

Helping families believe and achieve.

Creating the Capacity to Continuously Improve a System of Care


Impact System of Care
Ingham County, Michigan
21st Annual Research Conference
A System of Care for Children's Mental Health: Expanding the Research Base
February 25, 2008



Helping families believe and achieve.

Integrating the “Big 3”


- Evaluation
- Performance measurement
- IMPROVEMENT



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**“Data is used to ask the questions,
not to give the answers.”**

—Bob Friedman



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- Impact focuses more on “what do we need to know to improve?” than on “what works?”



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Our Community

- 65,360 children and youth aged birth to 17 (26% children of color)
- 52 languages spoken
- 13,000 refugees from 32 countries in Ingham County (UN Resettlement Community)



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Our Community (cont.)

- Strong Leadership
 - Association for Children's Mental Health, Community Mental Health, Department of Human Services, and the Family Division of Ingham County Circuit Court
- History of Collaboration
 - Pragmatic, outcome-oriented culture



A Snapshot of Impact

Vision: The community system of care embraces, serves, and supports children with serious emotional disturbance and their families so that children are safe and successful with their families and in the community.



Population Served

- Children and youth
 - Aged birth to 18 (the majority are ages 6–16)
 - CAFAS score of 80 or greater
 - At risk for out-of-home placement or returning home from out-of-home placement
 - Involvement with the court and/or child welfare, community mental health



Stakeholders

- Youth and families from Ingham County
- Association for Children's Mental Health (statewide family organization)
- Boys and Girls Club of Lansing
- Children and Family Services – Capital Area
- Community Mental Health Authority (Clinton, Eaton, and Ingham Counties)
- Cristo Rey Community Center



Stakeholders (cont.)

- Highfields, Inc.
- Ingham County Circuit Court – Family Division
- Department of Human Services – Ingham County
- Ingham Intermediate School District
- Lansing Police Department
- Lutheran Social Services
- St. Vincent Catholic Charities




Governance

- Stakeholder Group
 - Evaluation Team
 - Communications Work Group
 - Learning Community Work Group
 - Sustainability Work Group
 - System Assessment, Services, and Supports Work Group




Governance (cont.)

- Cultural Coalition
- Family Council
- Speak Your Mind



Impact Outcomes

- Maximized functioning of children and youth with SED and their families
- Reduced need for out-of-home placement
- Efficient use of resources




Impact Outcomes (cont.)

- Increased community knowledge and decreased stigma
- More family and youth participation
- A unified, family-driven, youth-guided, and culturally and linguistically competent system of care




Key Strategies

1. Seamless, integrated treatment, and a comprehensive array of community-based and culturally and linguistically appropriate interventions from a variety of service agencies, responding to family needs.
2. Every child, regardless of ethnicity, religion, or background, living with his/her family at the best level of functioning capable for that child.



Key Strategies (cont.)

3. Comprehensive, coordinated, interagency service plans for those at high risk for out-of-home placement and involved with multiple agencies.




Key Strategies (cont.)

4. Every family, regardless of formation or agency of initial contact, obtaining resources necessary to provide for their child with SED.
5. Educating and increasing the support of the community.



Scope of Services

- Family Guidance Home-Based Services
 - Home-based, Master's level clinician
 - Psychiatry
 - Respite
 - Social recreational activities
 - Case management



Scope of Services (cont.)


- Wraparound Services—Child and Family Team
 - Coordination, monitoring, and implementation of the family-centered plan



Scope of Services (cont.)

- Family Advocate Support
 - Provide support, education, and advocacy through skilled interventions with families
 - Empower families to self-advocate for the needs of their child and family

Impact Family Advocates are employed by the Association for Children's Mental Health and are parents of children with emotional, behavioral, and/or mental health challenges who have experience navigating public child-serving agencies.



Today's Focus


- How Impact created its continuous quality improvement (CQI) cycle
- The CQI Cycle
- What it takes to make a knowledge management process work



How Impact created its continuous quality improvement (CQI) cycle

Two key steps

1. We created AND USE our theory of change
2. We established ways to work together that enable stakeholders to weave their respective responsibilities and perspectives into a unified process for improving performance




We created AND USE our theory of change

The theory of change is our map linking values, strategies, and activities to our destination: better outcomes.

Take a virtual tour at
www.impactsystemofcare.org






How Impact created its continuous quality improvement (CQI) cycle


A new way of doing business:

- **New activities:** data prioritizing, collecting, reviewing, contextualizing, interpreting, and guiding change
- **New relationships:** facilitated dialogue in safe settings for all stakeholders – an essential environment that encourages families, youth, and agency partners to participate




The CQI Cycle

- Every quarter, Impact combines in one cycle:
 - Evaluation data (process and outcome)
 - Improvement decisions
 - Performance management




Key Activities and Interactions

- **Activity #1:** Collect and aggregate data according to the local evaluation design
- **Interaction:** System of care staff and evaluation staff work together, per data collection protocol




Key Activities and Interactions

- **Activity #2:** Develop summary observations based on the shared definition of “meaningful” change
- **Interaction:** Evaluation staff and SOC staff
- **Example:** “72% of families report that Family Advocate Support met the needs of their child and/or family moderately well to extremely well.”



Key Activities and Interactions

- **Activity #3:** Contextualize the observations
- **Interaction:** Evaluation Team (Lead Family Contact, SOC staff, court/child welfare/mental health agency staff, evaluators)
- **Example observation:** “Keep in mind that the data available at this point is on a small group of children.”



Key Activities and Interactions

- **Activity #4:** Develop findings and recommendations for improvement
- **Interaction:** Work Groups (family members, agency staff, SOC staff, and evaluation staff)
- **Example recommendation:** “Impact needs to document the services that are getting results, i.e., develop a home-based services manual.”



Key Activities and Interactions

- **Activity #5:** Stakeholder Group review and response to recommendations for improvements
- **Interaction:** Stakeholder Group, Work Group representatives
- **Example response:** "Support for the addition of a new activity to develop a manual for home-based services."



Key Activities and Interactions

- **Activity #6:** Update the theory of change (work plans change and progress is reported accordingly)
- **Interaction:** SOC staff, evaluation staff
- **Example:** A new activity is undertaken to develop a manual for home-based services.



How is the CQI process working?

- After 3 quarterly cycles completed, we found it too cumbersome
- **We simplified:** one report format combines the work plan, data on progress, recommendations for improvement



Activities	Status of Activities and Quarterly CQI Data	Work Group Recommendations
1. Provide training, support, and coaching for families and youth to participate effectively in Child and Family Team and other work groups/teams.	The Family Involvement monthly progress reports include the number of families receiving Family Advocate services. OUTCOME: Quarterly Continuous Quality Improvement (CQI) data include the degree to which families report satisfaction with Family Advocate Support (MSSC; local dialogue sessions with families).	
2. Create a continuum of "family-driven" participation as well as opportunities for families to participate in different ways along the continuum.	The Family Involvement monthly progress reports include the number and diversity of opportunities provided for families to participate. OUTCOME: Quarterly Continuous Quality Improvement (CQI) data include the extent of family participation in the development of the system of care compared to the extent of participation prior to the development of impact.	
3. Create a continuum of "youth-guided" participation and create opportunities for youth to participate in different ways along the continuum.	The Youth Involvement monthly progress reports include the number and diversity of opportunities provided for youth to participate. OUTCOME: Quarterly Continuous Quality Improvement (CQI) data include the extent of youth participation in the development of the system of care compared to the extent of participation prior to the development of impact.	
4. Create leadership roles for families and youth.	The Family Involvement monthly progress reports include the number/type of sessions and events co-facilitated by parents.	




How is the CQI process working?

- Priorities:** less process, more outcome measurement
- Use local data (child welfare, court, and CMH) to measure individual child and family outcomes
 - Use national evaluation data to measure individual child and family outcomes
 - Use national evaluation reports to measure system performance




What it takes to make a knowledge management process work

- We try to keep these ideas from Bob Friedman in mind:
 - "Questions must be framed by everybody."
 - "The interests of the community."
 - "How does evaluation contribute to improving the system of care?"




What it takes to make a knowledge management process work

- Relationships, relationships, relationships
- Supporting families and youth as full participants and partners
- Leadership commitment to the system of care




What it takes to make a knowledge management process work

- Data organized for dialogue
- No numbers in isolation: “Why did we collect this data, anyway?”
- Strong facilitation and communication support from evaluators and system of care staff



What it takes to make a knowledge management process work

- Resist over-engineering—too much performance measurement will sink the ship
- Identify the most important questions, i.e., do families get what they say they need, when they need it, with good results?
- Make the hard call on the right mix of indicators that meets the needs of stakeholders



What it takes to make a knowledge management process work

- Recognizing and tapping into SAMHSA-supported resources, e.g., technical assistance, national evaluation, consultation



What it takes to make a knowledge management process work

- Define sustainability as:
 - What it takes to improve the lives of children and families
 - The pursuit of community improvement
 - Holding one another personally responsible to fulfill our joint commitments (agreements can be broken)



Impact's Next Steps

- Focusing on the right mix of indicators
- Emphasizing outcome measurement, as we move through our second year of implementation
- Tightening accountability for implementing improvements—what the work plan says is important is what's important
- Strengthening youth participation

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