



# Person-Centered Management & Translational Research: Part II

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**INDIANA UNIVERSITY**  
FULFILLING *the* PROMISE

# Activity...Transferring Ideas into Practice

- Identify 1-3 initiatives that could be useful in your work
- Jot them down
- Near the end of the workshop, discuss how initiatives could be implemented in your program or jurisdiction

“Knowledge is of  
no value unless  
you put it into  
practice.”

Aristotle



# Overview

- Child Behavioral Health Services
- Substance Use Treatment Programs
- Translational Research

Child Mental Health

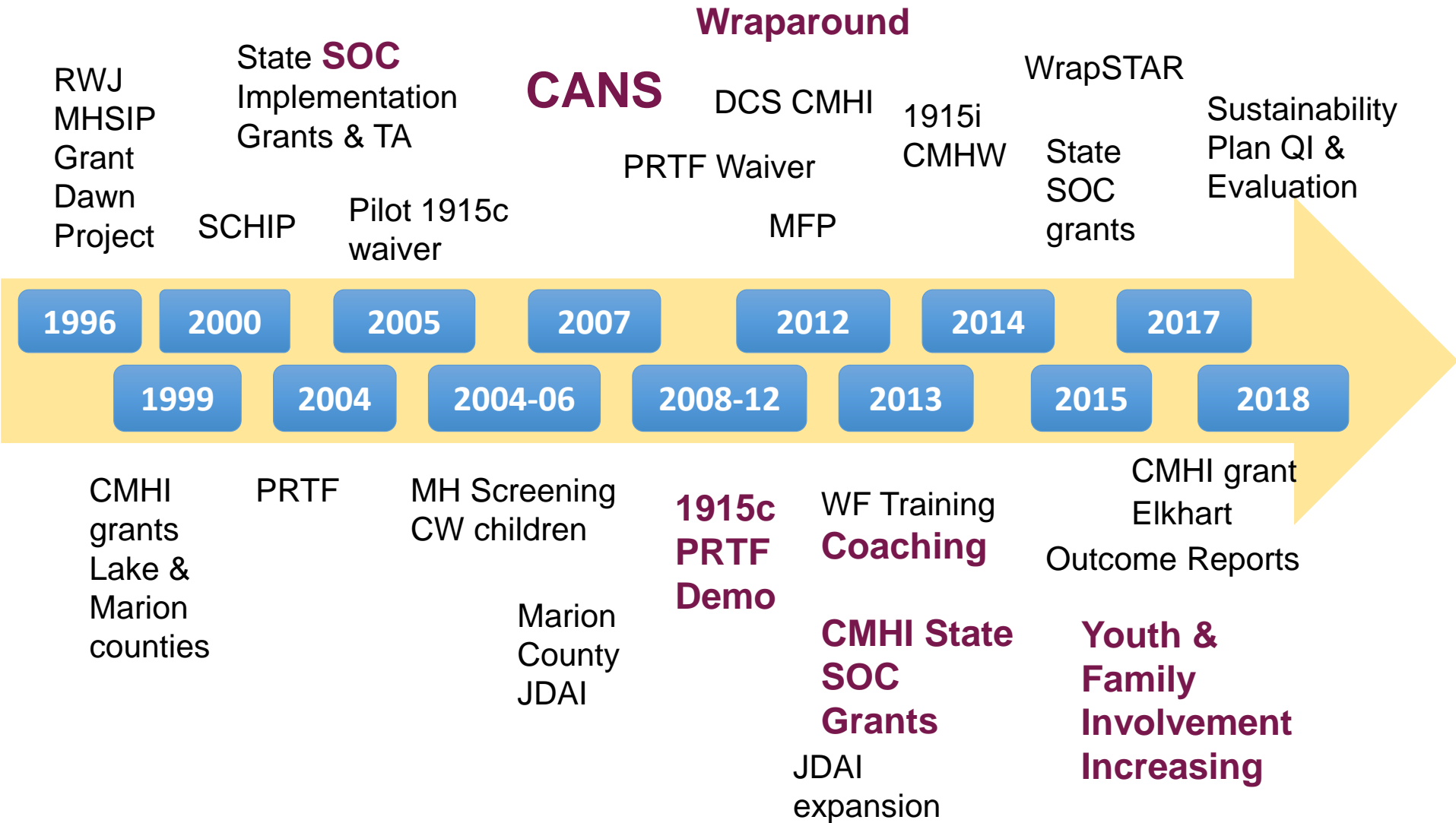
Validating a Recovery Tool: ANSA (New Framework)

- Measuring Outcomes



Use Person-Centered Information to  
Help Manage Behavioral Health  
Services for Children, Youth & Families

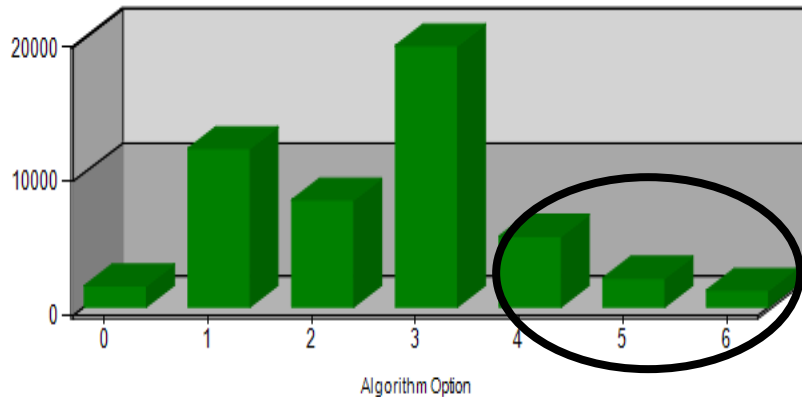
# Development of Child Behavioral Health System



# Child Mental Health Wraparound (CMHW)

## Program Eligibility

CANS Comprehensive 5 - 17 - Mental Health



Children & Youth  
with  
Complex Needs  
(specific risks)

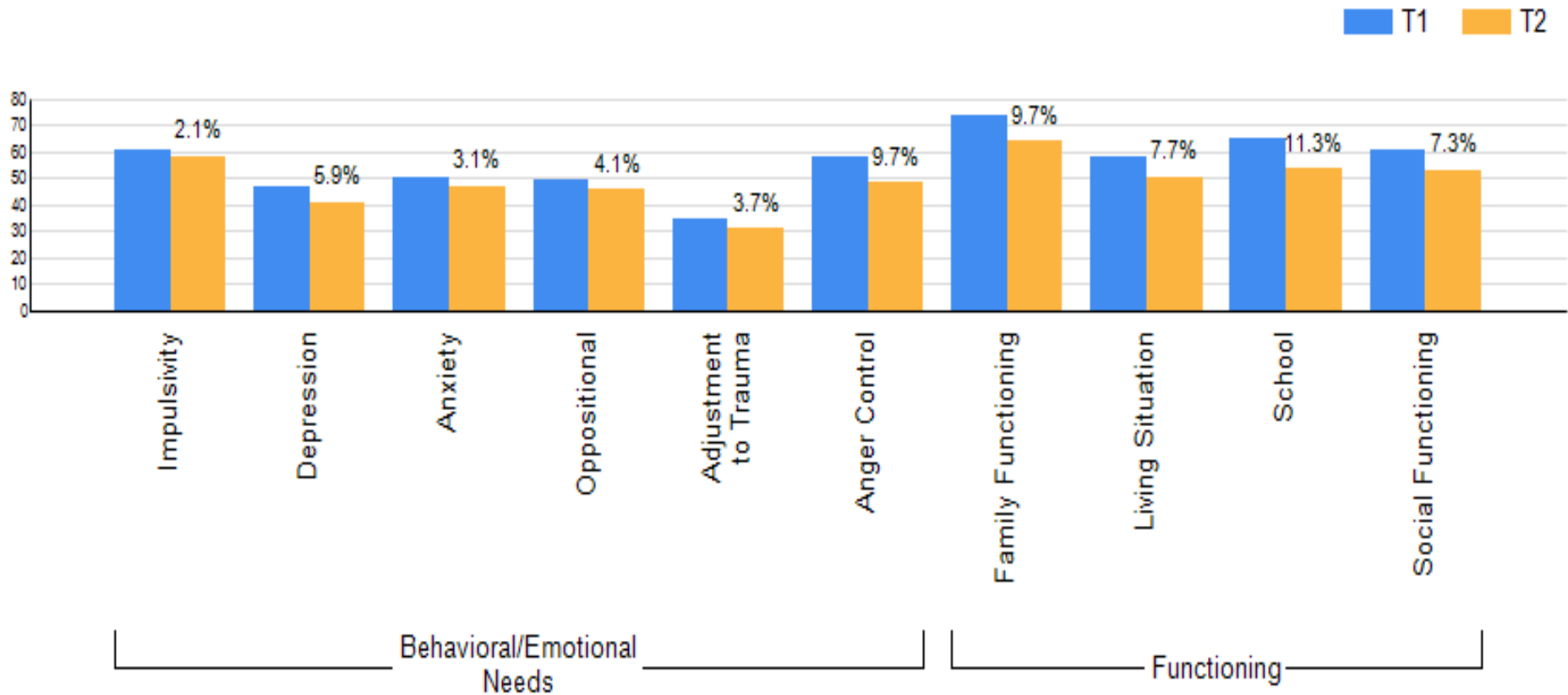
## Program Planning & Outcome Monitoring

- Profile of Needs of CMHW participants
- Monitor outcomes with CANS Outcome Reports, Youth Services Survey (YSS-F), and Wraparound Fidelity Index (WFI-EZ)
- Estimate # of Children/Youth Eligible for CMHW compared with Program Enrollment
- Consider Impact of Policy Changes

# Comparing Outcomes for Child Behavioral Health Services: Key Interventions

All Children & Youth, SFY18

Statewide, n = 18,933, SED, Closed Episodes, 9/21/2018

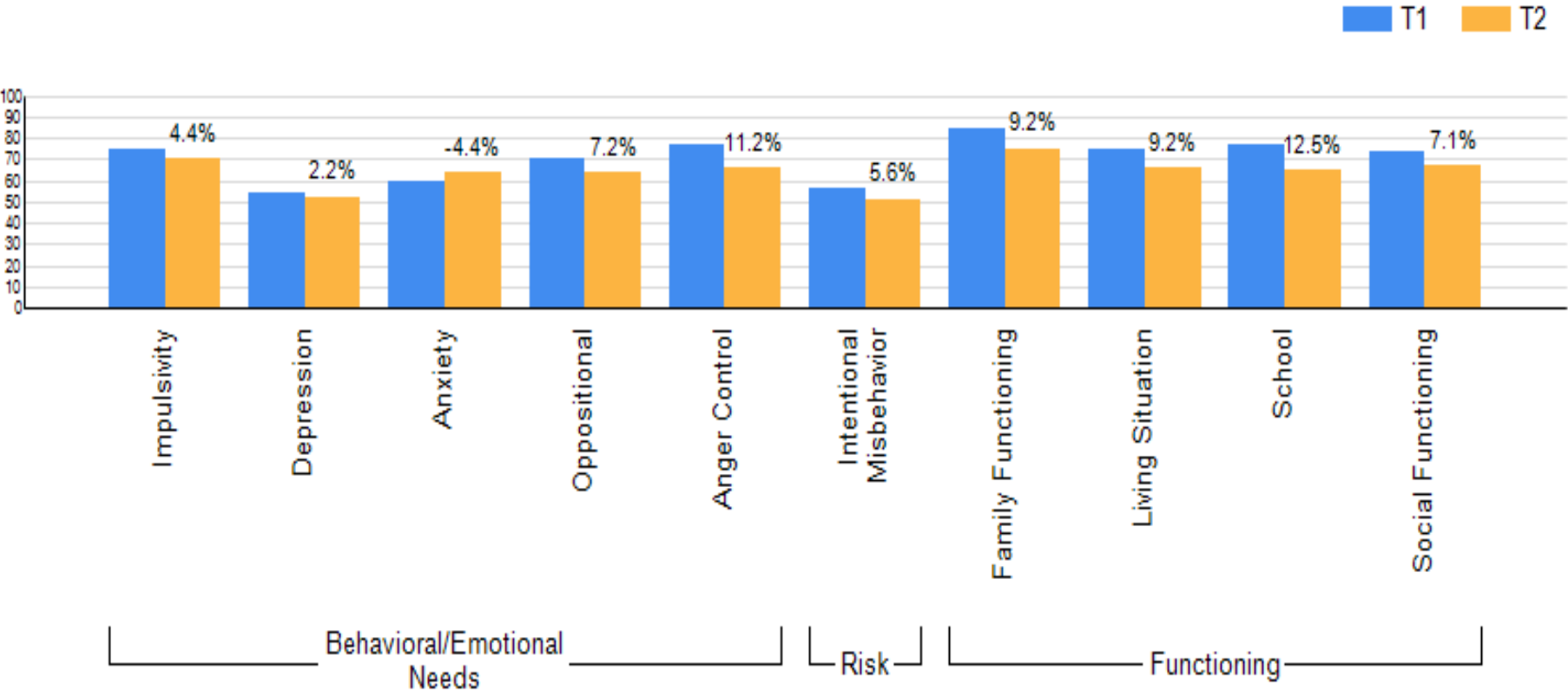




# Comparing Outcomes for Child Behavioral Health Services: Key Interventions

## High Fidelity Wraparound, SFY18

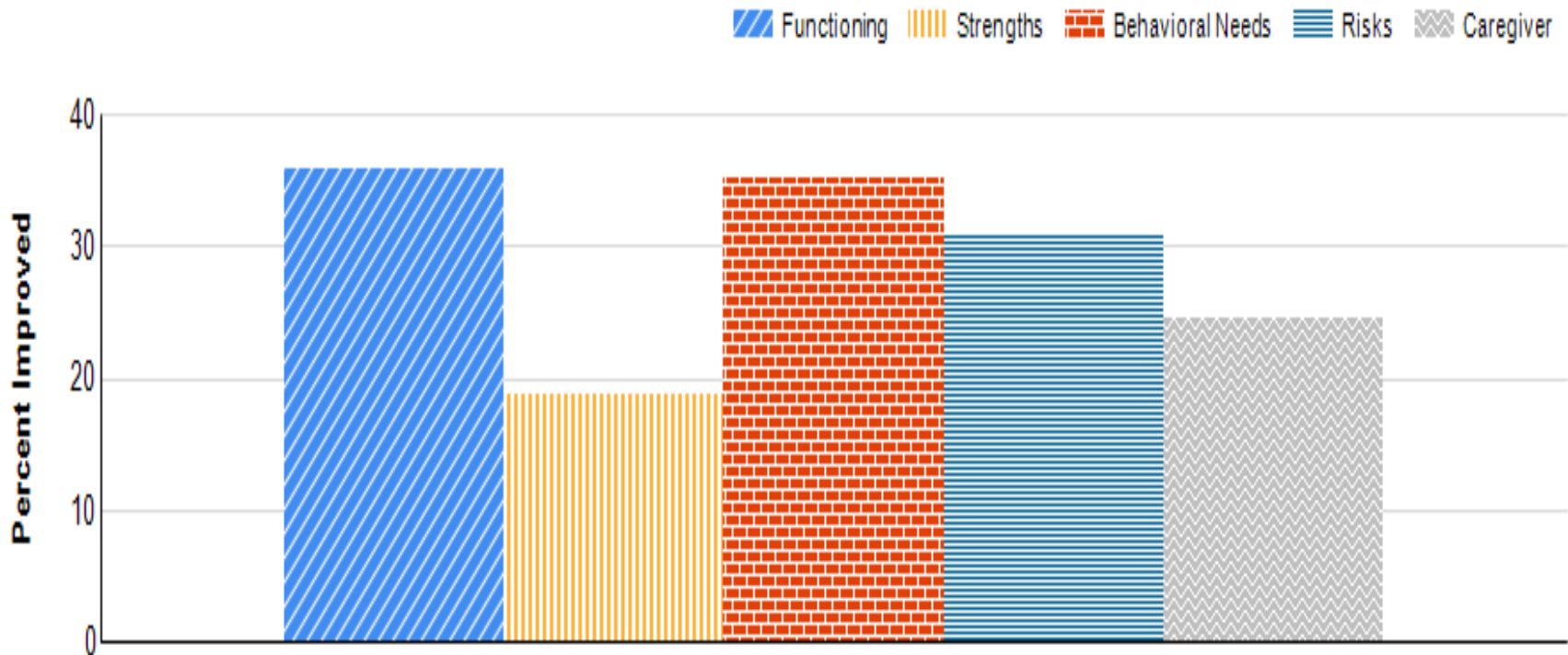
Statewide, n = 914, Closed Episodes, All Agreement Types, 09/21/2018



# Reliable Improvement in One Domain

Child Mental Health Wraparound, SFY18

Statewide, n = 914, e = 932 as of 09/21/2018



**65.43% Improved in One Domain at End of an Episode of Care**

# Sustainable Quality Improvement /Evaluation Plan

Look for differences by age, gender, race/ethnicity, & geography	How often?	Populations of concern	Data Sources
Wraparound Fidelity	Every 6 months	Wraparound youth	WFI-EZ
Service Utilization & Costs	Annual Financial Toolkit	Youth with mental health or SUD needs; youth eligible for wraparound; minorities	Medicaid Toolkit _ Medicaid Claims; federal block grant reports; COGNOS
Outcome Reports	Quarterly	Youth with mental health or SUD needs; youth enrolled in wraparound; minorities	CANS, WFI-EZ, YSS
Estimated CMHW Eligibility & Enrollment	Quarterly	Youth with complex behavioral health needs	DARMHA diagnostic, CANS, & Medicaid eligibility TOBi – CMHW enrollment

Evidence-Based Practice	Number	Percent Improvement
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	3195	61.56%
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	196	58.67%
Motivational Interviewing	8690	58.57%
High Fidelity Wraparound	970	62.89%
Family Functional Therapy	753	63.56%
Dialectical Behavior Therapy	2103	56.65%
Cognitive Behavioral Therapy	3579	57.67%
Cognitive Behavior Intervention for Therapy in Schools (CBITS)	5131	59.41%
Aggression Replacement Therapy (ART)	326	58.90%
Cannabis Youth Treatment (CYT)	170	59.09%
Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)	131	62.60%
All Closed Treatment Services for children with Emotional or Behavioral Health Needs	17,170	55.40%

# Infant and Toddler Mental Health

Emerging practice area in Indiana



# EBP Implementation Effectiveness: Young Children

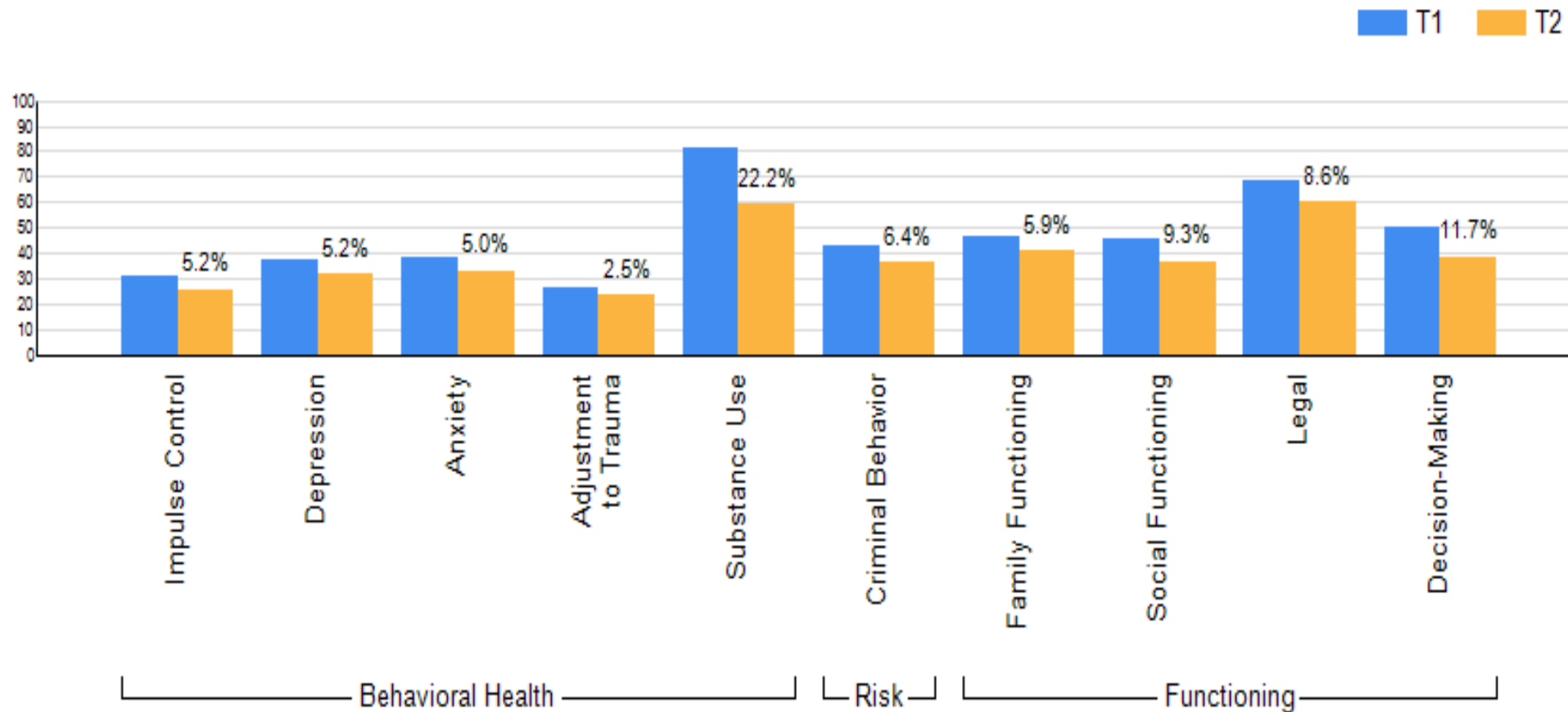
Evidence-Based Practice/ Program	Number of Children	Percentage improving in at least 1 CANS Domain
Child-Parent Psychotherapy (CPP)	150	62%
Incredible Years	37	64%
Parent-Child Interactive Therapy (PCIT)	234	53%
Strengthening Families	105	61%
All Young Children with Closed Episodes of Care	1,384	56%

# Substance Use Disorder Treatment

Developing & Validating a Decision Model

# Key Interventions over Time for Adults with Substance Use Problems

Statewide, n = 13,523, e = 13,979 as of 09/30/2018



**Selected Filters:** Statewide, T1=Baseline, T2=Latest, State Fiscal Year 2018, CA, Closed Episodes, DMHA Supported Consumer; Graph presents data from 07/07/2008 to 06/30/2018.



# New Initiative for Indiana

- Indiana received approval from CMS to have an 1115 SUD waiver. This waiver started in the spring of 2018.
- The Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning are working to increase treatment opportunities across the continuum of care. However, new to the waiver, Medicaid can pay for residential treatment.

# New Initiative for ANSA

- We would like to have one assessment that providers use to determine ASAM level of placement.
- ASAM stands for American Society of Addiction Medicine. This national organization provides a standard for patient placement criteria and for describing each level of care (staff, therapies, supports offered).
- This state fiscal year we added new items to the ANSA to cover data needed to make an ASAM decision. This fall we will be working with stakeholders to create a placement algorithm for the ANSA.

# Multi-dimensional Assessment (Mee-Lee et al., 2013)

ASAM Dimensions	
1	<b>Acute Intoxication and/or Withdrawal Potential:</b> Exploring an individual's past & current experiences of substance use and withdrawal
2	<b>Biomedical Conditions &amp; Complications:</b> Exploring an individual's health history & current physical condition
3	<b>Emotional, Behavioral, or Cognitive Conditions &amp; Complications:</b> Exploring an individual's thoughts, emotional, & mental health issues
4	<b>Readiness to Change:</b> Exploring an individual's readiness & interest in changing
5	<b>Relapse, Continued Use, or Continued Problem Potential:</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	<b>Recovery/Living Environment:</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

# Now Collecting Info about 10 Substances

**Use in the last 12 months, excluding secure settings**

- Alcohol
- Cocaine/Crack
- Marijuana/Hashish/Oils
- Heroin, Non-Prescription Methadone, Opiates and Synthetics (e.g. OxyContin, Opana, Fentanyl)
- PCP
- Methamphetamine
- Benzodiazepines (e.g. Xanax, Klonopin, Ativan)
- Barbiturates
- Inhalants
- Other

# Additional Substance Use Information

**For each Substance Used...**

- **Types of Prior Treatment Used (Helpful?)**
- **Route of administration?**
- **Frequency of use?**
- **Has the client used in the past 24 hours?**

# Substance Use Disorder Module Items

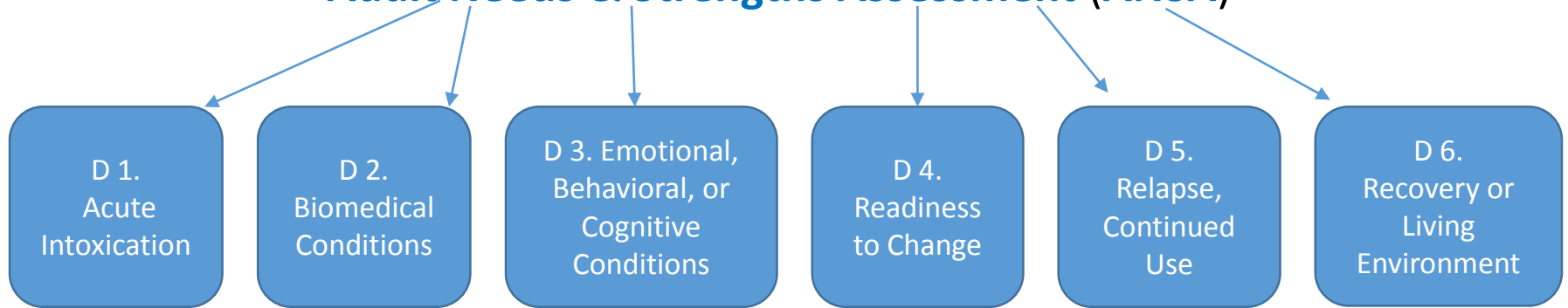
- Severity of Use
- Duration of Use
- Stage of Recovery
- Peer Influences
- Environmental Influences
- Recovery Support in Community

## **New to the Module**

- Acute Intoxication
- Withdrawal History
- Withdrawal Risks
- Awareness of Relapse Triggers

# Information collected with assessment tool mapped to ASAM Levels of Care

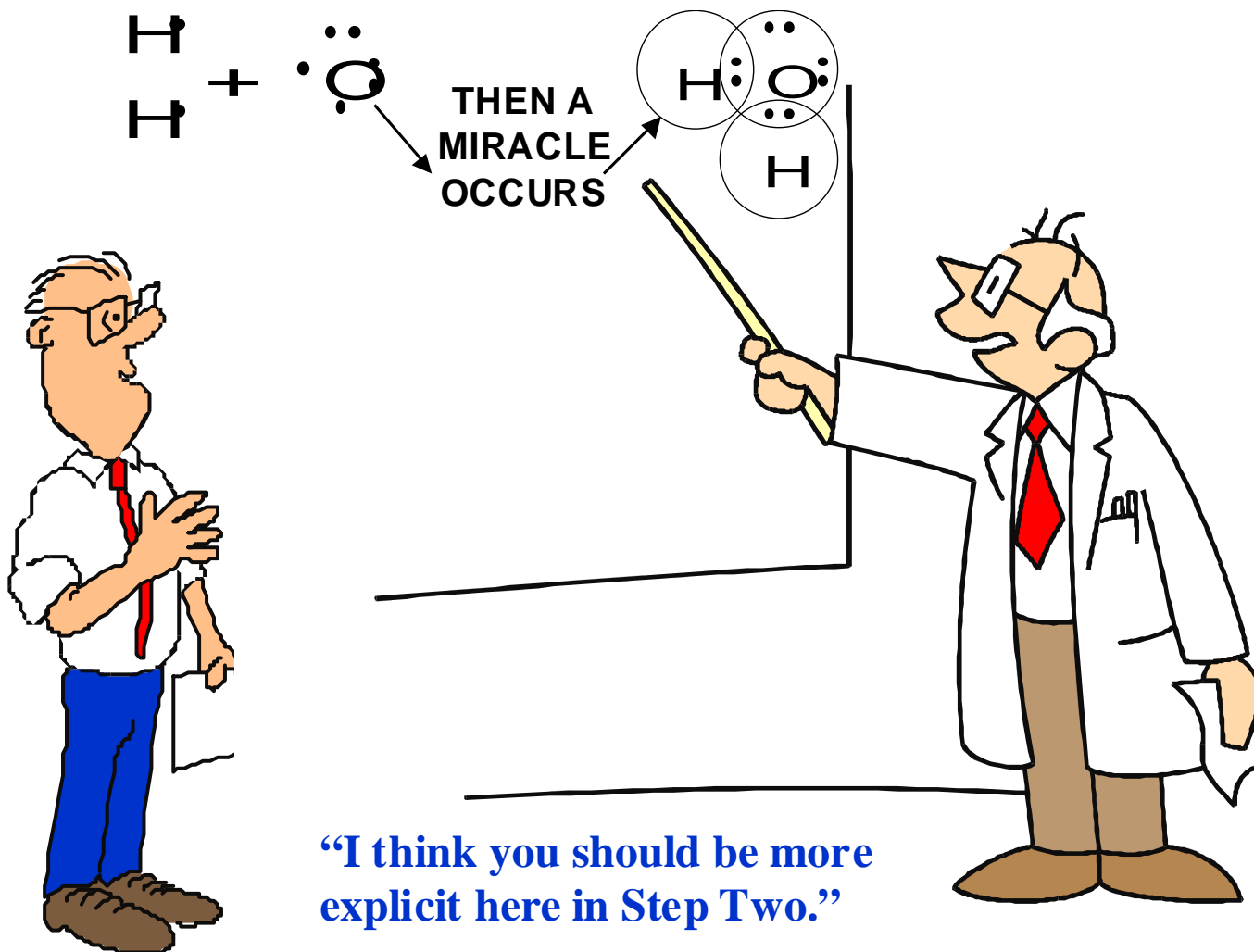
## Adult Needs & Strengths Assessment (ANSA)



Dimension Severity mapped to the ASAM recommended Level of Care



# Method/Plan





# Translational Research

# Translational Research & Evaluation.....

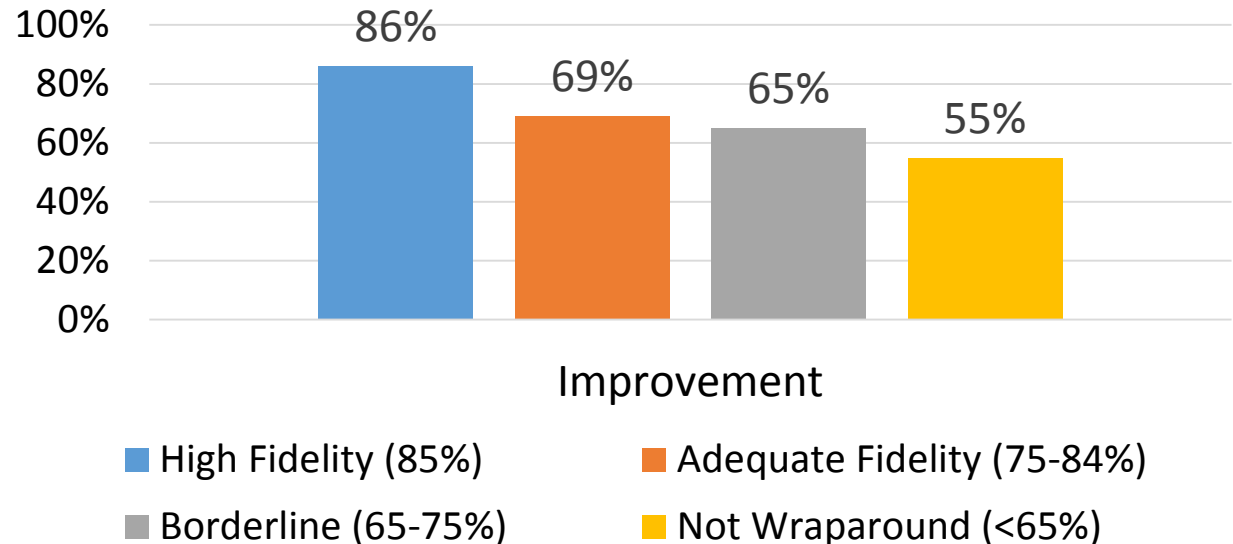
- Translational Research (NIH, 2009; Soydan & Palinkas, 2017)
  - diffusion (passive spread of innovation)
  - dissemination (active & planned efforts to induce groups to adopt an EBP, practice model, effective practice)
  - sustainability (innovation becomes routine)
- Includes effective interventions, transitioning efficacious and effective practices into real world settings (Soydan & Palinkas, 2017)

# Relationships of SOC Development, Wraparound Fidelity, Geography, and Youth Outcomes

(Effland, Walton, & McIntyre, 2010, 2011; Moore & Walton, 2013; Schurer Coldiron, Bruns & Quick, 2017)

- **Integrate CANS and use of information into Program/Service & other metrics (youth characteristics, fidelity, LOS, location, SOC development, .....)**

## Higher Fidelity Related to Better Youth Outcomes



Relationship between level of SOC development and Access to Home and Community Based Services

Wraparound Fidelity, Race, Severity of Baseline Functioning predicted Outcomes

No Geographic Disparities

- **What else?**

# Validating a Recovery Instrument: ANSA

(Walton & Kim, 2018)

- We found internal consistency reliability adequate-good for all but the Risk Behavior Domain.
- Modified risk domain, but reliability issues remained.
- Recognizing that the ANSA structure mirrors the CANS, we used exploratory factor analysis to examine the underlying structure of the instrument in community-based behavioral health practice, (n = 46,013).
- Results: 5 factors with good internal consistency ( $\alpha=0.733-0.880$ )
  1. Personal Recovery ( $\alpha=0.880$ )
  2. Trauma & Stress Related Problems ( $\alpha=0.818$ )
  3. Substance Use Risk ( $\alpha=0.733$ )
  4. Self-sufficiency ( $\alpha=0.795$ )
  5. Cultural-linguistic Considerations ( $\alpha=0.752$ )

# FAQ: How are outcomes measured?

## Outcome Management Reports (Israel & Zlatevski, 2017; Moynihan & Walton, 2017; Walton, Harrold, & Moynihan, 2017)

Reports documented in these references have been enhanced to include all tool domains, evidence based practice, and a more sensitive measure: identified need, resolved, better, newly identified, and worsening (Lyons) is in development.

## Performance Measures

Reliable change in One Domain has also been used by DMHA as Performance Outcome Measures with funding attached to achieving targets. This metric provides a point of comparison across providers, etc., but did not always capture improvement in uncomplicated cases. Therefore, it has been combined with Resolved Needs for DMHA's current measure. Performance measures are defined in Performance Measure Definitions – Achieving Positive Outcomes (SFY2017)

## Research/evaluation

Reliable improvement in youth needs: mean of Behavioral/Emotional Need items, Life Functioning items, and Risk Behavior items (Efland, Walton, & McIntyre, 2011; Moore & Walton, 2013).

Similar strategies are used in grant evaluation reports with separate analyses related to supporting/developing strengths, and change in Caregiver Needs and Resources.

# Using CANS & ANSA to Measure Outcomes

DMHA sets aside a portion of contracted providers allocation to pay for performance. The Measures are:

- Number of People Served
- Reassessments are completed
- Improvement in at least One Domain (for both open and closed episodes)
- Strength Development
- Community Integration (14 items that are indications of an individual's recovery through integration in the community in which the individual lives)

Get in small groups



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