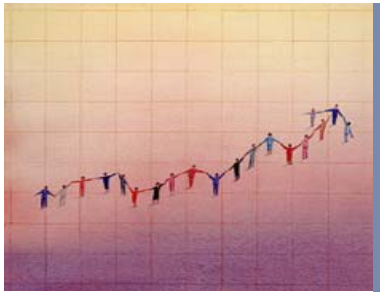
- Community Connections for Families: A 7 year old System of Care Project in the Hill District
- Serves 130 children currently
- Began with federal funds but now supported by local, state and Medicaid funds.
- Evaluation showed improved school attendance, reduced suspension, reduced juvenile justice involvement.
- Partnership for Youth Transition builds on the CCF experience for older transition aged youth

The federal review team noted: …(CCF) stands out singularly … the program has maintained solid fidelity to its mission and goals…the CCF program has met or exceeded its own and the federal expectations for system development and effectiveness.



Illinois

- Illinois Children‘s Mental Health Task force issued recommendations that led to legislation in 2003 and the creation of the Children’s Mental Health Partnership with multi-agency representation
- The initiative creates a single statewide structure to provide Screening Assessment and Support Services (SASS)
- Require inpatient screening and social and emotional development in the school programs
- In FY 2005, SASS served 16,825 children; 3600 at any one point in time
- CARES, the toll free crisis line handled over 85,000 calls in FY2005
- 2006 Goals: Implement a single billing system for all community mental health; Review of Medicaid funding; Review of current rates and provider performance standards, etc.



Tampa-Hillsborough County

- Tampa-Hillsborough Integrated network for Kids (THINK) is led by the Children's Board an independent taxing authority and unit of the county
- Extensive family involvement, system of care principles and blended funding
- Family directed purchasing utilizes individual family budgets and a fiscal intermediary (ASO) – Public Partnerships LLC to reimburse services
- Service began in 2003. Over 560 participants enrolled in FY 2005.
- Serves children with SED in child welfare and kids at risk of juvenile justice involvement.

Guidelines for Implementing Transformative Change

- Develop a vision for high quality, efficient and effective services
- Consumer and family centered care should be central to the redesign
- Communicate a vision and the steps to initiate change
- Create a climate that supports change
- ID, mobilize and support change agents at all levels of the system
- Develop a process to sustain change
- Monitor performance and outcomes and adjust efforts as necessary
- Reward small successes….

System-wide transformation starts slowly and requires constant leadership and ongoing resources to support the change until the system reaches a "tipping point" and the speed of change accelerates

Recovery and Wellness: Content and Structure

Lori Ashcraft, PhD, CPRP

Recovery and Wellness:
Content and Structure

Transforming Services to Focus on Strengths and Self-Determination Instead of Illness and Disability

Lori Ashcraft, Ph.D.
Executive Director
Recovery Education Center, META Services

Overview

- What does recovery mean?
- What Are the contents of a recovery system?
- What organizational structure best supports the recovery process?
- How can we get there?
- Provocative Questions to Think About

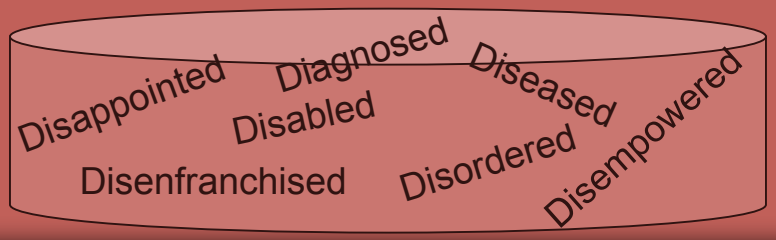
What Does Recovery Mean?

Recovery is remembering who you are and using your strengths to become all you were meant to be.

Not necessarily who you were before you we diagnosed, but who you were born to be – a unique individual with hopes, dreams, strengths, abilities and special gifts.

DEFICIT-BASED RECOVERY-Based

Deficit-based	Recovery-based
Disappointed	Contributions
Disempowered	Valued role
Disenfranchised	Opportunities
Disabled	Supports
Diseased	Strengths and gifts
Disordered	Past accomplishments
Diagnosed	Hopes and dreams



Recovery Content

A Recovery Based system contains elements that intentionally foster self-determination and promote recovery.

Recovery Based Systems Contain:

- Relationship
- Holistic approach
- Focus on strengths
- Choices
- Power shifts to the person
- Opportunities for growth
- Opportunities for valued social roles
- Celebrating successes
- Person is the expert

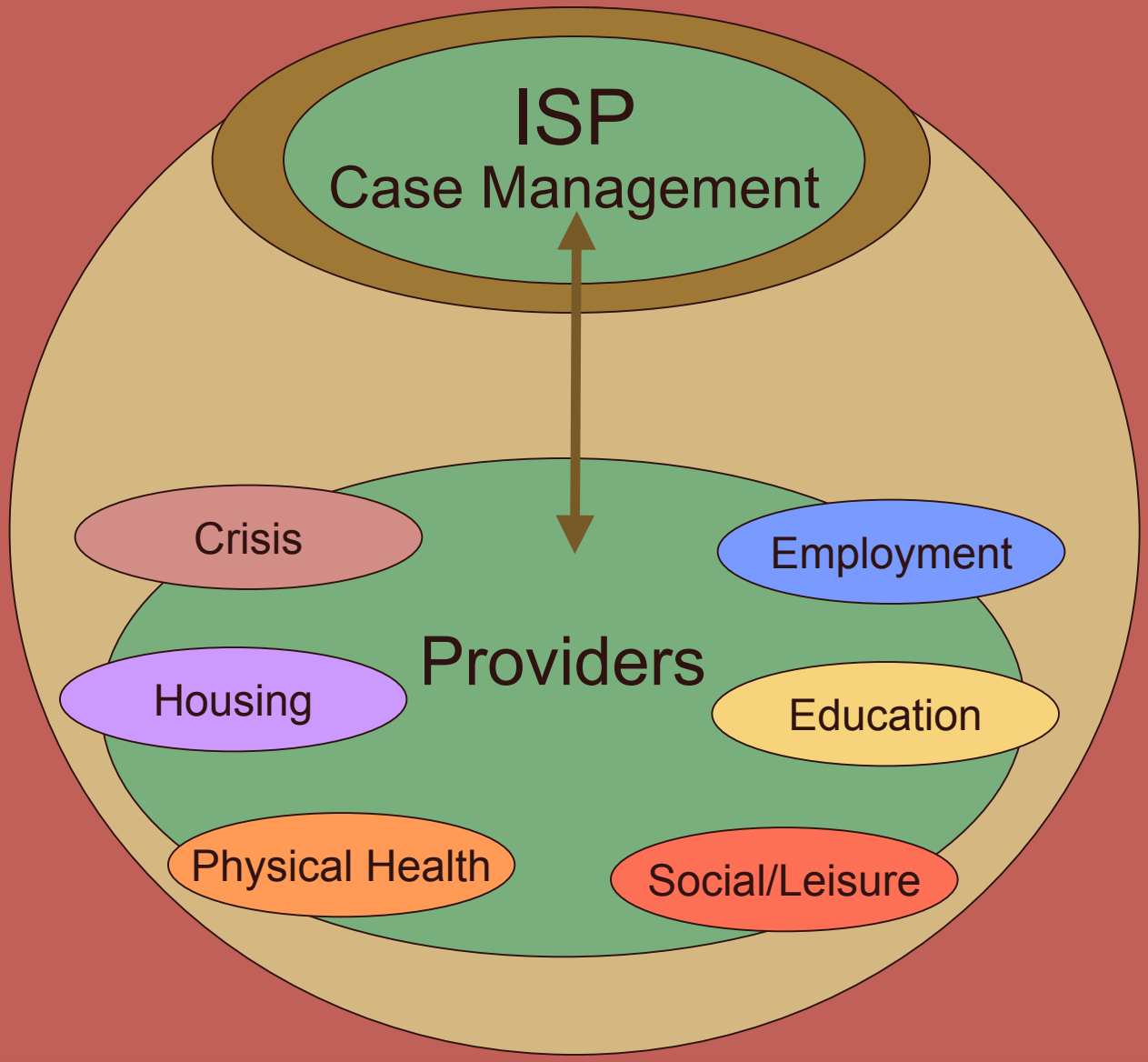
Non-Recovery Culture	Non-Recovery Beliefs	Recovery Beliefs	Recovery Culture
	Stability/maintenance is the goal	Recovery is the goal	
	Low expectations	Lots of hope; high expectations	
	No clearly defined exit	Clear exits and graduates return/share	
	People judged by level of motivation	Restoring hope creates new energy.	
	Provider creates the plan for the person	Each person creates their own plan	
	Compliance is valued	Choice and independence are valued	
	Coercion used to achieve compliance	Empowerment; people are the experts	
	Provider directs the services	Each person chooses their services	
	People protected from trial/error learning	People encouraged to take risks	
	One-size- fits-all treatment approach	Wide range of options	
	Little or no access to information	Education; easy access to information	
	People live in “treatment centers”	People choose their own housing	
	Employment is too stressful	Everyone can have a meaningful career.	
	Medication is the primary tool	Medication is one of several tools	
	Emphasis is on treatment	Peer support and self-help are essential	

Recovery Mirrored System-Wide

- Everyone recovers, not just the service user.
- Recovery principles guide actions and decisions throughout the system.
- Coercion and/or forced treatment are rarely used. They are seen as a system failure, not the person's failure

System Ecosphere

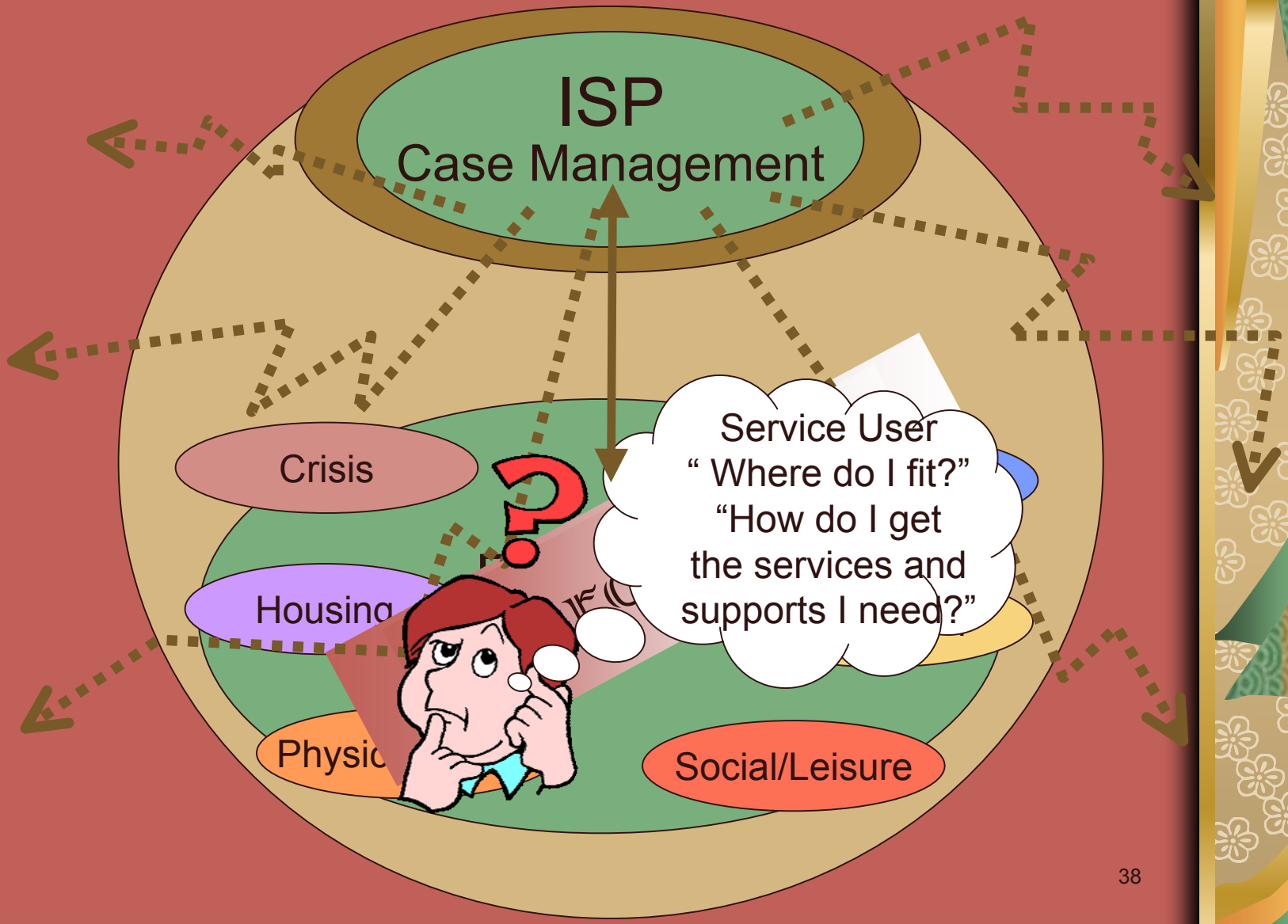
Current Design



System Ecosphere

Maybe It Really Works Like This??

Current Design



Structure to Support Recovery:

- Continuity of services is a priority
  - Low staff turn-over to allow for relationship building with the person and their supports/family
  - Eliminate provider changes when service needs change
  - Include natural supports in planning – continuity with real world
- People receiving services and family participate at all levels of organization
  - Advisory bodies
  - Employment in the system
  - Advocates

Structure to Support Recovery:

- Easy and timely access to services
  - Eliminate lengthy referral processes to services
  - Provide information on available services
- Outcome information so people can make good decisions
  - What are the chances for successful outcomes in each program?
  - What will the program provide and what's expected of the person?
- Incentives aligned with recovery outcomes
  - Rewards provided for recovery outcomes for all players

How Can We Get There?

Ideas for transforming our content and structure into a recovery based system

Align the Forces

- Most regulations were created before we knew recovery was possible. Do they promote recovery?
  - Align regulations (the rules)
  - Align licensing requirements
  - Align the terms of the lawsuit
  - Align and educate partnership agreements (law enforcement, etc..)

Incentivize Recovery Practices and Outcomes

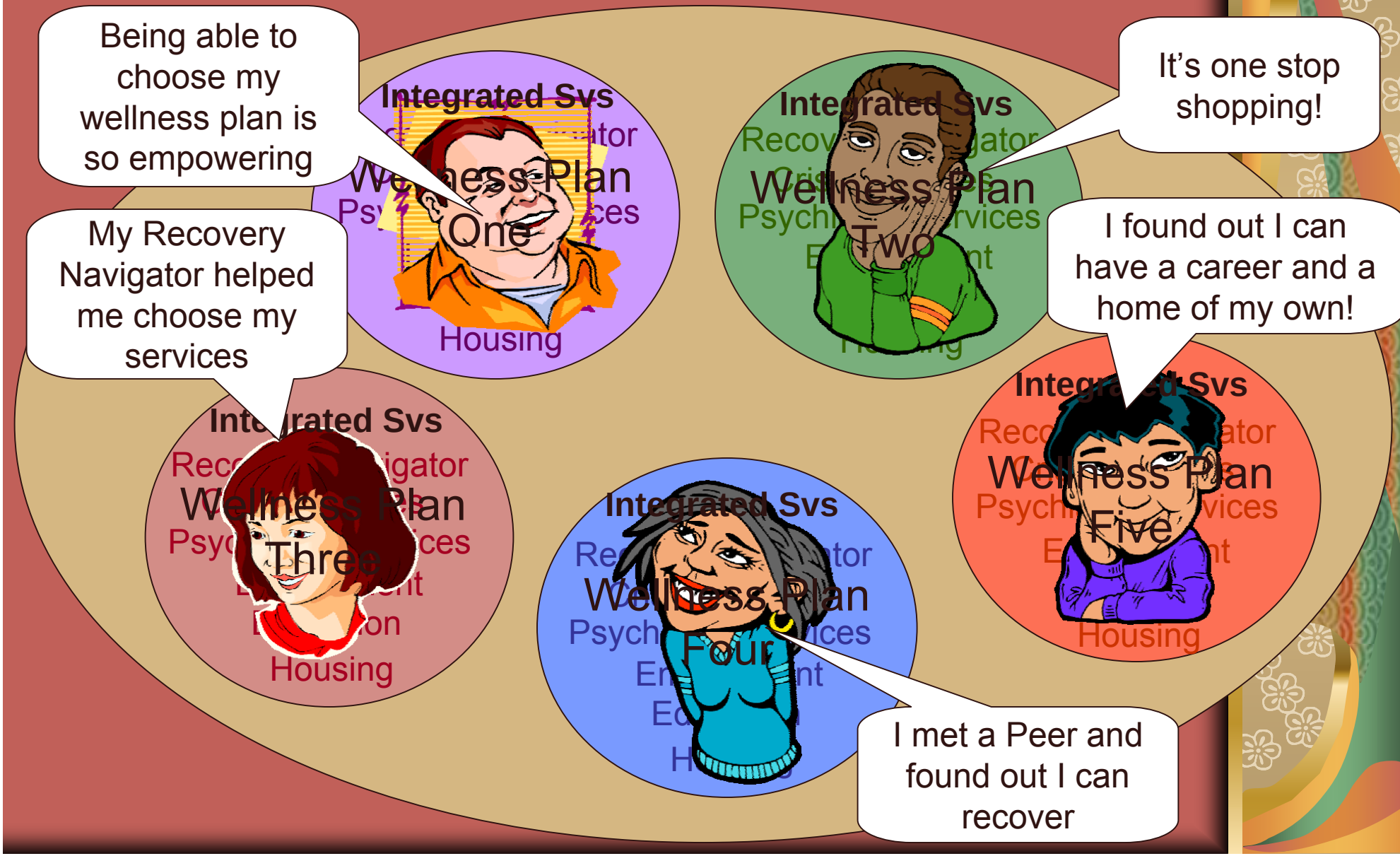
- Reward the **person** as well as the staff for goal attainment.
- Rewards focus on the person's chosen outcomes instead of completion of paperwork.
- Reward programs that produce recovery based outcomes.

Create Integrated Service Systems

- Five all inclusive systems containing all elements of service.
  - Regionally based, but people can go to the one of their choice.
  - Provides continuity between case management (recovery navigation), crisis, housing, employment, and so forth.
  - Satisfying work environment that results in low turnover which promotes relationship building.

System Ecosphere

New Choice-Based Integrated Design



Develop Structure for Participation

- NAMI affiliates have voice in their region.
- People receiving services participate at all levels of the organization.
- Partners have ownership in the success.
- Train and educate all parties in the principles and practices of recovery

Our Strengths

- Good state-wide mission/vision statement for improving services
- Strong funding growth (now # 7)
- Courageous --Not afraid of change
- Willing to try new things (covered services)
- Not afraid to speak our truth to each other – basis for a good team!

Provocative Questions

- Should Maricopa County have a RBHA or could integrated service systems work directly with the state? (est. cost savings?)
- Should Maricopa County have more than one RBHA?
- Should the RBHA provide direct services? Is case management outdated? Is there a better way?
- Why do people have to have a case manager in order to receive services?
- Can people self-direct their services?
- Do we need coercion? Involuntary treatment?

Transition Age Youth

A great investment with a remarkable return

Who Are They?

- Age 17 to 21
- Diagnosed with Serious Emotional Disturbance (SED)
- 53% male; 47% female
- As of April 30 2006, 9378 enrolled
- Applying national statistics, approximately 40 to 60% with have encounters with law enforcement during transition

Who Are They?

African American	369	8%
Native American	78	2%
Caucasian	3338	75%
Other	669	15%
Total	4454	100%
Hispanic/Latino	971	22%

Who Are They?

- Diagnostically:
  - Mood Disorders 31%
  - Psychotic Disorders 6%
  - Attn. Def. Disorders 10%
  - Anxiety Disorders 6%
  - Substance Related Disorders 17%
  - Diagnosis Unknown 13%
  - Other 4%

The Gap

- Not a child, not an adult
- Weak service bridge between age groups
- A good bridge helps, but a new paths are better
- Goal: Provide services and supports that will Keep TAY from needing adult services

What do They Need?

- Personal challenges:
  - Completing **educational** goals, GED or post secondary
  - Initiating **employment** and a career path
  - Avoiding **substance** abuse
  - Attaining **residential** independence
  - Developing intimate **relationships**
  - Maintaining dynamic **family** ties
  - **Peer Support**

A Closer Look At What's Needed

- Educational Challenges:
  - Adolescents with emotional and behavioral challenges often have **difficulty learning**.
  - The **drop out rate** is higher than any other disability group.
  - **Tutoring**, learning skills **training**, test taking, and classes in the areas of their **interests**
  - **Decision making skills** and support

A Closer Look at What's Needed

- **Employment** and a career path: Holding a valued social role
  - Help in determining **areas of interest**
  - Opportunities for **meaningful work**
  - A chance to be **successful** and develop self-esteem
  - A chance to gain **validation** for their abilities
  - Jobs that can add **meaning and purpose** to their lives -- peer support jobs

Needed

- **Community Living Skills**: Developing the Resourcefulness necessary to negotiate life challenges
  - Budgeting
  - Maintaining a household (laundry, bills, food, etc)
  - Personal hygiene
  - Logistics re: employment, transportation, etc.

A Closer Look At What's Needed

- **Housing**:
  - **Who** do they want to live with? With family, friends, roommates, by them self?
  - **Where** do they want to live? House? apartment? What part of town?
  - What can they **afford**? Subsidies?

A Closer Look At What's Needed

- **Transportation:**
  - Critical for work, medical appointments, etc..
  - Use of public transportation?
  - Car pooling?
  - Personal vehicle? Insurance?
  - Other?

A Closer Look At What's Needed

- **Avoiding Substance** use: Adolescence is considered the **highest risk period** for substance abuse, which often carries over into adulthood.
  - Information
  - Alternatives –positive social context
  - A reason not to (keep my job, pay my rent, etc.)
  - Peer Support

A Closer Look At What's Needed

- **Personal Development Skills:**
  - Problem solving
  - Developing self-esteem
  - Building a positive identity
  - Making friends and developing a support system
  - Conflict resolution
  - Meaningful activities, (social, leisure)

A Closer Look At What's Needed

- **Maintaining Family ties**:
  - **Families need support** and education to help thru transition
  - Family **relationship shifts** can be challenging
  - Families need **information** on adult services and resources
  - TAY parents need education and support in **child rearing**, etc.

What Can We Do To Help?

- Create a new path – beyond bridging
  - Fun and positive resource, includes bridging, but also offers services tailored specifically for the age group
  - Wellness focus
  - Model: one stop resource center that includes:
    - Educational services
    - Employment and career development including **peer support jobs**
    - Avoiding Substance abuse
    - Housing
    - Relationship building
    - Family ties
    - Community living skills
    - Health and wellness info
    - personal growth and development

Quality Counts: Right Care, Right Time, Better Outcomes

Clarissa Marques, PhD

Quality Counts: Right Care, Right Time, Better Outcomes

Town Hall Meeting – Phoenix, AZ

May 22, 2006

Clarissa C. Marques, Ph.D.

Healthcare Consultant

Laying the Groundwork for Quality

- *Mental health is fundamental to health.*
- *Mental disorders are real health conditions.*
- *The efficacy of mental health treatments is well documented.*
- *A range of treatments exists for most mental disorders.*
  - A Report to the Surgeon General (1999)

Laying the Groundwork for Quality

- *About 10 percent of the U.S. adult population use mental health services in any year, with another 5 percent seeking such services from social service agencies, schools, or religious or self-help groups.*
- *Yet critical gaps exist between those who need service and those who receive service.*
- *Gaps also exist between optimally effective treatment and what many individuals receive in actual practice settings.*
- *Mental illness and less severe mental health problems must be understood in a social and cultural context, and mental health services must be designed and delivered in a manner that is sensitive to the perspectives and needs of racial and ethnic minorities.* – A Report to the Surgeon General (1999)

Laying the Groundwork for Quality– Children & Mental Health

- *Childhood is characterized by periods of transition and reorganization, making it critical to assess the mental health of children and adolescents in the context of familial, social, and cultural expectations*
- *Approximately one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year, but only about 5 percent of all children experience what professionals term "extreme functional impairment."*
- *Mental disorders and mental health problems appear in families of all social classes and of all backgrounds. No one is immune.*
- *Preventive interventions have been shown to be effective in reducing the impact of risk factors for mental disorders and improving social and emotional development*

  – A Report to the Surgeon General (1999)

Laying the Groundwork for Quality– Children & Mental Health

- *A range of efficacious psychosocial and pharmacologic treatments exists for many mental disorders in children, including attention-deficit/hyperactivity disorder, depression, and the disruptive disorders.*
- *Significant barriers exist to receipt of treatment.*
- *Primary care and the schools are major settings for the potential recognition of mental disorders in children and adolescents, yet trained staff are limited.*
- *The multiple problems associated with "serious emotional disturbance" in children and adolescents are best addressed with a "systems" approach in which multiple service sectors work in an organized, collaborative way.*
- *Families have become essential partners in the delivery of mental health services for children and adolescents.*
- *Cultural differences exacerbate the general problems of access to appropriate mental health services. Culturally appropriate services have been designed but are not widely available.*

  – A Report to the Surgeon General (1999)

Goals in a Transformed Mental Health System

- *Americans understand that mental health is essential to overall health*
- *Mental health care is consumer and family driven*
- *Disparities in mental health services are eliminated*
- *Early mental health screening, assessment, and referral to services are common practice*
- *Excellent mental health care is delivered and research is accelerated*
- *Technology is used to access mental health care and information*
  - The President's New Freedom Commission on Mental Health (2003)

Transforming the Mental Health System

- *Involve consumers more fully in all aspects of their care*
- *Expand consumer choice*
- *Reduce behavioral health care system fragmentation*
- *Integrate the provision of needed services and supports*
- *Induce strong interagency collaboration*
- *Employ evidence-based practices*
  - *The President's New Freedom Commission on Mental Health (2003)*

Transforming Systems through Evidence-Based Practices

- *A significant approach to increasing the value gained from the expenditure of health care dollars is adoption of evidence-based practices: that is, the purchase of treatment and services that have been scientifically confirmed to improve outcomes.*
  - *A. Lehman, H. Goldman, L. Dixon, R. Churchill*

Transforming Systems through Evidence-Based Practices

- *Despite a well-documented range of effective treatments and researched best practices, many interventions and supports do not reach the people who need them because of:*
  - *Complex reimbursement policies (if payments for the treatments are even allowable),*
  - *The growing crisis in workforce training,*
  - *The shortage of quality professionals, and*
  - *The need for more research on putting new and proven methods into practice more rapidly.*
    - *The President's New Freedom Commission on Mental Health (2003)*

Evidence-Based Practices

- *Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes.*
  - The quality and nature of the relationship is the foundation of quality mental health services
  - The practice is generally employed in a standardized manner
  - The practitioner is competent
  - The practice is individualized
  - Practice considers culture and context
  - The documentation reflects and supports the practice
  - Integrated into organizational environment
  - Outcomes are measurable and understandable
  - Practice emphasizes consumer involvement and choice
    - *R. E. Drake, (2001)*

National Evidence-Based Practices Demonstration Project

- Illness Recovery & Management
- Assertive Community Treatment
- Family Psychoeducation
- Supported Employment
- Co-Occurring Disorders: Integrated Dual Diagnosis Treatment
- Medication Management Approaches in Psychiatry

NIMH And SAMHSA/CMHS Grants for Continued EBP Development

- Supported Employment (IL, MO)
- Older Adult Services (IO)
- Integrated Treatment for Co-Occurring Disorders (KY)
- Medication Management (OR)
- Depression in Rural Areas (CO)
- Consumer-Operated Services (KS)
- Integration of Physical and Mental Health (NH)
- School-based Mental Health (NY)
- Brief Family Interventions (OK)
- Cognitive Behavioral Therapy (TX)

Quality Counts: Quality and Outcomes Management Functions

- Development and administration of behavioral health medical necessity criteria and clinical practice guidelines
- Development and administration of risk management programs
- Development and tracking of core indicators for measuring the quality of behavioral health care delivered
- Development of provider profiles and delivery of meaningful feedback to providers who practice patterns fall outside best practice norms
- Development and implementation of prevention and special project programs
- Development and administration of grievance and appeals tracking

Right Care – Treatment Works!

- Prevention
- Counseling/Education
- Psychotherapy
- Medication Management
- Rehabilitation
- Psychosocial Support

Right Time – No Wrong Door!

- Facilitate entry– No wrong door
- Facilitate access– No wrong time
- Facilitate availability– No wrong place
- Facilitate coordination of care – Eliminate “silos”
- Facilitate collaborative care – Eliminate the barriers between mental health and physical health care
- Facilitate psychosocial and rehabilitation support - Employment, education and housing

Better Outcomes – Oversight!

- Clarity - The clearer the objective, the greater the likelihood of achieving the outcome
- Process – Analyze each step in the process to eliminate barriers to achieving the results
- Transparency – Working inside the “fishbowl”
- Use clinical and quality data - In God we Trust, all else bring data
- Use financial data - Follow the dollar
- Implement effective and consistent oversight

What Works?

- Treatment works!
- No wrong door - No wrong time; no wrong place
- Collaborative care – Mental health and physical health
- Coordinated care – Case coordination and management
- Transparency of administrative and clinical processes
- Adequate funding
- Oversight, oversight, oversight

Making Recovery Real: What it takes to change practice?

Neal Adams, MD, MPH

On being person - centered…

…and recovery oriented

Making Recovery Real

Neal Adams MD MPH

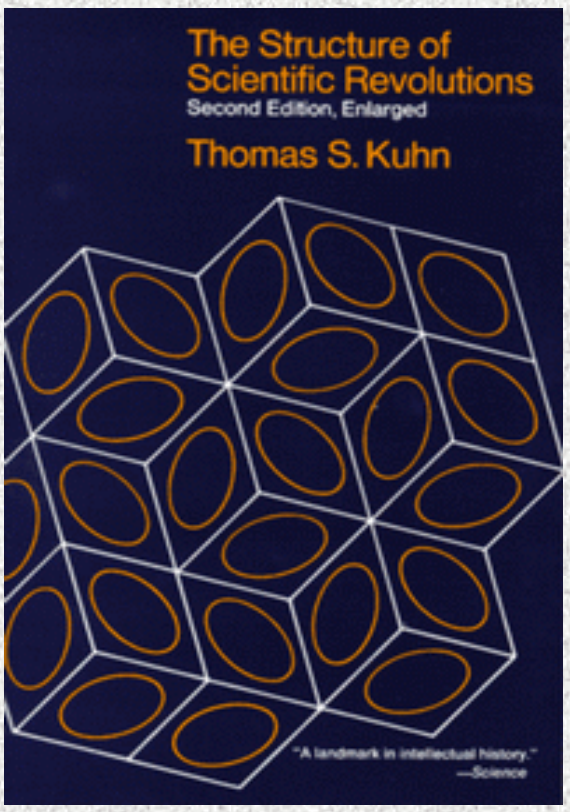
Director of Special Projects

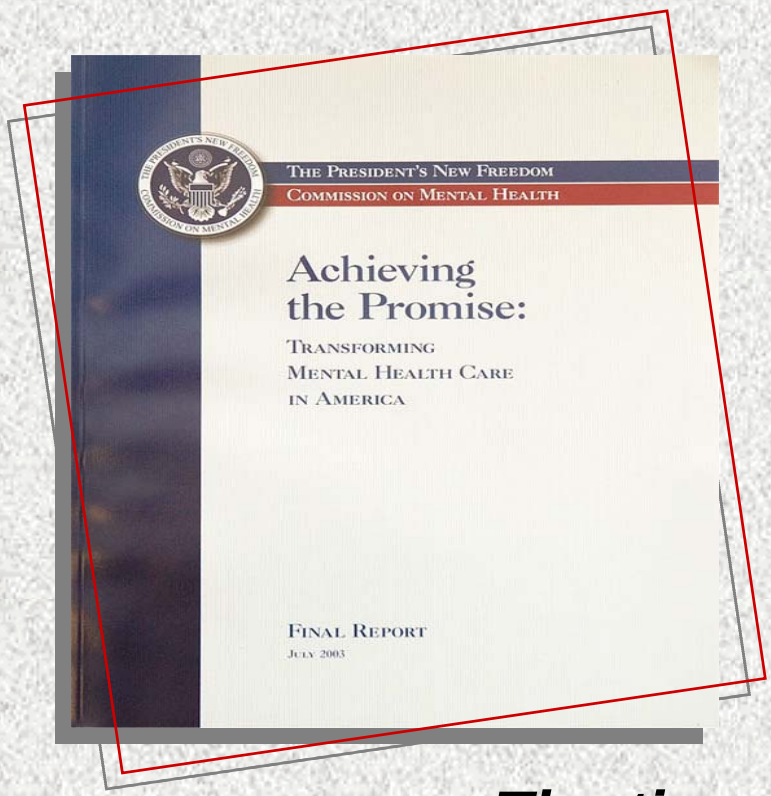
California Institute for Mental Health

05
DAYS SINCE LAST
PARADIGM SHIFT

recovery

- true paradigm shift
  - new model for understanding experiencing relationship consumer and
  - challenges earlier precepts
  - can only supplant old model





The time has long passed for yet another piecemeal approach to mental health reform. Instead, the Commission recommends a fundamental transformation of the Nation's approach to mental health care.

president's MH commission

- **In a transformed system…**

"Consumers of mental health services must stand at the center of the system of care.

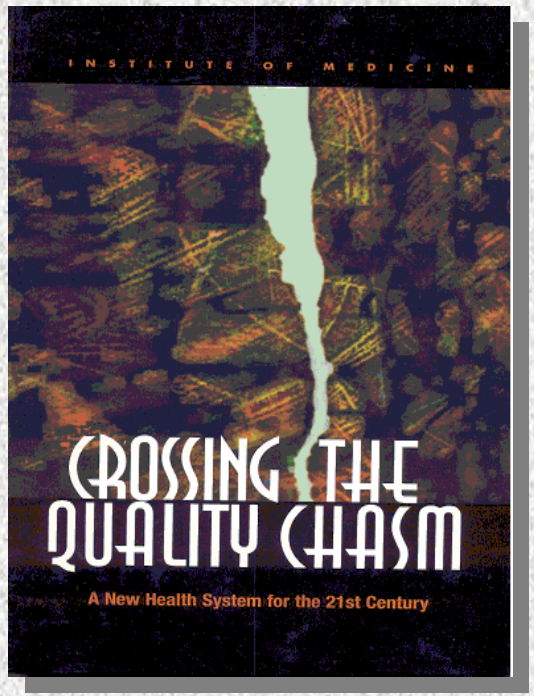
Consumers needs must drive the care and services provided."

president's MH commission

- **Goal 2**
  - *Mental Health Care is Consumer and Family Driven*
- **Recommendation 2.1**
  - the **plan of care** will be at the core of the consumer-centered, recovery-oriented mental health system
  - providers should develop customized plans in full partnership with consumers

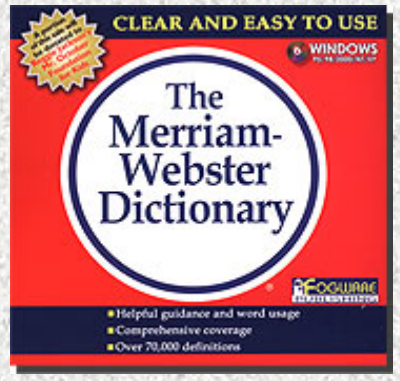
IOM six aims

- **Healthcare should be**
  - safe
  - effective
  - timely
  - efficient
  - equitable
  - **person-centered**



Foremost, consumers of health care for M/SU conditions face a number of obstacles to patient-centered care that generally are not encountered by consumers of general health care.

pleonasm



NOUN:

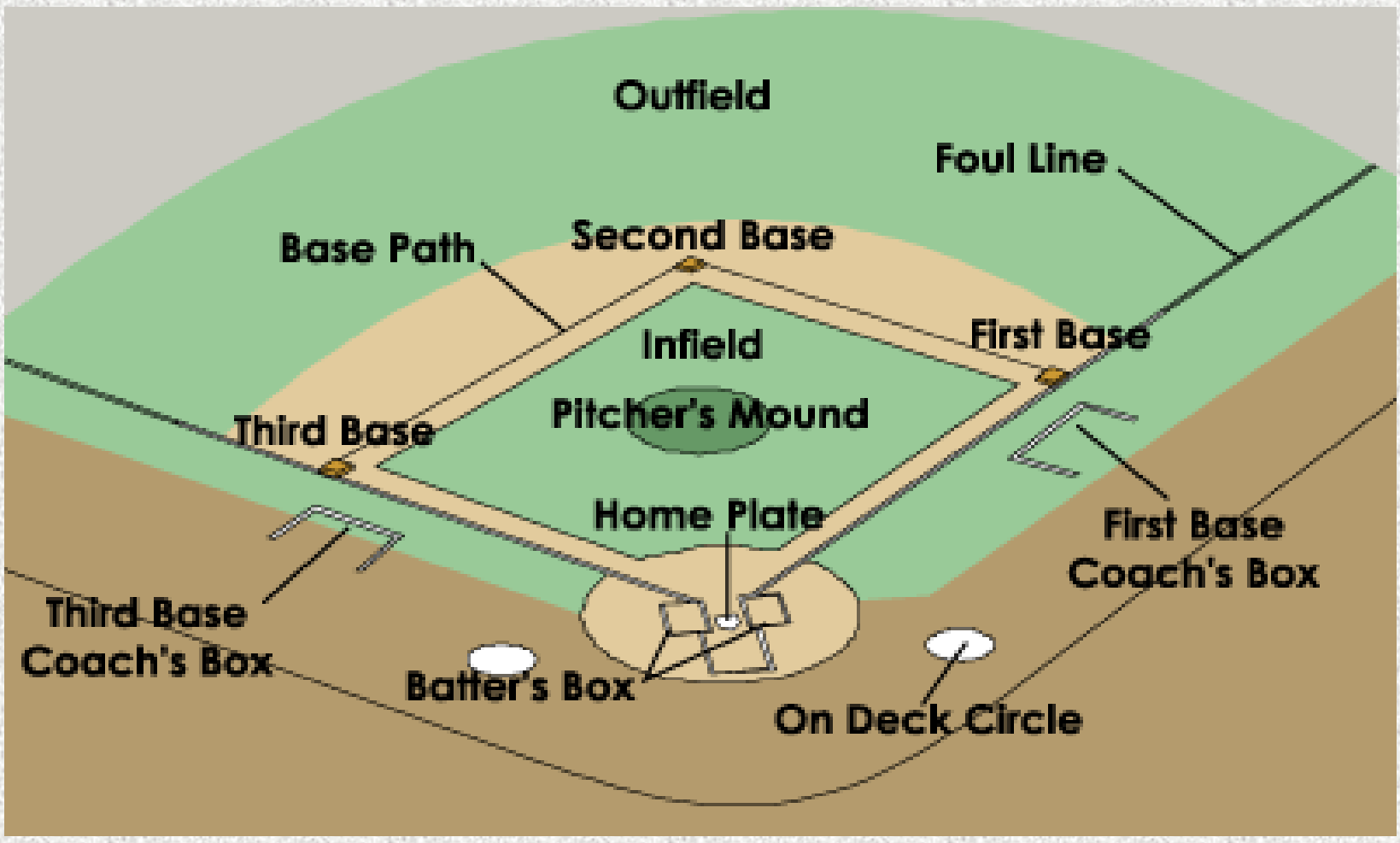
1a. The use of more words than are required to express an idea; redundancy. b. An instance of pleonasm.

2. A superfluous word or phrase.

ETYMOLOGY:

Late Latin *pleonasmus*, from Greek *pleonasmos*, from *pleonazein*, to be excessive, from *ple*

STRAWBERRY
FIELD


Outfield
Foul Line
Base Path
Second Base
Infield
First Base
Pitcher's Mound
Third Base
Home Plate
First Base
Coach's Box
Third Base
Coach's Box
Batter's Box
On Deck Circle

STAFF ONLY

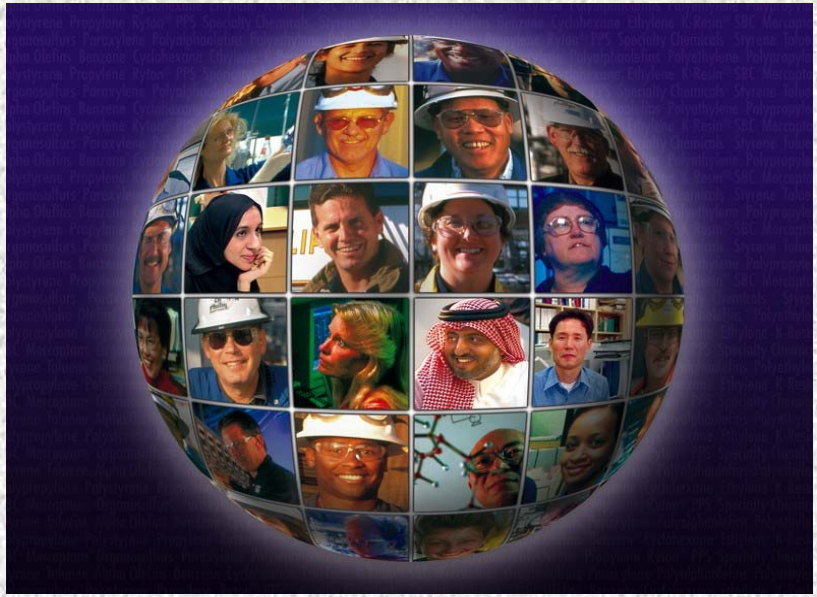
a fuzzy concept…

- **everyone recognizes overall meaning**
  - different connotation for different people
- **core elements of concept is clear**
  - but unclear on the periphery
- **difficult to operationalize in measurable elements**

person-centered

- **there is agreement on**
  - goals
  - tasks
  - participation and roles
- **the relationship with the provider is experienced as**
  - collaborative
  - respectful
  - understanding
  - encouraging
  - empathic
  - trusting
  - hopeful
  - empowering

cultural competence



- **at the heart of person—centeredness**
  - account for heterogeneity within and across cultures
- **preference for participation may vary**
  - based on culture there are instances in which person-centered could mean provider directed

nothing about me… without me

quality

- ❖ **right care**
- ❖ **right way**
- ❖ **right time**

nothing about me… without me

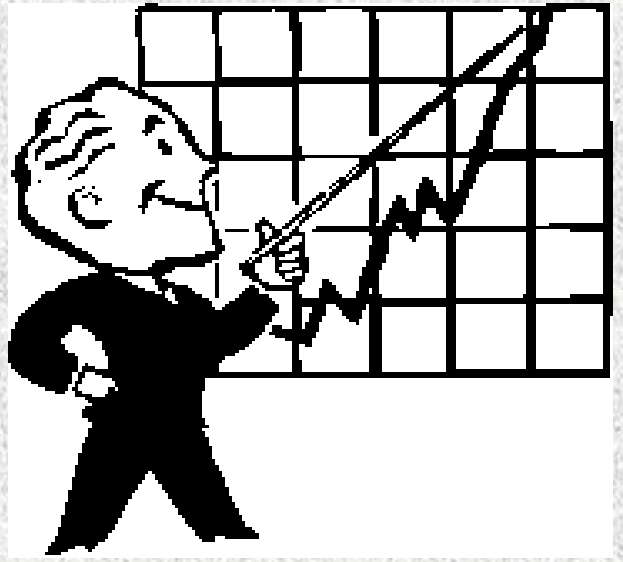
quality

- right care
- right way
- right time

person-centered

- care person needs
- manner person desires
- time person desires

outcomes



- **person-centeredness and recovery challenges current thinking/practice in outcome measurement**
  - each individual becomes their own measure of recovery outcome and success
  - goal attainment scaling
- **potential "oppression" of standard social indicators**

Recovery **Person-Centered**

Treatment Planning

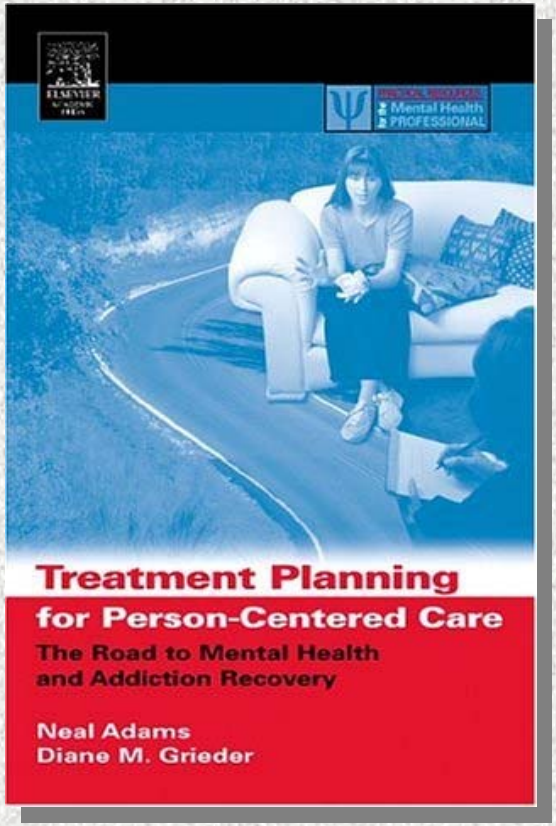
hypothesis

- **person-centered treatment plans are a *key lever* of personal and systems transformative change at all levels**
  - individual and family
  - provider
  - administrator
  - policy and oversight

creating the solution

- the treatment / recovery management plan can be the bridge between the system as it exists now and where we need to go in the future

essential role of treatment planning



- **key lever for systems changes at all levels**
  - ☞ making it real
- **opportunity to assure that individual recovery-- oriented life goals direct services**
- **not about documentation**
  - ☞ all about the process
- **frequent point of failure**

example of current practice

- **Goal**

  Stuart will receive the assistance he needs to make decisions that best meet his needs and to keep his entitlements current

- **Objectives**

  Stuart will be…

  1. ***compliant with meds***
  2. ***compliant with scheduled appointments***
  3. ***compliant with having his blood drawn***

what’s critical

- **service plans must**
  - be developed with the person served and family as a partner
    - identify the person's own expectations
  - be consistent with culture and personal (and family as appropriate) preferences
  - recognize that participation may vary
    - personal style
    - age and development
    - cultural traditions and expectations
    - severity of needs

what do people want?

- **commonly expressed goals**
  - manage their own lives
  - social opportunity
  - activity / accomplishment
  - transportation
  - spiritual fulfillment
  - satisfying relationships
  - quality of life
    - education
    - work
  - housing
    - health / well-being

... to be part of the life of the community

serving two masters

Understanding

Person-centered

- ☞ Recovery
- ☞ Community integration
- ☞ Core gifts
- ☞ Partnering
- ☞ Supports self-direction

Regulation

- ☞ Medical necessity
- ☞ Diagnosis
- ☞ Documentation
- ☞ Compliance
- ☞ Billing codes

Outcomes and Goals

Competency

Knowledge, skills and abilities

Change Management

behavior and attitude

Project Management

work / business flow

model of change

	Interior	Exterior
Individual	• Thoughts • Attitudes & feelings • Subconscious • Dreams • Sense of purpose • Intention	• Behaviors • Skills & competencies • Public commitments
Group	• Purpose • Values & norms • Feelings--e. g. safety & connection • Alignment of group & individual intentions	• Collaborative agreements • Budgets • Systems • Structures

setting the compass

Experience of Individuals, Families and Communities

Microsystems of Care
Where care occurs

Health Care Organizations

External Environment of Care
Policy/Financing/Regulation

10-15 Minute Break - Collection of Written Questions

Panel Discussion – Moderated by Dick Dougherty

Community Participation: Comments and Questions

Moderated by Dick Dougherty

Thank you!

Additional comments may be sent to:

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