The Connecticut "Lessons Learned" Initiative: How One State Found "Evidence" in its Own Backyard
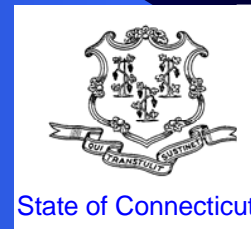
Thomas A. Kirk, Jr., Ph.D., Commissioner

Arthur C. Evans Jr., Ph.D., Deputy Commissioner

Wayne F. Dailey, Ph.D., Senior Policy Advisor

Connecticut Department of Mental Health and Addiction Services

February 2004

Connecticut Department of Mental Health and Addiction Services
A Healthcare Services Agency

State of Connecticut

Who are we? - We're

Department of Mental Health and Addiction Services
A Healthcare Services Agency

- Department of Mental Health and Addiction Services
- Substance abuse and mental health authority
- 3,600 employees, two hospitals, 15 LMHAs
- $500 million/year operating expenses
- Contract with 250 non-profit agencies
- Prevention and treatment
- Public educators

What are our challenges?

- We serve people with the most complex clinical conditions - often involved in multiple service systems

- We address the full spectrum of their needs

- We rely upon a provider system that's under intense pressure
  - With fewer resources available
  - And, increased demand for services

How will these initiatives be implemented?

Strategic Initiatives

Lessons Learned (Practice Improvement)

Response to Layoffs/ERIP (Resource Mgmt)

Health Disparities Cultural Comp (Access, Quality)

Recovery (Treatment, Systems, Contracting)

Trauma (Enhanced awareness)

Preferred Practices (Science-based)

Operational Plans

Strategic Workgroups

Implementation

Roll-Out

Short term	Inter-mediate	Long term
Clin	Clin	Clin
Admin	Admin	Admin
System	System	System

Re-bid Some Services

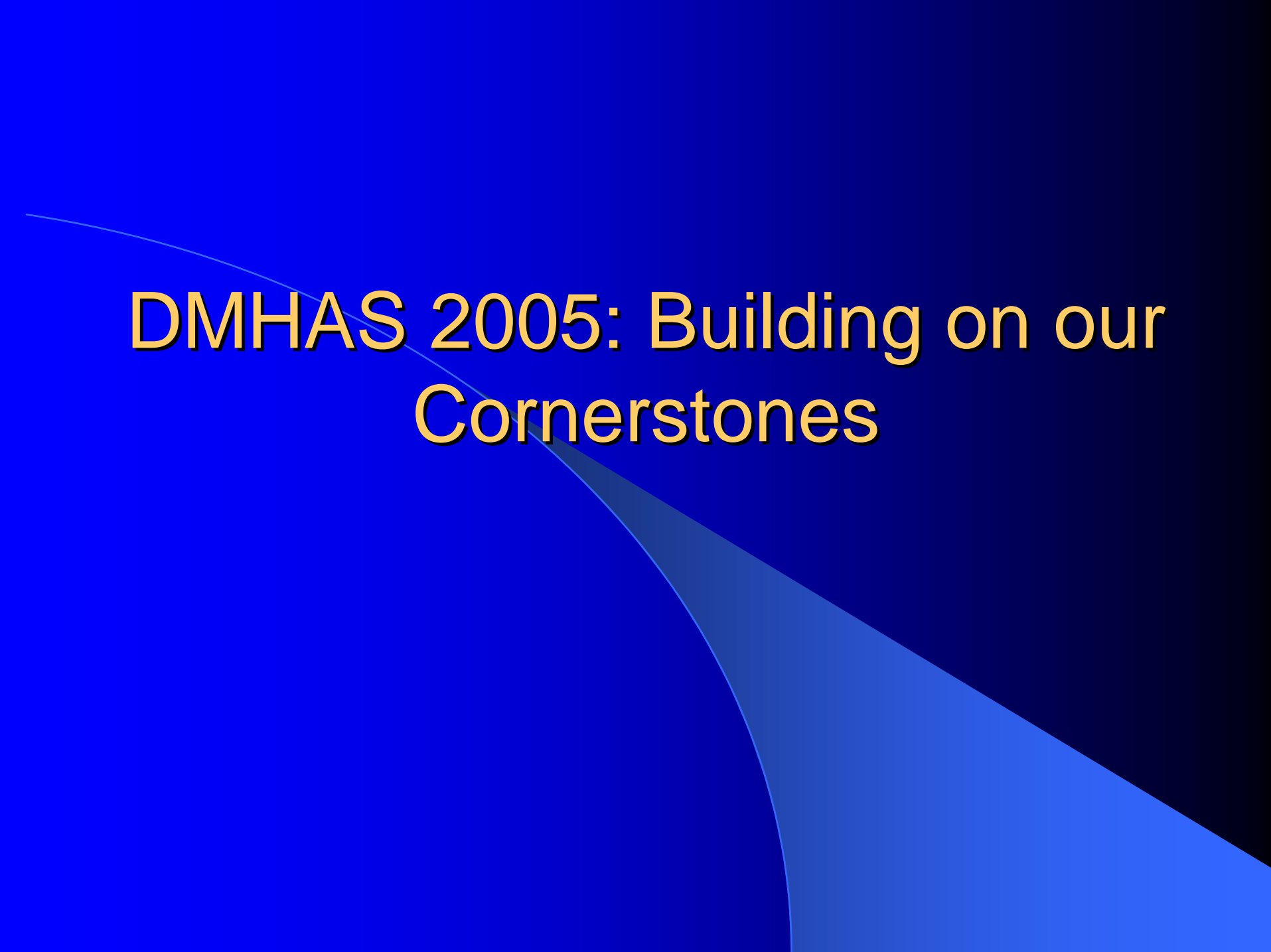Value-driven, Recovery-oriented System of Care

Overview

- Behavioral healthcare is moving toward <u>Evidence-based practices</u> (EBPs)

- Most EBPs are derived from scientific research that use <u>Randomized Clinical Trials</u> (RCTs) to establish the efficacy of our interventions

- RCTs have many advantages and some important disadvantages:
  - It takes a long time to bring "Science to Service"
  - Limit certain "lines of inquiry"
  - Findings from RCTs may have limited utility in practical/field situations
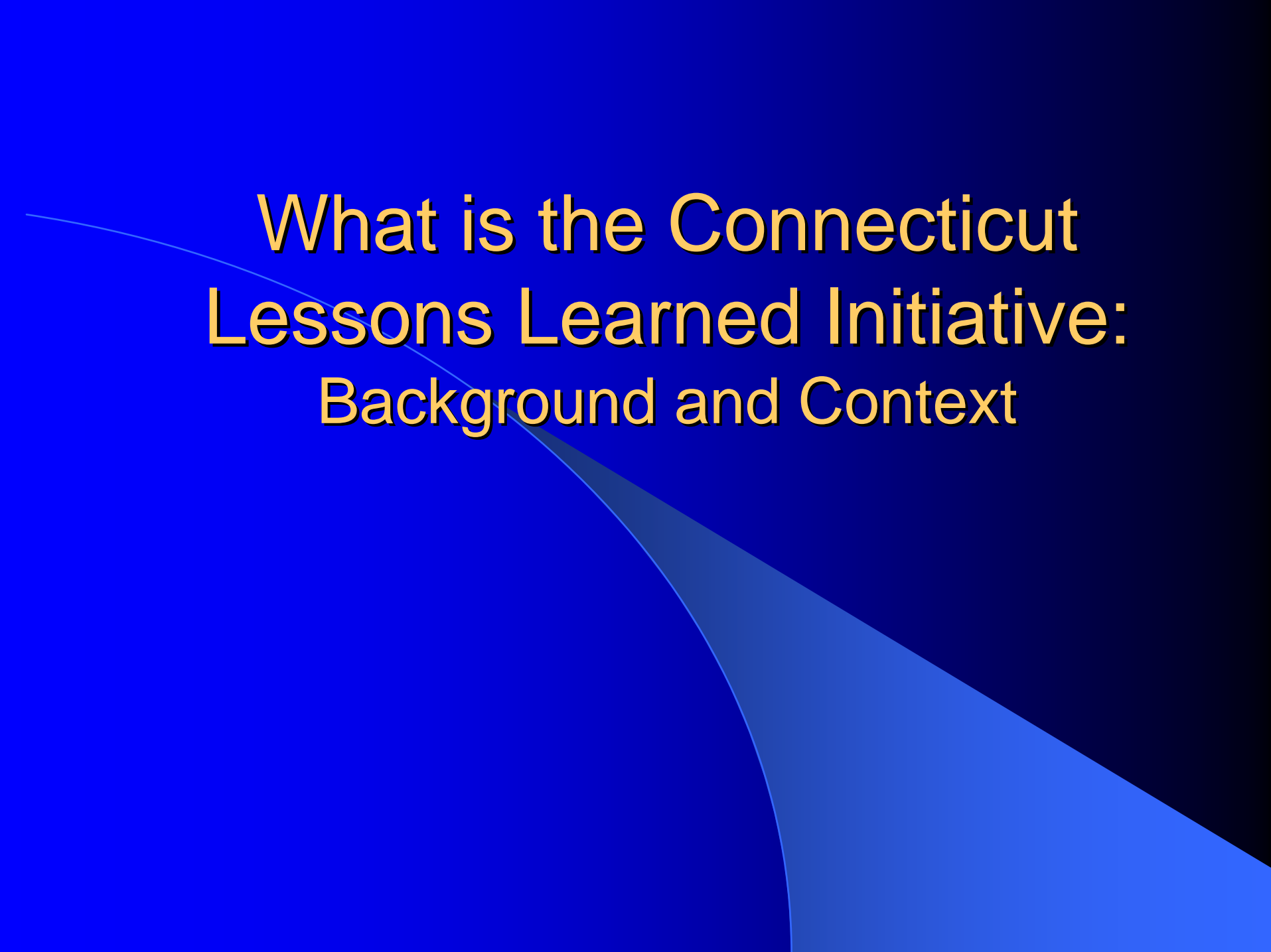
Overview

- As we strive to improve the quality of care our resources have been dwindling

- And demand has increased

- Something more is needed if we are to continue making progress

Lessons Learned Initiative

DMHAS 2005: Building on our Cornerstones

What is the Connecticut Lessons Learned Initiative:
Background and Context

What is the Lessons Learned Initiative?

- Systematic effort to gather knowledge from within Connecticut

- State operated and funded

- Federally funded

- Treatment and prevention

What kinds of Lessons were we looking for?

- Consistent with our values and goals
- Feasible
- Have face validity
- Yield a demonstrable outcome

What other criteria did the Lessons need to meet?

- Increase quality of care for consumers
- Better utilize resources
- Address fiscal constraints
- Influence service characteristics

What other strategic initiatives must be considered along with Lesson Learned?

- Governor's Blue Ribbon Commission reports
- U.S. Surgeon General's reports on:
  - Mental Health
  - Supplement on Culture, Race and Ethnicity
- Key DMHAS strategic initiatives
- New Freedom Commission report
- Development of NASMHPD Toolkits and CSAT TIPS

How were the Lessons gathered?

- Survey of state-operated and state-supported private non-profit providers
- Academic partners
- Treatment and prevention
- Request for data supporting lessons
- Consumer review

How were the Lessons gathered?

- Survey development
- Broad solicitation of input
- Web-based data collection
- <u>Practical and inclusive definition of "evidence"</u>

A *Regression Equation metaphor* can help us understand how to accumulate Evidence

- A Stepwise-Multiple Regression (SMR) is used to identity variables that help "predict" (or are correlated) with a specific outcome (or dependent) variable

- When searching for answers, be sure to look at a broad range of evidence (be sure to pick up all the kids).

Levels/Types of Evidence

Evidence-Based

Evidence-Supported

Evidence-Informed

Evidence-Suggested

Evidence-Suggested

- Consensus driven, or based on agreement among experts.

- Based on values or a philosophical framework derived from experience, but may not yet have a strong basis of support in research meeting standards for scientific rigor.

- Provides a context for understanding the process by which outcomes occur.

- Based on qualitative data.

Evidence-Suggested

Evidence-Informed

- Evidence of the effectiveness of an intervention is inferred based on limited supporting data.

- Or, based on data derived from the replication of an EBP that has been modified or adapted to meet the needs of a specific population.

- Data is fed back into the system. New interventions are developed, traditional interventions are modified, and ineffective interventions are eliminated.

- Provides a template/framework for other systems to modify their programs and interventions.

Evidence-Informed

Evidence-Supported

- Interventions that have demonstrated effectiveness through quasi-experimental studies (e.g., "Time Series" studies, or detailed program evaluations that include data on the impact of the programs or interventions).

- Data from administrative databases or quality improvement programs that shed light on the impact of the program or intervention.

Evidence-Supported

Evidence-Based

- Interventions based on several randomized controlled studies and where at least one meta-analysis shows strong support for the practice.

- Results have a high level of confidence, due to randomized control factor.

Evidence-Based

The Lessons

SIX LESSONS LEARNED

1 *Focus on building community life and natural supports*

2 *Recognize that people in recovery have valuable and useful contributions to make*

3 *Use multiple forms of evidence*

4 *Use a combination of approaches to address cultural needs*

5 *Establish clear expectations and monitor outcomes*

6 *Practice management tools can be adapted from the private sector to improve outcomes for people using public sector services*

Lesson 1: Focus on community life and natural supports

- We should focus on building community life and natural supports that can lead not only to enhancing recovery outcomes, but also to decreasing the system's reliance on costly, intensive clinical services.
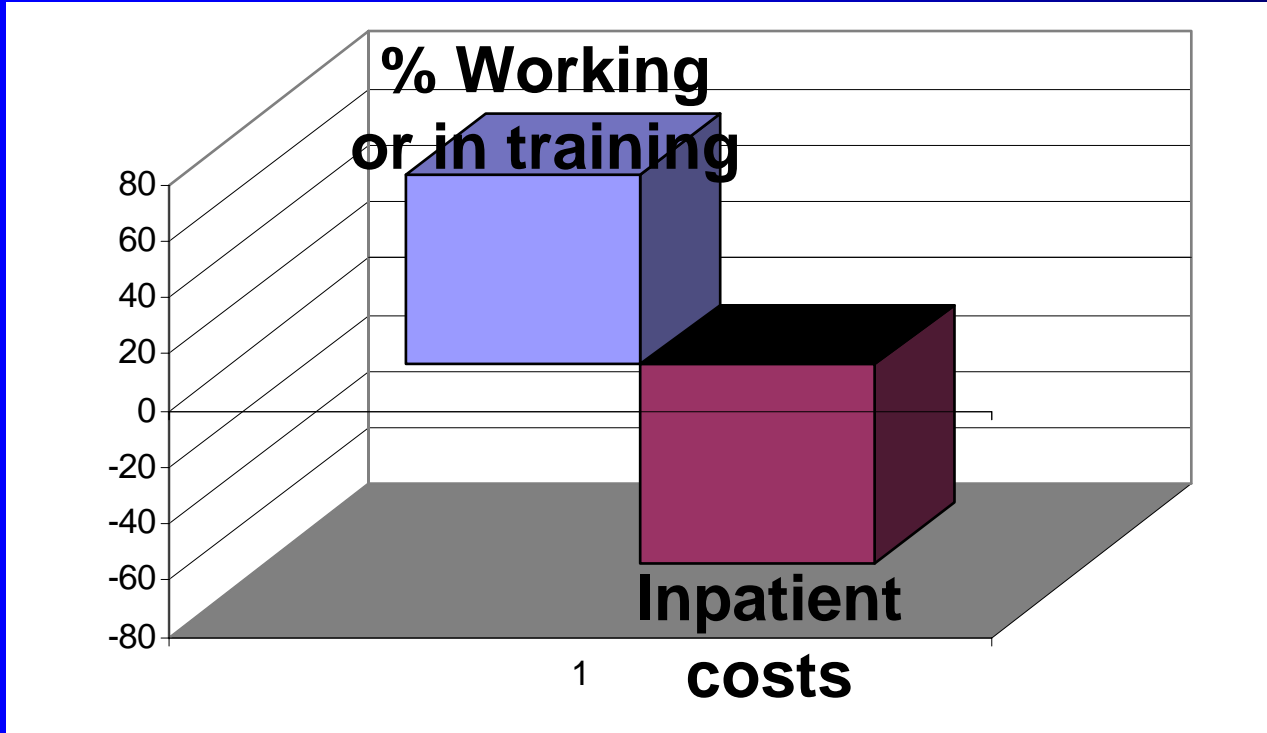
Lesson 1: Evidence

Enhancing Employment and Self-Sufficiency through Vocational Rehabilitation

The likelihood that a person served by DMHAS will become gainfully employed is more than doubled when he/she receives vocational rehabilitation.
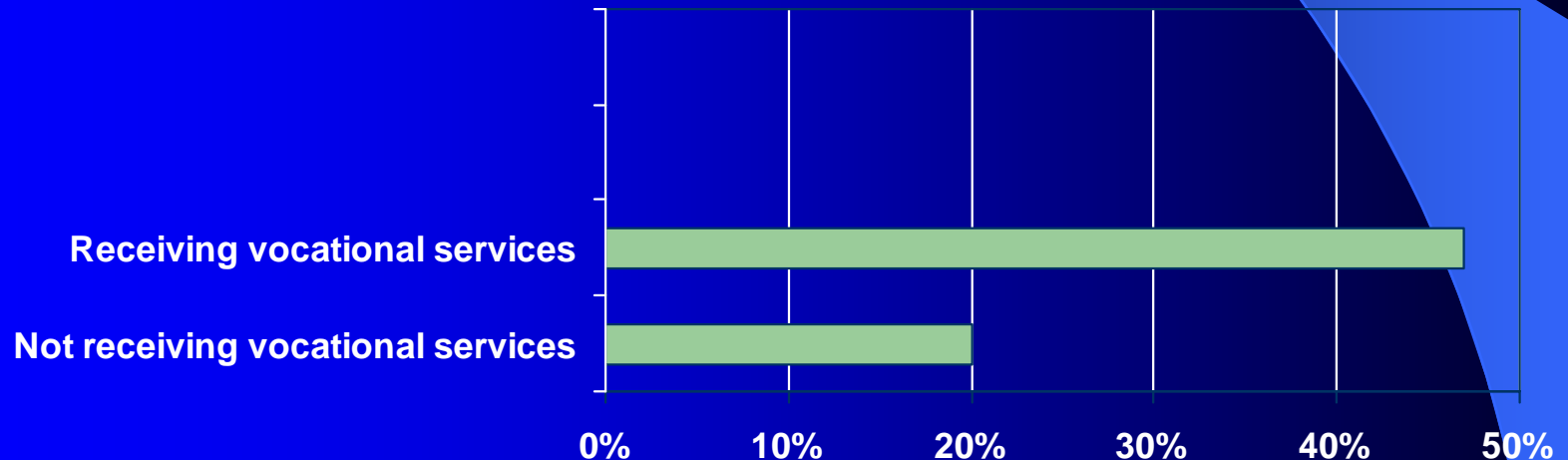
Lesson 1: Evidence

More people working, less inpatient costs

DMHAS established new supportive housing units for over 550 people with psychiatric or substance use disorders. Over 60% of these people are now working or in training, and their inpatient costs have decreased 70%.

Based on a Corporation for Supportive Housing study, these supportive housing units are projected to generate over $140 million in direct and indirect economic benefits for the state.

Lesson 2: Recognize the contributions of persons in recovery

- People in recovery have valuable and useful contributions to make at all levels and throughout all components of the system of care.
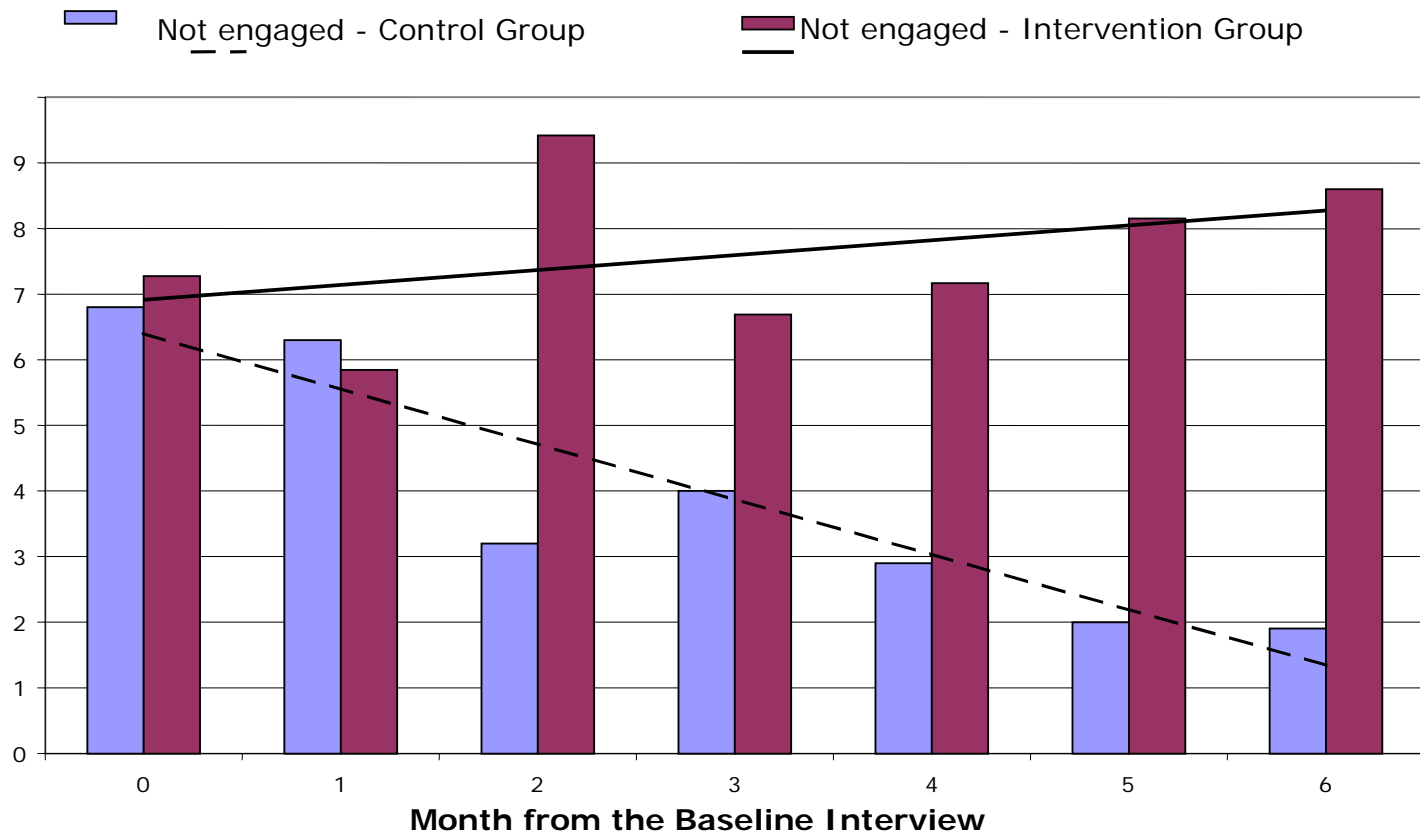
Lesson 2: Evidence

You can learn a lot by asking consumer to interpret data

- We asked consumers and community members to help us understand Connecticut data from the "16-State Indicator Pilot" (SIP) survey.

Lesson 2: Evidence

Peer Engagement Specialist Initiative

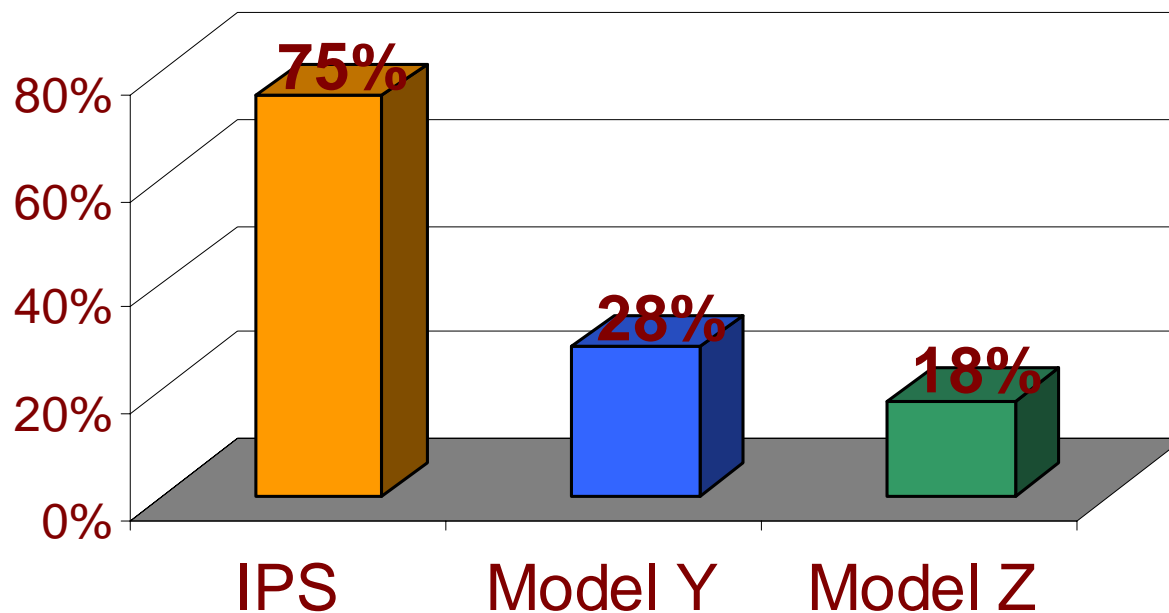### Agency Contacts for the Least Engaged Clients

Source: 2002 Annual report to CT Legislature

Lesson 3: Use multiple forms of evidence

- There are multiple forms of evidence, beyond randomized controlled clinical trials, and methods for technology transfer that can help improve practice.

Lesson 3: Evidence

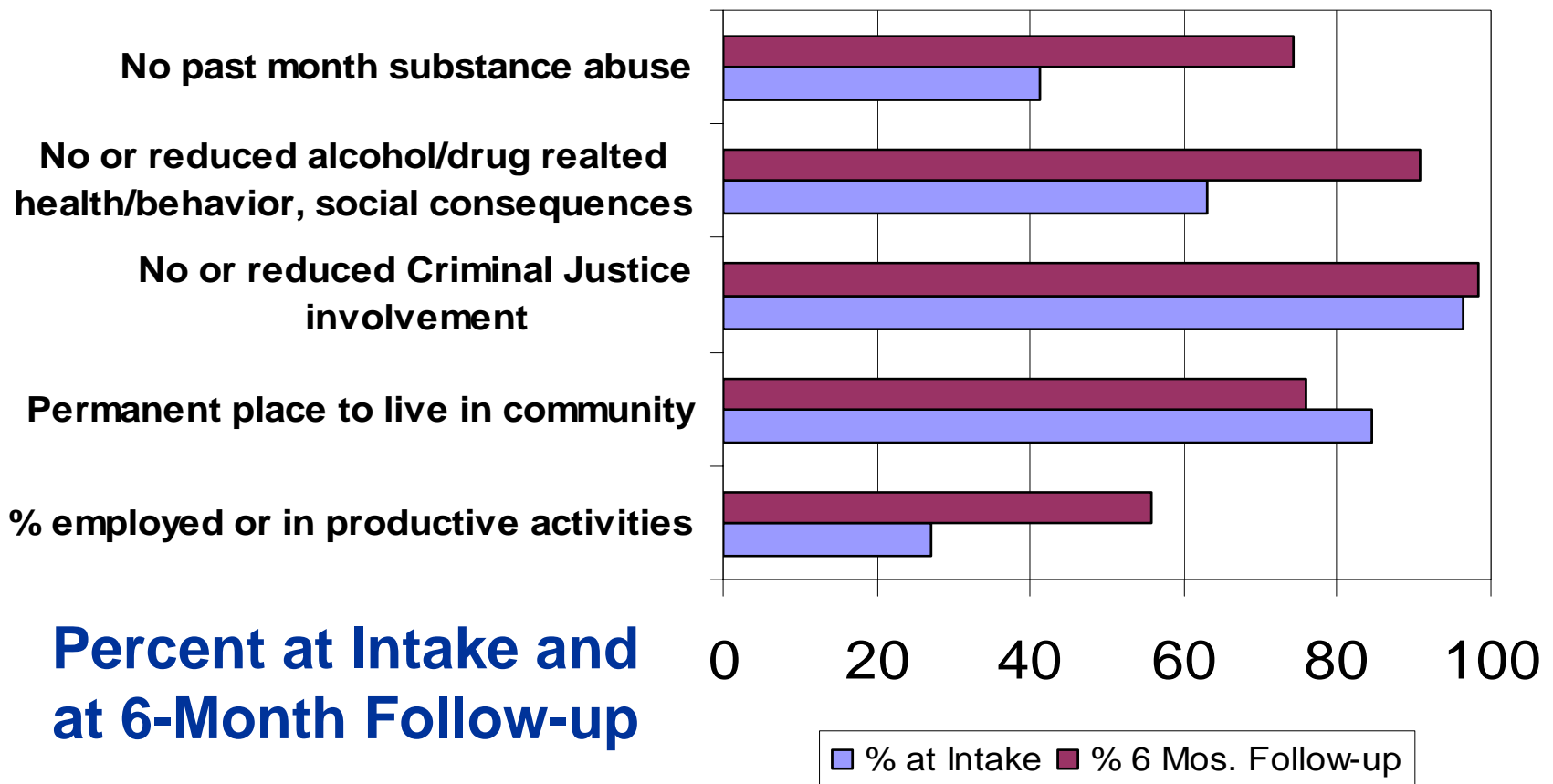**Percent in Competitive Employment**

Source: Bond et al, (2001) Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services*

Lesson 4: Use a combination of approaches to address cultural needs

- Serving a diverse population requires using a combination of multicultural, transcultural, and culturally-specific approaches in addressing various cultural needs and health disparities

Lesson 4: Evidence

Amistad – A Culturally Specific Approach to Treatment

No past month substance abuse

No or reduced alcohol/drug realted health/behavior, social consequences

No or reduced Criminal Justice involvement

Permanent place to live in community

% employed or in productive activities

Percent at Intake and at 6-Month Follow-up

0   20   40   60   80   100

☐ % at Intake   ☐ % 6 Mos. Follow-up

Lesson 4: Evidence
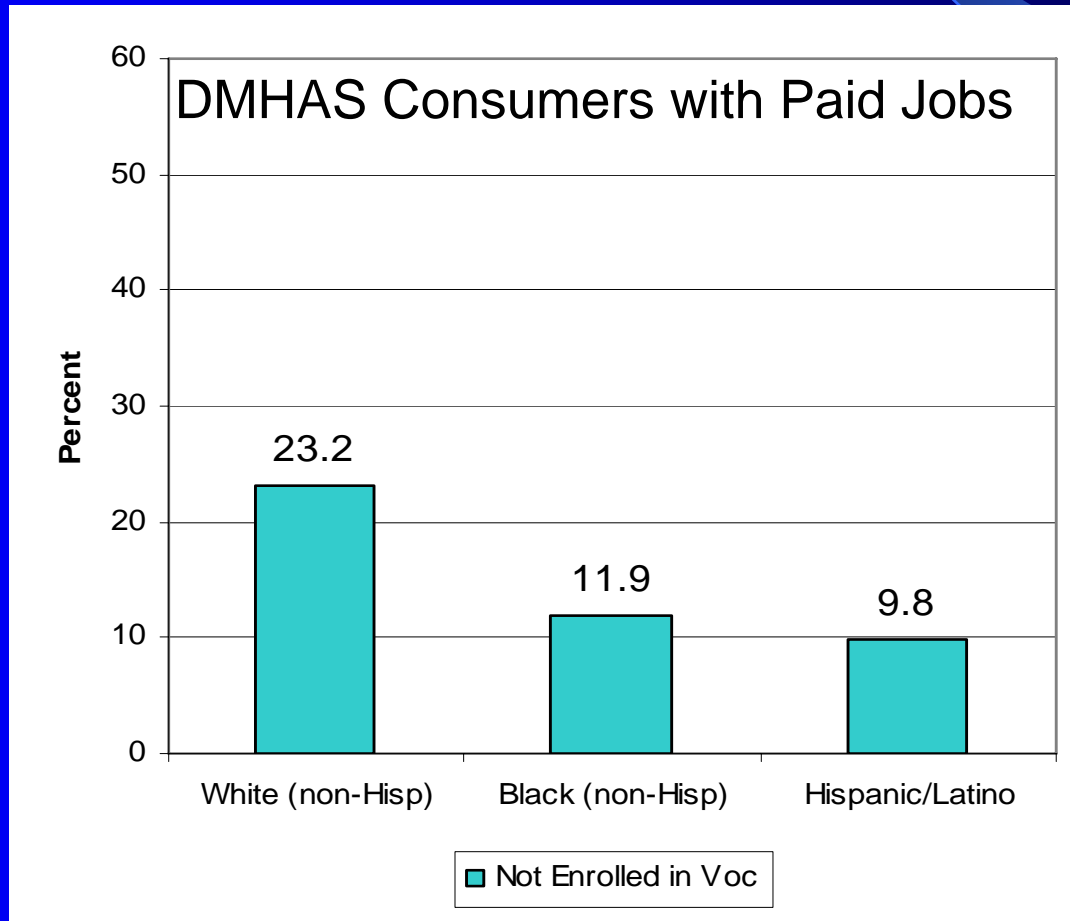
***Culturally Specific Approach*
to Methadone Treatment**

Impact of Latino Outreach Initiative

Latino Heroin User Admissions

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	
FY 97	1754	1599	1612	1739	6704	Baseline
FY 98	1953	1901	2244	2225	8323	24%
FY 99	2396	2216	2223	2359	9194	37% Change

Lesson 4: Evidence

DMHAS Consumers with Paid Jobs

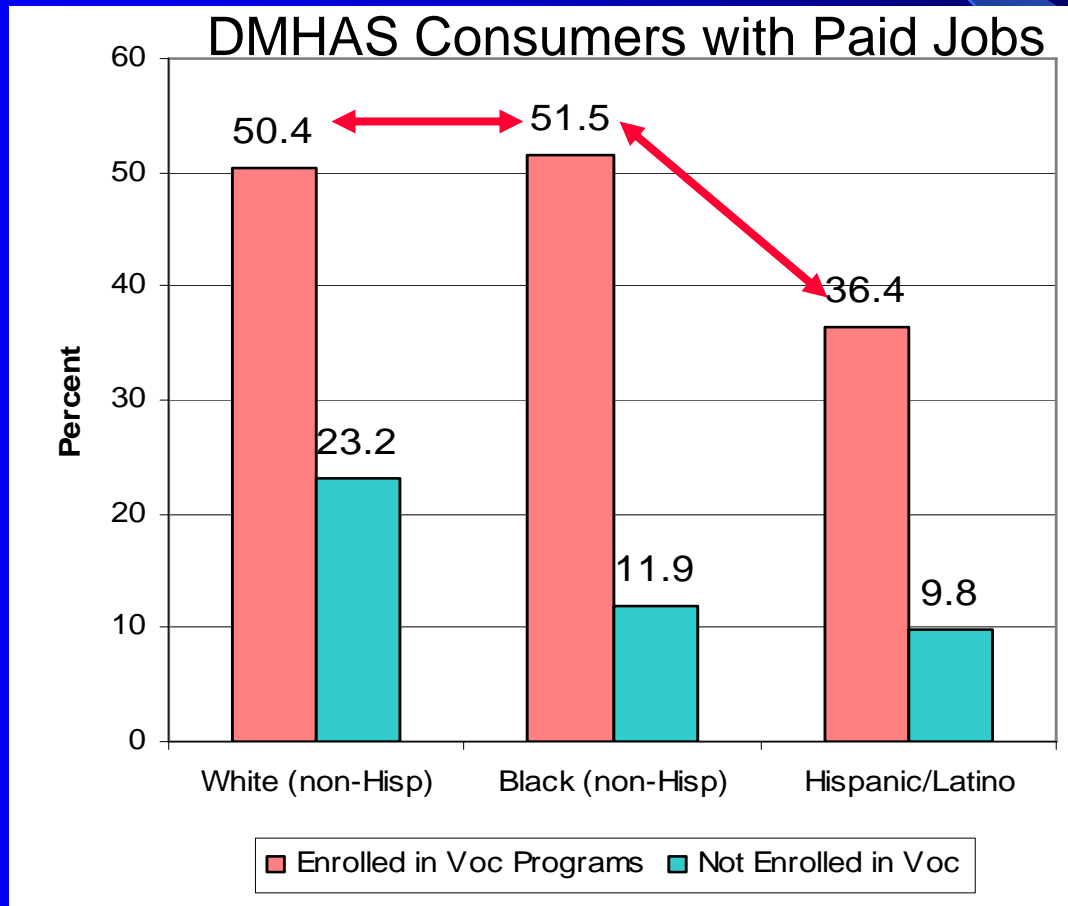| Race/Ethnicity	Percent
White (non-Hisp)	23.2
Black (non-Hisp)	11.9
Hispanic/Latino	9.8

□ Not Enrolled in Voc

Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey

Lesson 4: Evidence

Transcultural Approach to Vocational Rehabilitation

Look what happens when people get vocational supports

DMHAS Consumers with Paid Jobs

Percent	White (non-Hisp)	Black (non-Hisp)	Hispanic/Latino
Enrolled in Voc Programs	50.4	51.5	36.4
Not Enrolled in Voc	23.2	11.9	9.8

■ Enrolled in Voc Programs   ■ Not Enrolled in Voc

Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey

Lesson 5: Establish clear expectations and monitor outcomes

- Establishing clear expectations and monitoring outcomes allows for identifying and acknowledging progress as well as making mid-course corrections in order to improve performance.
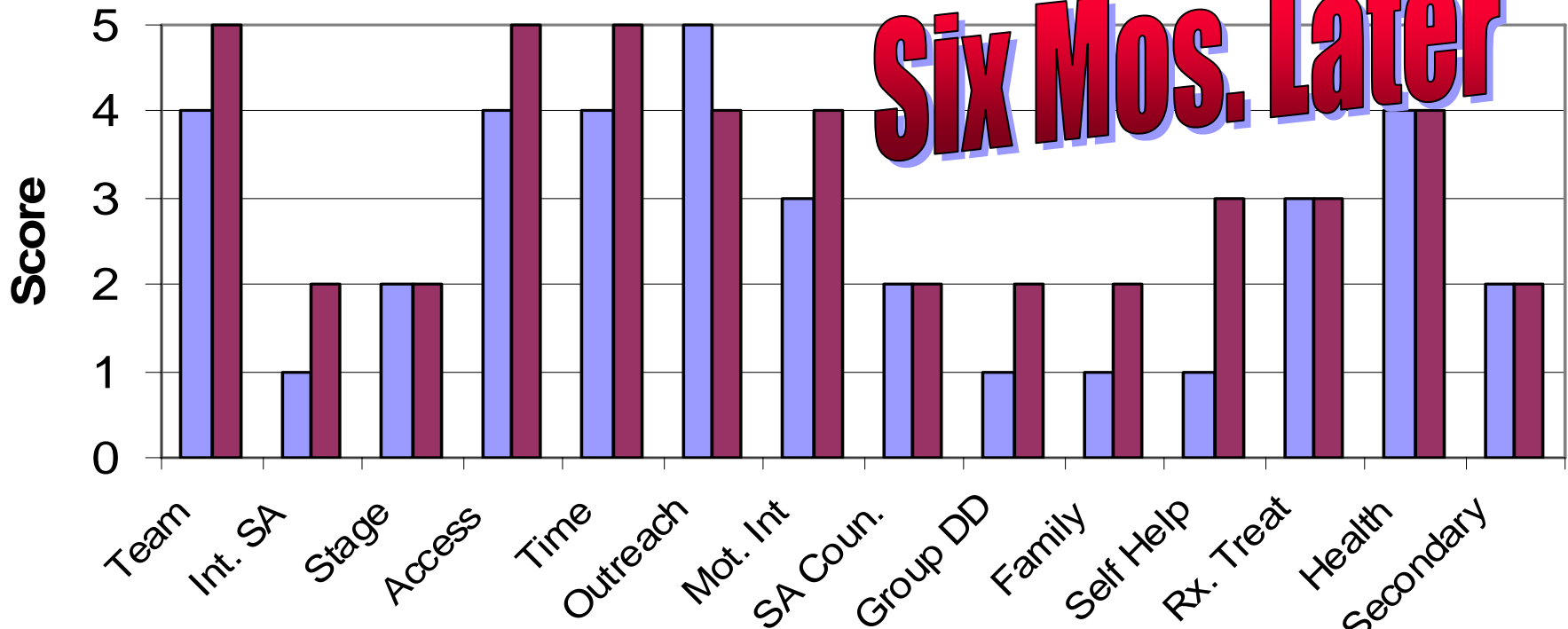
Lesson 5: Evidence
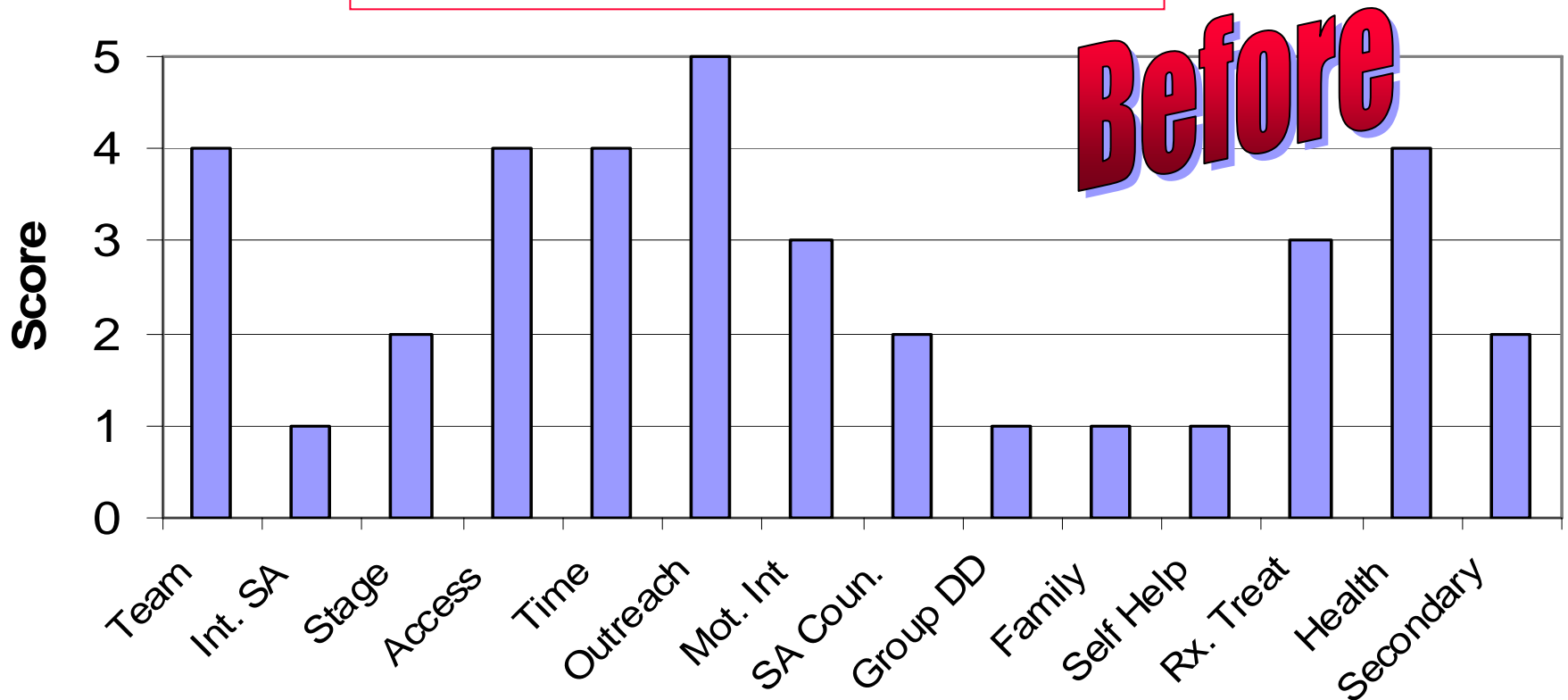
Monitoring Outcomes

Drake's 14 Domain Co-occurring Fidelity Scale

Lesson 5: Evidence

Monitoring Outcomes

Six Mos. Later

Drake's 14 Domain Co-occurring Fidelity Scale

Score — Team, Int. SA, Stage, Access, Time, Outreach, Mot. Int, SA Coun., Group DD, Family, Self Help, Rx. Treat, Health, Secondary

Legend: Apr '03, Sept '03

Lesson 6: Some private sector tools can benefit public sector consumers, if driven by the right values

- Selected practice management tools can be adapted from the private sector to manage existing resources in more efficient ways that also maximize their impact on individual and systems outcomes.
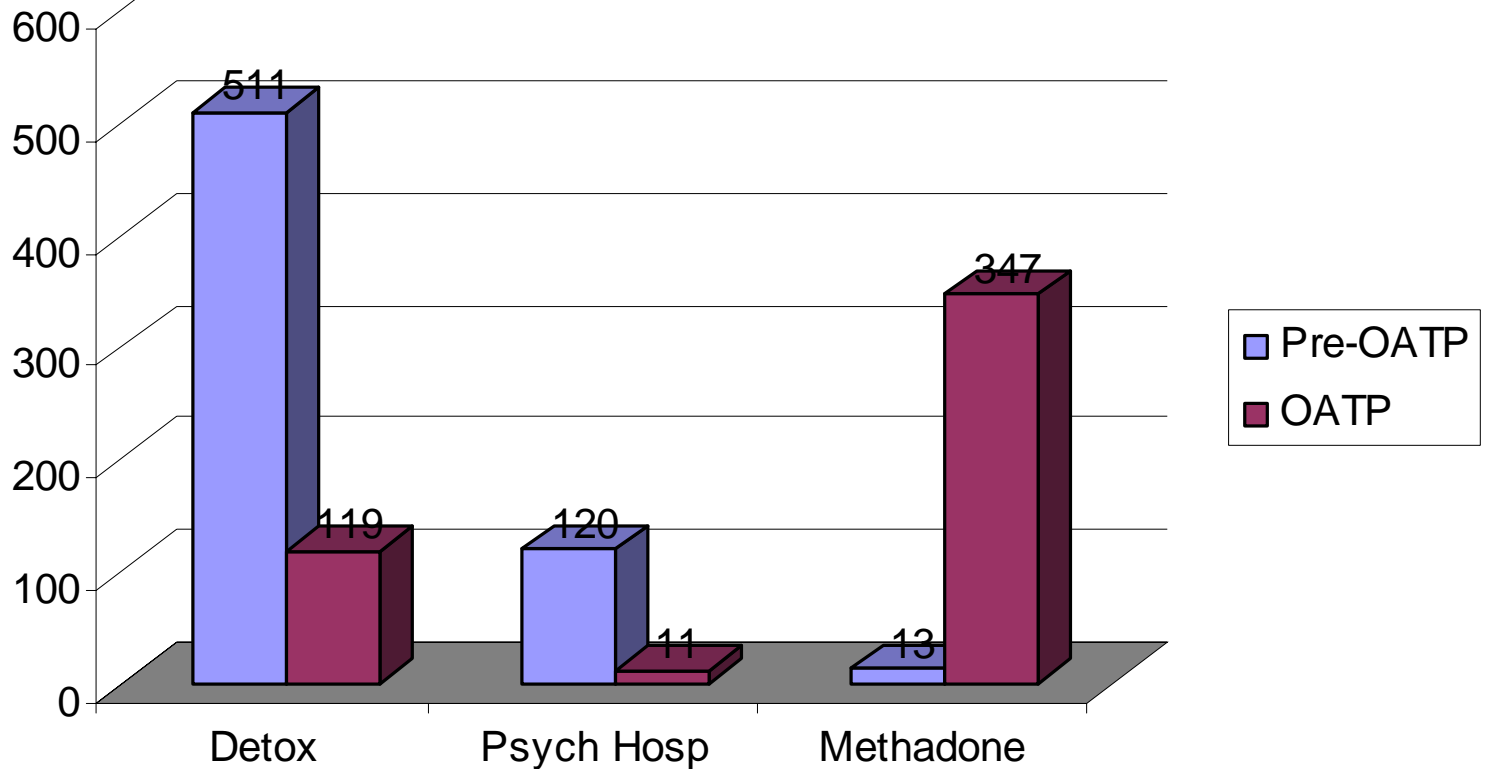
Lesson 6: Evidence

- Success in the General Assistance Behavioral Health Program (GABHP)
- Using an Administrative Services Organization (ASO) to do UM and Intensive Case Management
  - 62% reduction in frequent acute care users
  - 8% decrease in the inpatient readmissions rate
  - 48% decrease in inpatient days
  - 44% decrease in inpatient admissions

Lesson 6: Evidence
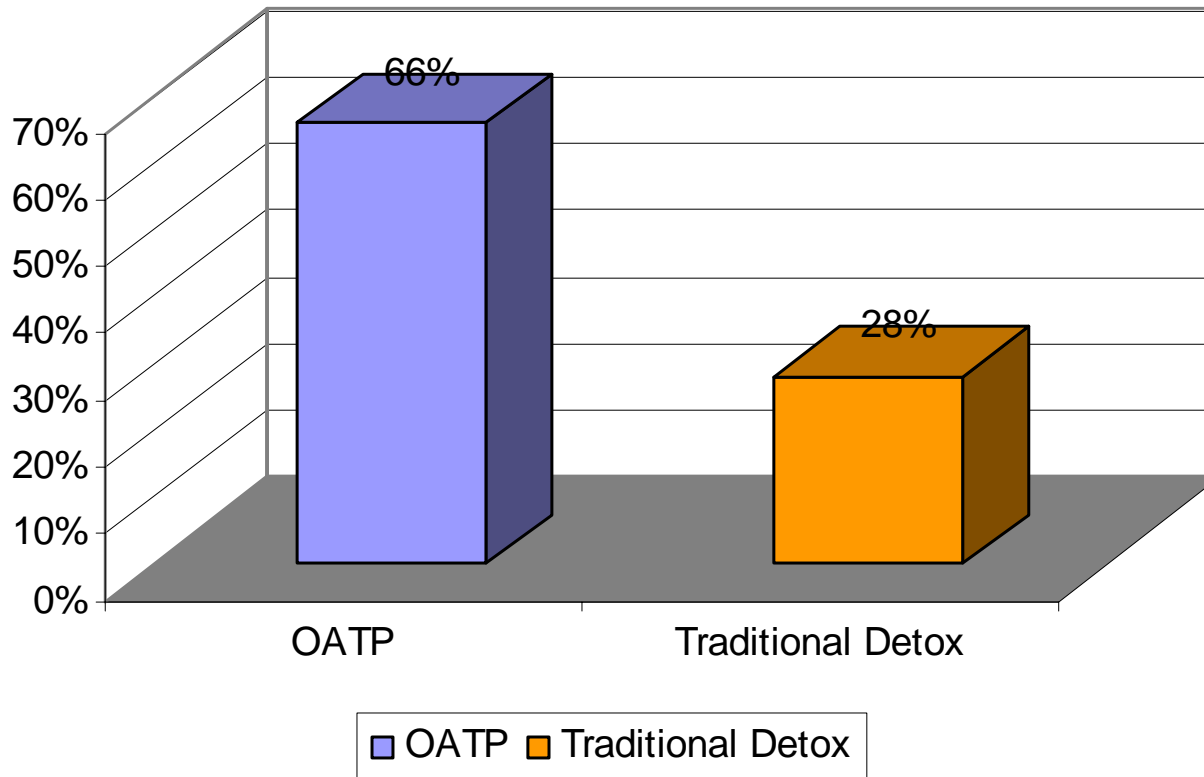
Opiate Agonist Treatment Protocol (OATP)

# of Days in Treatment 4 Months Before OATP and 4 Months After Connection to OATP

Lesson 6: Evidence

Opiate Agonist Treatment Protocol (OTAP)

% of Persons Who Connected to Less Intensive and Less Costly Care Following Discharge

LESSONS LEARNED

1 *Focus on building community life and natural supports*

2 *Recognize that people in recovery have valuable and useful contributions to make*

3 *Use multiple forms of evidence*

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Take Home Messages

About Lessons Learned:

- Helps reduce the mountain of information to a few concise/cogent ideas about how to change your system

- Serves as a Communications Tool about overarching principles and policy direction

- Provides a basis for decisions for re-alignment of resources to support what you're learning

- Benefits from multiple sources of "evidence"

- Acknowledges that people in your own system are doing good work and provides encouragement to continue improving care

- Supports truisms and some counterintuitive ideas

Questions for You

- What sources of evidence would you consider using to inform your decisions?

- How can nontraditional evidence help to guide highly controlled research?

- How have you used experimental and nontraditional evidence in your state?

CONTACT INFORMATION

Thomas A. Kirk, Jr., Ph.D., Commissioner
Department of Mental Health and Addiction Services

Office Phone: 860/418-6700
Office Fax: 860/418-6691
E-Mail: thomas.kirk@po.state.ct.us

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A Healthcare Services Agency