

BOULDER COUNTY IMPACT:

**Building and Sustaining Policy, Practice and Improvement Standards
for a Multi-Program, Multi-System Collaborative**



PRESENTERS

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OVERVIEW

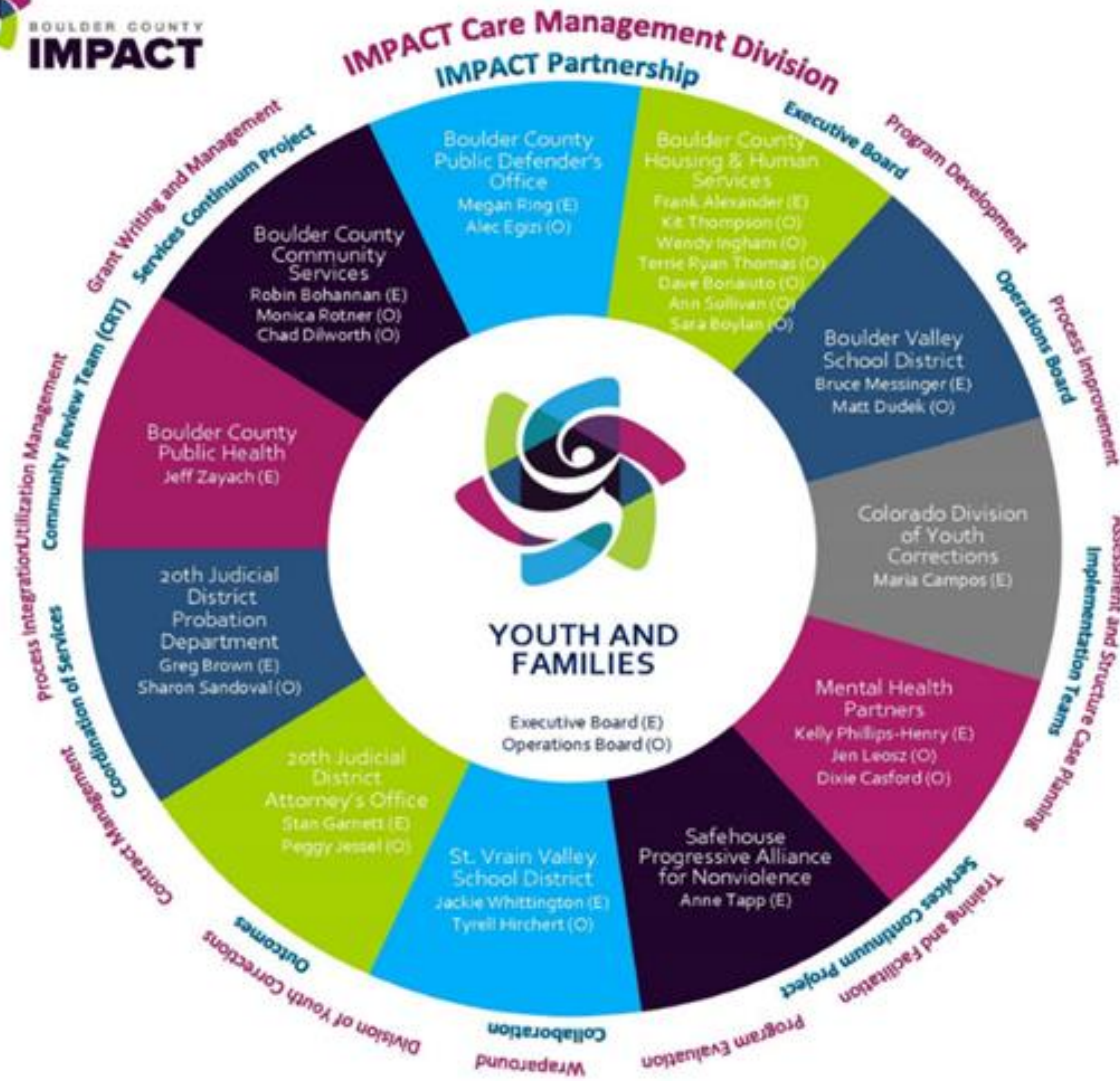
- Implementing a continuum of care . . . to *fidelity*
- The continuum of care: Integrated Managed Partnership for Adolescent and Child Community Treatment (IMPACT) Partnership
- Implementation science
- Implementing multiple programs across multiple agencies
- Identifying and maintaining fidelity to the key components of a collaborative model

LEARNING OBJECTIVES

- Identify the **core implementation supports** related to the coordinated implementation of multiple evidence-based programs and services
- Understand the **policies, leadership approaches and collateral engagement strategies** necessary to support the implementation of evidence-based programs in complex, community-based systems
- Describe the benefits of articulating **core components** tied to desired outcomes of a **care delivery system** and using **implementation science research and practices** to engage in **systems change**

IMPACT PARTNERSHIP





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 partner agencies.



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
 - is charged with ensuring consistent case coordination, practices and processes, along with quality services for multi-system involved youth and their families

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
- Serve an average of 800 unduplicated youth per year



IMPACT Partner Agency Services for IMPACT Youth

Department of Housing and Human Services

- Adolescent Intake and Ongoing Casework
- Project REACH
- **Wraparound**
- Lifeskills
- Family Group Decision Making Continuum
- Service and Out of Home Placement Utilization Management

Community Justice Services

- Juvenile Assessment Center (JAC)
- **Boulder Enhanced Supervision Team (BEST)**
- **Mentor Program**
- **Transport**

Boulder Valley School District

- **Truancy Prevention Programs**
- Halcyon Day Treatment

Mental Health Partners

- **Functional Family Therapy, Family Interventionist, Family Advocate, Trauma Focused Cognitive Behavioral Therapy, Teen Programs**
- Halcyon Day Treatment
- **Intensive Outpatient Specialist**
- Child Crisis
- Community Infant Program
- Outpatient Services
- Adoption Counseling

St. Vrain Valley School District

- Truancy Prevention Programs

District Attorney's Office

- **Diversion**
- Restorative Justice
- Project REACH

Probation

- Probation
- Juvenile Intensive Supervised Probation (JISP)
- **Project REACH**
- **Probation Supervision**
- **Division of Youth Corrections Placements and Case Management** (managed by IMPACT Infrastructure Team)

Contracted Services

- **Direct Instruction**
- **Cognitive Behavioral Therapy**
- **Project REACH**
- **Multi Systemic Therapy**
- Sexual Abuse Treatment
- Psychological Evaluations
- Virtual Residential Program
- Specialized Therapeutic Services

FRANKIE MISCHIEF – THE PROBLEM

- Arrested for breaking and entering into several vehicles
- Sentenced to 6 months probation with a condition to attend drug treatment for his marijuana habit
- Continues to skip school, disobey parents, and use substances
- Multi-agency staffing recommends a mentor, outpatient therapy, credit recovery, increased UAs, a rec pass, a psychological evaluation, a medication evaluation, and that Frankie change schools
- Frankie is arrested for breaking into several vehicles to support his methamphetamine habit
- Frankie is referred for another staffing where residential treatment is recommended and where he makes some new and undesirable friends
- Frankie is arrested for stealing a car with his new friends
- Frankie is referred for another staffing, the recommendation is for commitment to the Division of Youth Corrections

STEP 1 – THE SERVICES CONTINUUM PROJECT

- 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

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

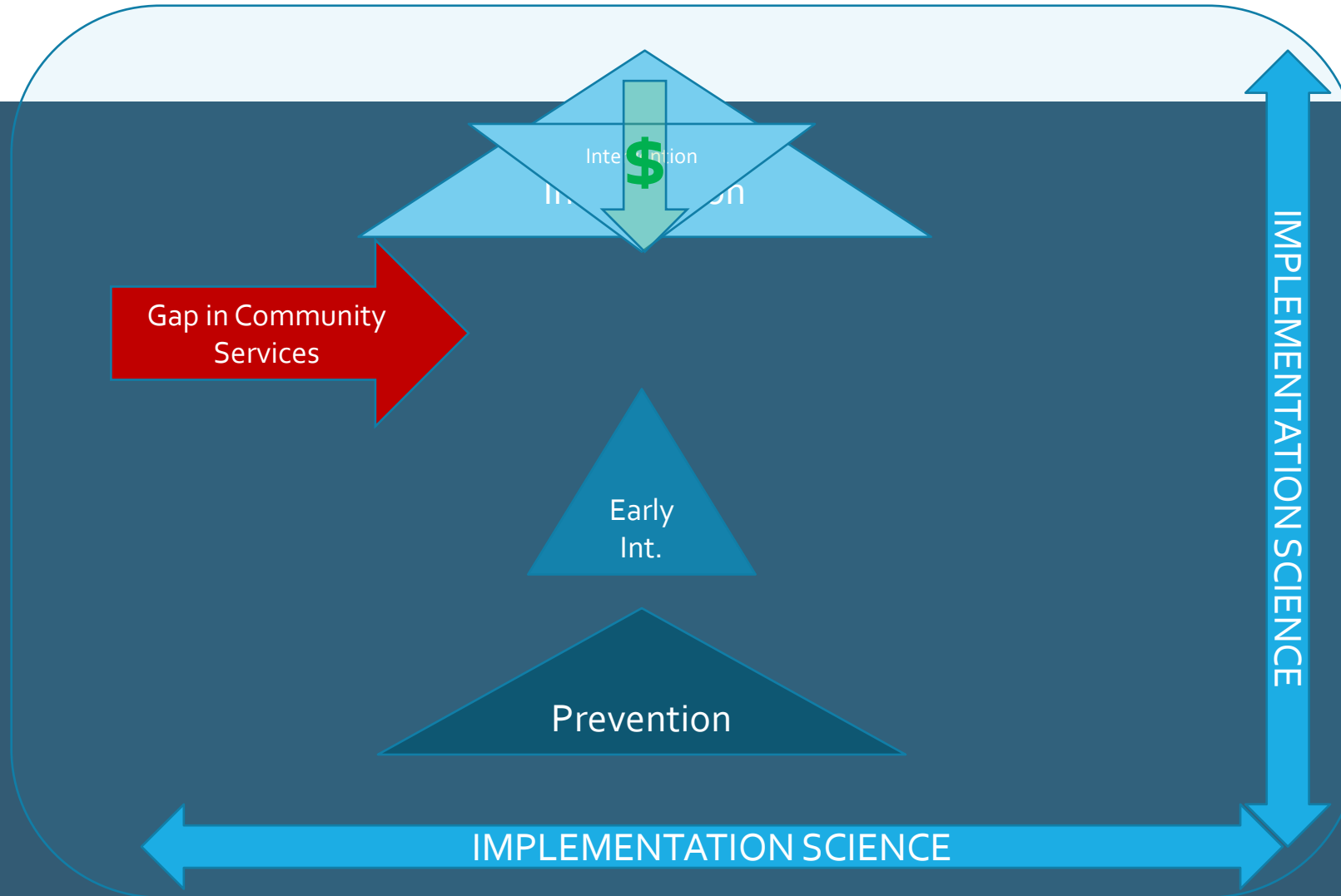


ADVANCING OUR UNDERSTANDING, GAINING SKILLS

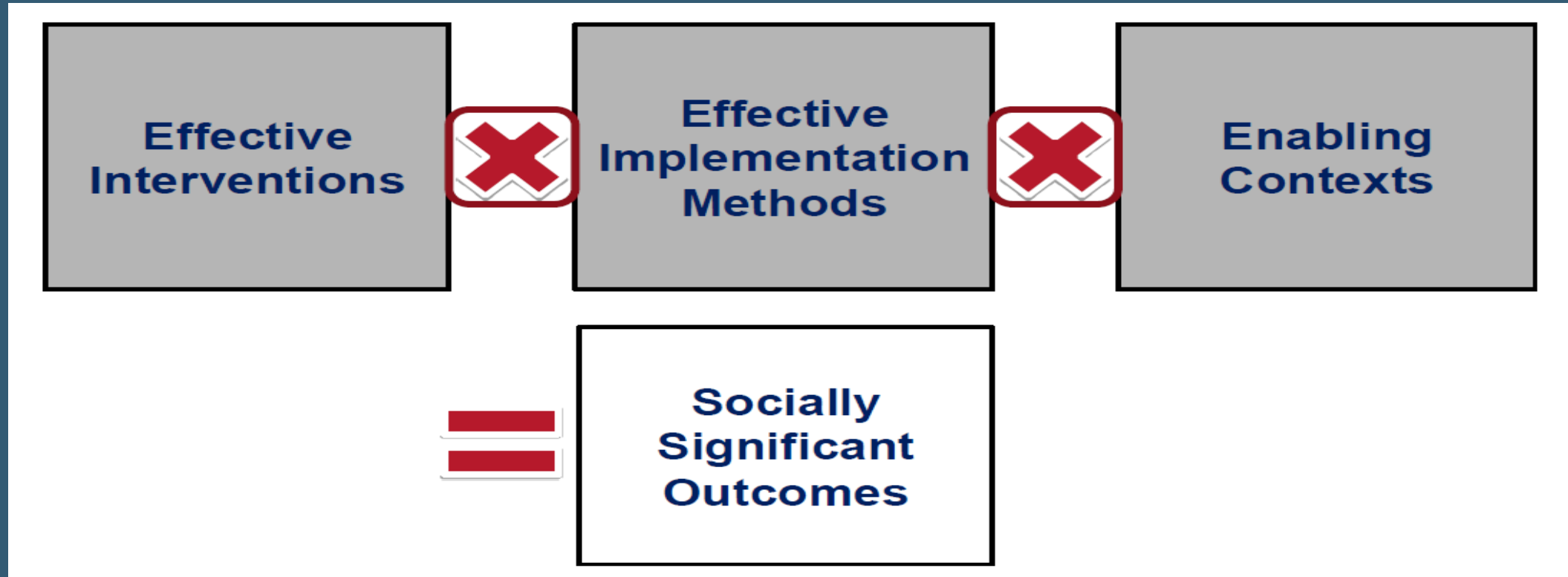
- IMPACT sent 17 staff to Blueprints Conference in San Antonio, 2012
 - Entire Research & Data Committee
 - Board members
 - Staff at all levels
- Further solidified commitment to EBPs
- Introduced Implementation Science into the project!
 - Provided structure and tools for moving forward



IMPACT'S LONG-TERM VISION



STEP 2 – APPLYING IMPLEMENTATION SCIENCE



WHY DO WE NEED TO FOCUS ON IMPLEMENTATION?

• Implementation Gap

- What is adopted is not used with fidelity and good outcomes
- What is used with fidelity is not sustained for a useful period of time
- What is used with fidelity is not used on a scale sufficient to impact social problems



IMPLEMENTATION SCIENCE

IMPLEMENTATION

		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)

ACTIVE IMPLEMENTATION

- Letting “It” happen...
 - Innovation occurs without intervention
- Helping “It” happen...
 - Interested innovators figure it out on their own
- **Ensuring that “It” happens...**
 - Active use of strategies to support the adoption of the innovation
 - Active installation of supports for the implementation of the innovation



Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004



IMPLEMENTATION TEAMS: WHAT AND WHO

- Responsible for the oversight of and accountability for implementation efforts in order to ensure that intended outcomes are achieved
- Consists of a multi-disciplinary/ multi-level group of individuals (3-10 indiv.)
 - Service providers or practitioners
 - Supervisors or managers of practitioners
 - Evaluators
 - Organizational leaders
 - Funders
 - Policy makers
 - Anyone who can help ensure that program and/or service outcomes are achieved

Why do we need an Implementation Team?

3X to 12X Return on Investment

INTERVENTION

	Implementation Team	NO Implementation 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

IMPLEMENTATION NARRATIVES: QUOTES FROM THE FIELD

- “It’s helpful seeing the implementation planning – I think it’s good professional development to see how much background planning has gone into this and know about that when I’m meeting with a client. It also helps hold me accountable to the entire process of implementation rather than just picking one part and being like, ‘I only want to do paperwork or I only want to meet clients’ or whatever.”
 - Implementer of an EBP participating in a program-specific implementation team
- “Looking back at a full career in this field, implementation science is the thing that makes me feel like I can retire and feel good about where the system is headed and what services and supports we can actually deliver to youth and families.”
 - Agency supervisor participating in IMPACT implementation team

STAGES OF IMPLEMENTATION

Implementation occurs in additive stages:

- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation and Sustainability: ongoing

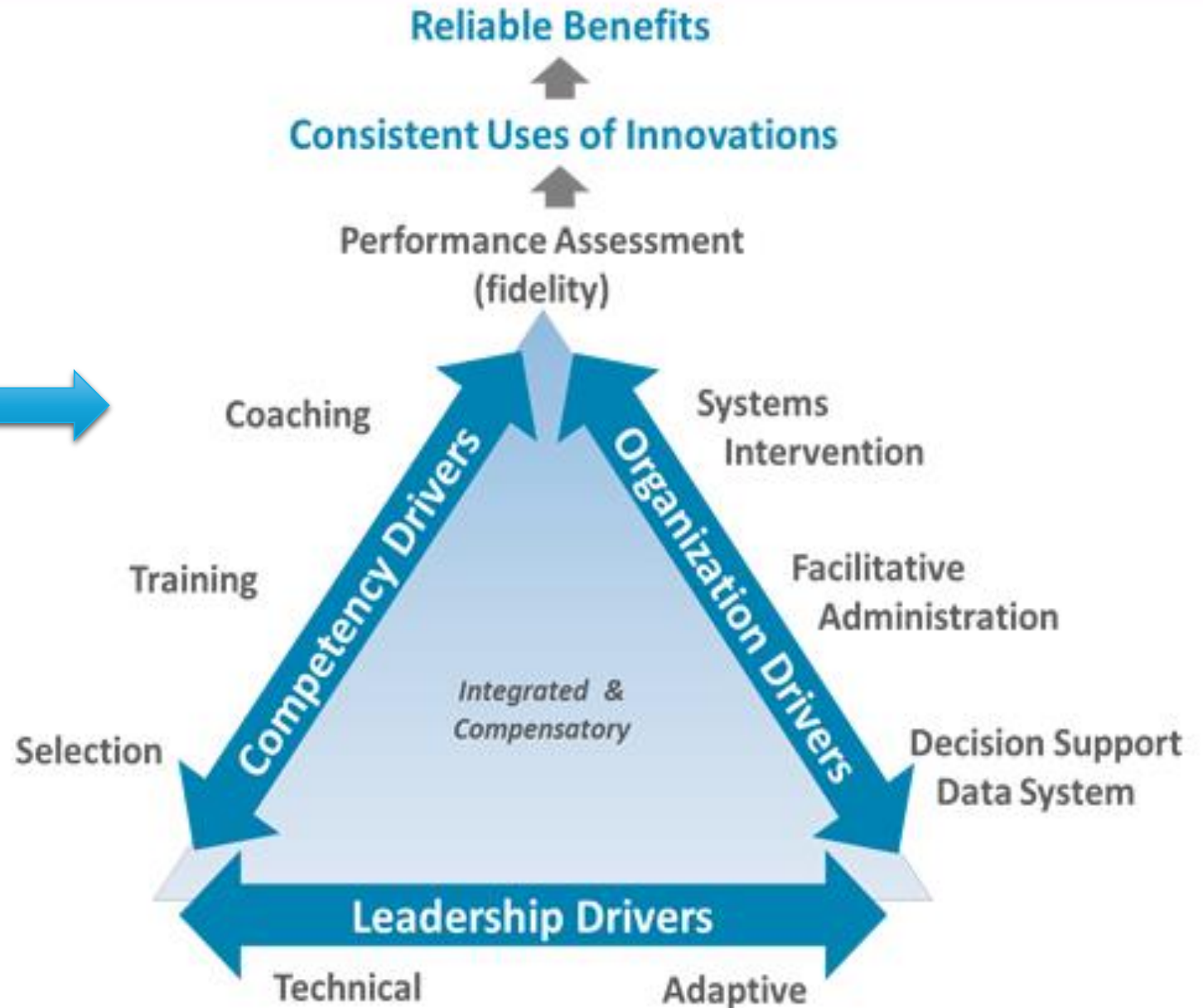
2-4
Years

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



Implementation Drivers

Implementation
Outcomes =
Provider Outcomes



WHAT IS FIDELITY?

- The degree to which the program or practice is implemented 'as intended' by the program developers/researchers
 - Adherence
 - Integrity
 - Delivered in a “comparable” manner
- *SO THAT* it is more likely that comparable outcomes will be more consistently achieved

IMPLEMENTING WITH FIDELITY AT A “META” LEVEL

- Quality implementation strategies and activities are happening at multiple levels simultaneously
 - Program-specific implementation teams
 - Agency-specific implementation teams
 - IMPACT implementation team
 - IMPACT Executive and Operational Boards
- They support, inform and reinforce each other, but areas of emphasis, membership, and activities differ

STEP 3 - FIDELITY TO A MODEL OF CARE

- **Implementation Team 1.0:** implementing programs and processes
 - Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
 - Motivational Enhancement Cognitive Behavioral Therapy (MET/CBT 12)
 - Assessment and case planning process
 - High Fidelity Wraparound
 - Family Navigator Position
- **Implementation Team 2.0:** trouble shooting common implementation barriers across programs
- **Implementation Team 2.1:** implementing the IMPACT model to fidelity



CORE COMPONENTS OF THE COLLABORATIVE MODEL

IMPACT Core Components

- Assessment & Unified Case Planning
- Service Matching & Program Fidelity
- Collaboration
- Systems Support for Quality, Sustainability & Scale

MEASURING FIDELITY TO THE IMPACT MODEL

IMPACT Core Component I: Assessment & Unified Case Planning						
Fidelity Indicator:	Not at All 0	Very Little 1	Somewhat 2	Very Much 3	Completely 4	Guide Posts:
1. High quality assessments are collected for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • All agencies are using the same menu of high-quality assessments • Assessments are well vetted for their utility in identifying needs and risks for each youth • Assessments are given to all youth at every point of entry
2. Assessment data are used to create case plans and to refine case plans over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • There is a clear process for the translation of assessment data into an effective case plan and key staff are trained in this process • Case plans are monitored and refined on a regular basis • Case plan is shared/available and is built on an ongoing basis • Reassessments happen at regular intervals (re-administration of assessments and/or review of outcome data, changes in status, and other data points as appropriate)
3. Systems supports facilitate unified case planning for every youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Key staff in all agencies value collaboration • Key staff in all agencies value assessment-driven case planning • All collaterals know and can articulate their role on a case • Collaterals have protected time to collaborate on cases (not just CRTs)

MEASURING FIDELITY TO THE IMPACT MODEL

IMPACT Core Component II: Service Matching & Program Fidelity

Fidelity Indicator:	Not at All	Very Little	Somewhat	Very Much	Completely	Guide Posts:
4. Key programs and services have their own internal implementation supports and QA procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Menu of high quality, evidence-informed services is available and is reviewed on a regular basis • Information on program outcomes, inclusionary criteria, and goodness of fit data is available, accessible to diverse staff, and such information is re-evaluated on a regular basis • IMPACT/Implementation Team coaches agencies on forming individual implementation teams for specific internal programs; for contracted services QA procedures are in place and QA data are available and accessible • Programs and services have some level of data sharing agreements / data MOUs
5. Criteria linking youth characteristics to optimal program outcomes are in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Integrated data plans/outcomes reporting is conducted, disseminated, and applied on a regular basis • A services matrix is in place and training on service criteria and outcomes is conducted on a regular basis for key staff
6. Evidence-informed case planning processes are followed in matching youth to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Staffing processes include CRTs, family meetings, PRT, group supervision • Structured decision making process/algorithm guides the matching process • Case workers follow case planning process to ensure good match

MEASURING FIDELITY TO THE IMPACT MODEL

IMPACT Core Component III: Collaboration

Fidelity Indicator:	Not at All	Very Little	Somewhat	Very Much	Completely	Guide Posts:
7. IMPACT leadership models collaboration best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Clear MOUs are in place between partners • IMPACT Board engagement is high and there is trust among partners • Leaders value collaboration (as exhibited in communication and practice) • Individual (agency) and collective benefits of key practices are identified, valued, and widely communicated (i.e. IMPACT outcomes are considered part of a double bottom line) • Communication and collaboration are integrated into the operations of the partner agencies
8. Data-informed decision making is used to accomplish IMPACT mission and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Leaders agree on shared indicators and develop collaborative strategies to achieve them • Communication about processes and outcomes transcends individual programs and agencies • Leaders use shared indicators to make collaborative decisions
9. Care delivery is coordinated and seamless among partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Families are clear about processes and roles • Staff frustration and burn-out decreases • Professionals are clear about roles and responsibilities and have compatible goals for youth and families • Care delivery is seamless and efficient, and is facilitated by efficient communication among partners

MEASURING FIDELITY TO THE IMPACT MODEL

IMPACT Core Component IV: Systems Support for Quality, Sustainability, & Scale

Fidelity Indicator:	Not at All	Very Little	Somewhat	Very Much	Completely	Guide Posts:
10. A collaborative mission and vision for the IMPACT model is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ● IMPACT leaders communicate the shared mission and vision regularly and use it to inform decision-making ● IMPACT mission and vision is compatible with individual agency missions ● IMPACT leaders have a clear commitment to providing concrete and functional leadership support for the IMPACT model
11. IMPACT leaders create policies and procedures that support, sustain and expand the IMPACT model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ● Training & coaching around the IMPACT model is provided to key staff throughout the partner agencies ● Partner agencies prioritize initiatives that support sustainable implementation of the IMPACT model
12. IMPACT partner agencies share resources and risk effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ● Data are shared (in policy and practice) ● Funding is able to be flexibly allocated and is used in line with the needs of the partnership ● Integrated data plan is generated and is used to assess and prioritize collective impact
13. Systems-level quality improvement processes are utilized effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ● Barriers to effective PIP/PEP cycles are regularly assessed and are addressed by IMPACT leaders ● Policy and systems supports for the IMPACT model are communicated to promote alignment of policy and practice (feedback loops) ● Staff selection criteria for key positions are established in service to the IMPACT model

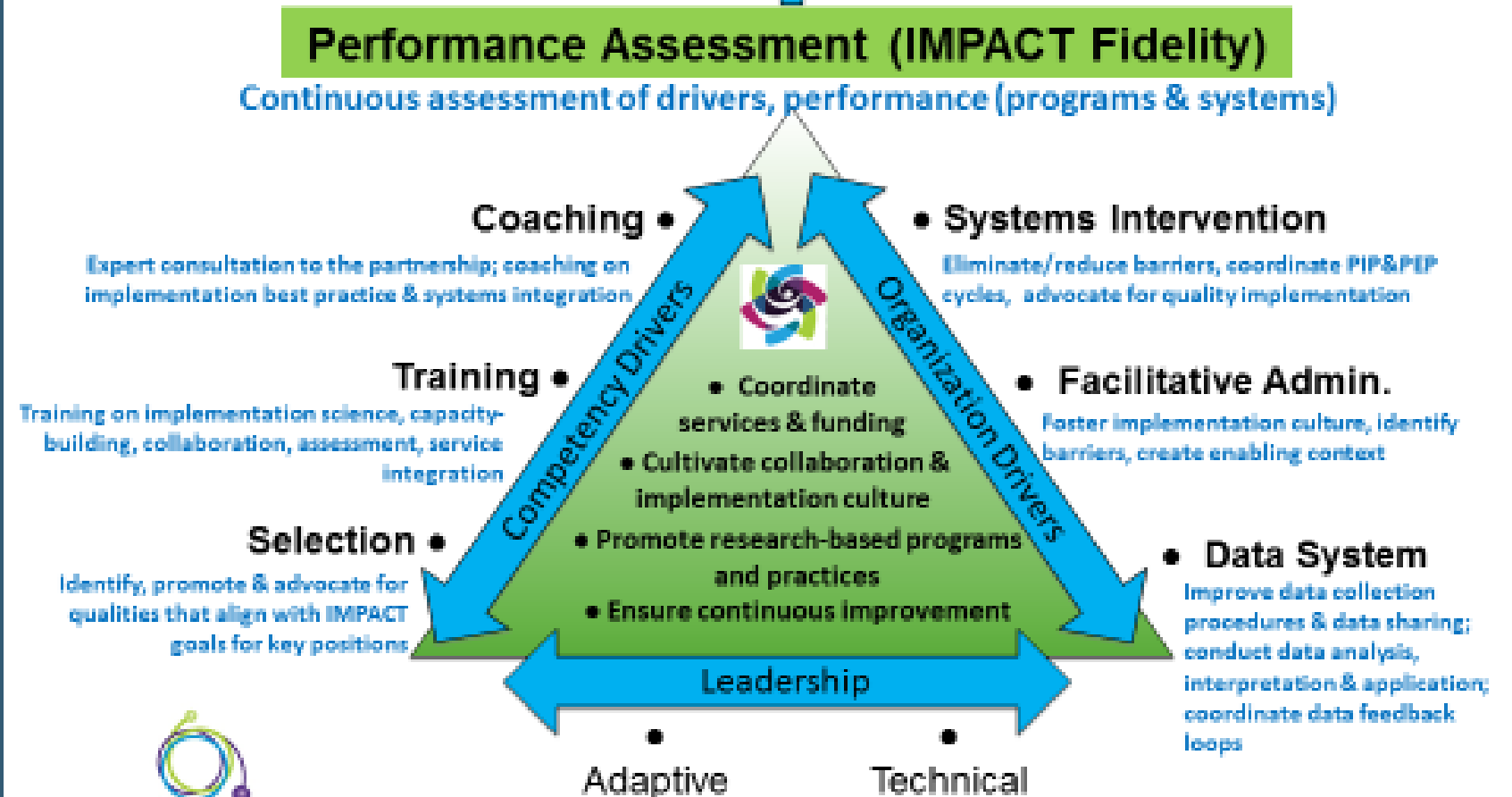
FIDELITY MATRIX

- The purpose of the fidelity matrix is to:
 - Create a shared vision for the collaborative process model
 - Articulate in practical terms the implementation culture and wider system supports that need to underlie quality practice
 - Support practice improvement
 - Facilitate communication and alignment between leadership, managers, and front line staff
 - Bridge policy and practice

Drivers of quality implementation: achieving high fidelity implementation of the impact model

Improved Outcomes [Implementers, Youth, Family, Community]

Evidence-Based Practices & Processes [Quality, Sustainability, Scale]



RESULTS & NEXT STEPS

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

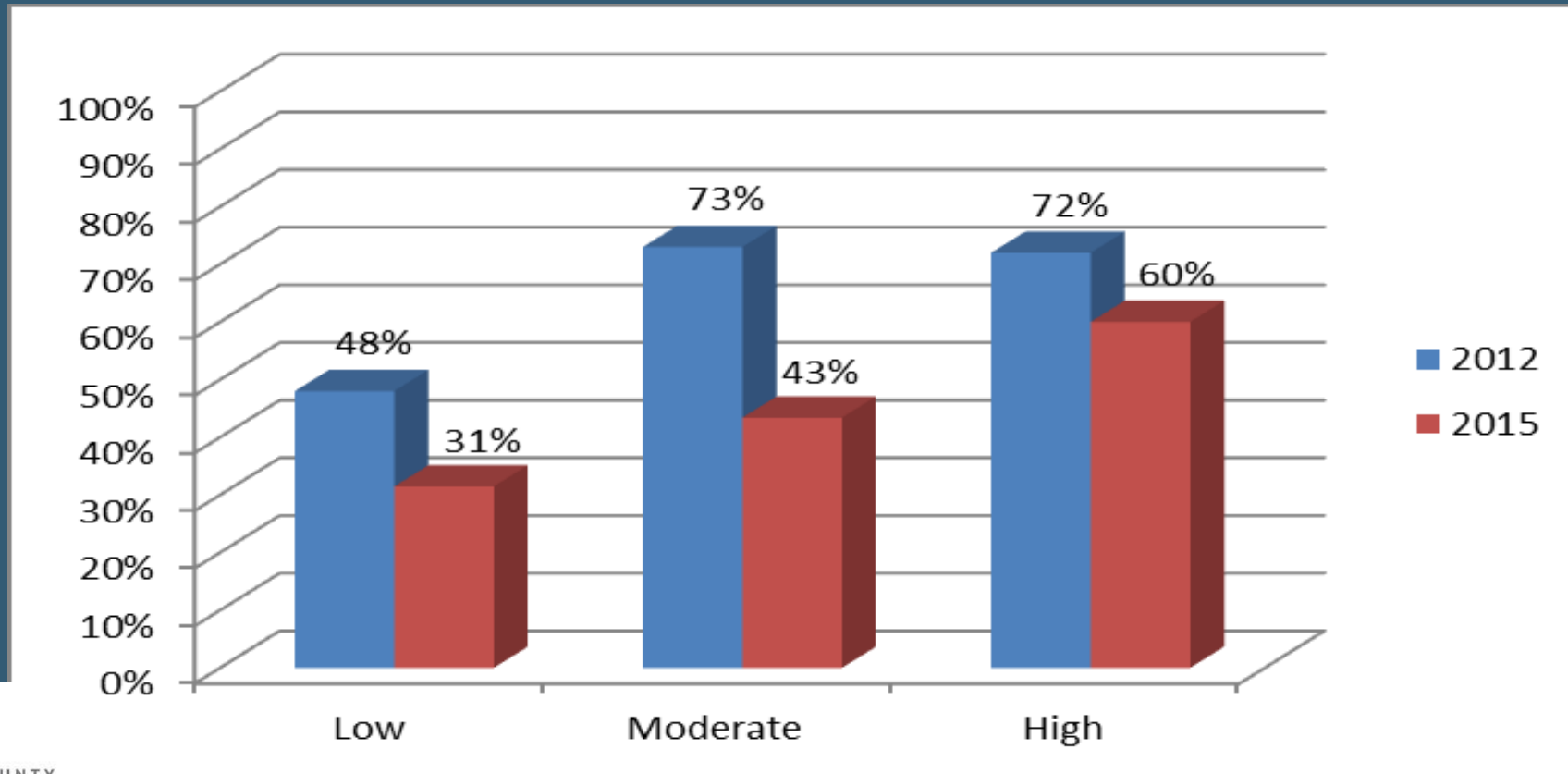
- Winston Churchill

ASSESSMENT & CASE PLANNING PILOT

- Analysis of 100 pilot youth & matched youth from 2 years prior to pilot
- Average # of CRTs (multi-agency staffings) per youth decreased 26%
- Average length of stay in OOH placement decreased 27%
- Average length of stay in services decreased by 40%
- **Data suggest improvement in service matching**

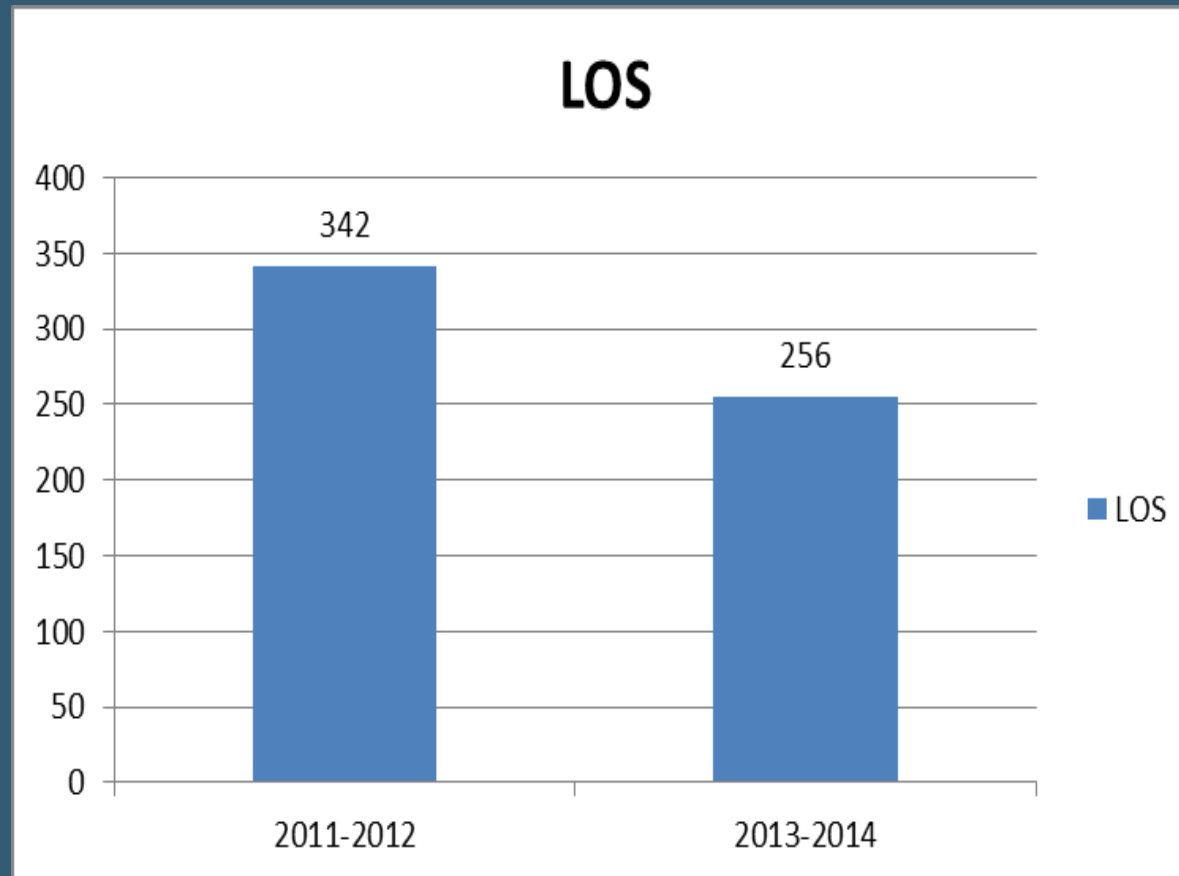
PROBATION BY CJRA RISK SCORE 2012 & 2015

Percentage of screened youth who were sentenced to Probation



LENGTH OF STAY

LOS in System – 2011 to 2014*

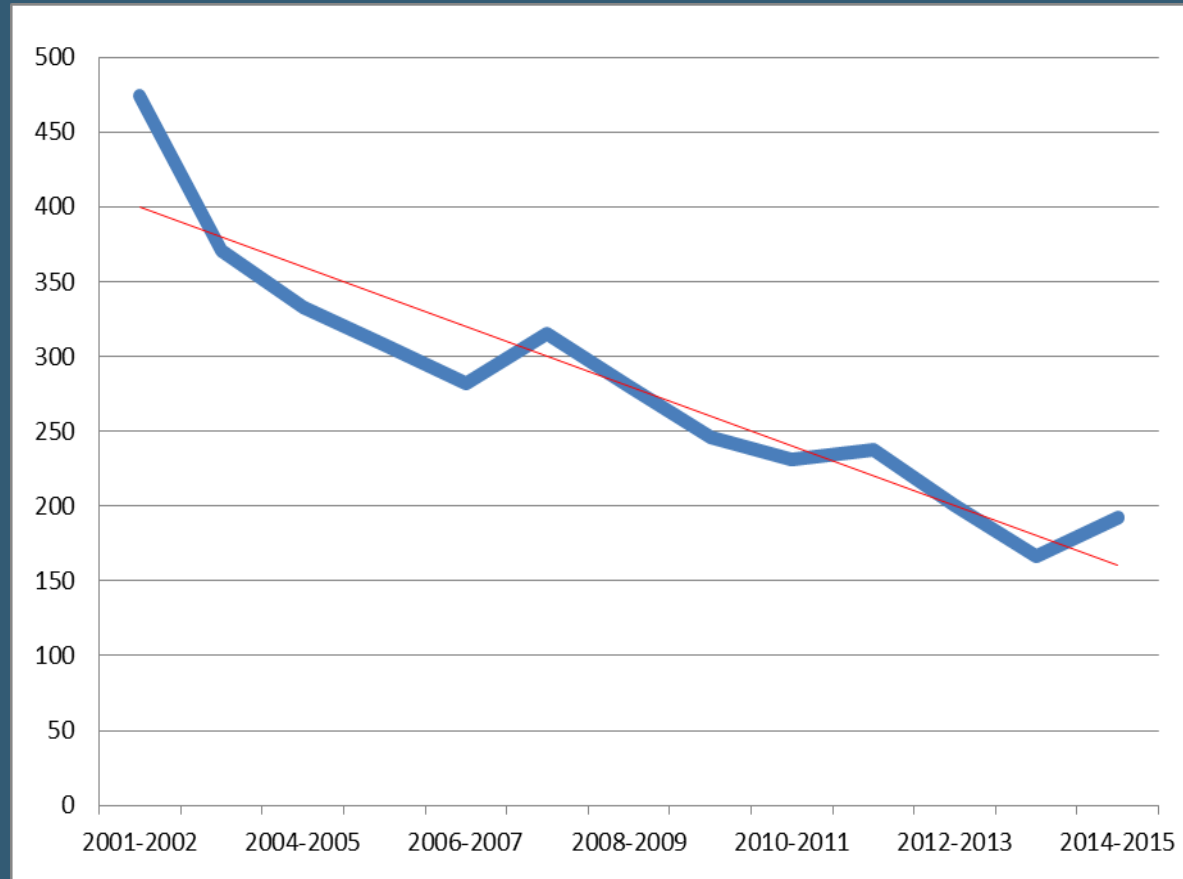


**LOS in system
decreased 25%
between 2011-2012
and 2013-2014.**

*LOS broken into two two-year
time periods (1/1/2011 –
12/31/2012 v. 1/1/2013 –
12/31/2014)

PROBATION

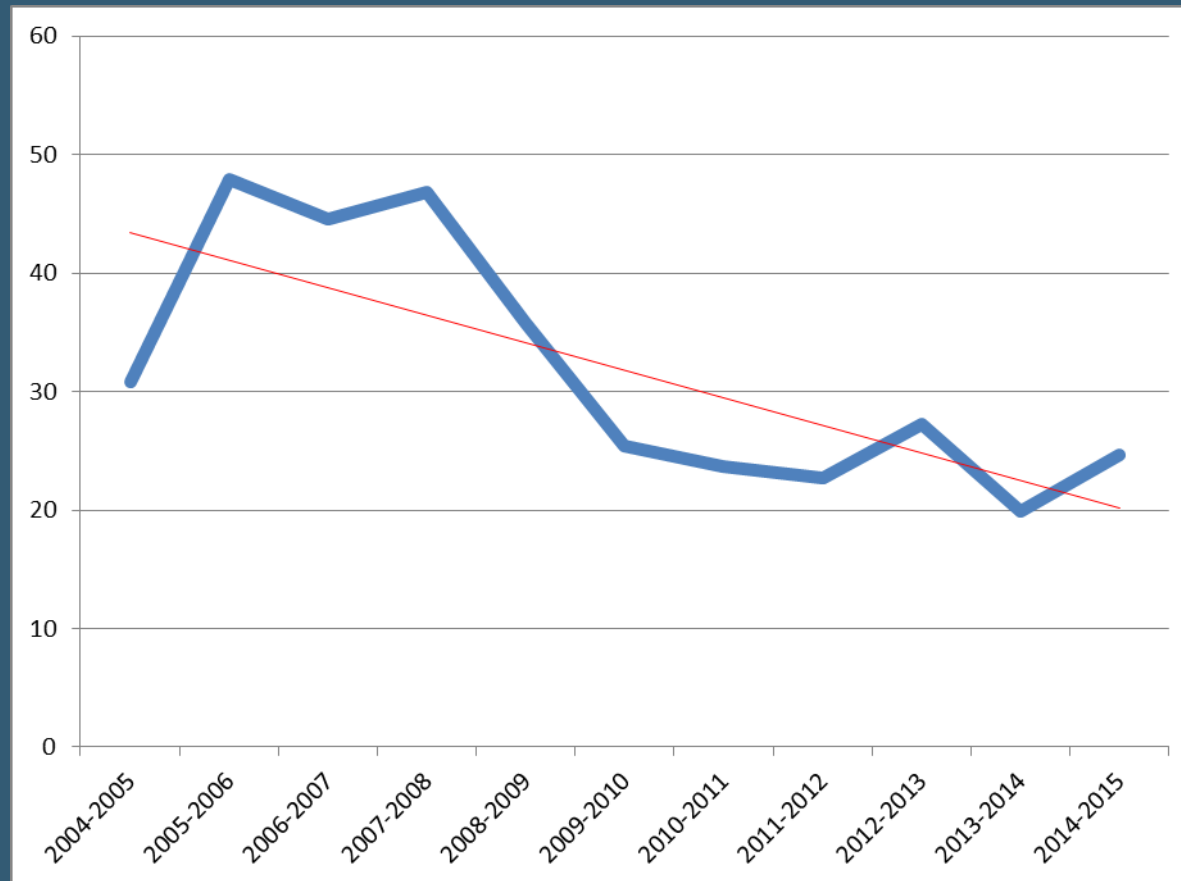
New Probation Clients – FY01-02 through FY14-15



Between FY02-FY15, Boulder County has decreased 60% in new clients for probation services.

PLACEMENT ADP

Placement ADP* – FY04-05 through FY14-15

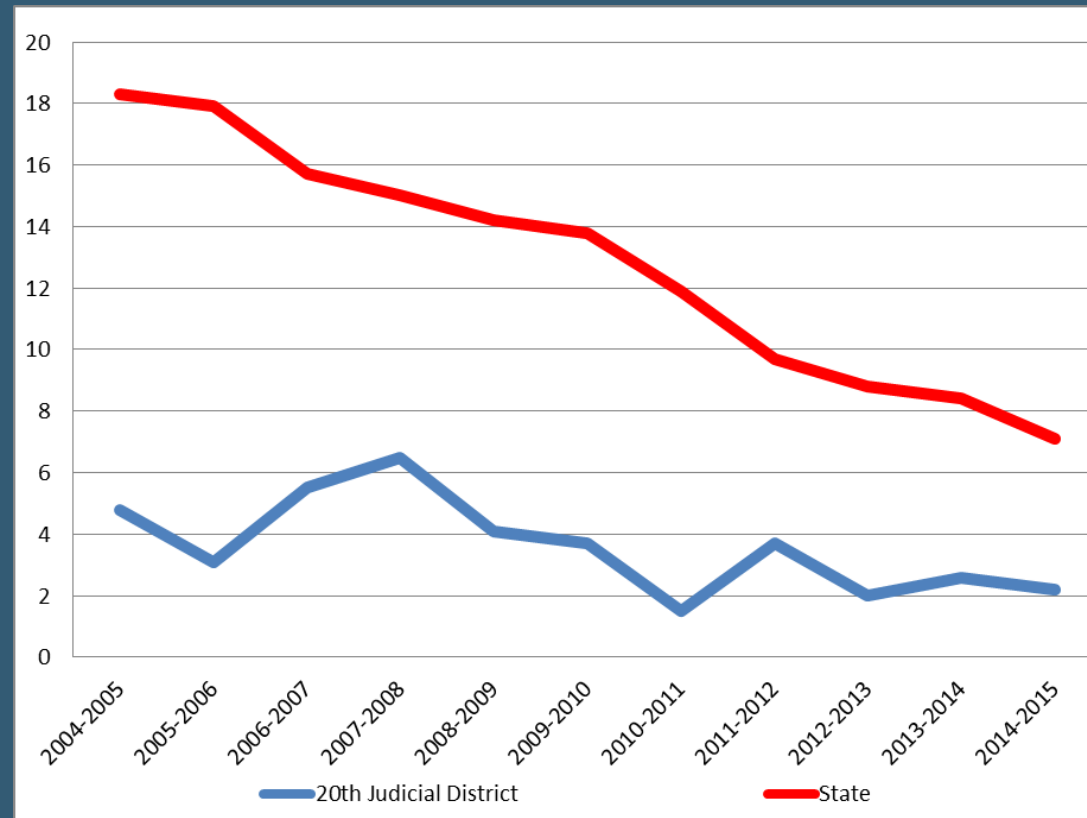


Since FY08,
Boulder County
has decreased
47% in placement
ADP.

*This includes the placement
ADP for 12 years and older
in high level placements.

NEW COMMITMENT RATE

New Commitment Rate* – FY04-05 through FY14-15



Since FY08, Boulder County has decreased 68% in new commitment rate. The County continues to maintain one of the lowest new commitment rates across the state.

*Per 10,000 youth.

NEXT STEPS

- Implementation teams and boards to use fidelity matrix as a mechanism for system reinvention
- Policy enhanced practice
- Practice informed policy
- Continue to grow the implementation science culture and expertise
- Continue to assess fidelity & outcomes

RECOMMENDATIONS

PROGRAMS – ORGANIZATIONS – SYSTEMS – COLLABORATIVES

- Commitment to **program and service fidelity**
 - Commitment to **practice improvement**
- Commitment to **quality implementation**
 - Commitment to **systems building**
 - Commitment to **sustainability & scale**
 - Commitment to **sharing strategies**

QUESTIONS?

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