Transforming the Child Mental Health Agency through Research & Evaluation

Michele Solloway, Ph.D.
Director, Center for Applied Research and Evaluation
Trillium Family Services, Inc., Portland, OR

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Trillium Family Services, Inc.

- Largest mental health agency for children, youth and families in Oregon
- 135 legacy of serving children with mental and behavioral health issues throughout Oregon
- Served 6,960 children statewide in 2005 (60% increase from 2004)
- 2004-05 operating budget of $21.3 million
- Operates 4 facilities
  - Parry Children’s Center, Portland
  - Waverley Children’s Home, Portland
  - Children’s Farm Home, Corvallis
  - Central Oregon, Bend

Trillium Family Services, Inc.

- Private, Non-Profit, Joint Commission Accredited
- Trillium is a full-spectrum service agency
  - Secure inpatient care for both children and adolescents (state hospital level services)
  - Psychiatric residential treatment
  - Intensive day treatment
  - Intensive Community-Based Treatment Services
  - Therapeutic foster care
  - Outpatient services
  - School-based support
  - In-home support services
  - Child mentoring

STATE CONTEXT

- Fragmented, multi-agency system of care
- OR Children Change Initiative (Oct 2005)
  - Decentralization of funding
  - Increased contracting activity
  - Increased competition for fewer dollars
  - Focus on community-based services
  - Requirement for increased use of evidence-based practices

Trillium’s Organizational Context

- Growth, reorganization and regionalization
- Response to OR Children’s Change Initiative
- Change in data systems (TIER)
- Increased client acuity
- Increased client turnover
- Increased staff turnover

Confluence of Forces

- Increased financial pressure
- Increased contracting activity
- Increased complexity of contracting requirements
- More services to more populations
- Expansion of services to commercial payers
- Increased need for on-time program and financial data and feedback
- Increased need for training, especially in evidence-based practices
Trillium’s Response
- Significant organizational change and realignment
- Implemented Key Initiatives
  - Evidence-Based Practices
  - Family-centered care
  - Cultural competency
  - Seclusions and restraints
- Significant time and effort developing and diffusing culture of research and evaluation
- Formation of strategic partnership with University and Institute-based researchers

Components for Agency Integration and Transformation
- **Creating the Foundation:** Organizational readiness for integrating evidence-based practices
- **Integration:** Implementing evidence-based practices and building strategic partnerships
- **Transformation:** Developing in-house capacity for research and evaluation and engaging staff

Transformation: Intended Outcomes
- Trillium becomes generator as well as consumer of research-based knowledge
- Research integrates theory and practice at staff level
- Continuous feedback to change practice and improve outcomes for children and families

DATA NEEDS
- Marketing, Development, External Reports
- Data Infrastructure
- General Systems Issues
  - Evidence-based and effective practices
  - Financial issues (cost-effectiveness, underserved populations)
  - Efficacy of Children’s Change Initiative
  - Impact of turnover and acuity on system of care
  - Prescription drug management
- Family Involvement
- Cultural Competency
- Training and Recruitment

RESEARCH & EVALUATION
- Logic Models Developed
- External Compliance Audits
- JACHO Accreditation
- Quality Control Studies
  - Seclusions and restraints
  - Medication errors
  - Use of evidence-based practices
  - Health care utilization
- Discharge Outcomes Study

PROCESS
- OR Mental Health System
- OR Children’s Change Initiative
- Evidence-Based Practices

RESULTS
- State context for funding, service delivery, Parameters for evidence-based practice
- Organization, programs, initiatives
- Context for CARE, view of research
- Identify data needs, uses, priorities
- Research and evaluation at Trillium
- Using the TIER system
- Identify opportunities for collaboration, extramural funding

DATA needs
- Key informant interviews
- Trillium Strategic Plan
- CARE planning documents
- Program information
- Logic models
- Program evaluations
- Data collection and production
- Environmental scan
Integrating Research and Evaluation: Data Considerations

**Research/Evaluation vs Treatment/Compliance**
- IT system requirements, focus, modeling
- User friendliness
- Standardization of responses
- Clinical vs research focus
- Data validity and quality
- Data extraction and analysis

**USING “TIER”**

**Trillium Integrated Electronic Record** is an evolving system:
- Reflects needs of funding agencies
- Responds to changes in service delivery, addition of new programs
- Responds to Trillium’s organizational changes
- Trillium’s Goals for TIER:
  - Improve user-friendliness
  - Solve information glitches
  - Provide improved information for programming
  - Improve consistency, accuracy and quality of information

**USING “TIER”**

- Analysis requires data extraction procedures
- Data domains include:
  - Individual and family characteristics
  - Program and service characteristics
  - Financial information
  - Clinical and health information
  - Client Outcomes
  - Family and Youth Satisfaction

**USING “TIER”**

- Text Data
  - Substantial amount of data in text format
  - Some coding behind text
  - Treatment data reside in text fields
  - Increased time and effort required to develop database(s)
- Data Issues
  - Validity
  - Reliability
  - Fidelity

**OPPORTUNITIES FOR COLLABORATION**

**Within Trillium**
- 4 major initiatives
- Evaluations of specific or new programs
- Development and documentation of “emerging effective practices”

**External**
- Academic and learning institutions
- State policymakers
- Local stakeholders
- Other providers; agency-based research centers
- Families

**Center for Applied Research and Evaluation (C.A.R.E.)**

**MISSION STATEMENT**

“Promote research and evaluation of mental and behavioral systems of care to build brighter futures with children and families”
VISION

- Evidence-based and effective practices are identified, implemented, evaluated, and disseminated
- Trillium is leader in developing new knowledge
- Research and evaluation promote family-centered and culturally competent care
- Families are engaged and empowered through C.A.R.E.’s activities

VISION

- Research is integrated and diffused throughout all levels of system of care at Trillium
- Collaborations and synergies promote bi-directional translation of research, service, and policy
- Trillium provides leadership in cultural competency, family-centered and high quality of care for children and families

GUIDING PRINCIPALS

- Scientific credibility
- Clinical, programmatic and policy relevance
- Actionable results
- Family involvement and empowerment
- Collaboration
- Dissemination

GOALS

- Evaluate Trillium programs and develop new knowledge
- Develop data infrastructure
- Promote, evaluate, disseminate family-centered and culturally competent care
- Dissemination: Diffuse research culture and disseminate results to Trillium, community and state stakeholders

C.A.R.E. Activities

- Research
  - Evidence-Based Practices
  - Outcomes Research
  - Family-Centered Care & Cultural Competency
- Evaluation
  - Trillium (Internal)
  - OHSU NIH Training: Human Investigations Program
  - Special Projects
- Training & TA
  - Summer Camp
  - “Think Tank” Seminars
- Development
  - Grants & Contracts
  - Federal
  - State, Local Foundations
- Dissemination
  - Conferences
  - Peer Reviewed Articles
  - Reports
  - CHAAP, Fordham U, USF
  - (Planned)
  - (Planned)
Challenges

- Developing cohesive research agenda
- Working with Trillium data
- Funding opportunities
- Conflicting needs, desires, orientation of various treatment silos within agency
- Infusing culture of research and program evaluation

Model for Success

Senior Management & Clinical Staff
Research & Evaluation Staff
External Partner (University-Based)

Keys to Success

Relevance of Research and Evaluation to Staff, Clinicians, Families

- Staff and clinicians need to understand how research and evaluation are relevant to what they do (education process)
- Agency views staff and clinicians as partners in the research process, not separate from it (systems approach)
- Involve staff and families in design, data collection, and interpretation (buy-in, ownership)

Questions?

Please call or email:

Michele Solloway, Ph.D., Director
Center for Applied Research & Evaluation
Trillium Family Services, Inc.
3550 S.E. Woodward Street
Portland, OR 97202
503-813-7750
msolloway@trilliumfamily.org