Implementation Strategies to Support Person-Centered Care Planning in Community Mental Health Care

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Acknowledgements

Participating leaders, providers, and service users who participated in these studies

Goals for Today

✓ Share what I have been learning about the implementation of Person-Centered Care Planning in community mental health care settings

✓ Top Five Implementation Strategies

✓ Questions for Consideration

What is one thing that is important to you in your life?

- Write it in the chat

- When I say go, please press enter – and we will see a waterfall of what's important to us.

Why do I do this work?
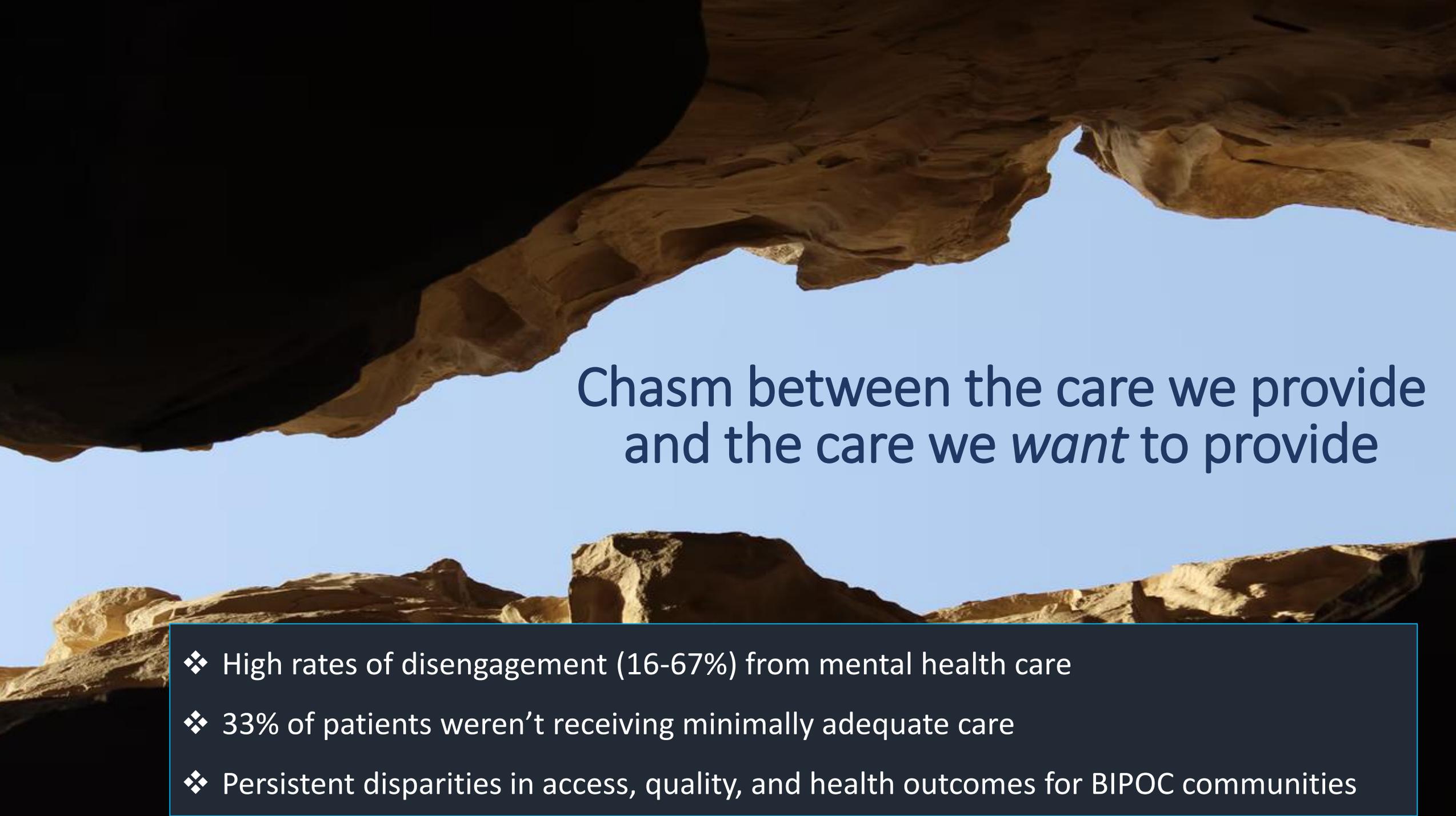
Chasm between the care we provide and the care we *want* to provide

❖ High rates of disengagement (16-67%) from mental health care

❖ 33% of patients weren't receiving minimally adequate care

❖ Persistent disparities in access, quality, and health outcomes for BIPOC communities

Ethical and Policy Mandate to Improve Service Quality

"Care that is respectful of and responsive to individual patient preferences, needs and values and ensuring those values guide all clinical decisions"
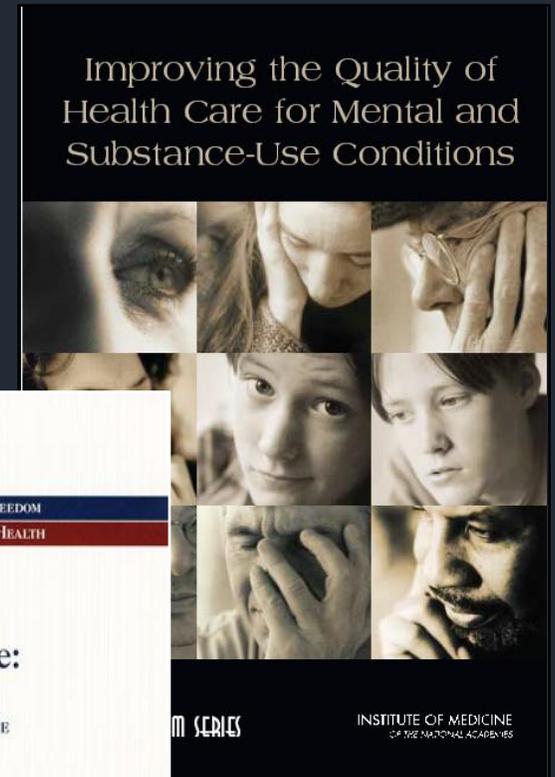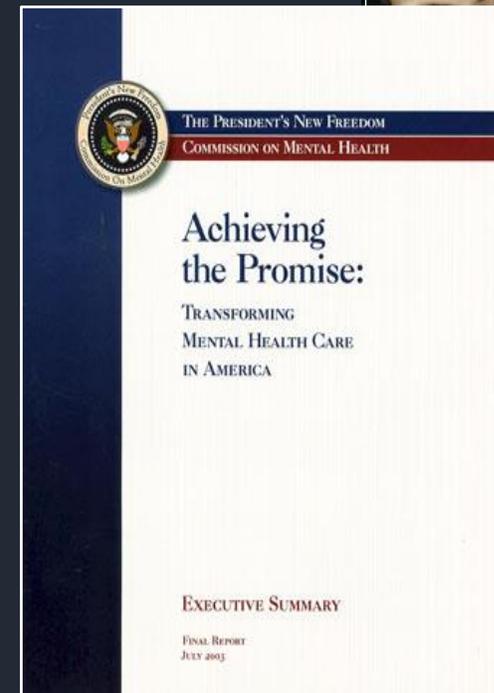
Person-Centered Care Principles

➢ Promote recovery rather than only minimizing illness

➢ Defined by the person's own goals, values and aspirations

➢ Focus and build on the person's capacities, strengths, and interests

➢ Emphasize the use of natural community settings rather than segregated programs

➢ Service user leads the team

➢ Allow for uncertainty, setbacks, and disagreements as inevitable steps on the path to greater self-determination

Not Just Nice, It's Necessary

- In developmental disability settings, a review of person-centered planning have led to improved social networks, community involvement and increased choice making (Claes et al., 2010)

- In medical and mental health settings, a systematic review of 19 studies of planning interventions found modest effects on physical health outcomes, decrease in depression and increase consumer confidence and ability to manage health (Coulter et al., 2015)

- In community mental health clinics, a RCT found that PCCP improved service engagement and adherence to medication (Stanhope, Ingoglia, Schmelter, & Marcus, 2013)

Improves Provider Experiences in Delivering Care

- Increased capacity for innovation

- Successful Evidence-Based Practice Implementation

- Lower levels of burnout and improved working alliances among staff

- Contributes to a sense of personal growth and higher job satisfaction

- Reduced odds of <u>provider turnover</u>

Ross, A., **Choy-Brown, M.**, Hu, Y., Stanhope, V. (2021). Perception of recovery orientation as a predictor of clinician turnover in community mental health clinics. *Administration & Policy in Mental Health and Mental Health Services*. Advanced online publication. https://doi.org/10.1007/s10488-021-01142-6

Barriers Can Make PCCP implementation start to feel a bit like this ...

In your experience, what is the biggest thing getting in the way of providing person-centered care planning?

Please share your thoughts in the chat & Press Enter/Send when I say go. It'll be a waterfall of solidarity
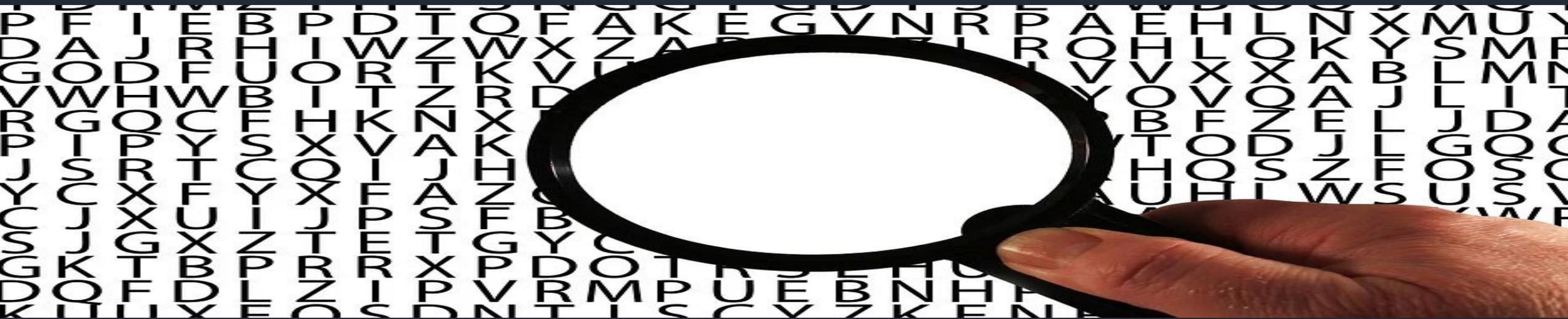
Implementation Strategy #1:
Define and Measure It

What is person-centered care or person-centered care planning?

Collect data on the particular elements of person-centered care planning from charts and people engaged in services

Do We Know What We Don't Know?

Community Mental Health Journal (2018) 54:514–520
https://doi.org/10.1007/s10597-017-0216-6

ORIGINAL PAPER

Do Providers Know What They Do Not Know? A Correlational Study of Knowledge Acquisition and Person-Centered Care

Elizabeth B. Matthews[1] · Victoria Stanhope[2] · Mimi Choy-Brown[2] · Meredith Doherty[3]

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Dunning-Kruger Effect?
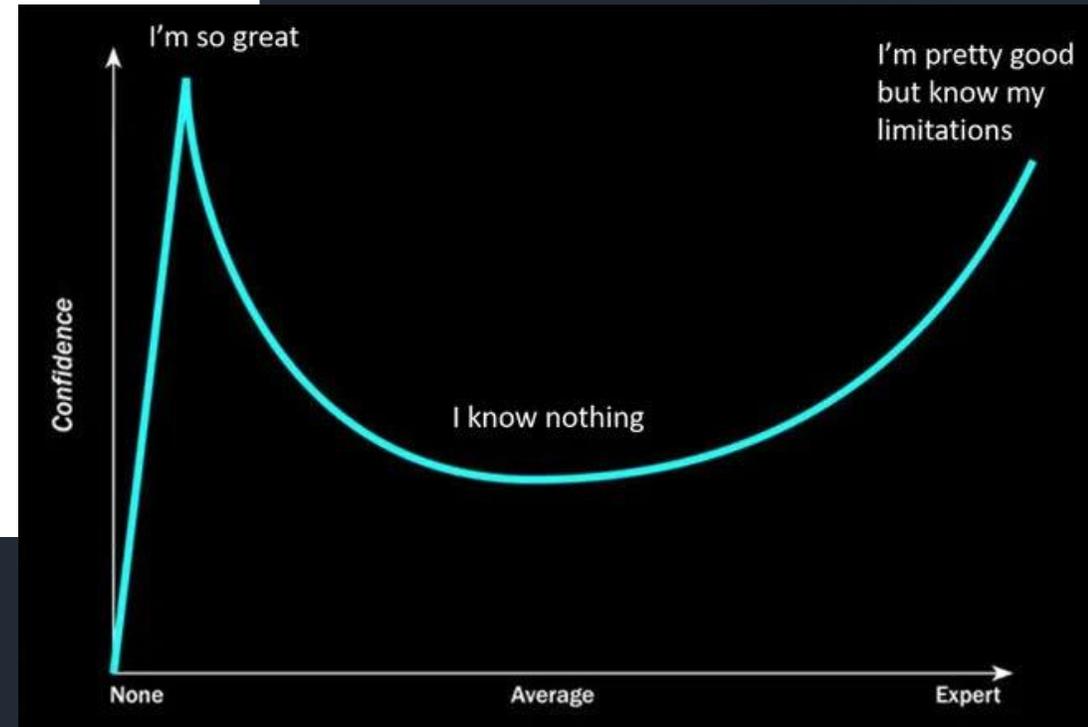
Matthews, L., Stanhope, V., Choy-Brown, M., Doherty, M., & Jessell, L. (2018). Do providers know what they do not know? A correlational study of knowledge acquisition and person-centered care. *Community Mental Health Journal, 54*(5), 514–520. https://doi.org/10.1007/s10597-017-0216-6
Image Retrieved from: https://www.medicinenet.com/what_is_an_example_of_the_dunning-kruger_effect/article.htm

Defining Person-Centered Care Planning in Community Mental Health Care
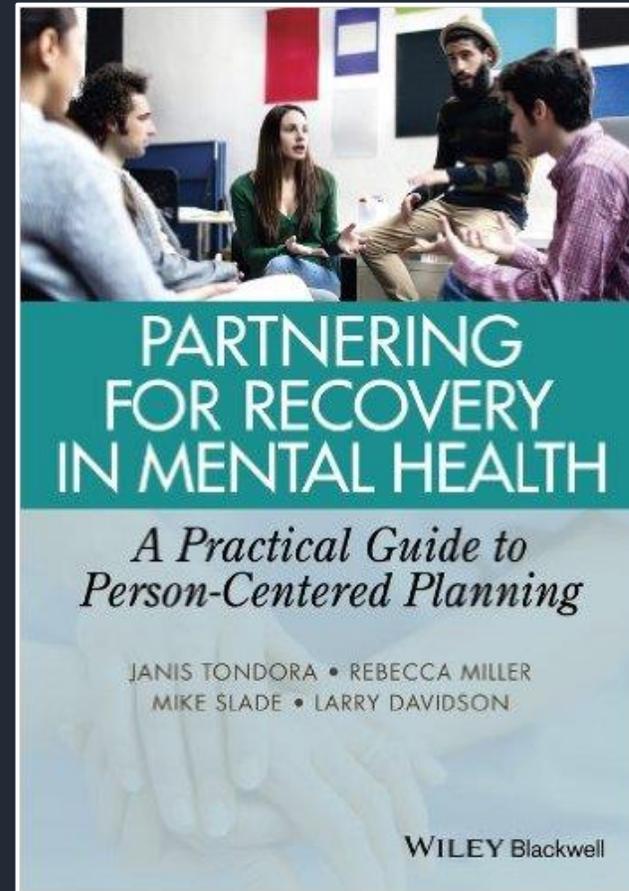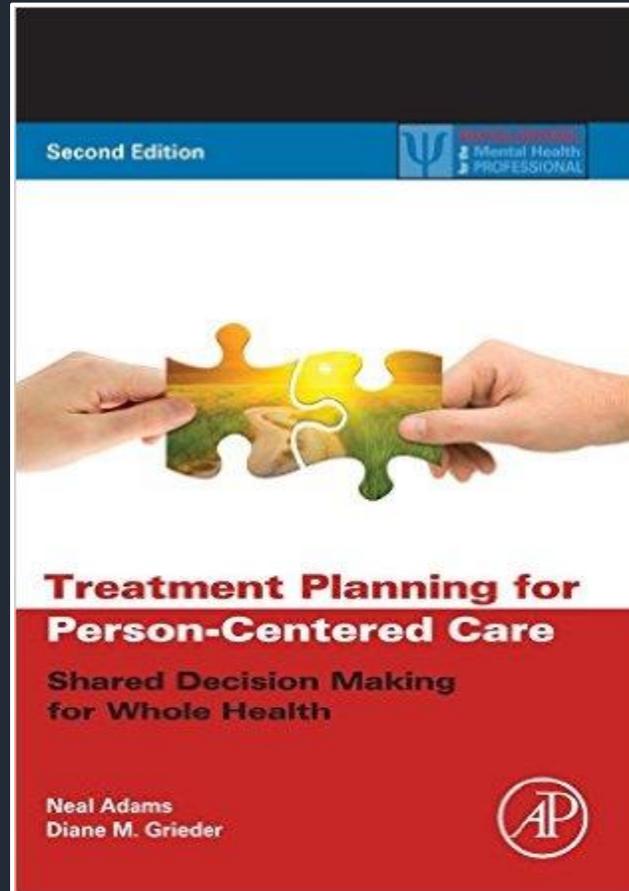
Video Overview of the Ps of PCCP: https://youtu.be/IuNYB9Prnk0
PCP Toolkit: https://portal.ct.gov/DMHAS/Publications/Publications/Person-Centered-Planning

Ask What Matters to Me
NOT
What is the Matter with Me

Building the Person-Centered Care Plan
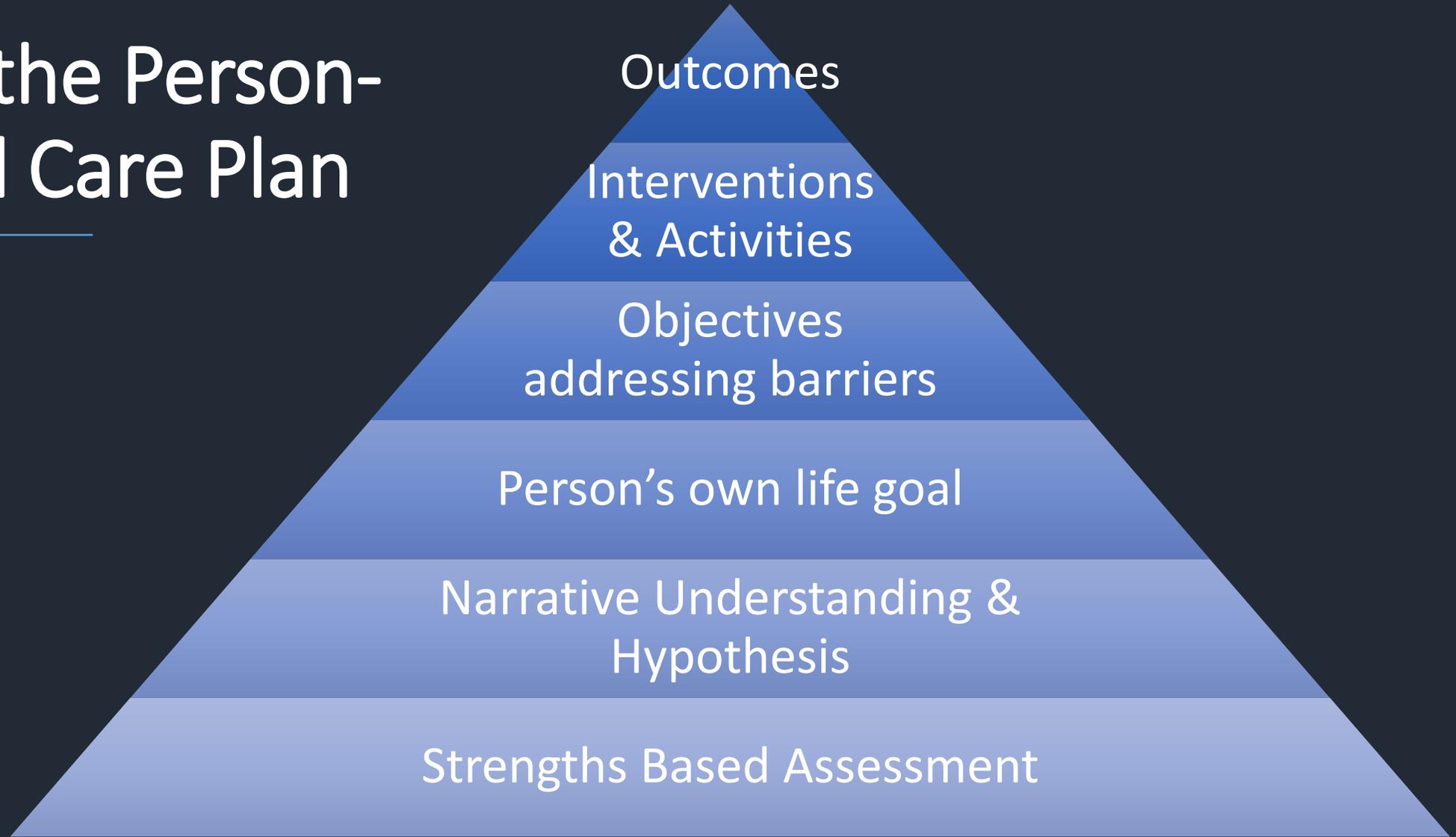
Outcomes

Interventions & Activities

Objectives addressing barriers

Person's own life goal

Narrative Understanding & Hypothesis

Strengths Based Assessment

Developing an Observational PCCP Assessment Measure

Recovery Oriented Plan

    The assessment includes the person's strengths

    The narrative/interpretive summary includes recovery elements

    The objectives go beyond service participation

    The target dates of short-term objectives on the plan/plan update are individualized

    The goal statements on the plan/plan update are about having a meaningful life in the community

    The plan/plan update actively incorporates the person's identified strengths into the goals, objectives, or interventions/action steps

    The plan/plan update describes attempts to help the person to connect with chosen activities in the broader community

    The plan/plan update notes at least one self-directed action step and at least one action step by natural supporters

Recovery Oriented Process

    The plan/plan update is developed collaboratively and there is evidence of direct input from the person

    The plan/plan update uses "person-first" language and the person's name

Technical Proficiency

    The assessment includes a description of the presenting problem/barriers as a result of the mental health or substance abuse issues.

    The interventions incorporate the 5 Ws.

    The objectives meet the SMART criteria.

Distribution of PCCP-AM Items

Process → Person first language, Service User Input

Technical → Assessment: barrier, Objectives: SMART, Interventions: 5Ws

Item	Value
Person first language	0.9874
Service User Input	0.8113
Assessment: barrier	0.717
Objectives: SMART	0.6101
Assessment: strengths	0.5849
Meaningful goals	0.5283
Interventions: 5Ws	0.5094
Interventions: self & natural supports	0.4717
Interpretive summary	0.2893
Objectives: beyond services	0.2704
Integrated strengths	0.2516
Objectives: dates	0.1824
Natural supports/connections	0.1509

Choy-Brown, M., Stanhope, V., Williams, N., & Bond, L. (2020). Delivering person-centered care in community mental health programs. *Research on Social Work Practice, 30*(8), 907–917. https://doi.org/10.1177/1049731520944568

Distribution of PCCP-Assessment Measure Total Scores
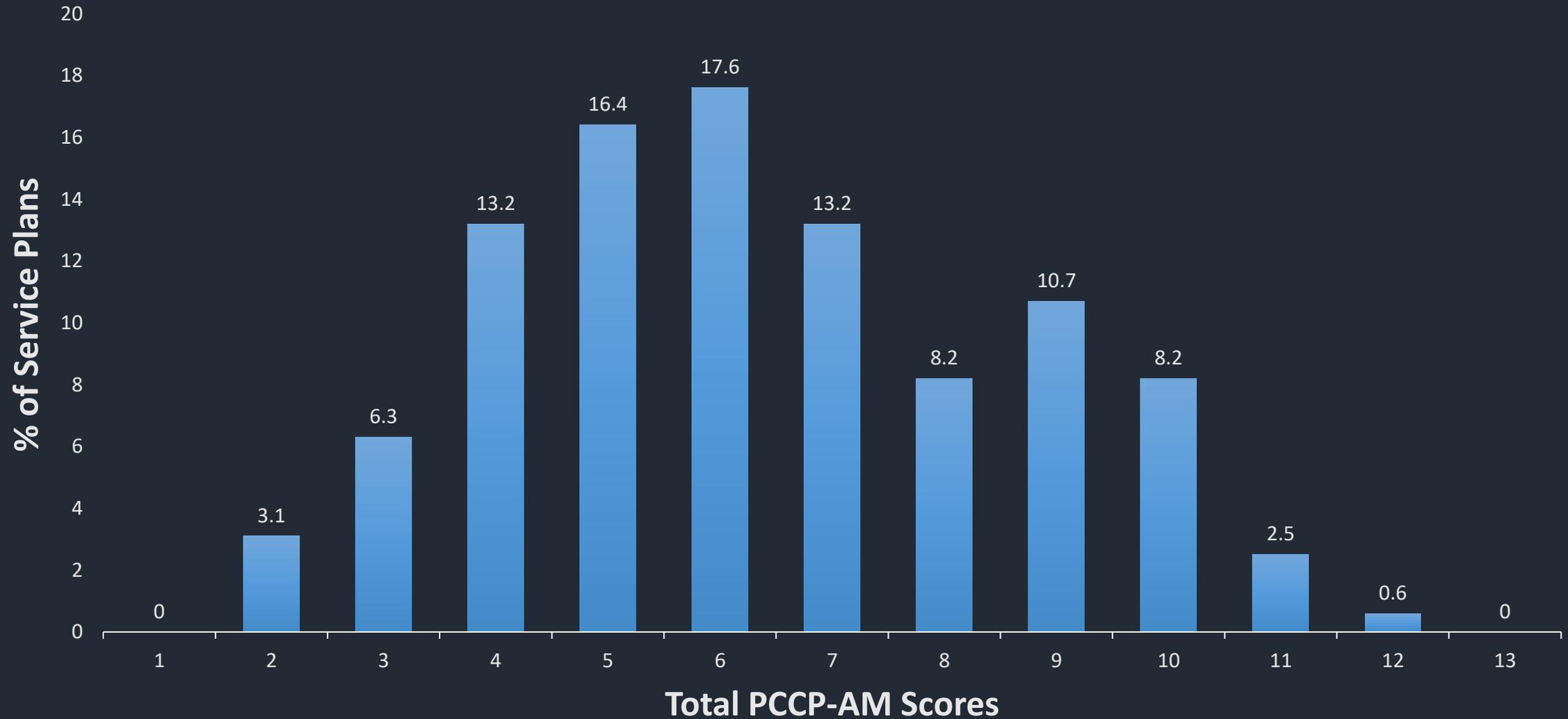
Community Mental Health Programs

➢While community mental health programs vary in intensity and purpose, all share a service planning component

➢Person-centered care specifically identified in following program objectives

  ➢Assertive Community Treatment: Four PCCP items in the TMACT fidelity

  ➢Community Support Programs: Three PCCP items

  ➢Young Adult Services: Client-centered approach is defined

  ➢Group homes require that service plan be individualized
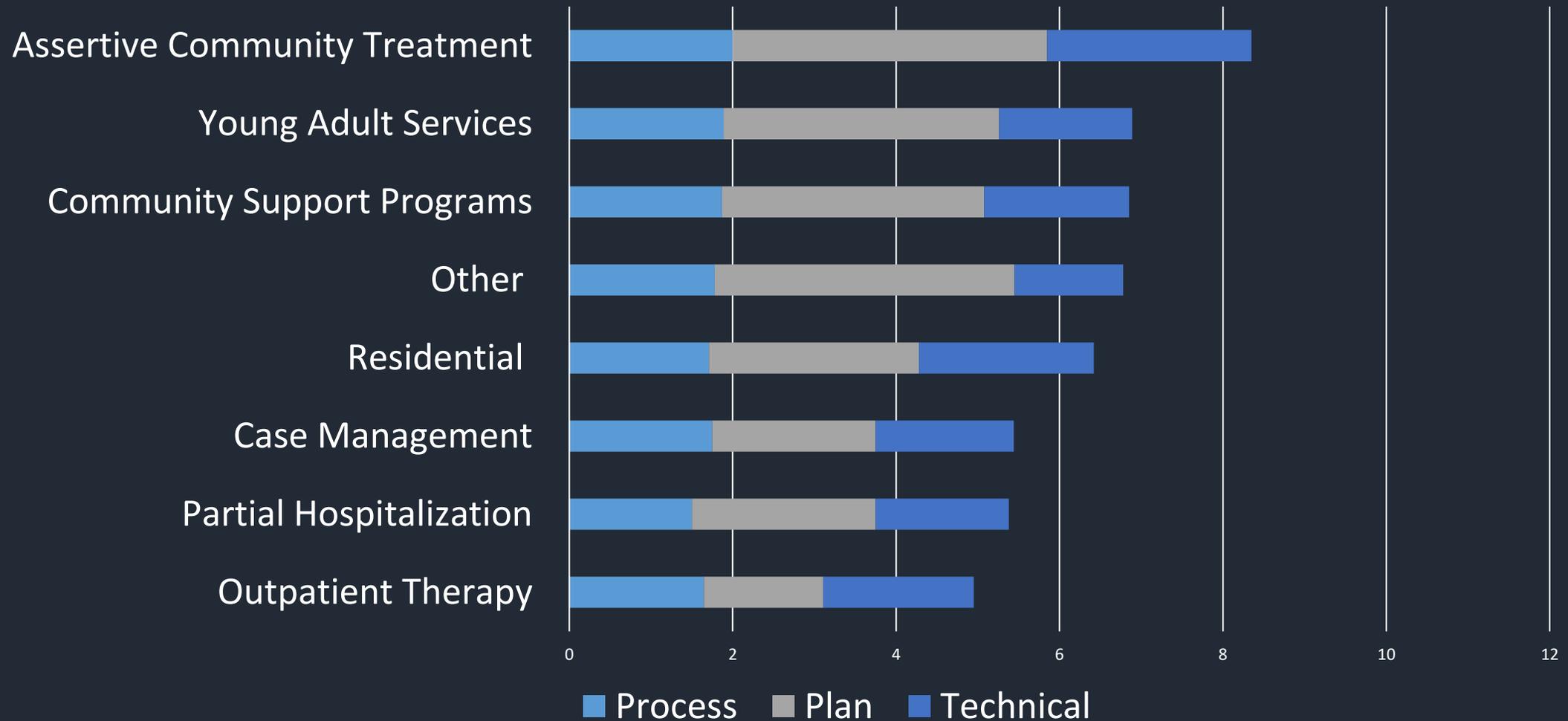
Programs that Defined PCCP had Higher Levels of Adherence

➢Overall programs demonstrated relatively low competency in person-centered care planning

  ➢Agencies were proficient in the technical aspect of service planning and recovery-oriented process but less competent in translating person-centered care into key elements of the service plan

➢Significant variation across community mental health programs

  ➢ACT, CSP and YAS programs with PCCP clearly articulated as part of program requirements had higher levels of PCCP

What is one thing you are doing that you are proud of right now?

- Write it in the chat

- When I say go, please press enter – and we will see a waterfall of things you all are proud of that you are doing right now!

Implementation Strategy #2:
Partner with Stakeholders

What are your concerns about person-centered care planning?

What are the barriers?

What is treatment planning like for you?

Top 10 Common Concerns

1. If given choice, people will make BAD ones

2. Consumers aren't interested/motivated

3. "My clients are sicker"

4. It devalues clinical expertise

5. It violates professional boundaries

6. Its what the clubhouse does…

7. It doesn't't fit with focus on EBPs

8. Payers won't let us do this; Regulations prohibit this

9. The forms don't have the right fields

10. Lack of time/caseloads too high

Tondora J, Miller R, Davidson L. The top ten concerns about person-centered care planning in mental health systems. Int J Pers Cent Med. 2014;2:410–20.
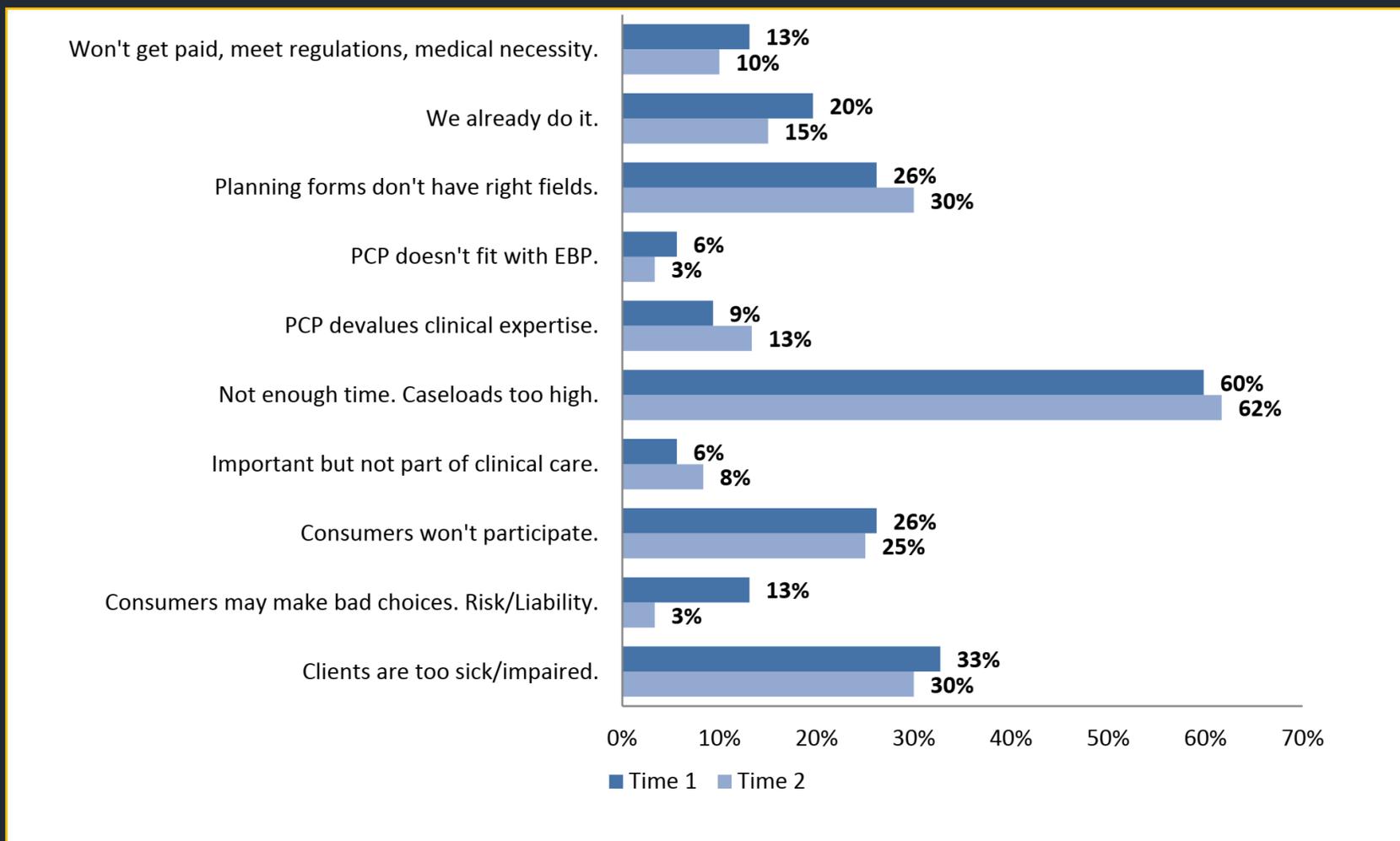
Top Concerns About PCCP

Tondora J, Miller R, Davidson L. The top ten concerns about person-centered care planning in mental health systems. Int J Pers Cent Med. 2014;2:410–20.
Kaufman, L. & Stevens-Manser, S. (2013). Person-Centered Recovery Planning Initiative: Evaluation Report. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin. Retrieved from: https://sites.utexas.edu/mental-health-institute/files/2014/01/Person-Centered-Recovery-Planning-Initiative-Evaluation-Report.pdf

Top Concerns Prior to Training

Partnering with Stakeholders to Build Buy-In

- Asking & Responding to any concerns or feedback from stakeholders

    - Gathers information that will inform tailored strategies

    - Communicates partnership, support, and the expectation for this change

    - Builds a collective emphasis on recovery

- Building Buy-In and engagement at all organizational levels are critical determinants of implementation success

Stanhope, V., Ross, A., Choy-Brown, M., & Jessell, L. (2019). A mixed methods study of organizational readiness for change and leadership during a training initiative within community mental health clinics. *Administration & Policy in Mental Health & Mental Health Services Research*, 46(5), 678–687. https://doi.org/10.1007/s10488-019-00946-x

Implementation Strategy #3:
PCCP Training + Technical Assistance

Person-Centered Care Planning & Service Engagement Trial

Design: Hybrid I Type cluster randomized controlled trial

Randomization: Site level (N=14)

➢7 research sites in experimental and 7 sites in control

➢Experimental to receive PCCP training plus TA

➢Control was treatment as usual

Stanhope, V., Tondora, J., Davidson, L., **Choy-Brown, M.,** & Marcus, S. (2015). Person-centered care planning and service engagement – A study protocol. *Trials, 16*(180), 1–11. https://doi.org/10.1186/s13063-015-0715-0

Multi-component Training Strategy in PCCP

2-day dynamic in-person training with distribution of educational materials

12 months of Consultation:

- Monthly supervisor calls (12) to assist in training their teams and address implementation barriers (problem-solving)
- Monthly team-based calls (12) where team submitted service plan and received feedback (behavioral rehearsal; experiential learning)

Stanhope, V., **Choy-Brown, M.**, Williams, N., & Marcus, S.M. (2021). Implementing person-centered care planning: A randomized controlled trial. *Psychiatric Services.* 72(6), 641-646. https://doi.org/10.1176/appi.ps.202000351

Data Collection

1. Electronic online surveys

- Participants (N=143)
  - Identified by research sites
- Measures
  - Clinical Supervision
  - Implementation Leadership Scale (ILS)
  - Program type

2. Chart Review

- 20 charts randomly sampled per site, per time (0, 12, 18)
- Chart Sample (N=798)
- Measures
  - Person-Centeredness using PCCP-Assessment Measure
    - Cronbach's Alpha = .72
    - Inter-rater reliability = 81%
  - Service user age, race, diagnosis

Stanhope, V., **Choy-Brown, M.**, Williams, N., & Marcus, S.M. (2021). Implementing person-centered care planning: A randomized controlled trial. *Psychiatric Services.* 72(6), 641-646. https://doi.org/10.1176/appi.ps.202000361

Observed Higher PCCP-AM Scores in the Experimental Group

➢ Supervisors participated in the in-person training and majority of technical assistance calls

- ➢ 88% attended both training days
- ➢ 59% attended at least 10 of 12 monthly supervisory technical assistance calls and 73% presented a case plan

➢ Person-centeredness of service plans did not differ significantly between treatment and control groups at baseline

➢ Significant time by condition interaction such that person-centeredness increased at a significantly greater rate in the experimental group relative to control from baseline to 12-months (d=.49) and from baseline to 18-months (d=.67)

Stanhope, V., **Choy-Brown, M.**, Williams, N., & Marcus, S.M. (2021). Implementing person-centered care planning: A randomized controlled trial. *Psychiatric Services.* 72(6), 641-646. https://doi.org/10.1176/appi.ps.202000351

Training plus TA Improved PCCP Implementation

➢ Person-centered care can be operationalized, trained, measured, and translated to positive observed change

➢ PCCP training has a medium-to-large effect on person-centeredness of service planning process even with variance in dose among supervisors, overall positive change

➢ Limitations
  ➢ Only captures service plans not care process
  ➢ Study did not measure the service user perspective
  ➢ Observations aggregated to team level

Check Out Tips & Resources or contact if interested in tailored staff training
https://practicetransformation.umn.edu

What is one thing someone else does (or could do) that helps you?

- Write it in the chat

- When I say go, please press enter – and we will see a waterfall of activities that help us!

Implementation Strategy #4:
Use Evidence-Based
Clinical Supervision Strategies

Community Mental Health Workforce Supervision

❖Primary goal of clinical supervision is to ensure competent delivery of care through providing onsite, responsive support and professional development for clinicians.

❖Nearly all States mandate supervision for clinicians' licensure and as a mechanism of quality required by third-party payers

❖94% of behavioral health treatment clinics reported weekly case review by a supervisor in 2018

Administrative

Educational

Supportive
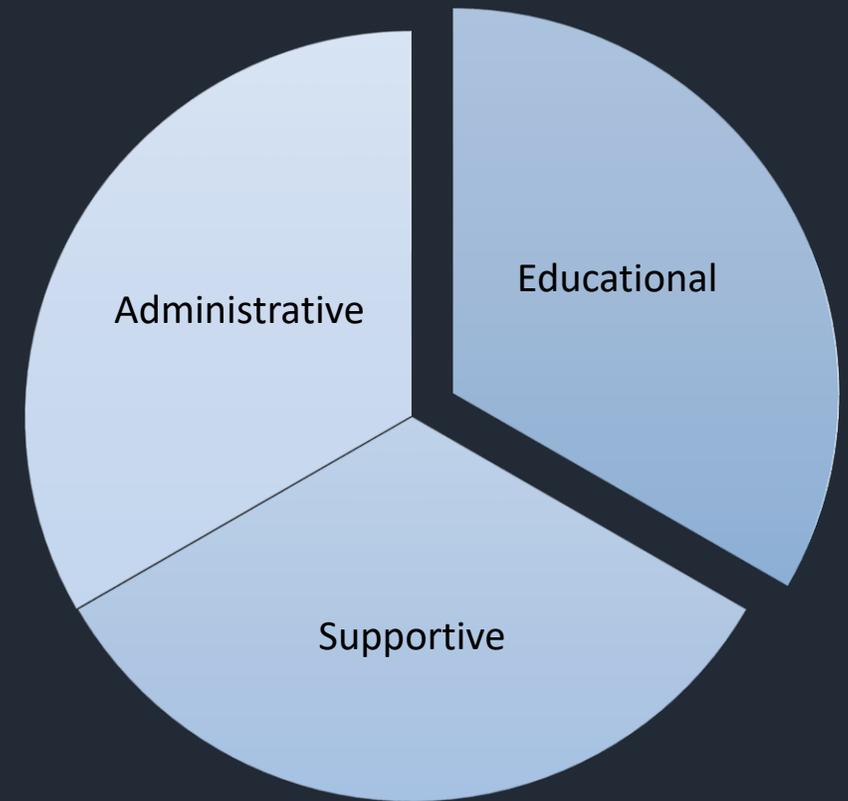
Kadushin & Harkness, 2002

Supervision: An Opportunity for Practice Change

Define and Measure PCCP in the context of supervision

Listen & Respond to Concerns (& Identify Strides, Strengths, and Wins!)

Data Informed Feedback

Experiential Learning Opportunities

Engaging and Motivating Participation in the adoption of PCCP

Supervisory Strategies to Promote Adoption of PCC

Research Question: How did workplace-based supervisors translate PCCP to providers across their programs?

Method:

▪ Criterion sample of supervisor-provider teams participated in qualitative interviews (n=34) and direct observation

▪ Modified grounded theory analytic strategy

▪ Strategies for Rigor

Choy-Brown, M. (2021). "I see your punitive measure and I raise you a person-centered bar": Supervisory strategies to promote adoption of person-centered care. *Community Mental Health Journal.* Advance online publication. https://doi.org/10.1007/s10597-021-00783-z

Supervisory Strategies to Improve Adoption

- Attuning to Staff
- Motivating
- Calibrating Feedback

Knowing Your Audience

Provider Adoption

- Infusing Reminders
- Staying Vigilant
- Making Sense

- In Vivo Supervision
- Modeling
- Shared Experiences

Practicing Together

Chipping Away

Choy-Brown, M. (2021). "I see your punitive measure and I raise you a person-centered bar": Supervisory strategies to promote adoption of person-centered care. *Community Mental Health Journal.* Advance online publication. https://doi.org/10.1007/s10597-021-00783-z

Data Informed Feedback in Supervision

- Supervisors are successful deliverers of performance feedback

- Gather Data

    - Observe Practice, Chart review, Client Input, Measurement-Based Care

- Provide strengths-based feedback based on the gathered observations

Ivers, N., Jamtvedt, G., Flottorp, S., Young, J. M., Odgaard-Jensen, J., French, S. D., … Oxman, A. D. (2012). Audit and feedback: Effects on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, *2012*(6). https://doi.org/10.1002/14651858.CD000259.pub3

Choy-Brown, M. (2021). "I see your punitive measure and I raise you a person-centered bar": Supervisory strategies to promote adoption of person-centered care. *Community Mental Health Journal.* Advance online publication. https://doi.org/10.1007/s10597-021-00783-z

Experiential Learning During Supervision

- Active learning strategies in supervision have predicted use of a skill in the next direct practice session

- Gold standard teaching and supervision strategy to promote competent use of skills

- An opportunity for supervisors and staff to practice AND observe

- Practice PCCP and giving strengths-based feedback on PCCP

Experiencing

Reflecting

Acting

Thinking

Bearman, S. K., Weisz, J. R., Chorpita, B. F., Hoagwood, K., Ward, A., Ugueto, A. M., & Bernstein, A. (2013). More practice, less preach? The role of supervision processes and therapist characteristics in EBP implementation. *Administration and Policy in Mental Health and Mental Health Services Research*, *40*(6), 518–529. https://doi.org/10.1007/s10488-013-0485-5

Dorsey, S., Kerns, S. E. U., Lucid, L., Pullmann, M. D., Harrison, J. P., Berliner, L., … Deblinger, E. (2018). Objective coding of content and techniques in workplace-based supervision of an EBT in public mental health. *Implementation Science*, *13*(1). https://doi.org/10.1186/s13012-017-0708-3

Using Supervision Strategies Promotes PCCP

❖ Using evidence-based supervision strategies provides an embedded, complex multi-component, responsive implementation strategy encompassing social and technical learning elements

❖ Using data informed feedback, active practicing together, and attuning to your staff are successful strategies in supervision

❖ Next Steps: Still much to learn about workplace-based supervision and how it supports implementation efforts.

Implementation Strategy #5:
Harness the Electronic Health Record

Prompts, audits, and ease of workflow can be facilitated through the Electronic Health Records

Electronic Health Records

Elizabeth Matthews, PhD, MSW

- Nearly all (82%) of community mental health agencies have or plan to adopt EHRs[1]

- Digital records that make information available instantly[2]

- EHR use influences clinical practice by introducing standardization, automation, and secure & efficient information exchange

- However, EHR design has been ill-equipped for mental health treatment

National Council for Community Behavioral Healthcare. (2012). HIT adoption and readiness for meaningful use in community behavioral health: Report on the 2012 National Council Survey. Washington, DC: National Council for Community Behavioral Healthcare. Retreived from https://www.thenationalcouncil.org/wp-content/uploads/2012/10/HIT-Survey-Full-Report.pdf
ONC (2019) *What is an Electronic Health Record?*. Retrieved from https://www.healthit.gov/faq/what-electronic-health-record-ehr

Increasing evidence suggests the EHR plays a critical role in the implementation of PCCP

- Significant differences in PCCP fidelity among clinics with EHRs in different stages of development.

- Usability of the EHR significant determinant of implementation outcomes

- Clinics were unable to individualize service plans and encountering technical difficulties.

- Barriers to person-centered care:

    - Drop-down boxes and pre-determined outcomes.

    - Clinic responses included customizing their record or developing workarounds

Stanhope, V., & Matthews, E. (2019). Delivering person-centered care with an electronic health record. *BMC Medical Informatics and Decision Making, 19*(1), 168.
https://bmcmedinformdecismak.biomedcentral.com/track/pdf/10.1186/s12911-019-0897-6.pdf

Key Elements in Person-Centered EHR Design

➢ EHR structure and elements

- Goals at the top (rather then problems)
- Strengths integrated into each goal area
- Prompts/dropdowns for elements required for billing/accreditation (e.g., frequency, duration, type) AND open text to personalize service

➢ User interface

- Online help and examples of PCCP elements
- Flexible to capture flow of a recovery conversation
- Amenable to change over time

➢ Structure supports individualized plans

- Integrate documents such as Advanced Directives

Top Five Implementation Strategies

Define and Measure It

Listen & Respond to Concerns

Train & Provide Technical Assistance
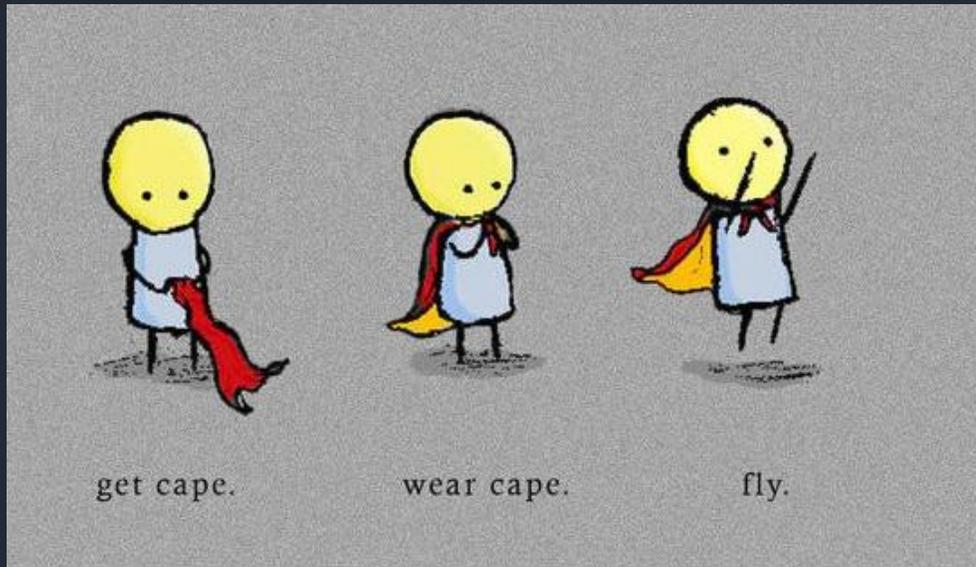
Use Evidence-Based Clinical Supervision Strategies

Harness the Electronic Health Record

Questions for Further Reflection & Action

- What gap exists between the rhetoric and the reality of person-centered care?

- Are there aspects of treatment (e.g., medication) that resist recovery principles?

- What are the patterns of exclusion from taking a person-centered care planning approach?

Jessell, L., & Stanhope, V. (2021, July 19). "How Do You Try to Have Anyone Comply or at Least Be Pliable With You If That Person's Not Even Medicated?": Perspectives on the Use of Psychiatric Medication Within Recovery-Oriented Practice. Psychiatric Rehabilitation Journal. Advance online publication. http://dx.doi.org/10.1037/prj0000493

get cape.   wear cape.   fly.

What is one thing you can do to promote person-centered care?

Please feel free to share in the chat

Takeaways – Implementing PCCP is Possible!!

- Many tools out there to support this work for people seeking care, providers, organizations, and systems

- Implementation takes resources – time, administrative, leadership, and financial support

- It's worth it to promote hope, dignity,

self-determination, and recovery-focused care

Picture By Alice

And, if you get stuck, reach out to this community and beyond!

Thank you for all you are doing to bring hope and humanity to this space!

Questions? Comments? Interested in Research?

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