

# Tearing Down Silos: Creating a Braided System of Care



Presenters:

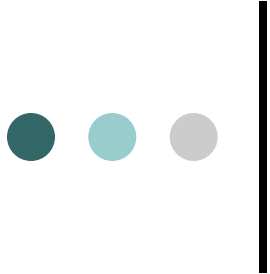
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# Miami Behavioral Health Center and Spectrum Programs Inc.

- MBHC located in Miami, Florida has braided their services since 2003 with SPI predominantly serving the Hispanic/ Latino community.
- SPI is the oldest and largest non-profit substance abuse treatment provider in South Florida.
- MBHC has served the Latino community (children, adults, and severely mentally ill and substance abusing) since 1977 providing both mental health and substance abuse services.



# Purpose of our Project

- Funding through Robert Wood Johnson Foundation
- Working with NIATx- Network for Improving Addiction Treatment
  - Advancing Recovery- a program to increase evidence based practices at provider and state level.
- Partnership with State and other providers in the state.



# The Initiative

- Goal: Use of medication to assist in the treatment of alcohol dependence.
- Target Population: Hispanics with Co-Occurring Disorders leaving short term residential.
- Initial stage-April 2007-October 2007
- Medication retention- What needed to change?



# Conducting a Walk-Through

- Staff members experience the treatment processes just as a customer does.
- Goal is to see the agency from the customer's perspective.



# Steps for a Walk-Through

- Select 2 people from your organization to play the roles of “client” and “family member”.
- Begin with a customer’s first contact with the targeted treatment modality through the first month of care in that modality.



# Steps for a Walk-Through

- Think and feel as a client/family member would. Record your observations and feelings.
- At each step, ask the staff to tell you what changes would improve the experience for the client, family member, and staff.
- Create a list of the areas that need improvement along with suggested changes that include the perspectives of the client, family member, and staff.



## Your ideas....

- What improvement areas are necessary in your agency?
- What suggestions has your agency received from clients, family members or staff?



# Our Walk-Through Results

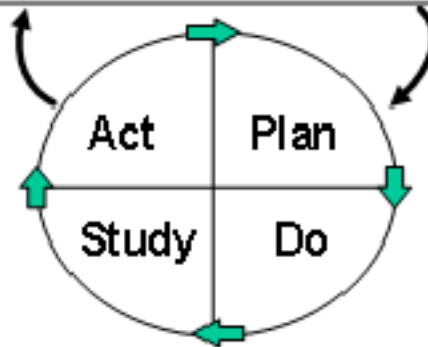
- Need to modify residential treatment culture.
- Client mentality with treatment
  - Are they done with treatment when they finish residential?
- Organizational barriers to access services
  - Communication among staff

# The Process of Change: The PDSA Cycle

## Model for Improvement

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1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we test that will result in an improvement?





# The Process of Change: The PDSA Cycle

- PLAN the change: Identify the objective of the change and predict which results will make the change a real improvement
- DO the plan: Try the change for a couple of weeks in a limited area



# The Process of Change: The PDSA Cycle

- STUDY the results: Complete the analysis of data, comparing predicted results with actual results
- ACT on the new knowledge: Use results from the study stage to decide on next steps. Was the change beneficial to consumers, staff, and/or the organization?

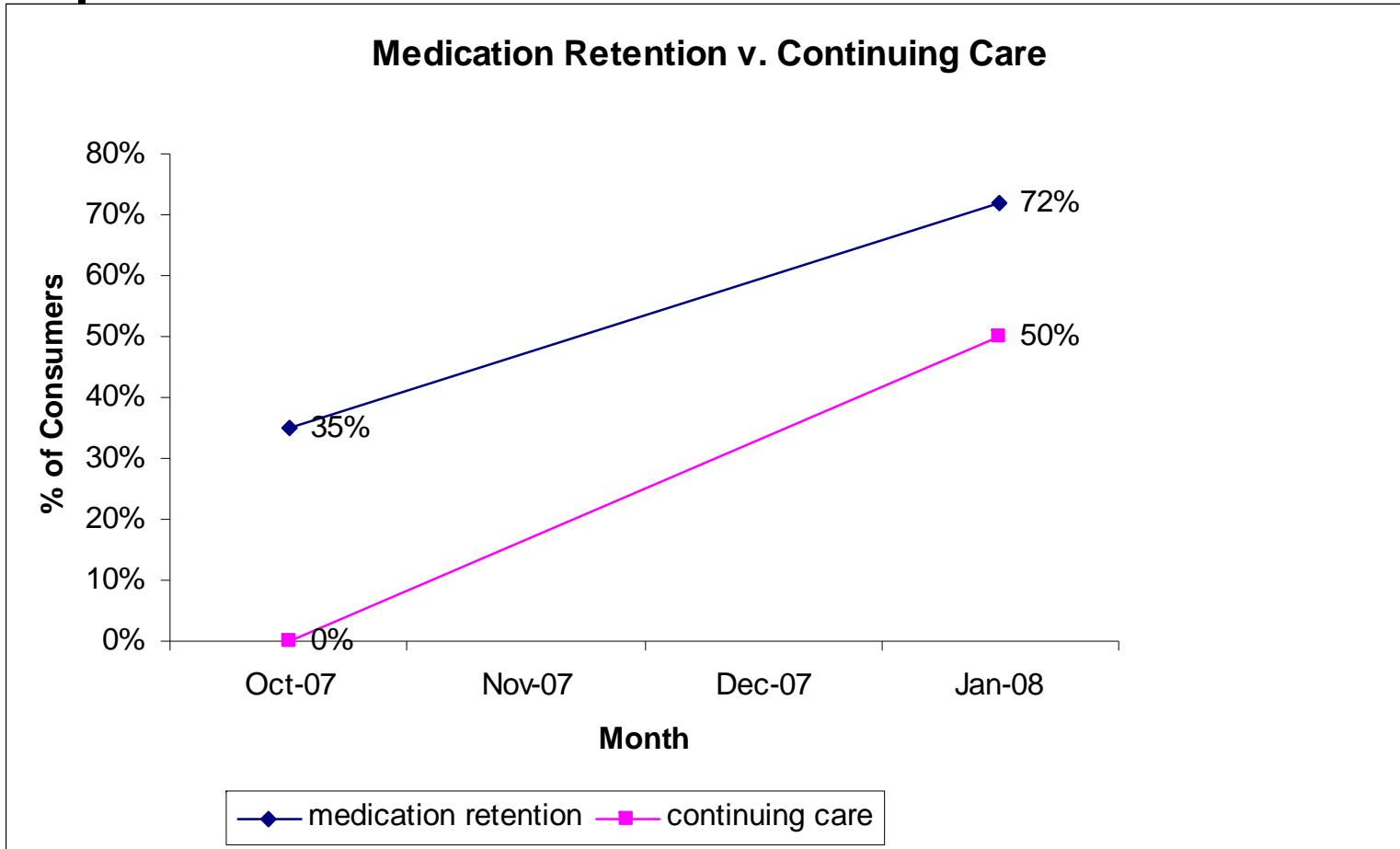


# Change Cycles 1

<b>Rapid Cycle #</b>	<b>Cycle Date</b>	<b>Plan</b> <i>What is the idea/change to be tested?</i>	<b>Do</b> <i>What change or action did you specifically do to test this idea/change?</i>	<b>Study</b> <i>What were the results? (Please include impact on aim and other measures)</i>	<b>Act</b> <i>What is the next step?</i>
1	10/1/07	If we introduce Case Management to CNV residential treatment it will improve transition rates to outpatient treatment.	CNV will have 2 CM assigned to the residential unit.	6 Clients in residential started receiving CM services for housing and job aid.	Continue with CM to see if clients are linked with outpatient services after transition is complete and monitor progress on a monthly basis. Discharges are a low number due to small sample of clients participating.
2	12/1/07	If clients who are discharged from residential are called to remind them of their appointment they will make it to their appointment.	The designated CM will call client to make sure they have made it to their appointment.	Residential client did not attend appointment due to unfamiliar setting.	This plan was not effective because although client was called they felt unfamiliar with setting and therefore, client will attend first outpatient appointment with CM.
3	1/2/08	CM will attend first outpatient appointment with the client to make sure they feel comfortable with the new environment.	CM will go with client to their first outpatient appointment.	When CM went to first outpatient appointment client attended the appointment.	Although this was effective for this particular client, this procedure is not cost effective and staff will start staffing cases on a bi-weekly basis to make sure all client needs are met and accommodations are followed through by knowing when clients are attending their outpatient appointment.



# Change Cycle Results





# Change Cycle 2

Plan

Do

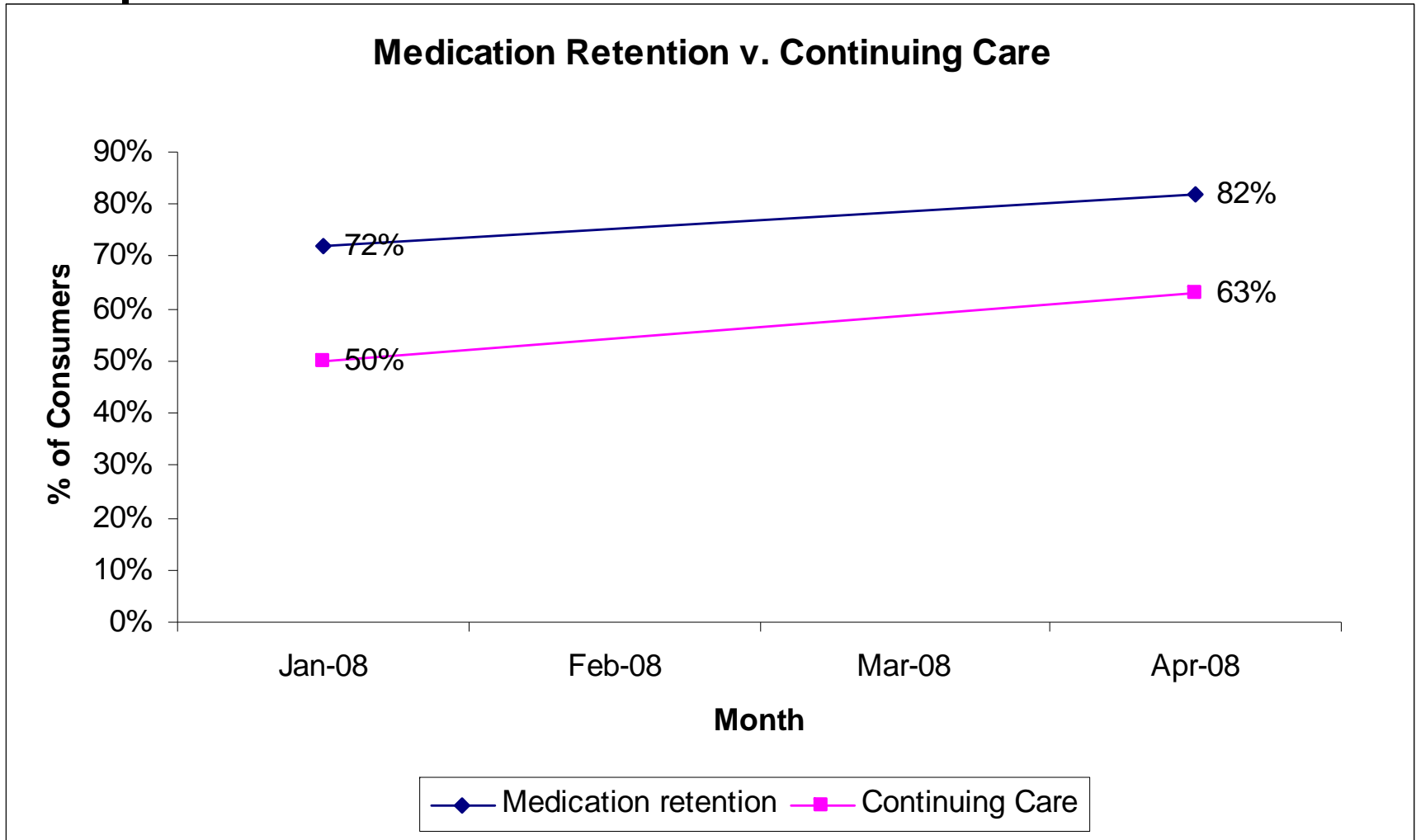
Study

Act

		Plan	Do	Study	Act
4	1/17/08	Introducing Staffing of cases on a bi-weekly basis will increase the communication among personnel and better meet the needs of the clients.	Started bi-weekly meetings with outpatient staff therapists and case managers to increase communication among them.	The plan is being studied to see its effect on the client retention. When 2 clients relapsed they returned to continue services within our agency.	Initiate measure for success of outpatient treatment.
5	1/17/08	Client will be successfully transitioned when they attend 4 outpatient appointments.	Research coordinator will monitor the amount of outpatient appointments attended by transitioning clients.	25% of clients have 4 outpatient services in the past 2 months. The plan is being studied to see how many clients are attending their continuing care treatment.	Monitor the amount of days it takes to transition from residential to outpatient.
6	2/21/08	Decrease the number of days of transfer between CNV residential and outpatient.	Staff members will facilitate transition from residential to outpatient.	The goal will be to decrease the average number of days from 23 at baseline to 10 days.	Monitor the amount of days in transition and retention of clients through 4 sessions.
7	2/21/08	Decrease the number of days of secondary service within 14 days of last service in CNV.	Staff members will decrease the number of days it takes to receive service after residential treatment.	The goal will be to provide a service in outpatient within 14 days of last service date.	Continue monitoring the % of clients receiving service within 30 days.



# Change Cycle Results



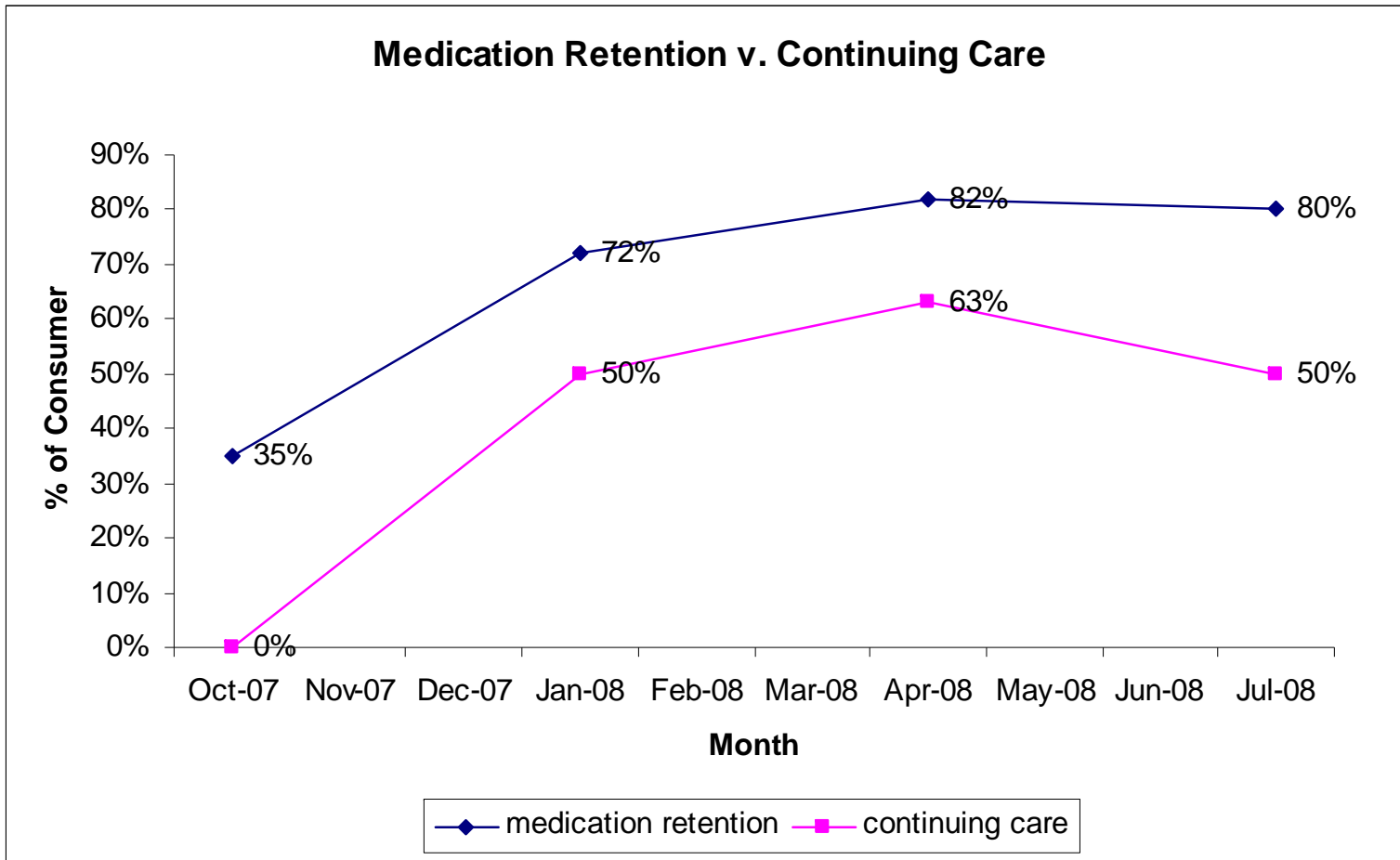


# Final Change Cycle

- April 2008- July 2008
- PDSA Cycle:
  - Act: We continue monitoring continuing care retention rates and will re-evaluate in order to learn from our experiences.



# Summary of Cycles





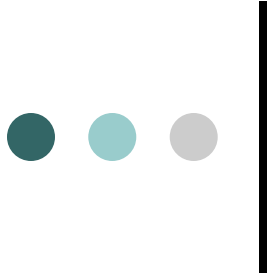
# Results Summary

- Updated year to date 6-12-08 62% of our referred clients have received continuing care upon discharge from residential facility.
- To note: Due to funding cuts in TANF a major source for outpatient and Case Management we have run out of a lot of our services. With the start of the new fiscal year we hope to make positive changes in our retention rates.



# Lessons Learned

- Overall increase in medication adherence when continuing care was initiated.
- Challenges along the way.
  - Training Issues
  - Staff buy-in



# Challenges to Implementation: Training Issues

- Complex learning does not occur in one session
- Learning must be reinforced frequently
- Some new practices require a shift in provider attitudes in addition to learning new skills. Attitude change takes time
- There is considerable staff turnover with a continual need to train new staff



# Challenges to Implementation: Buy-In

- Involve key stakeholders in the process from the beginning
- Introduce the idea gradually – keep staff informed of the work of the Change Team
- Elicit input from staff and consumers at major decision points
- Use opinion leaders among staff and consumers



# How to Overcome Challenges

- Work quickly.
- Communicate effectively.
- Ask consumer what they need.
- Check data weekly to ensure feedback and monitor changes to see effectiveness.
- One step at a time.
- Easy successes first.
- One aim at a time.



# Resources

- NIATx



[www.niatx.net](http://www.niatx.net)

- ACTION Campaign



[www.actioncampaign.org](http://www.actioncampaign.org)



# Thanks

- Thank you for your time.

