

# 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.

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# 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.



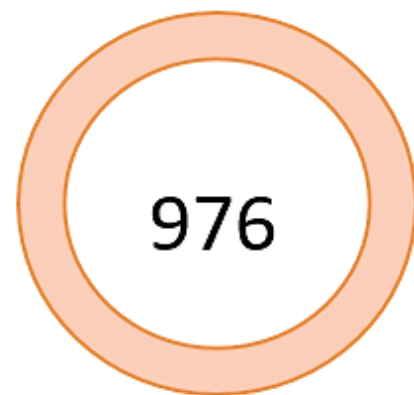
Suicide  
Prevention



Outreach &  
Education



Mental Health  
& Residential



Substance  
Use

# Our Mental Health Clients

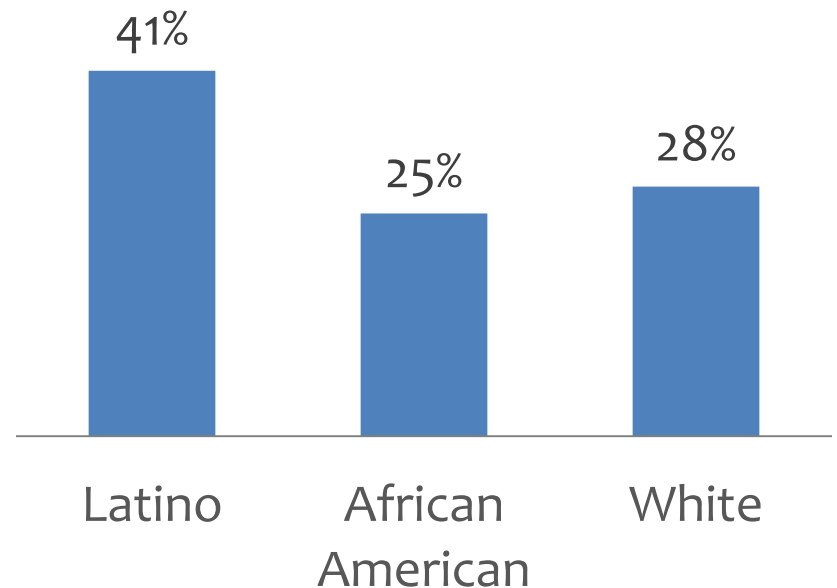


64% Adults

32% Children

4% Older Adults

## Race/Ethnicity



# Comprehensive Approach to Training



Good client care

Funding requirements

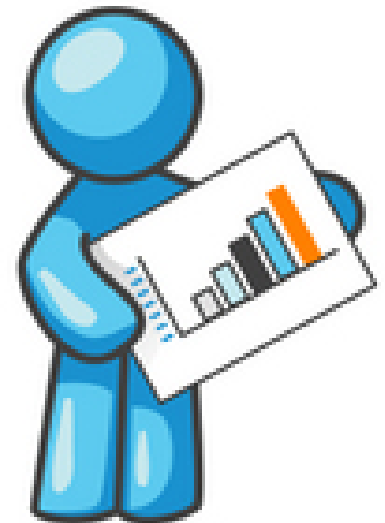
Performance based contracting in the future

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





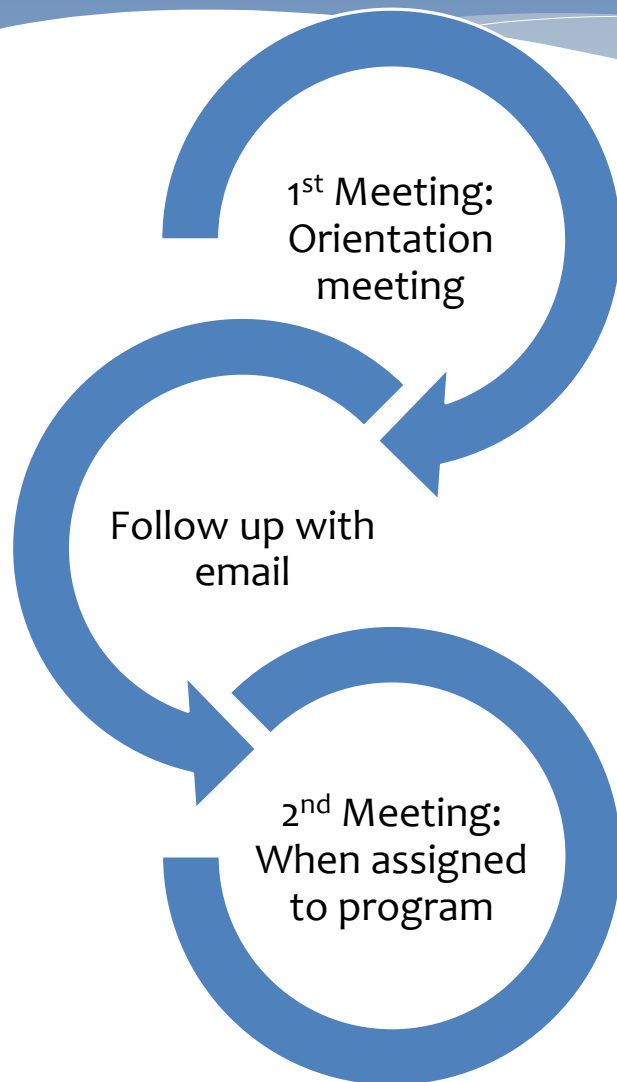
# Phase 2: New Hire Training

One-on-one  
training(s)  
with RA

Online  
trainings on  
measures

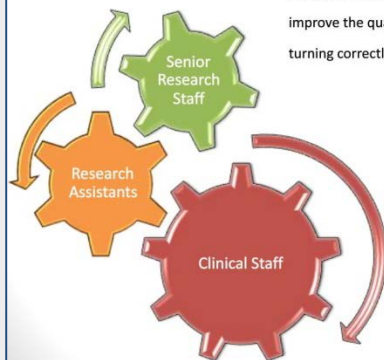
In-person  
group  
trainings on  
clinical utility  
of data

# One-on-One Training



# 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 16<sup>th</sup>.

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

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.

SUN	MON	TUE	WED	THURS	FRI	SAT
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>
15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>
22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>
29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>				

## 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

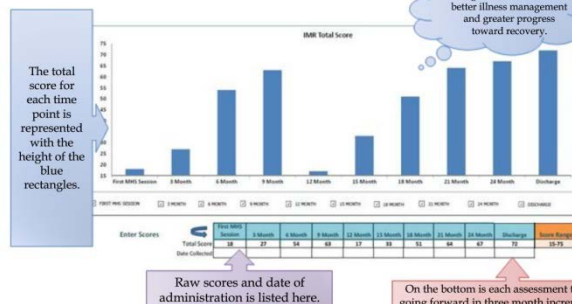
Once completed, check the document for the following:

- 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

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!

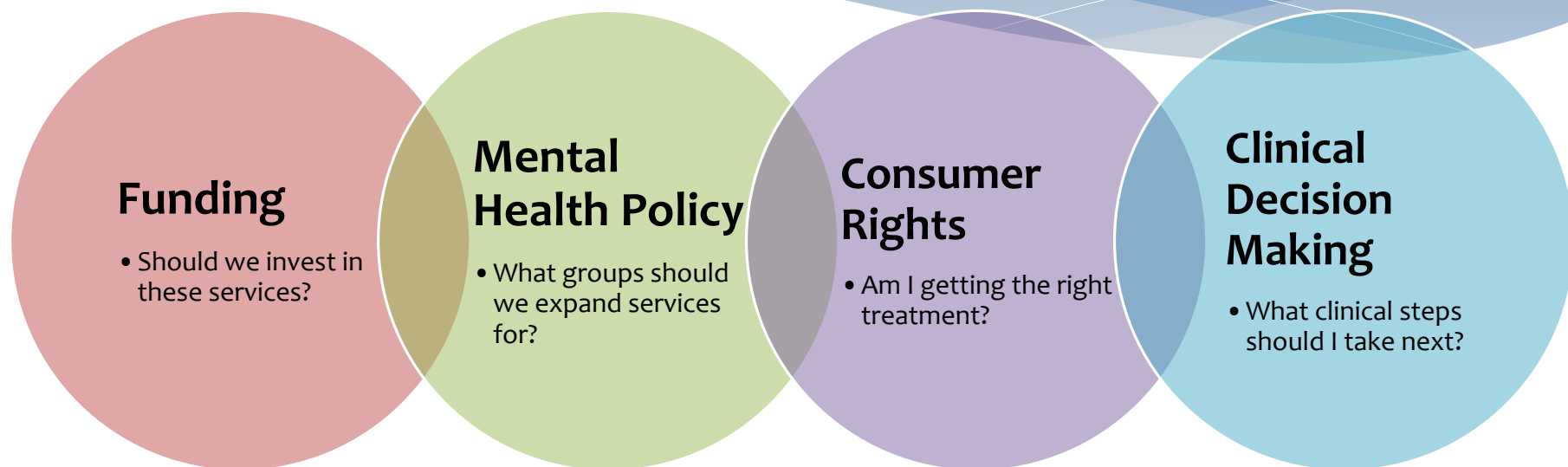


# In-Person Group Training

- \* 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

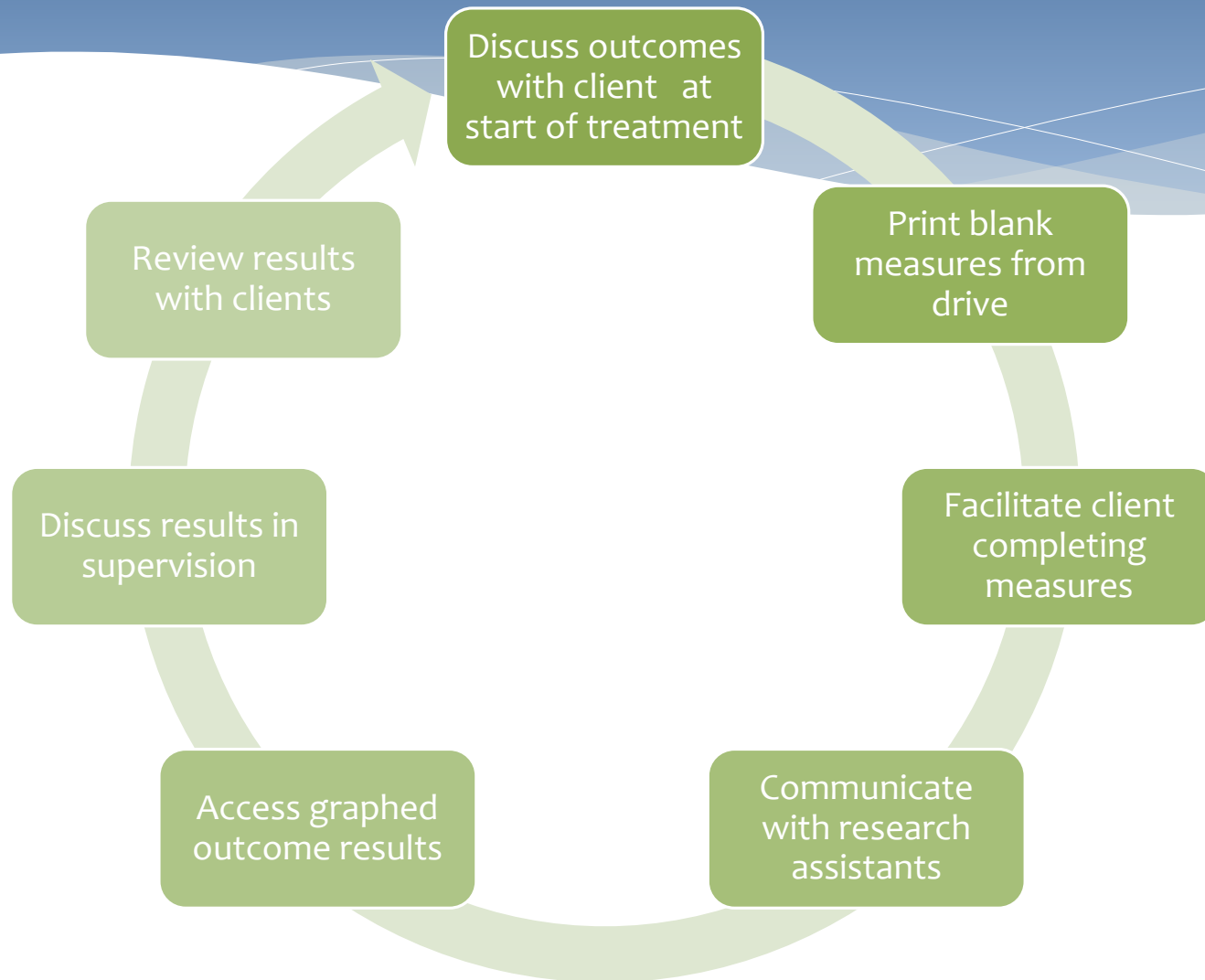


- 1) Communicate the value of what the agency is doing
- 2) Continuously improve quality of care
- 3) Planning

# 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)

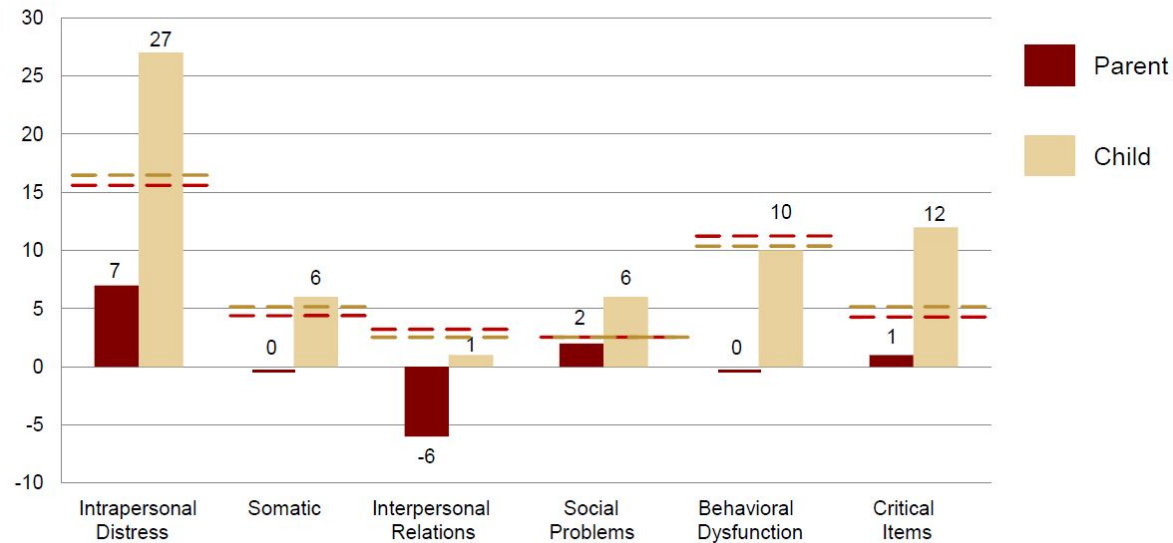
# Role of the Clinician



# Video Role Play and Discussion



## YOQ/YOQ-SR Subscales Scores





# Video Role Play and Discussion



## Sample Supervision Questions for Discussing Outcome Measure Results

Questions to ask yourself as you look at you clients' measures:

- What are the areas of this client's strengths?
- What are the areas of concern?
- Where does the client show improvement?
- Is the client ready for discharge?
- How should I modify my intervention/approach with this client?

During supervision, some questions to guide the review of outcomes data:

- Are we seeing the amount of change you were expecting with this client?
- What areas (or question items) does the client show the most improvement?
- What areas (or question items) does the client show no improvement (or a spike in symptoms)?
- Can we attribute the outcome findings to treatment or is something else going on with the client?
- What do the results mean for treatment?
- What can you do to help the client improve in the next 3 months?
- Is this program a good fit to the client's needs?
- What realistically needs to happen before the client can be discharged?

In presenting the scoring chart to families and clients, some discussion questions could include:

- What difference do you see in the chart from when you first started treatment to now?
- How do these findings match what is going on with you?



## DATA EXERCISE

**Instructions:** Please review and answer these questions based on the outcome measure results provided to your group.

1. What trends do you notice with the data?
2. What are the areas of clinical concern?
3. What possible hypotheses do you have on why the client's scores either went up/down or stayed the same?

# 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% <i>“most of the time” to “all of the time”</i>
The presenters provided staff with a valuable learning experience.	4.5	89% <i>“most of the time” to “all of the time”</i>
The training has given me more confidence to use Clinical Outcome results	4.2	79% <i>“agreed” to “strongly agree”</i>
Overall, how would you rate the Outcomes Training?	4.3	79% <i>“very good” to “excellent”</i>

# Evaluating the Training

## Overall positive feedback from participants

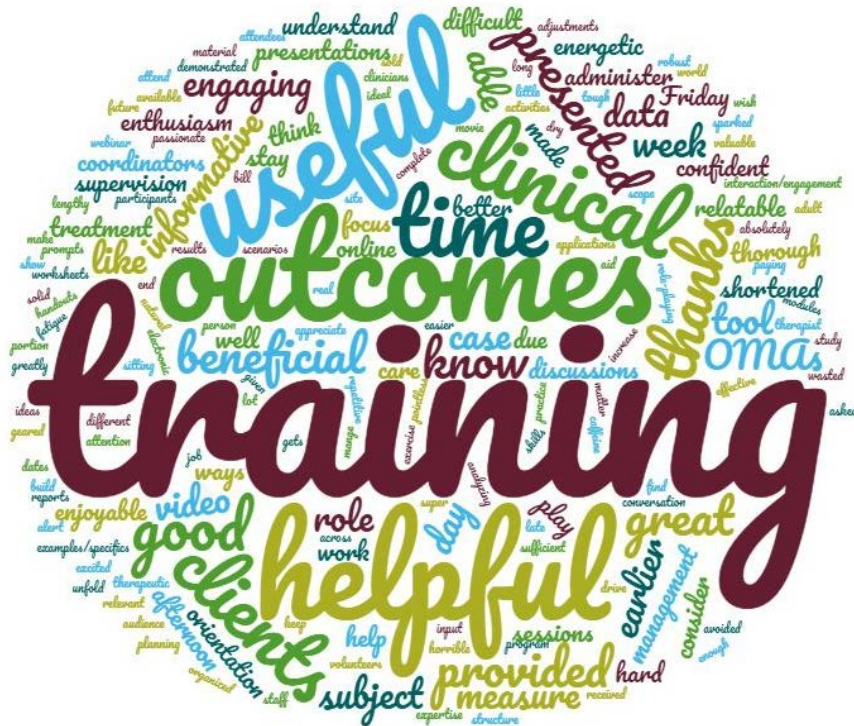
- \* *“This training was helpful in helping me understand ways to utilize outcomes in clinical work as well as how to bill and manage to complete them.”*
- \* *“The clinical outcomes will be a good tool to use with clients and aid in therapeutic planning. The training was robust with information very 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

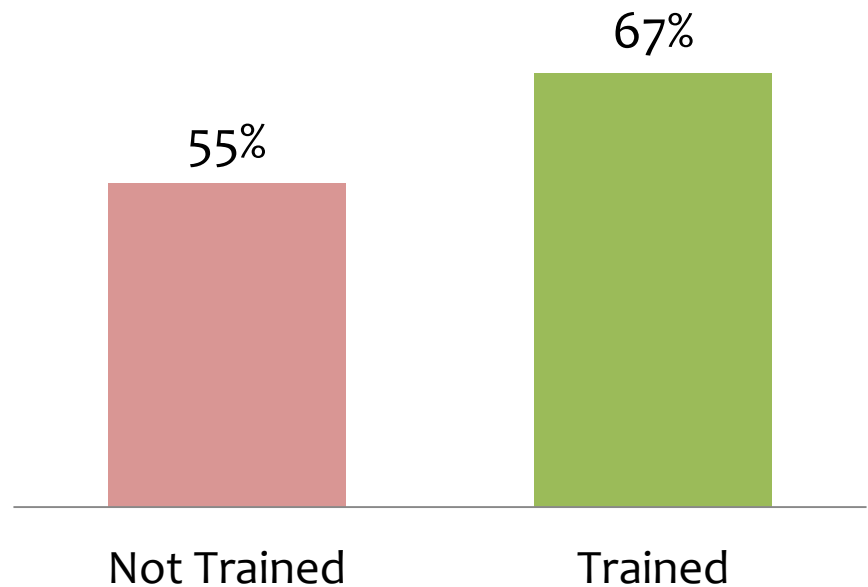
## Areas of improvement

- \* “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



# 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