IMPACT's Collaborative Evolution

STRATEGIC IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, AND PROCESSES ACROSS MULTIPLE SYSTEMS

Presenters

Maria Campos Mozo, Community Services, Juvenile Services Administrator

Anne Hyink, Public Health, Teen Programs Team Leader

Susan Caskey, IMPACT Partnership Executive Director

Barrett Dunn, IMPACT Manager – Data, Evaluation, & Grants

**Dave Bonaiuto**, IMPACT Manager – Assessment, Quality Assurance, & Process Improvement

Angela Dreier, Housing & Human Services, Ongoing Caseworker

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Overview

- Introduction

- Implementation Science basics

- Integrated Managed Partnership for Adolescent and Child Community Treatment (IMPACT) Partnership

- IMPACT's Services Continuum Project

- Results to date & next steps

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Learning objectives

- Attendees will be able to describe the structure of a systemic implementation of multiple programs and processes.

- Attendees will be able to describe the framework used for the exploration stage and to cultivate implementation readiness across a partnership of 11 agencies.

Implementation

Collaboration

Intervention

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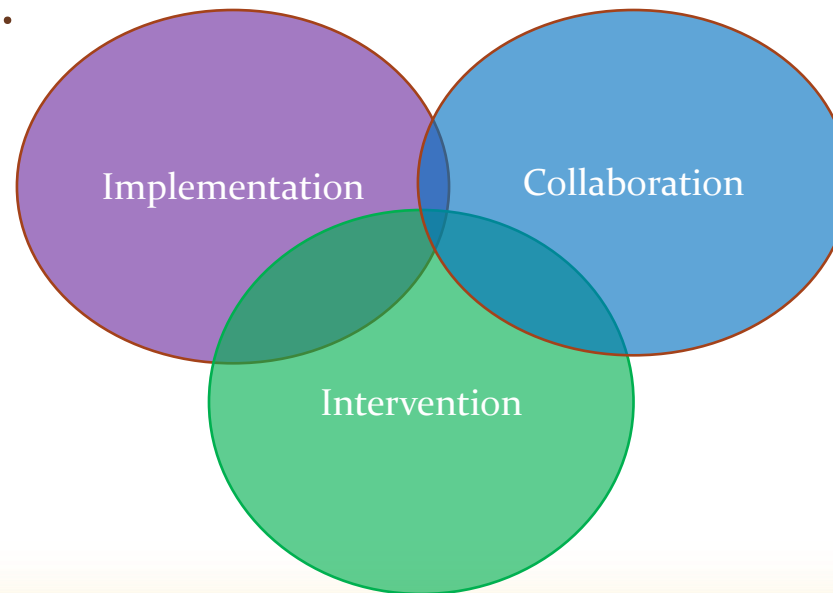
Introduction – Sharing our unique experience

- Pursuit of excellence & sustainability
  - Improved outcomes for youth & families
  - Better use of resources

- Integrating Implementation Science with existing collaborative structure
  - Multiple agencies
  - Multiple programs and processes

- Replicable model

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Implementation Science Basics

"People cannot benefit from programs they do not experience."
- Dean Fixsen

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The need for Implementation Science:

Effective intervention practices

X

Effective implementation practices

=

Good outcomes for consumers

Why do we need Implementation Science?

		IMPLEMENTATION	
		Effective	**NOT Effective**
INTERVENTION	**Effective**	**Actual Benefits**	**Inconsistent; Not Sustainable; Poor outcomes**
	NOT Effective	**Unpredictable or poor outcomes**	**Poor outcomes; Sometimes harmful**

(Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education,1983; Department of Health and Human Services, 1999)

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Stages of Implementation

Implementation occurs in (additive) stages:

- **Exploration**

- **Installation**

- **Initial Implementation**

- **Full Implementation**

2-4 Years

- **Innovation and Sustainability: ongoing**

Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

IMPACT Partnership

Collaborative Evolution – Going From Great To Exceptional

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What is IMPACT?

IMPACT Partner Agencies include:

Since 1997, the Integrated Managed Partnership for Adolescent and Child Community Treatment (IMPACT) has been Boulder County's System of Care for children and youth ages 0-18 who are a match for intervention services and are opened to one of the 11 partners agencies.

Public Health

20th JD Probation

Community Services

Public Defenders Office

Mental Health Partners

District Attorney's Office

Housing & Human Services

Division of Youth Corrections
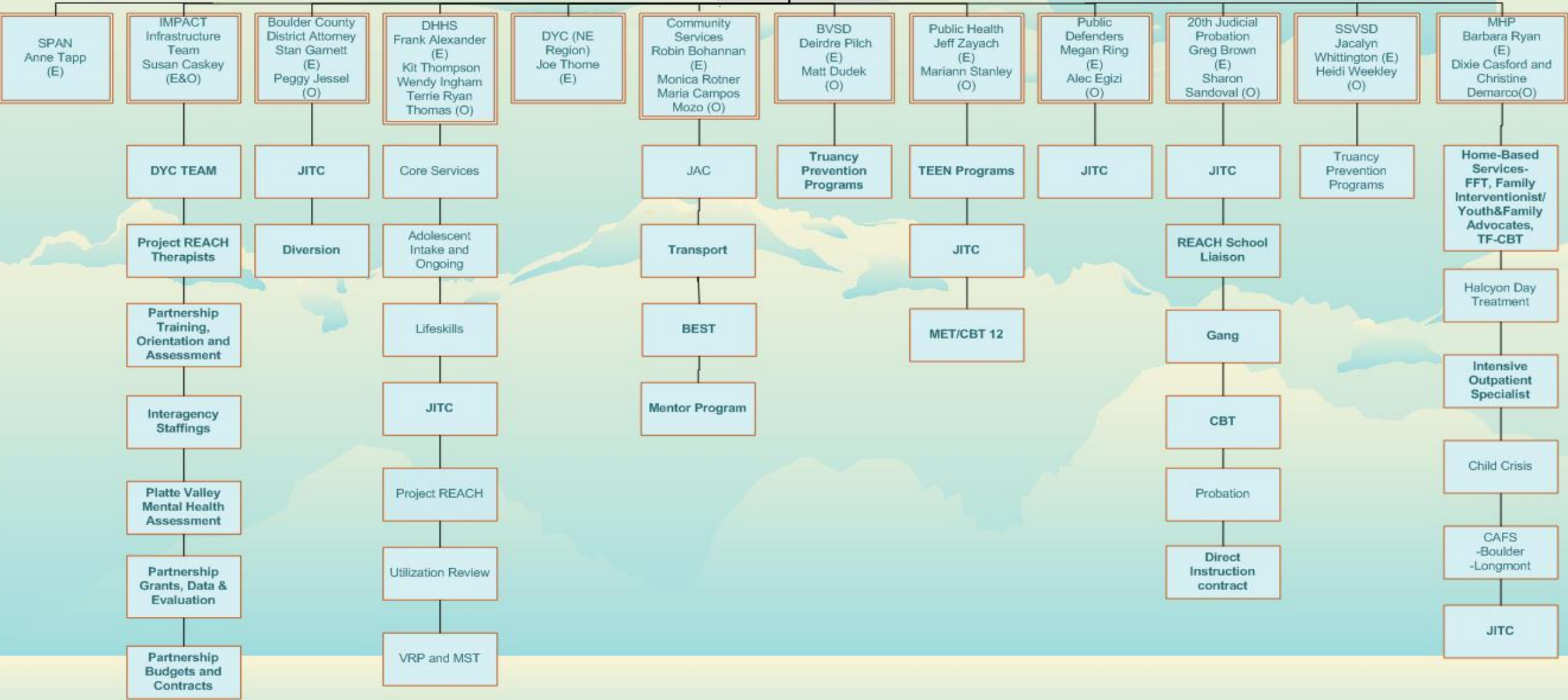
St. Vrain & Boulder Valley School Districts

Safehouse Progressive Alliance for Non-Violence

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IMPACT target population & primary goals

- IMPACT's primary goals are to prevent and/or reduce:
  - Out-of-home placements (group homes, foster homes, residential treatment, etc.)
  - Division of Youth Corrections Commitments
  - Detentions
  - Mental health hospitalizations
- Typical youth/family has multi-system involvement
- Served just under 800 unduplicated youth in 2013

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IMPACT BOARDS
Executive (E)
Operational (O)

SPAN
Anne Tapp (E)

IMPACT Infrastructure Team
Susan Caskey (E&O)

- **DYC TEAM**
- **Project REACH Therapists**
- Partnership Training, Orientation and Assessment
- Interagency Staffings
- **Platte Valley Mental Health Assessment**
- Partnership Grants, Data & Evaluation
- Partnership Budgets and Contracts

Boulder County District Attorney
Stan Garnett (E)
Peggy Jessel (O)

- **JITC**
- **Diversion**

DHHS
Frank Alexander (E)
Kit Thompson
Wendy Ingham
Terrie Ryan Thomas (O)

- Core Services
- Adolescent Intake and Ongoing
- Lifeskills
- **JITC**
- Project REACH
- Utilization Review
- VRP and MST

DYC (NE Region)
Joe Thome (E)

Community Services
Robin Bohannan (E)
Monica Rotner
Maria Campos Mozo (O)

- JAC
- **Transport**
- **BEST**
- Mentor Program

BVSD
Deirdre Pilch (E)
Matt Dudek (O)

- **Truancy Prevention Programs**

Public Health
Jeff Zayach (E)
Mariann Stanley (O)

- **TEEN Programs**
- **JITC**
- **MET/CBT 12**

Public Defenders
Megan Ring (E)
Alec Egizi (O)

- **JITC**

20th Judicial Probation
Greg Brown (E)
Sharon Sandoval (O)

- **JITC**
- **REACH School Liaison**
- **Gang**
- **CBT**
- Probation
- **Direct Instruction contract**

SSVSD
Jacalyn Whittington (E)
Heidi Weekley (O)

- Truancy Prevention Programs

MHP
Barbara Ryan (E)
Dixie Casford and Christine Demarco (O)

- **Home-Based Services- FFT, Family Interventionist/ Youth&Family Advocates, TF-CBT**
- Halcyon Day Treatment
- Intensive Outpatient Specialist
- Child Crisis
- CAFS -Boulder -Longmont
- **JITC**

The IMPACT collaborative model

- Risk-sharing model that is based on a cooperative arrangement to blend staff, resources and funding between the partner agencies

- Integrated case planning processes and treatment teams

- Executive and Operational Boards
  - comprised of directors and managers from all partner agencies
  - have fiscal responsibility and guide day-to-day operations

- Infrastructure team provides support for strategic initiatives, communication, education & training, data & evaluation, grants management, budget & finance, and integrated processes and is charged with ensuring consistent case coordination, practices and processes, along with quality services for multi-system involved youth and their families

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Braided funding to support collaboration

Federal Grants

Partnership in-kind and financial contributions

Award
$

State Contracts

Reinvestment $ from low commitment numbers

Private Foundation dollars

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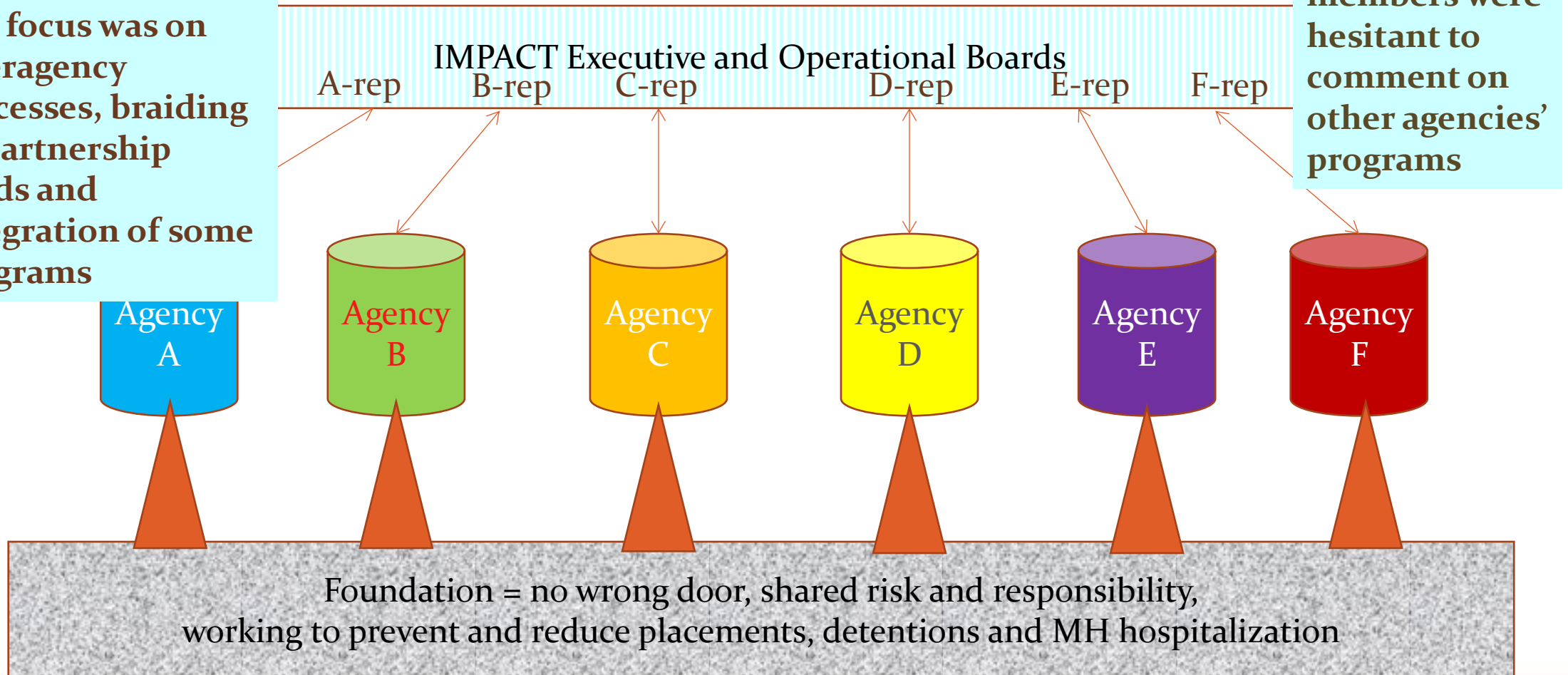IMPACT

Summary, 1997-2009

- Collaboration grew and developed over 12 years:
  - Increased partners and programs
  - Improved collaborative processes
  - Implemented first EBP – Functional Family Therapy
  - IMPACT won a national collaboration award
    - 2008 National Council for Community Behavioral Healthcare Excellence in Community Collaboration Award winner
  - Improved outcomes for kids and families

- **Then came budget issues....**

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Cross-agency accountability structure 1997-2009

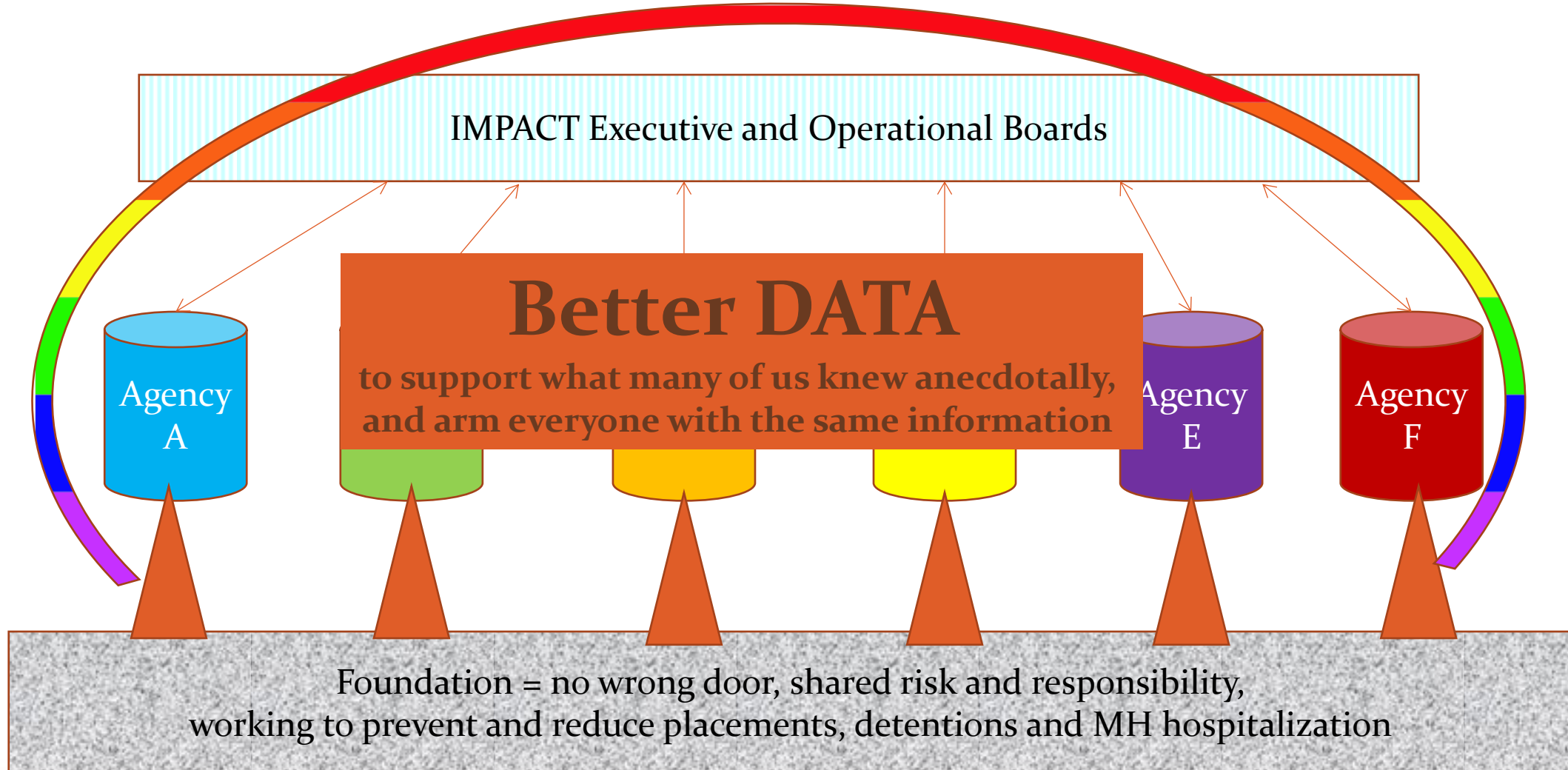The focus was on interagency processes, braiding of Partnership funds and integration of some programs

Board members were hesitant to comment on other agencies' programs

IMPACT Executive and Operational Boards

A-rep   B-rep   C-rep   D-rep   E-rep   F-rep

Agency A   Agency B   Agency C   Agency D   Agency E   Agency F

Foundation = no wrong door, shared risk and responsibility,
working to prevent and reduce placements, detentions and MH hospitalization

2009 budget reduction process

- The Executive Board made the decision to reduce each agency's partnership funding by 20%
  - While well intended and based in the equity philosophy, this reduced funding in areas of need and kept funding for programs that were duplicative and under utilized
  - It was apparent that when it came to budget decisions, there was still a siloed view. Partners were focused on agency programs rather than collective impact on outcomes from the full continuum of intervention services

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New vision
for cross-agency accountability structure

IMPACT Executive and Operational Boards

Better DATA
to support what many of us knew anecdotally, and arm everyone with the same information

Agency A

Agency E

Agency F

Foundation = no wrong door, shared risk and responsibility, working to prevent and reduce placements, detentions and MH hospitalization

Questions and concerns prior to 2009

Issue	Recommendation/Rationale
Subjective case planning	?
Over-servicing youth – not adhering to risk principle. Trying to address multiple issues at once versus focusing on primary needs.	?
Evaluation – What Programs are Effective? Hard to attribute change to a specific program.	?
Long-term budget projections - How do we most effectively use the dollars we have?	?

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IMPACT's Services Continuum Project

FRAMEWORK & PROCESS

"The loftier the building, the deeper must the foundation be laid."

- Thomas Kempis

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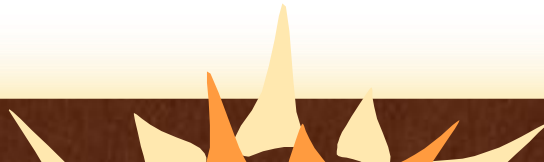
Addressing the issues

Issue	Recommendation/Rationale
Subjective case planning	Develop cross systems assessment framework. Provide upfront, valid assessments for all youth. Use assessment throughout the life of a case for case planning.
Over-servicing youth – not adhering to the risk principle. Trying to address multiple issues at once versus focusing on primary needs.	Match service intensity and type to risk and need using valid assessment tool
Evaluation – What Programs are Effective? Hard to attribute change to a specific program	Core of evidence-based programs (EBP)/full fidelity to models Matching supplemental services that don't interfere with EBP model
Long-term Budget Projections - How do we most effectively use the dollars we have?	EBP core will increase opportunities for funding – many funders are moving towards only funding EBPs Matching services to meet risk will ↓ recidivism which will ↓ costs long term.

Services Continuum Project Key Components

- Cross systems upfront valid assessments

- Cross systems immediate & ongoing data-driven case planning
  - Moving away from always least restrictive to matching

- Cross systems continuum of evidence-based therapeutic and support services

- Fidelity measures for **all** programs and services

- Enhanced data monitoring and outcome measurement

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Services Continuum Project Impact on Data Trends

Continuum Project component	Expected impact	Overall expected data trends
Assessment & Case Planning framework	↑ therapeutic program utilization ↓ supervision & detention utilization ↓ low-risk youth penetrating juvenile justice system	Continued ↓ in juvenile justice ADP: • Commitments • Placements • Probation • Detention
EBPs and specialized therapeutic program Fidelity to models, matched to risk/need	Improved outcomes: ↓ LOS in programs ↓ overservicing ↓ supervision and detention utilization	↓ LOS in system ↑ therapeutic program utilization initially, then shift to early intervention/prevention

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Conducted 2 year review of programs & services (2009-2011)

- Committee with multi-agency representation examined:
  - Target population
  - Program utilization
  - Duplication & gaps
  - Outcomes
  - Community resources

- Implemented shared database (2009) to support ongoing review

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Gathered additional information (2009-2011)

- Surveyed partnership staff

- Examined research & recommendations:
  - Annie E. Casey – *Pathways to Juvenile Detention Reform*
  - Blueprints – Evidence Based Programs
  - Colorado Division of Criminal Justice
  - And many more resources…

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Results of review

- Identified strengths and weaknesses

- Generated shift in shared vision & philosophy

- Committed to a process of collaborative evolution

- Strong Board support for moving forward

- Began educating partnership staff on results of the 2-year process & components of the Services Continuum Project

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Framework for project planning – multi-agency committees (2011-2012)

- **Transitions Committee** – Based on information gleaned from *Managing Transitions,* monitored response to the transition, provided support and feedback to the partnership for managing change, provided anonymous communication mechanism for staff questions and worked with other committees on communications

- **Communications, Education, & Training Committee** - developed communication out to the partnership, identified training and education needs to best support the continuum project transition, met with teams within each agency to ensure transparency

- **Assessment Committee** – developed recommendations for valid assessments, processes, case planning, staffing, coordination, and training/quality assurance

- **Research & Data Committee** – set criteria for program reviews, developed recommendations for evidence-based programs to match target population needs

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Managing Change

Executive Board

Operational Board

IMPACT Partnership Executive Director

Co-Chairs of each committee

Research and Data Committee
Assessment Committee
Communications, Education, and Training Committee
Transition Committee

All partner agencies and staff

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Managing change (2011-2012)

- Committee co-chairs and IMPACT Executive Director met regularly to review progress & address issues

- Committee presentations provided feedback loop between committees & Boards

- Committee composition included all staff levels across agencies – increased support for the Project and enhanced understanding of key values & components

- Organic committee process with no overriding agendas or pre-determined outcomes

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Advancing our understanding, gaining skills

- IMPACT sent 17 staff to Blueprints Conference in San Antonio, 2012
  - Entire Research & Data Committee
  - Board members
  - Staff at all levels

- Further solidified commitment to EBPs

- Introduced Implementation Science into the project!
  - Provided structure and tools for moving forward

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Why do we need an Implementation Team?

INTERVENTION		Impl. Team	NO Impl. Team
	Effective	**80%, 3 Yrs**	**14%, 17 Yrs**
		Effective use of Implementation Science & Practice	**Letting it Happen Helping it Happen**
		Fixsen, Blase, Timbers, & Wolf, 2001	**Balas & Boren, 2000**

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3X to 12X Return on Investment

A framework for the exploration stage of implementation

Step 1 – Form an Implementation Team

Step 2 – Develop a communication plan for stakeholders

Step 3 – Analyze data to determine needs

Step 4 – Select areas of need to target

Step 5 – Review programs, practices, and interventions to address needs

Step 6 – Select programs with strongest evidence that best fit needs

Step 7 – Make recommendations to stakeholders for final selection

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PIP & PEP

Executive Management Team

Policy Enabled Practice

System Reinvention

Practice Informed Policy

Implementation Team

Practitioners
Innovations
Recipients
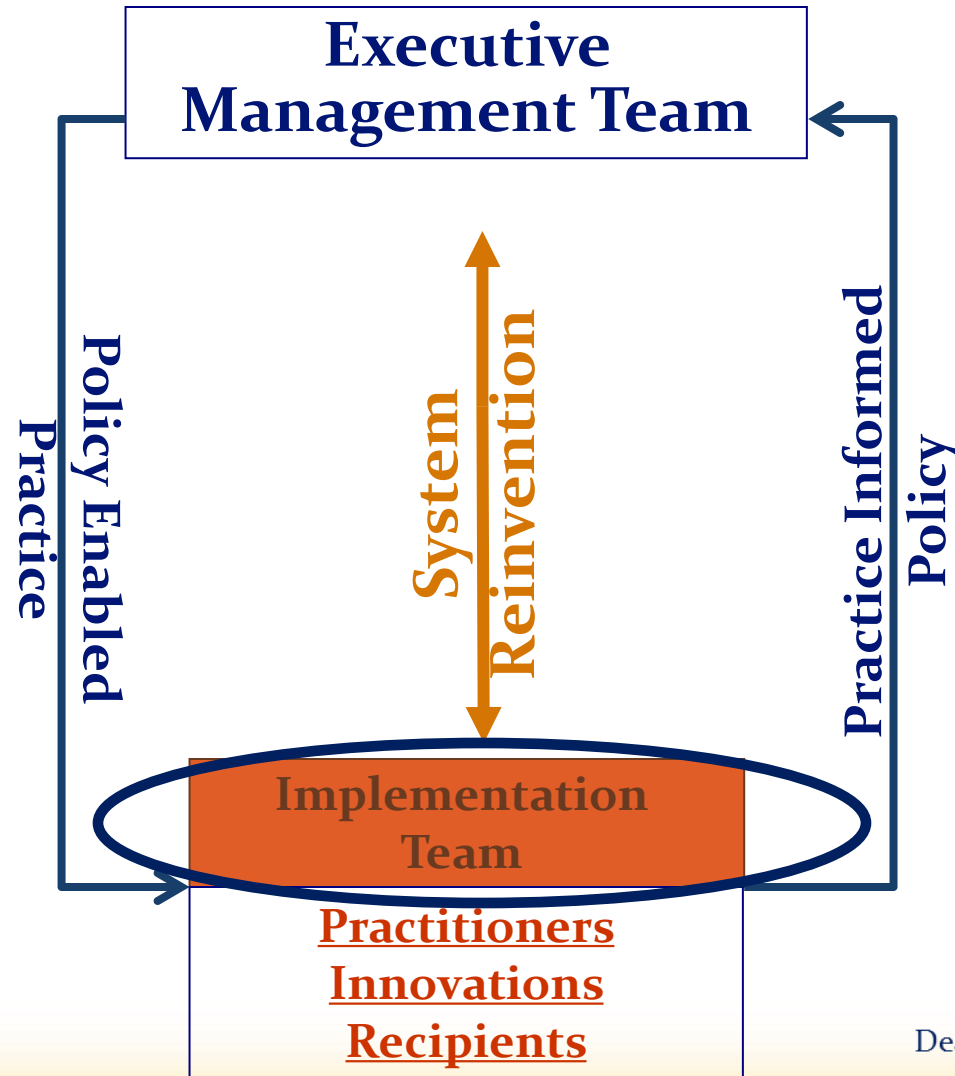
PIP: Policy Enabled Practice

PEP: Practice Informed Policy

Dean L. Fixsen and Karen A. Blase, 2008

Implementation Science enhances Project

- Contracted with Implementation Group consultants

- Formed a multi-agency Implementation Team
  - Implementing multiple programs & integrated processes across partnership
  - Integrated IS structure with existing framework, nearly 4 years into project
  - Work group for each new program/process

- Educated Boards & partnership on Implementation Science

- Committed to coaching model for sustainability

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The "Real World"
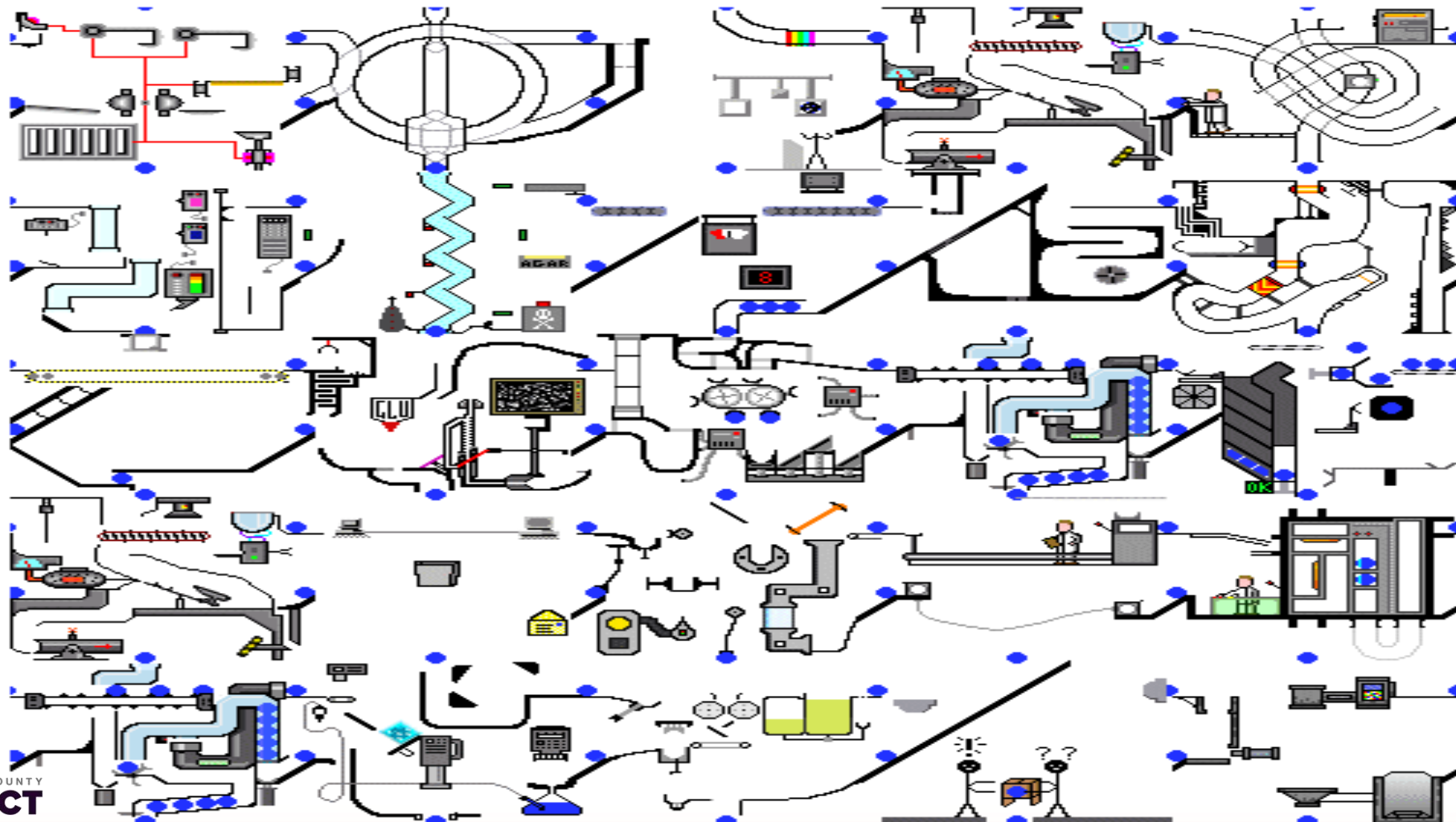
Results & Next Steps

"However beautiful the strategy, you should occasionally look at the results."

- Winston Churchill

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Outcome of Implementation is **the implementers**

- Philosophical shift

- Agency implementation readiness

- Partnership implementation readiness

- Sustainability
  - Coaching infrastructure – not relying on training alone
  - Building in capacity

- Shifting capacity to meet needs
  - Utilization data
  - Assessment data

Financial outcomes of Implementation

- Upfront investment

- Long-term savings

- Reinvestment in prevention/early intervention

- Better data = better positioned for funding opportunities

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Client outcomes of Implementation

- Improvements follow implementer outcomes

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# Services Continuum Project Outcomes to date

- Reduction of staff secure and community placement costs

- Continued reduction in overall out-of-home placements and commitments

- Increased utilization of evidence-based services

- Reduction of the low risk youth (CJRA) that enter Probation

- Increase in ADP and reduction of LOS for therapeutic services (opportunities to shift to early intervention)

- Two new promising practice programs (TF-CBT & MET/CBT 12) being piloted
  - Working toward full fidelity

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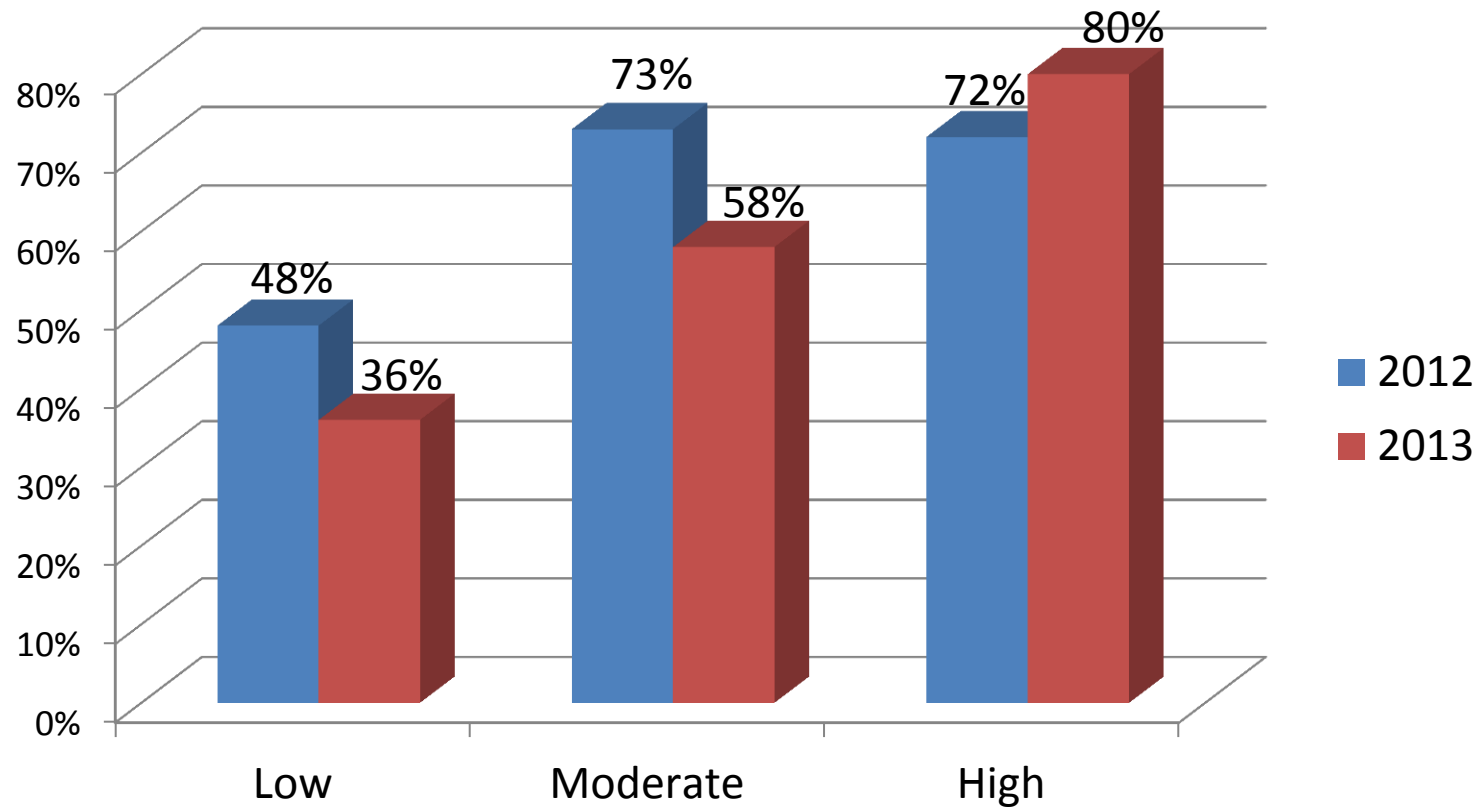
Length of Stay – Therapeutic Programs
Days by risk score – based on 1st CJRA in 2012 & 2013
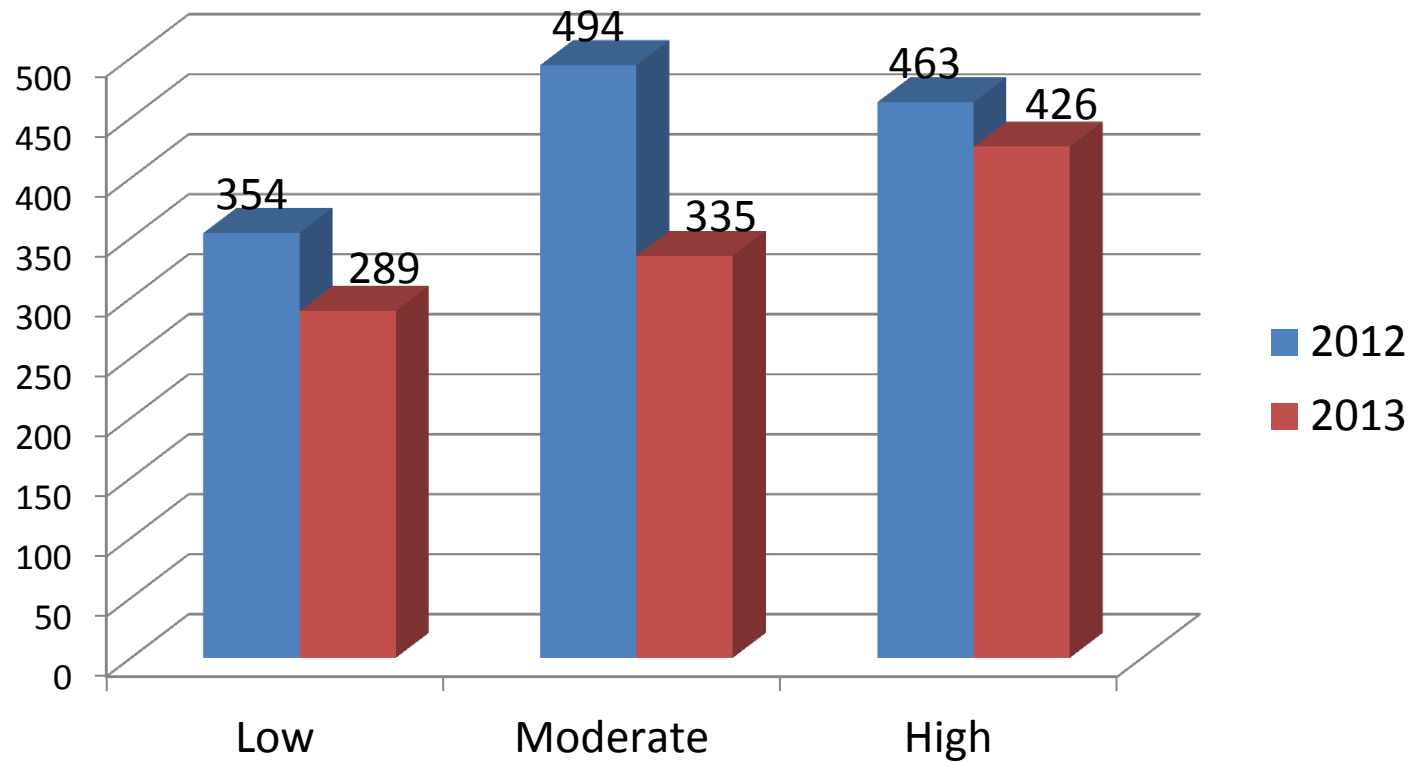
Barriers

- The way we've always done it
  - Implementing processes and programs
  - Providing services to kids and families

- Seems costly

- Differing philosophies and mandates

- Access issues and funding streams

- State initiatives that interfere with local collaboration

- Funding of intervention without implementation

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Lessons learned

- Implementation Science is useful at any stage

- Upfront costs pay off in long run

- Multi-agency representation is paramount

- Implementation Science is NOT intuitive (if you think you're doing it, you're probably not)

- All decisions must be anchored in what will result in the best outcomes for youth, families and the community

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Next steps

- Complete pilots/refine processes & measures
  - Assessment & Case Planning Framework
  - TF-CBT
  - MET/CBT 12

- Expand fidelity measurement

- On-going data tracking and monitoring

- Achieve full implementation

- Sustainability & on-going monitoring

- Use Implementation Science structure for additional projects
  - Other Services Continuum Project components
  - System of Care/Expansion to include transition-age youth

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Replicating the framework

- Implementation Science

- Commitment to evidence-based processes and programs

- Commitment to doing what is in the best interest of youth and families – family driven versus system driven

- Cross agency collaboration

- Data, data, data

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Questions?

FOR MORE INFORMATION, CONTACT:
SUSAN CASKEY
IMPACT Executive Director
scaskey@bouldercounty.org
303-441-1511