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Agenda

• Learning objectives
• Brief introduction to systems of care
• Model of the CQI process
• Local examples of CQI in action
• Examples from the national evaluation
• Community planning time

Objectives: Participants Will Learn

• The key components of an effective CQI process
• What types of data should be collected to facilitate CQI in systems of care
• Ways to use local and national evaluation data to improve program performance
• Way to use evaluation data to identify technical assistance (TA) needs
• How various system of care communities are pursuing CQI
CMHI

- Comprehensive Community Mental Health Services for Children and Their Families Program, a.k.a. the Children’s Mental Health Initiative (CMHI)
- 173 communities funded through 2010
- 1993 funding of $4.9 million increased to $121.7 million in 2010* (~$1.5 billion total)
- National evaluation conducted with all grantees since 1993

*current year funding is $117.3 million

Continuous Quality Improvement

CQI is . . .
- A process for making quality improvements
- Using data to assess progress on specific goals
- An ongoing activity

Continuous Quality Improvement

CQI isn’t . . .
- Just any kind of change to improve things
- Just evaluation by another name
- A one-time activity

A Model for CQI

1. Decide What to Measure and Why

- Who should be involved?
- What are our goals?
- How will we know if we are meeting our goals?
- What do we want to know and why?
- How do we get buy-in to CQI?

2. Identify and Access Information

- Who should be involved?
- What information do we already have?
- What other information do we need?
- How can we access existing information?
- What types of data would be most useful?
3. Review Information

- Who should be involved?
- What are we looking for in the data?
- How do we translate findings into recommendations?
- How can we communicate results to decision makers?
- What is the most effective way to present data?

4. Actions/ Modifications

- What changes are needed?
- Who can make the changes?
- When will the changes be made?
- What sort of TA support would be helpful?
- How will we know whether the changes worked?

5. Assess Impacts and Next Steps

- Are changes made having the desired effects?
- What additional changes are needed?
- When is something “good enough”?
- Is the overall CQI process effective?
- How can the process be improved?

Remember This Model for CQI

1. Decide what to measure and why
2. Identify and access information
3. Review information
4. Actions/ modifications
5. Assess impacts and next steps

Fears

- We will find out that I am doing a bad job.
  - CQI doesn’t focus on individual people—it is concerned with improving processes.
- We will learn that our program doesn’t work.
  - Not likely—however, you may learn how to make your program work better.

More Fears

- Not all things that matter can be measured.
  - True, so we won’t waste time measuring those things.
- We will waste money on a passing fad.
  - CQI has been working very well for many decades, and it will save money in the long run.
**Why CQI for Systems of Care?**

- Ensures that we continually move toward program goals and desired outcomes
- Is a data-driven resource to manage program development
- Ensures quality of program outputs and outcomes

**What Does CQI Do for Systems of Care?**

- Describes what we are doing and how well we are doing it
- Tracks progress
- Supports informed decision making about what is working and what is not working
- Supports action planning and allocation of resources where they are needed

**Kentucky’s System of Care Continuous Quality Improvement**

*From There . . . To Here*

- Operational Services
- Family/Child/Youth
- Health Services
- Educational Services
- Behavioral Services
- Employment Services
- Social Services
- Community Services
- System Coordination
- System Evaluation

**Kentucky’s System of Care History**

- **1986:** CASSP office created in DMH, later to become CYSB
- **1989:** RMI funding for Bluegrass IMPACT for 17 counties in central KY
- **1990:** State and Regional Interagency Councils codified into law & Kentucky IMPACT implemented statewide
- **1992:** Office of Family Leadership created in DMH (first state to have parent hired as program staff in DMH)
- **1993:** State Family Advisory Council created
- **1995:** Parents hired through Regional Interagency Councils

**Kentucky’s System of Care History**

- **1998:** Kentucky Partnership for Families & Children funded
- **1998:** KY receives first CMHS system of care grant (Bridge Project, implementing family involvement and school-based MH via a PFS model)
- **2000:** NCISS initiative created to focus on early childhood
- **2001:** First Reclaiming Futures site in Kentucky established through a RMI grant focused on addressing needs of youth with substance use and co-occurring disorders involved with juvenile justice
- **2002:** Statewide ECMH Program initiated through NCDM
- **2004:** KY receives second CMHS cooperative agreement (Kentuckians Encouraging Youth to Succeed—KEYS)
- **2005:** CYSB funded State Adolescent Treatment Enhancement and Dissemination grant focused on evidence-based screening, assessment, and treatment in two demonstration sites
- **2006:** Rolled out ECMH expansion in Northern KY through KEYS
- **2007:** KFPC expanded focus to include birth–5 and hired Early Childhood Family Liaisons to build parent network statewide
- **2008:** KY receives third CMHS cooperative agreement, Kentucky’s System to Enhance Early Development (KY SEED)
- **2012:** CSAT-funded State Adolescent Treatment Enhancement and Dissemination grant focused on evidence-based screening, assessment, and treatment in two demonstration sites

**KRS 200.505 State Interagency and Regional Interagency Councils**

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Recent System of Care History

- **April 2013**: Secretary of Cabinet Health and Family Services with redesigning the children’s behavioral health system
- **July 2013**: SAMHSA Grant Awarded for SOC Expansion—Kentucky Initiative for Collaborative Change (KICC)

Kentucky’s CQI Development

2004–2010 Kentuckians Encouraging Youth to Succeed Initiative (Northern Kentucky)
- Interagency CQI Committee met quarterly
- Reviewed data from multiple sources at multiple levels (system level, service level, child and family level)
- Membership also included families, youth, and evaluation staff

Kentucky’s System of Care

Kentucky’s CQI Development

2008 KY SEED RFA Development:
- “Quality Monitoring” embedded into the RFA process

The RIAC and other community partners will support quality management (e.g., program evaluation) and Continuing Quality Improvement (CQI) throughout the system of care by participating in formal collection and analysis of process and outcome data, and assist with the development and implementation of continuous feedback loops to improve the service delivery and make informed decisions.

A local System of Care Continuing Quality Improvement (SOC-CQI) committee must be established by and report to your RIAC. The committee will be chaired by one of your RIAC members.

Kentucky’s System to Enhance Early Development (KY SEED)
Data-Driven Decision Making

Data-driven decision making is defined as the “process of collecting, analyzing, reporting, and using data for quality improvement” (Dahlkemper, 2002)

Data-Driven Decision Making

What Is Data-Driven Decision Making?

- Data-driven decision making is about
  - Collecting appropriate data
  - Analyzing the data
  - Getting the data to the people who need it
  - Interpreting data
  - Using the data to increase efficiencies and improve outcomes
  - Communicating those decisions to key stakeholders
- Data can be used to assess therapeutic practices, effectiveness, client progress, and organizational needs.
- In order to utilize data properly, we must establish strong correlations or connections between data and the decision made.
- Data-driven decisions must be based on data, not on personal opinion or belief.

Types of Data

The four basic data types:
1. Demographic data: Descriptive information about the community such as gender, ethnicity, economic status, employment, school suspensions, and behavioral problems
2. Process data: Defines the program, intervention strategies, implementation strategies, evidence-based practices in place at an agency; may be useful in making informed decisions about future program choices
3. Perception data: Tells us what clients, staff, and others think about the agency environment; may include questionnaires, interviews, surveys, and observations. Collecting and evaluating perception data allows us to pay attention to the opinions and ideas of the community. [These are not outcome data]
4. Outcome data: Includes achievement or assessment data and can be used to determine the success rate of level of achievement in a particular content area or intervention
Data Sources

System Level
- CSWI
- Local Agency Data
- Cost Data

Service Level
- IMPACT Outcomes Management
- Team Observation Measure
- Local Agency Data
- Service Event Data
- Regional Data Booklets

Children, Youth, and Families
- IMPACT Outcomes Management
- Satisfaction Data
- Child & Family Involvement Survey
- Regional Data Booklets

Two Approaches for Examining/Using Data

Starting with a Question

Starting with the Data

Are Families Participating in Wraparound?

Question was brought to the attention of the State CQI Committee by a family member who was also an interviewer for the national evaluation. Demographic data demonstrated that 100% of caregivers were participating on the development of initial service plans. Longitudinal outcome data indicated that 53.8% of participating families answered “no” when asked whether they were receiving wraparound services at 6-month follow-up.

Are Families Participating in Wraparound?

The CQI Committee tasked the Core Evaluation Team with conducting a chart review of families participating in the Longitudinal Outcome Study (consent to review charts was embedded in consent to participate). Evaluation staff then created a small review document (loosely based off of the NWI Record Review Measure for Wraparound Fidelity). Record reviews were conducted in all regions of the State.

Are Families Participating in Wraparound?

Preliminary data indicated that team meetings were taking place and plans were being developed. Content did vary across regions and record type (e.g., paper copy vs electronic). Results will be combined with other Wraparound Fidelity efforts ongoing in the State, including the Team Observation Method.
Starting with the Data

Demographic Data Review

- The Statewide and Regional CQI Committees utilized multiple sources of data including data from:
  - Regional specific demographic and contextual data
  - Data collected in the national evaluation (EDIF)
- The CQI Committee reviewed Data Profile Reports quarterly:
  - Able to explore diagnostic patterns for this age group
  - Explored regional variance of population served
  - Referrals from other early childhood agencies

Demographics

What Works!

- Take time necessary for CQI Committee to become prepared and familiar with data and multiple data sources.
- Ensure data literacy for all members including family and youth.
- Establish “two-way” communication structure.
- Encourage agency CQI/QI staff to become involved at regional and state level.
- Make sure the “right” people are at the table.

What Works!

- Ensure there is strong collaboration and willingness to contribute.
- Help partner agencies find value in the process specifically related to their agency.
- Continue to build upon existing infrastructure wherever possible.
- Explore the “good” and the “bad”: identify strengths through the process and build upon them.
Lessons Learned in Kentucky

- Communication is a key element, everyone needs to understand what is going on.
- Rely on multiple data sources where possible, not just those prescribed by the grant.
- Embed the CQI process into contract language and other agreements.
- Ensure data sharing agreements are in place.
- Keep everyone engaged in the process; demonstrate its value for all involved.

Seminole County, Florida

- Funded in 2010
- One of the last nine local county sites funded by CMHI
- Local and national evaluation
- University of South Florida leads our team

Seminole County, Florida

- Determining goals
  - Involve community stakeholders
  - Involve adult caregivers
  - Involve youth
  - Cultural competence

Seminole County, Florida

- Tools used
  - Logic model
  - Strategic framework
  - Work plans
  - Reports

Seminole County, Florida

- Where are we today?
- Lessons learned
Overview of the CMHI National Evaluation

- The national evaluation of the CMHI has been ongoing since the inception of the program in 1994.
- It is based on requirements of CMHI's authorizing legislation.
- It is guided by a theory of change model.
- It collects information at multiple levels from multiple sources across multiple waves of data collection.
- It provides information on program implementation, outcomes, and effectiveness at the national and community levels.
- It has been conducted with 173 communities that have received funding from SAMHSA to support development of systems of care.

Core National Evaluation Studies

- Cross-Sectional Descriptive Study
- Longitudinal Child and Family Outcome Study
- Service Experience Study
- Services and Costs Study
- System of Care Assessment

CQI Background and Context

- Beginning in 2004, the national evaluation developed and implemented a CQI plan by which progress toward performance goals could be tracked and measured.
- The plan identified 5 key areas of program performance for service delivery and 35 indicators of achievement.
- A CQI Progress Report prototype was developed.

CQI Progress Report Longitudinal Outcome Study

- 5 key service program performance areas
  - System-level outcomes
  - Child and family-level outcomes
  - Satisfaction with services
  - Family and youth involvement
  - Cultural and linguistic competency
- 35 performance indicators
  - Reflect the goals of the CMHI
  - Information collected at baseline and 6-month intervals through the Longitudinal Outcome Study

Example Performance Indicators

Child and Family Level
- School attendance rate
- School performance improvement rate
- Emotional and behavioral problem improvement rate
- Anxiety improvement rate
- Depression improvement rate
- Suicide attempt reduction rate
- Inpatient hospitalization days per youth
- Stability in living situation rate
- Family functioning improvement rate
- Caregiver strain improvement rate
- Average reduction in employment days lost

Example Performance Indicators

System Level
- Family representatives are actively involved in key governing body functions
- Mechanisms are in place to maximize provision of individualized care
- Efforts are made to recruit and hire a diverse staff
- Core child and youth-serving agencies are actively involved in key governing body functions
System of Care Assessment

- Describes approaches used by grant communities to implement system of care principles
- Documents the extent to which system of care principles are achieved within each grant community and across grant communities
- Tracks system development over time through quantitative performance ratings and qualitative descriptions
- Qualitative reports and ratings provided to each community
- Quantitative ratings included as an addendum to the CQI Progress Report

System of Care Assessment
Infrastructure Domain Key Areas and Sample Indicators

- Governance
- Management and Operations
- Service Array
- Program Evaluation

Example of Average Infrastructure Ratings for a Single Community Across Assessment Points

Summary

Effective and doable CQI plans and processes are
- Unique to individual program needs and goals
- Developed through theory of change logic models
- Statements of desired outcomes at multiple levels
- Inclusive of benchmarks, mile markers, or other indications of measured progress
- Descriptive illustrations that help us
  - Know where we are going
  - Know whether we are on track along the way
  - Know when we get there

Community Planning Activity

- Identify action steps from the strengths and challenges assessment to improve your agency’s or community’s CQI process.
- Which step in the CQI process do you think your agency or community should focus on improving?
- Develop specific action steps that may help improve your CQI process; include who and when.

Community Planning Activity
Identify strengths and challenges in your agency’s or community’s CQI process
- Decide what to measure and why
- Identify information sources
- Review information
- Take action and implement modifications
- Assess impacts and next steps
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