Engagement is the Key: Modernizing Clinical Service Delivery for a Changed World

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MTMSERVICES.ORG
Driving Transformational Change!

SPQM

NATIONAL COUNCIL for Mental Wellbeing
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Experience –

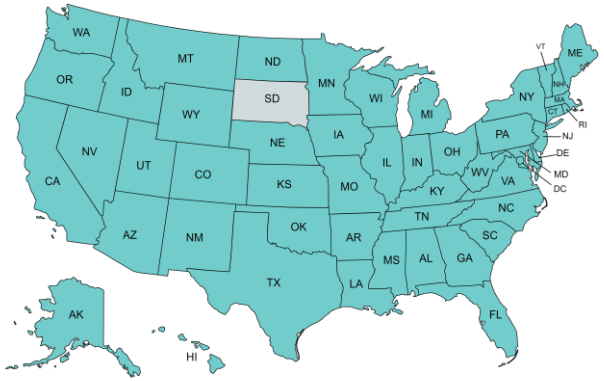
Improving Quality in the Face of Healthcare Reform

"Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!"

- MTM Services has delivered consultation to over 1,000 providers (MH/SA/DD/Residential) in 49 states, Washington, DC, and 2 foreign countries since 1995.

- **MTM Services' Access Redesign Experience** *(Excluding individual clients)*:
  - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
  - 12 Statewide efforts with over 300 organizations
  - Over 30,000 individualized flow charts created

- Leading CCBHC Set up and/or TA efforts in 5 states



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Webinar Objectives

A. Understand the new reality of service delivery – and why your old methods no longer fit,

B. Learn the secret to keeping clients and clinicians actively engaged, and

C. Identify next steps to keeping your organization ahead of the Value Based curve.

CBHO Current Reality

- In April 2023, the National Council for Mental Wellbeing, in conjunction with The Harris Poll, published survey data regarding the perceived state of Behavioral Healthcare in America.
  - Included were:
    - 750 BH employees
    - 2,000 US Adults
  - The findings are critical to understanding challenges and how to move forward…
  - New Study: Behavioral Health Workforce Shortage Will Negatively Impact Society - National Council for Mental Wellbeing (thenationalcouncil.org)

Staff Retention

Professionals are choosing to leave their positions at higher rates than in the past, with the overall number of positions available only increasing.

The reason for the loss is no secret:

- ✓ Increased workloads
- ✓ Increased demands
- ✓ Increased community need

MORE THAN

9 in 10

of behavioral health workers said they have experienced burnout.

62%

report their level of burnout between an **8 and 10** on a 10-point scale.

NATIONAL COUNCIL for Mental Wellbeing

Research conducted by The Harris Poll

Client Access

Staff Retention problems are directly correlated with increasing issues related to client access.

Our population is experiencing increased need…

…while our ability to serve them appears to be diminishing.

58% of those who provide care to clients say their waitlist is longer than ever.

Help Wanted in Behavioral Health

National survey of behavioral health workers warns shortage will have negative impact on society.

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83%

of the nation's behavioral health workforce believe that **without public policy changes**, provider organizations won't be able to meet the demand for mental health or substance use treatment and care.

ACCESS TO CARE

90%

are concerned about the ability of those not currently receiving care to gain access to care.

87%

are concerned about the ability to provide care in the event of another health crisis in the future.

CASELOADS & SEVERITY

NEARLY **2 in 3**

Reported increased client caseload.

MORE THAN **7 in 10**

Reported increased client severity since the COVID-19 pandemic.

93%

have experienced **burnout.**

62%

have experienced **moderate or severe burnout.**

48%

say the impacts of **workforce shortages** have caused them to consider **other employment options.**

83%

worry that **shortages in the mental health and substance use treatment** workforce will **negatively impact society** as a whole.

1/3

OF THE WORKFORCE

report spending most of their time on **administrative tasks.**

68%

of those who provide care to patients say the amount of time spent on administrative tasks **takes away from time they could be directly supporting clients.**

The research was conducted online within the U.S. by The Harris Poll on behalf of the National Council for Mental Wellbeing among 750 behavioral health employees (defined as adults age 18+ who work in the mental health and substance use treatment industry). The survey was conducted between Feb. 3-19, 2023. Data are weighted where necessary to align with their actual proportions in the population. For method details please contact: WilliamG@TheNationalCouncil.org

The hidden problem…We aren't retaining our clients, either!

- Data pulled in August 2023 from MTM's analytical and management support tool, SPQM, paints the following picture:
  - In 2022…
    - 43% of new (not previously seen) clients participated in 3 or less *clinical* encounters,
    - 24% dropped out after their first *appointment.*
  - In 2019…
    - 31% of new clients participated in 3 or less *clinical* encounters,
    - 18% dropped out after their first *appointment.*
  - *The world has changed – it's time our practices change too.*

The Bottom Line

- Staff are:
  - ✓Overburdened
  - ✓Overworked
  - ✓Diverted away from their talents, purpose and passion

- Meanwhile, client needs are increasing, retention is sagging and our capacity to get them in the door is decreasing.

- The solutions are at your fingertips!

The Bottom Line: Engagement is the Answer!

- CBHOs have three critical tasks moving forward:

  1. Improve workload issues
  2. Identify how to utilize staff to the top of their credential (thereby improving outcomes and staff satisfaction/retention) and
  3. Increase access to care.

  When we ENGAGE our staff, provide modern clinical solutions and provide measurement driven care we naturally ENGAGE our client population.

- This is where Brief Treatment, Care Pathways and Collaborative Documentation come in.

The Case for Brief Treatment

The financial justification:

I. With high demand and low resources, community behavioral health providers are under more pressure than private practice to maximize resources.

II. Clinician caseloads are clogged with no show clients on one end, and no-end-date-in-sight clients on the other.

   I. The false reality of full.

III. As CCBHCs and Value Based Care become the norm, an inability to serve clients when and where they need at the right level of care will continue to hold organizations back.

The best people will go where they can make the most difference: What is your organization's engagement data telling you?

The Case for Brief Treatment

The clinical justification:

- Therapy can become comfortable, both for client and therapist, leading to diminishing returns and dependence/avoidance.
  - Change-oriented work, with an end date, gradually shifts to maintenance-oriented work, with no end in sight.
  - Episodic care allows staff to work at the top of their credential, allowing for satisfaction of both staff and client.

The Case for Brief Treatment

The clinical justification:

- Clear transitions and expectations maintains focus on goals and often can increase progress.
  - We say we're starting discharge planning on day 1, but are we *really* doing it meaningfully?

- Ultimate therapeutic goal = Increased capacity to function.
  - If we're not requiring/testing demonstrated change, how can we assess sustainable progress?

The Case for Brief Treatment

Are we delivering measurement-driven care and services?

- When we talk about measurement-driven care, who are you thinking of? The client or the organization's need to demonstrate progress?
  - Generally, CBHOs think about their data needs.
  - Let's flip the narrative: Clients need measurement-driven care/services to remain engaged.
    - Meaning their clinician guided their goals to be…
      - Reasonable
      - Achievable
      - Measurable and
      - Observable **by the client**
    - Like SMART goals, but we're focusing on what the CLIENT can SEE/FEEL.
    - Set a small benchmark and measure the progress at every session.
      - Show the client the progress they are making so they feel **ENGAGED**.
      - ***We need >3 sessions to make a lasting impact, you must engage early and often.***

The Case for Brief Treatment

- But my client is co-occurring! Isn't short-term treatment risky?
  - Assess appropriateness by asking:
    - ✓Is this the right level of care (LOC)?
      - When LOC matches for ***Outpatient***, ***Brief Treatment modalities***, individuals are more likely to remain in treatment.
        - Deliberate, meaningful use of the Stages of Change means matching stage with corresponding, appropriate intervention.
    - ✓Can we provide it at the right frequency?
    - ✓Can we provide the right intensity?
  - AKA, are we utilizing the tools at our disposal (Stages of Change, Motivational Interviewing) to fidelity and toward Value Based Care?
    - Appropriate and effective Discharge Planning is a MUST for this complicated population.

“Most integrated treatments—such as those combining CBT, motivational interviewing, and family services—are offered in outpatient, not residential, settings and have a strong evidence base supporting their effectiveness for CODs (Kelly & Daley, 2013), including SMI with SUDs (Cleary, Hunt, Matheson, & Walter, 2009; De Witte et al., (2013).” – National Institute of Health, Substance Use Disorder Treatment for People With Co-Occurring Disorders: Updated 2020 [Internet]

The Co-Occurring Reality

- SAMHSA's 2021 National Survey on Drug Use and Health paints an important picture…
  - Adults who indicated they had used illicit substances in the last year:
    - 50.2% had SMI
    - 39.7% had AMI
    - 17.7% had no mental illness
  - Of those adults with Co-Occurring Disorders who did report getting treatment:
    - 81.5% with SMI received Mental Health only services
    - 84.0% with AMI received Mental Health only services

We must expect to serve this population in all formats of service delivery available (*and we must start doing a better job of it*).

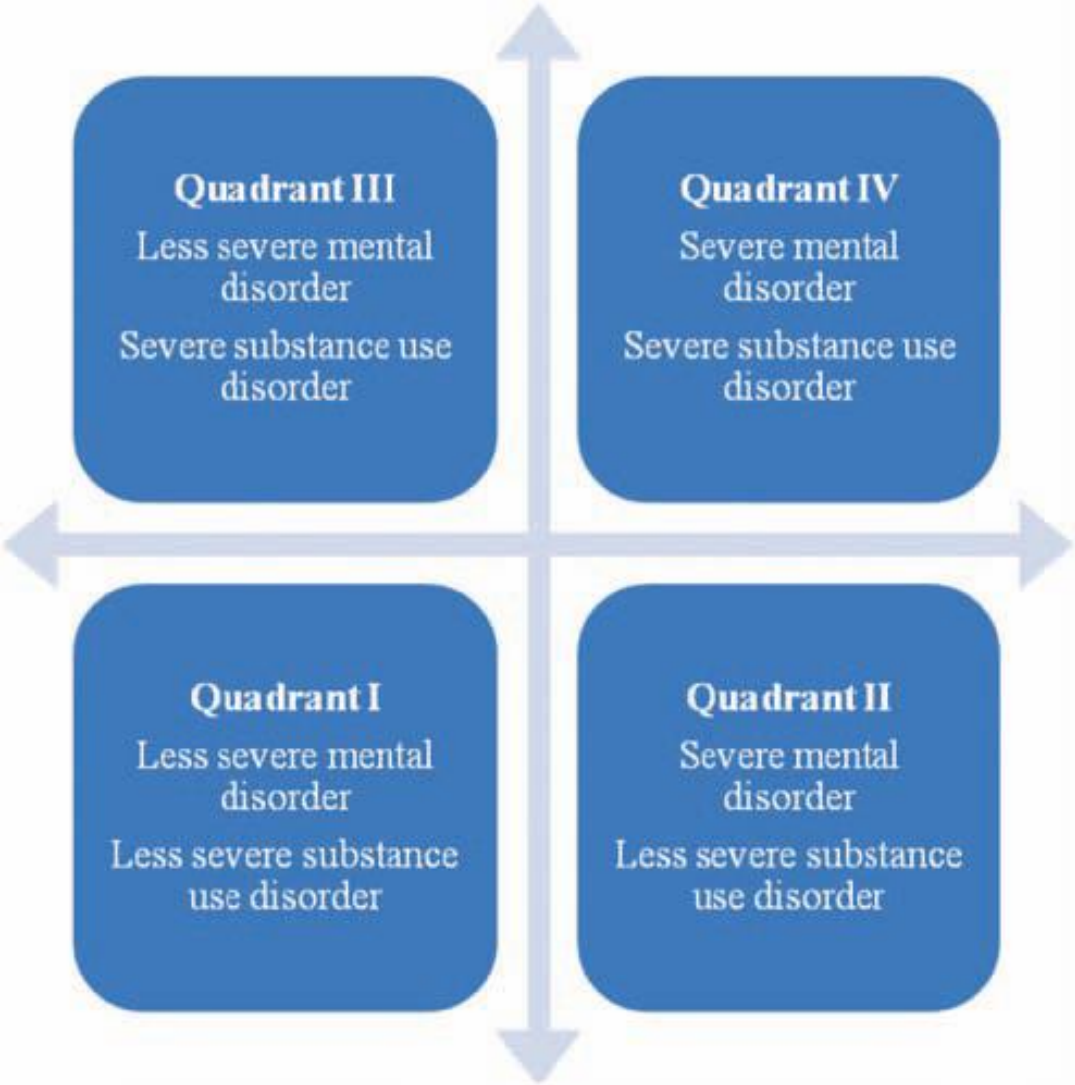
Highlights for the 2021 National Survey on Drug Use and Health (samhsa.gov)

More on LOC Decisions

SAMHSA's TIP 42 provides us with a four-quadrant model for conceptualizing COD treatment.

Brief, Episodic treatment for COD is indicated in Quadrant I and potentially Quadrants II & III, with Quadrant IV indicating higher LOC initially with Brief stepdown options appropriate later.

*This can also be true in Quadrants II & III.



The Benefits of Solution-Focused Models

- A multitude of Evidence-Based Practices (EBP) exist, demonstrating that these models don't just talk the talk, but also walk-the-walk!
  - Solution-Focused models:
    - ✓Enhance resilience and decrease distress
    - ✓Demonstrate prior competence and seek to replicate into current situations
    - ✓Foster hope and self-agency, with the assumption that the client already has the ability to be successful
    - ✓Provide Trauma Informed Care (TIC), meaning the concepts of safety, trust, collaboration and empowerment are present.
    - ✓**Encourage engagement early and measure progress often.**

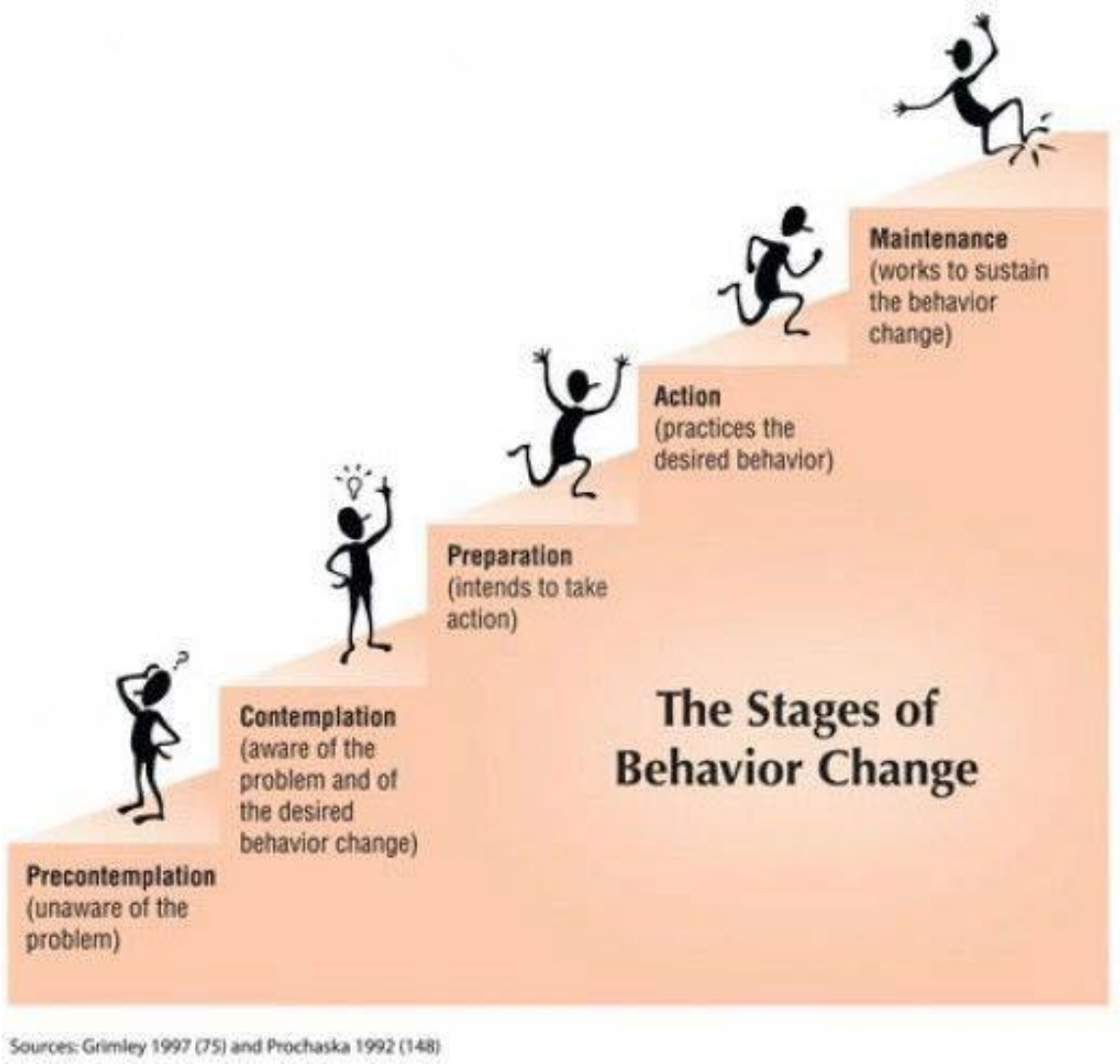
    According to the Hazelden Betty Ford Foundation, "The goals of this method are two-fold: minimize time in therapy and lessen an individual's time spent suffering."

How can you use the Stages of Change to determine treatment?

- Prochaska and DiClemente's pivotal work is well known, and a client's "stage" is often required in CBHO documentation.
  - Is this being utilized in any *meaningful* way, or is it another "must do" for staff with no practical use?
  - Let's discuss the basics of how to utilize the Stages meaningfully and how this can translate into better clinical care.

Evaluation Using the Stages of Change

Understanding the Client's View vs Therapist's View of Change



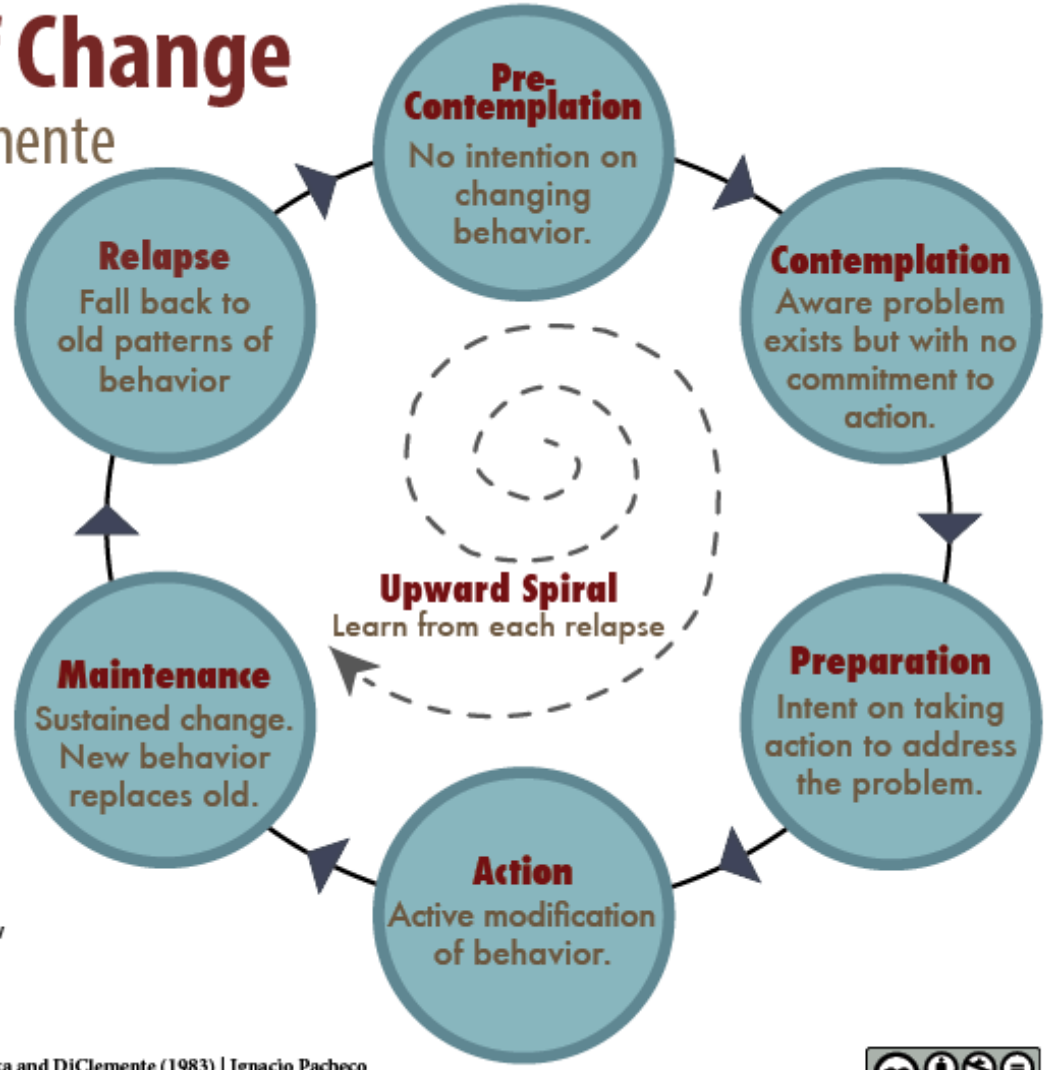
Evaluation Using the Stages of Change

Understanding the Client's View vs Therapist's View of Change

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



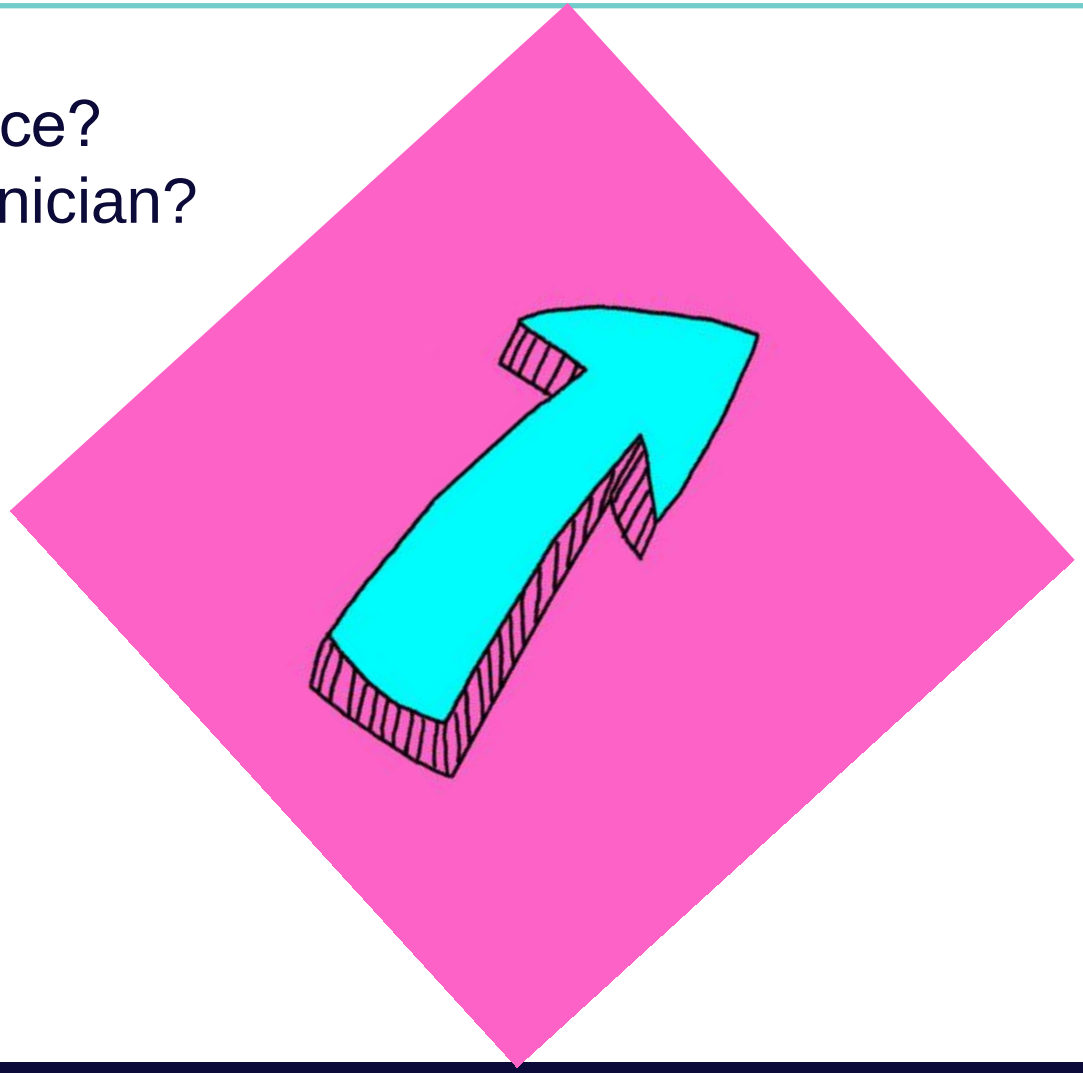
Social Work Tech!

The Cycle of Change
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco

Evaluation Using the Stages of Change

What's the difference?

Client vs Clinician?



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Evaluation Using the Stages of Change

The Launching Pad for Solution-Focused Treatment Decision Making

- After successfully utilizing a Clinical Interview to identify the client's stage, we can…

  ✓ Create a detailed case conceptualization, incorporating the client's stage
  ✓ Utilize the client's stage to determine appropriate interventions

Evaluation Using the Stages of Change

The Importance of Case Conceptualization

I. What is the function?
   I. To serve as a roadmap, guiding clinicians and clients toward appropriate goals and interventions.
   II. Particularly important in brief treatment models, providing focus on critical problems and helping avoid distractions.

II. How do we do it?
   I. There are many formats for Case Conceptualization, below is a simple option, incorporating Stages of Change.
   II. Synthesize information about the Client into the following categories:
      I. Presenting Problem
      II. Background Information
      III. Diagnosis
      IV. Strengths
      V. Current Symptoms/Behaviors
      VI. Evaluated Stage of Change

Selecting Clinical Tools Based on Client Stage of Change

Contemplation Example

- **Presentation:**
  - Is aware that substance use or mental health issue is a problem, is ambivalent about changing.
  - Often your Court Mandated client
- **Clinician Task:**
  - Stay focused on building the relationship, understanding the role of processing thoughts in this stage in order to avoid pushing or advice giving.
  - Meeting the client where they are.
- **Tools:**
  - ***Motivational Interviewing*** to support client's ability to make decisions and move forward (self-efficacy).

Selecting Clinical Tools Based on Client Stage of Change

Preparation Example

- **Presentation:**
  - Decision to change has been made, forward movement toward planning is happening.
- **Clinician Task:**
  - Encourage client's commitment to change.
  - Assist client in ensuring enough time is spent in this stage, avoiding the urge to leap ahead.
- **Tools:**
  - ***Motivational Interviewing*** to support self-efficacy
  - ***Brief Cognitive Behavioral Therapy (B-CBT)*** to begin skill-building

So, you've decided you're now using a Brief Treatment Model…

- Is this a set it and forget it situation?
  - No!
    - Transitioning to Brief Treatment requires the four Ps:
      1. Planning
      2. Preparation
      3. Policies and
      4. Proper supervision

    - Successful organizations will spend time in each area, utilizing a Continuous Quality Improvement process to get moving quickly and adapt throughout.
    - Clinician buy-in is critical, and a willingness to identify when sessions are drifting necessary.

The Trap of Drifting Sessions

- Often, therapists and clients unintentionally drift into long-term therapy because of increasing comfort and the ease of allowing topics to shift or get stuck in the mundane.
- How can we avoid this “trap?”
  - Effective short-term treatment:
    - Begins by discussing discharge
      - What to expect, how the course of treatment is determined, and what the discharge goal looks like
    - Reminds of time together throughout treatment
    - Keeps focus on goal topics
    - Redirects drifts to target outcomes
    - Talks about and plans for inevitable transition anxieties

Effective Brief Treatment is a Process

What will it take?

For ongoing success, organizations will need to commit to:

- Development of the 4 Ps in their transitioning programs
- Clinician skill-building and development surrounding Brief Treatment models
- Getting out of their clinician's way, aka, utilizing them to the top of their credential, investing in the right type of staff and moving to Collaborative Documentation
- Development of clear Levels of Care and Care Pathways
- *Increasing Clinician and Client engagement as an end goal to success.*

- Remember, clients are here to alleviate a problem. What can you assist with ***today*** that will have them leaving ***hopeful*** about treatment and not ***disappointed?***

- ***Questions? Thoughts?***

Thank You

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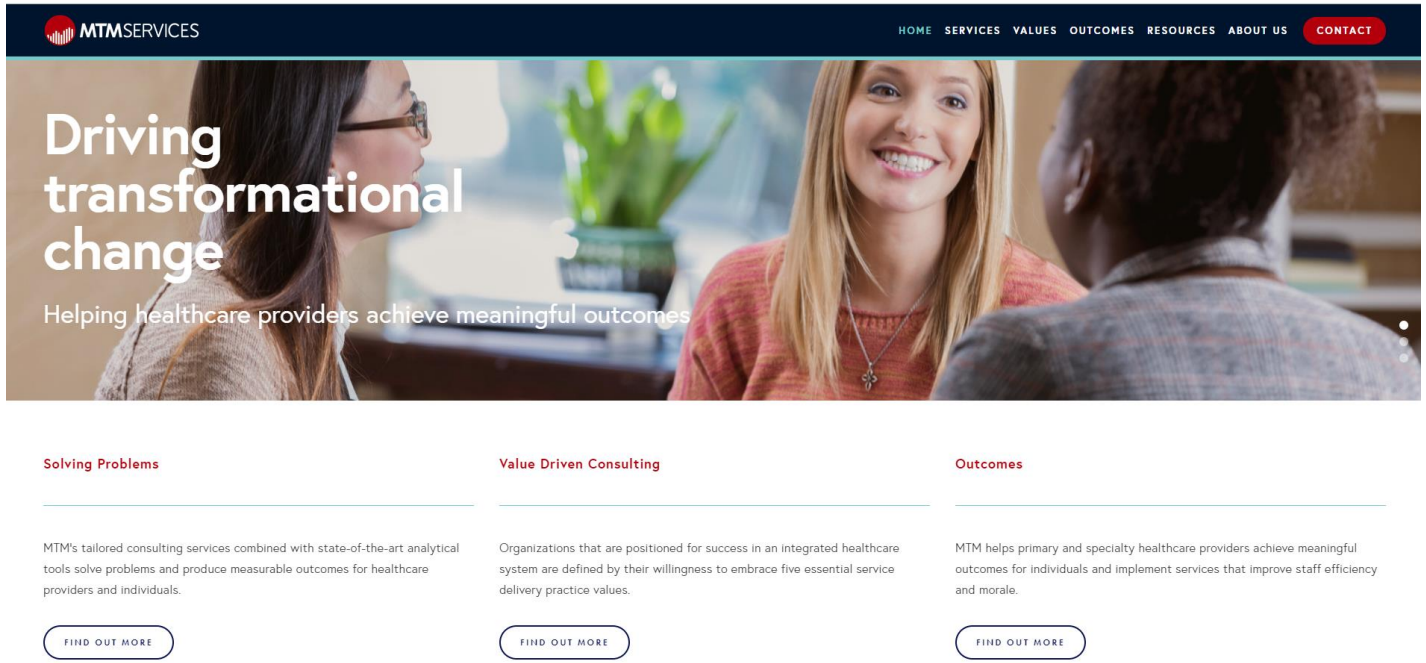
See our outcomes, resources and more…

www.mtmservices.org



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