Making data relevant in a community mental health setting:

Lessons learned in building a comprehensive training for mental health providers to increase utilization of evaluation data.
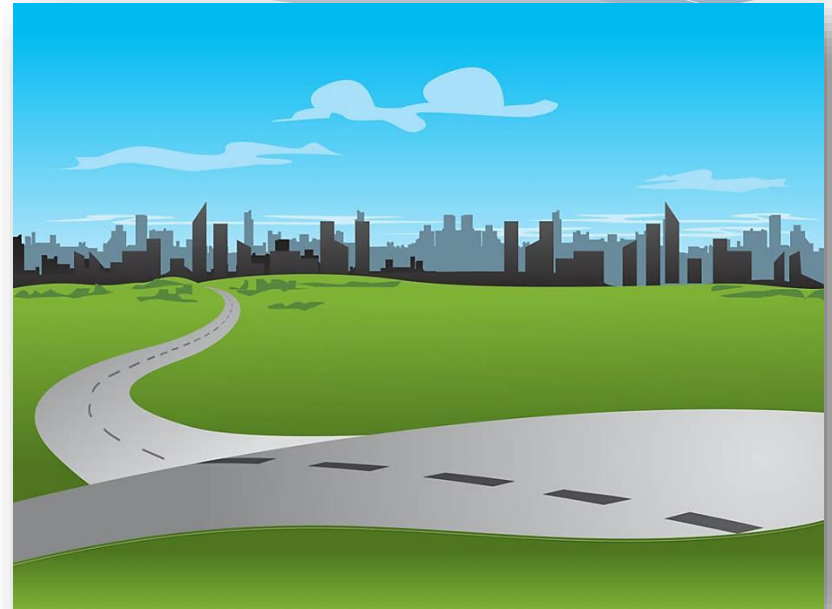
Sae Lee, Ph.D.

Lisa Davis, Ph.D.

Fred Pasquarella, M.A.

Didi Hirsch
MENTAL HEALTH SERVICES

Purpose of the Presentation

* Share how we train mental health providers to collect and use data

* Share tools and strategies used to facilitate staff engagement

* Share lessons learned

Background and Context

503 staff
341 clinical staff

12 sites

Southern California

Outpatient and Residential Programs

Our Services

111,084 people served through direct services, outreach and education, and our 24/7 suicide prevention crisis line in 2016.
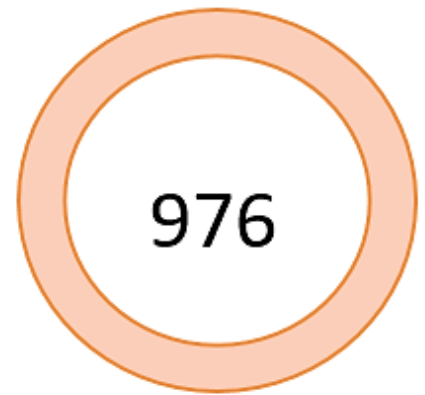
86,988
Suicide Prevention

15,196
Outreach & Education

7,924
Mental Health & Residential

976
Substance Use

Our Mental Health Clients

64% Adults

32% Children

4% Older Adults

Race/Ethnicity

41%

28%

25%

Latino

African American

White
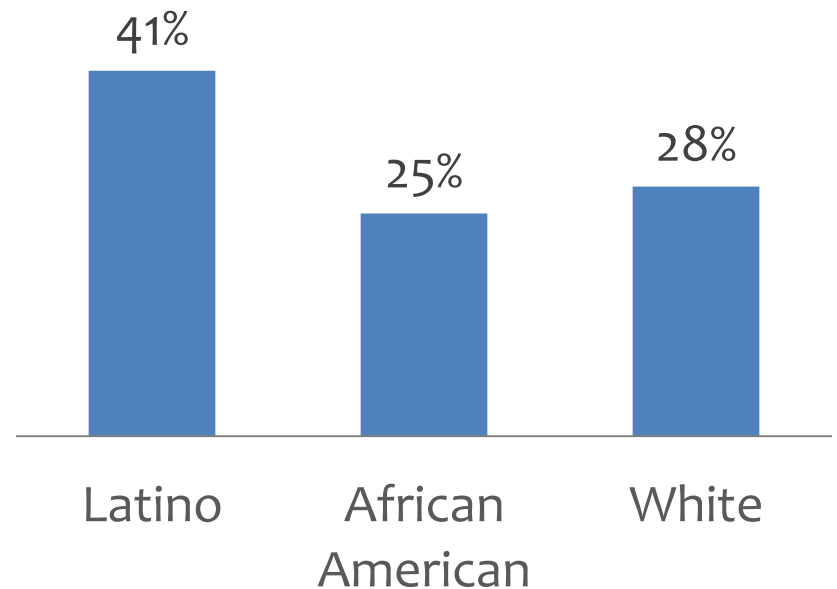
Comprehensive Approach to Training

Good client care

Funding requirements

Performance based contracting in the future

To change the culture around data

Set clear expectations for clinical staff

Focus of the Training

* Why data is important
* Research on data driven supervision and impact of using data on clinical treatment
* How to interpret and use data gathered in clinical work
* Logistics of where to find measures, how to administer, etc.
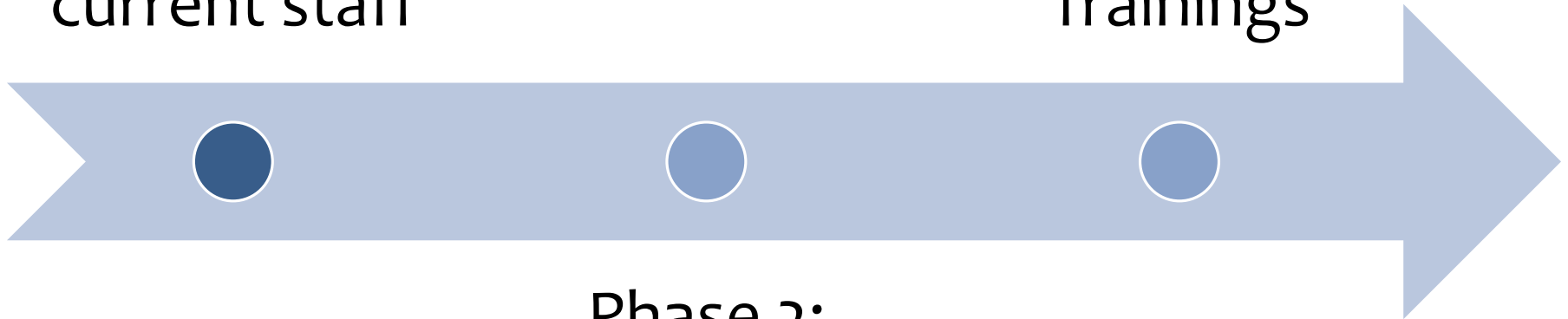
Implementing the Training

Phase 1:
Train all
current staff

Phase 3:
Booster
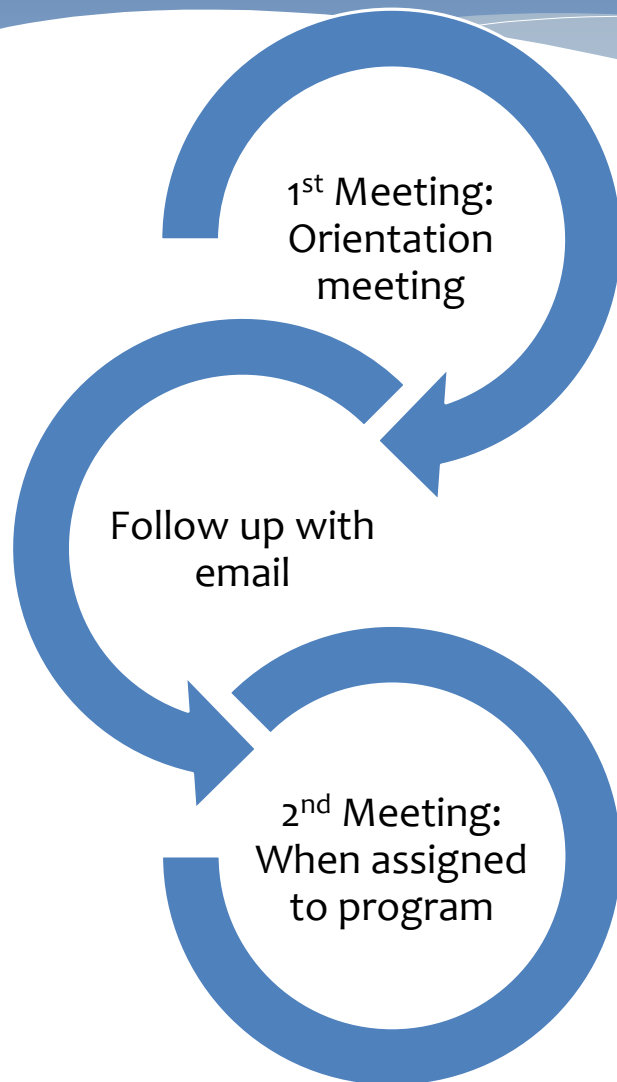Trainings

Phase 2:
New hire
trainings

Phase 2: New Hire Training

One-on-one training(s) with RA
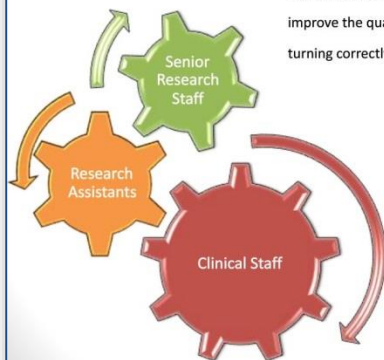
Online trainings on measures

In-person group trainings on clinical utility of data

One-on-One Training

1st Meeting: Orientation meeting

Follow up with email

2nd Meeting: When assigned to program

Online Training Modules

The Staff that Make Outcome Assessments Work

Outcome Assessments only benefit the client and improve the quality of treatment if all the gears are turning correctly.

The Research Assistants, the Senior Research Staff, and the Clinical Staff all have a part. It is vital that everyone do their part to ensure the highest quality of service.

Let's take a look some of the roles and responsibilities associated with clinical outcome assessments.

When to Administer

Let's look at a quick example:

Say that you scheduled your client's first treatment session for the 16th.

The outcome assessment should be administered no earlier than the 9th and no later than the 30th.

It is best to administer the outcome measure during the first session. However, if it is not possible during that session, you have a week before the treatment session and two weeks after to complete the measure.

HOW TO ADMINISTER

As you begin the process of any outcome administration you will need to do the following with your client or respondent:

- Review the purpose of the outcome questionnaire
- Read the directions with the respondent
- Remind them to check only one response per item
- Explain the importance of responding as accurately as possible
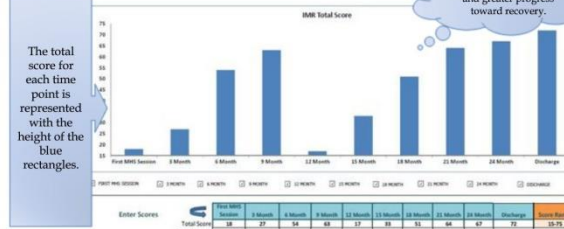- Encourage responding to all items

Once completed, check the document for the following:

- Missing items
- Items with more than one response

If these issues exist, make sure to go over them with the respondent. If you submit the measure with errors, it will be returned to you for correction.

IMR Graph

Feel free to move forward whenever you are ready

Here is an example IMR graph. If you have seen other outcome graphs you will immediately recognize the format and some of the common features. If not, we will briefly go over some of the keys to understanding and reading the graph. Let's take a look!

Higher scores indicate better illness management and greater progress toward recovery.

The total score for each time point is represented with the height of the blue rectangles.

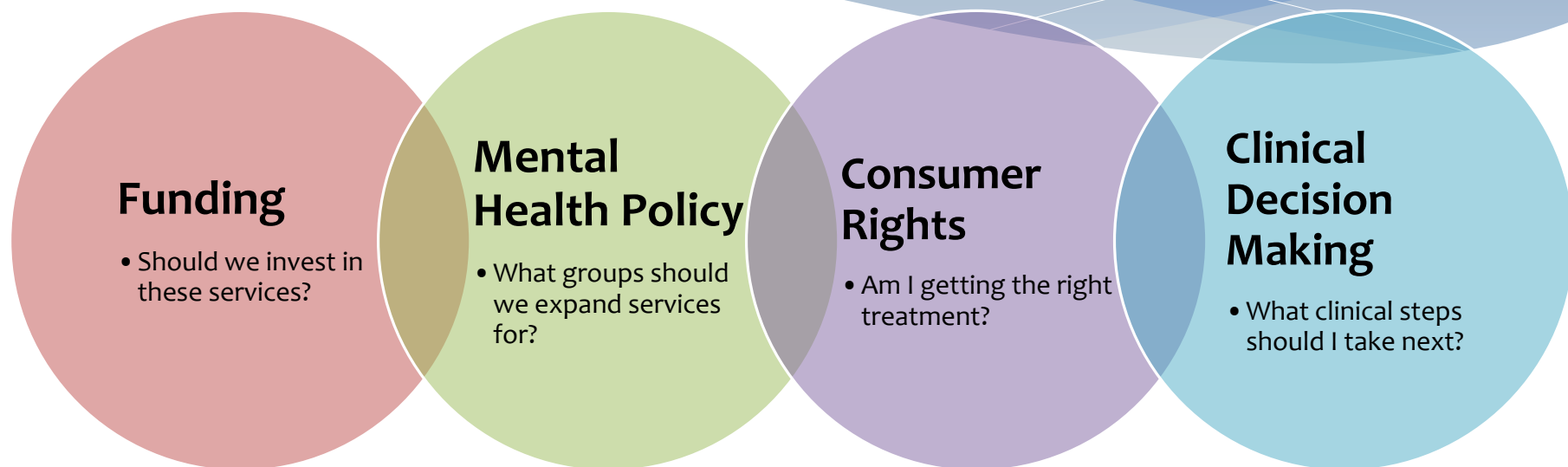Raw scores and date of administration is listed here.

On the bottom is each assessment time point going forward in three month increments from the first session to discharge.

In-Person Group Training

* Purpose of clinical outcome data

* Review of roles related to data collection

* Application of data to clinical decision-making

* Video role-play and debriefing
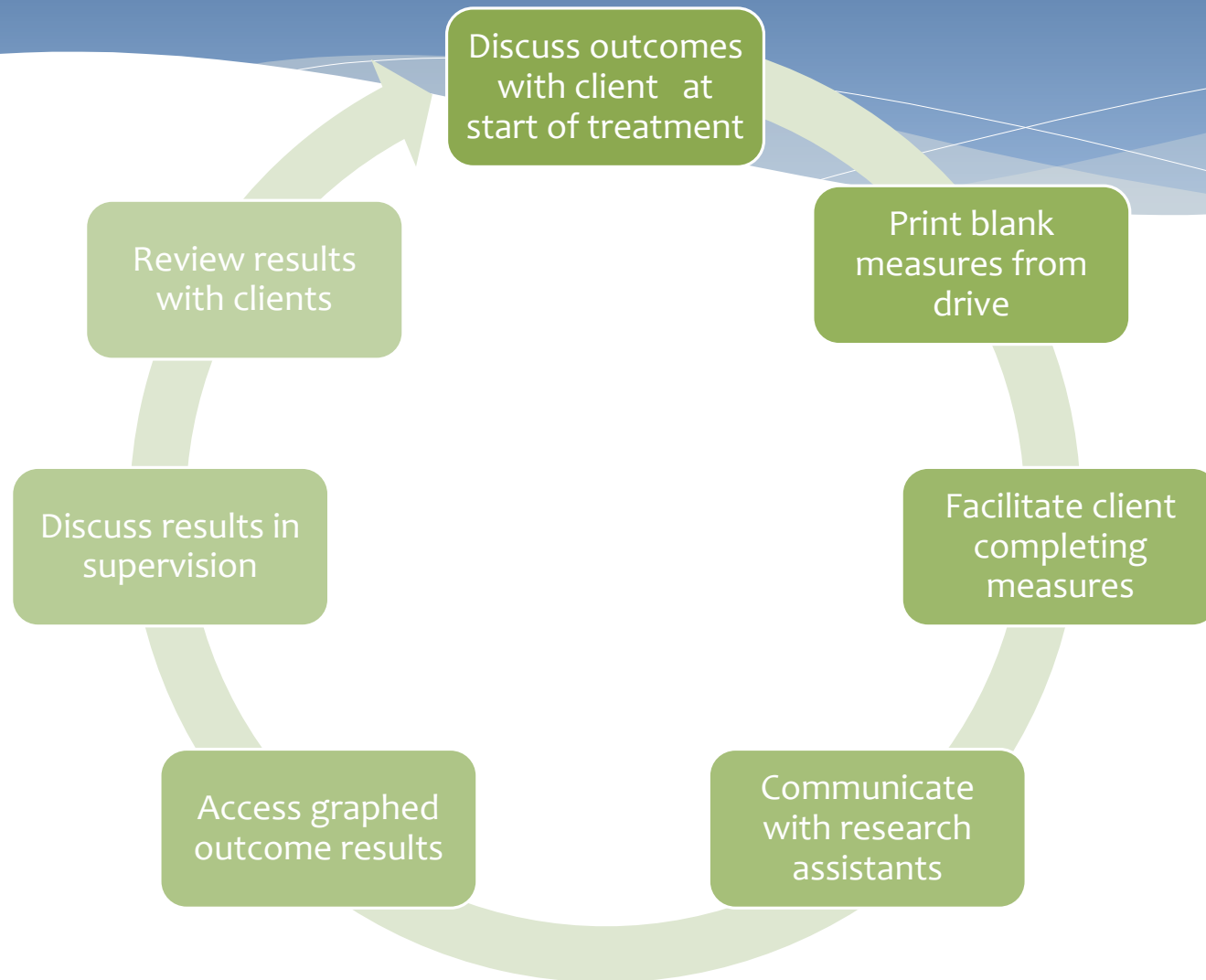
* Clinical exercise

Data Drives the Age of Information

Funding

- Should we invest in these services?

Mental Health Policy

- What groups should we expand services for?

Consumer Rights

- Am I getting the right treatment?

Clinical Decision Making

- What clinical steps should I take next?

1) Communicate the value of what the agency is doing

2) Continuously improve quality of care

3) Planning

Review Research

* Clients experience the greatest improvement in the first 2 – 3 months of treatment (Baldwin et al., 2009)

* Clinicians & supervisors tend to overestimate improvement as compared to client self-reported gains (Hannan et al., 2005)

* Clinicians who discuss outcome results in supervision and with clients show double the treatment effect size as compared to clinicians who do not use outcomes (Lambert, 2012)
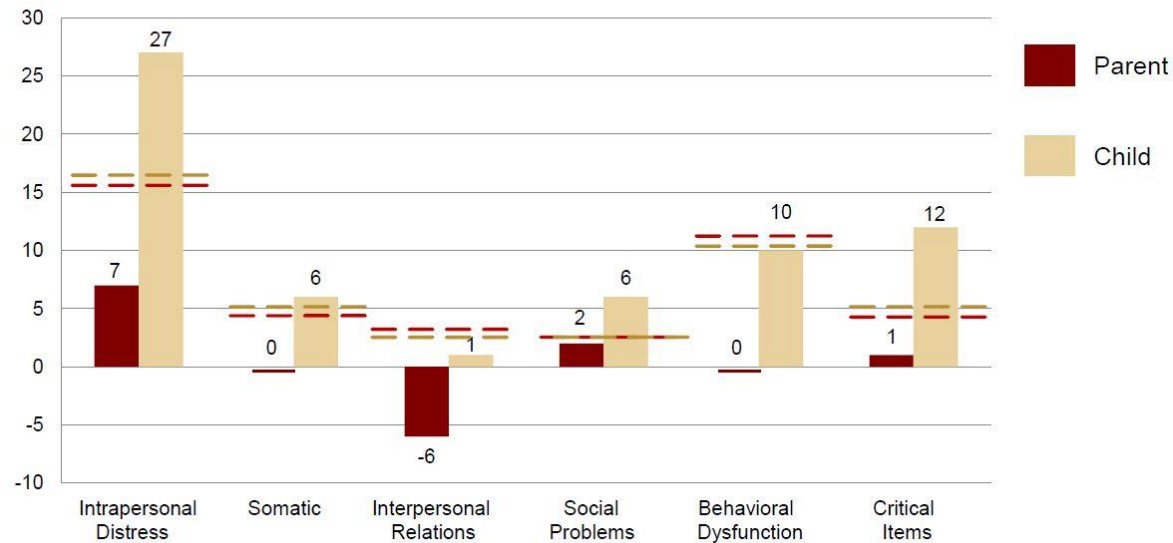
Role of the Clinician

Discuss outcomes with client at start of treatment

Print blank measures from drive

Facilitate client completing measures

Communicate with research assistants

Access graphed outcome results

Discuss results in supervision

Review results with clients

Video Role Play and Discussion

YOQ/YOQ-SR Subscales Scores

Video Role Play and Discussion

Tracking and Monitoring

* Weekly Notification from HR
* RA schedules first 1-on-1 training
* RA logs completion of each training
* Senior Research Staff monitors logs and follows up for non-adherence
* Supervisors are kept in the loop for accountability

Evaluating the Training

Survey Items	Average Rating (1-5)	% Positive Rating
The presenters stimulated staff interest in the subject matter.	4.3	81% *"most of the time"* to *"all of the time"*
The presenters provided staff with a valuable learning experience.	4.5	89% *"most of the time"* to *"all of the time"*
The training has given me more confidence to use Clinical Outcome results	4.2	79% *"agreed"* to *"strongly agree"*
Overall, how would you rate the Outcomes Training?	4.3	79% *"very good"* to *"excellent"*

Evaluating the Training

Overall positive feedback from participants

* *"This training was helpful in helping me understand ways to utilize outcomes in clinical work as well as how to bill and mange to complete them."*

* *"The clinical outcomes will be a good tool to use with clients and aid in therapeutic planning. The training was robust with information very helpful & useful."*

* *"Great structure and activities. Analyzing the data really sparked conversation and we were able to build off of each other's ideas."*

* *"This training made me more confident in using this information in my future sessions with clients."*

Evaluating the Training

Areas of improvement

* *"Possibly this training could be given during another time; other than Friday afternoon. The information is valuable, but late in the week it's hard to stay alert & focused."*

* *"Beginning of training was a bit repetitive, and I think the video could have been shortened a little to be more effective. Overall, very helpful training and provided solid ways to discuss outcome results in supervision."*

Evaluating the Training
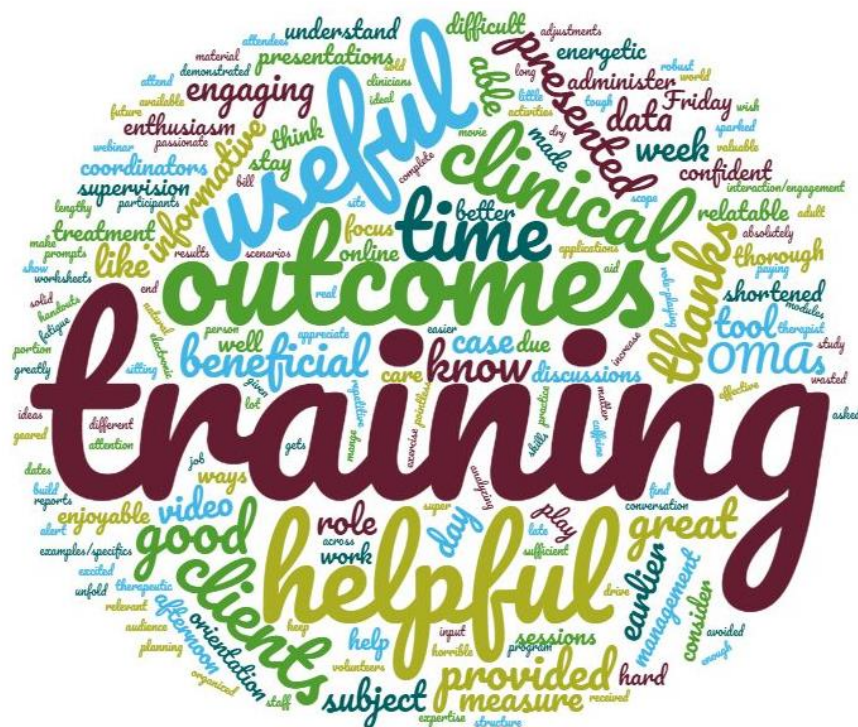
Outcome Compliance Rates

55%	67%
Not Trained	Trained
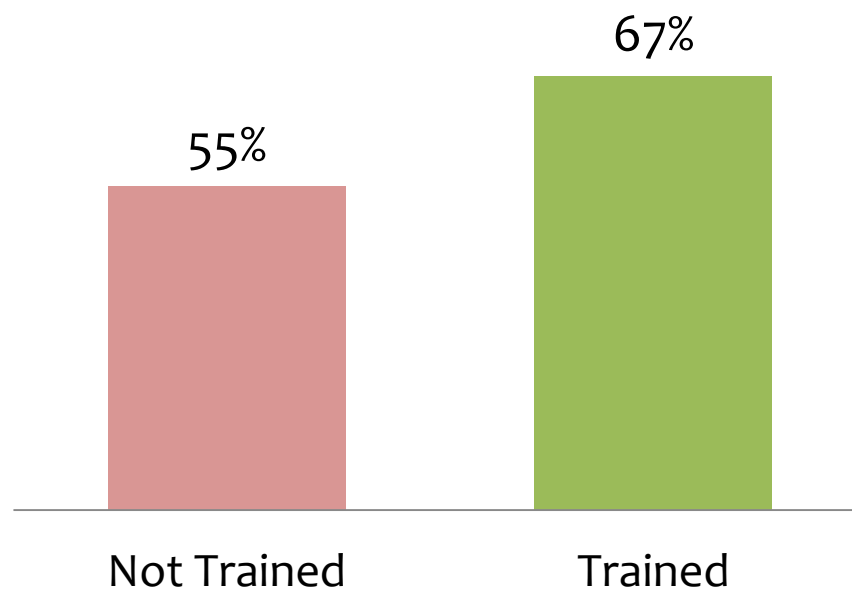
Lessons Learned

Training

- Partnering with staff with clinical background
- Enthusiasm about data is contagious
- Repetition is important

Data Collection in Mental Health Setting

- Need carrot and the stick
- Keeping supervisors accountable and engaged is key
- Some skepticism about data
- Staff with more experience in the field tend to be less open