



THE OHIO STATE UNIVERSITY

Advancing Implementation & Care Coordination in Health & Social Service Systems

May 11, 2022

Lisa A. Juckett, PhD, OTR/L, CHT
School of Health & Rehabilitation Sciences

Alicia C. Bunger, MSW, Ph.D.
College of Social Work

Agenda

- I. Implementation & Care Coordination
- II. Strategies to Implement Across a Care Continuum (Lisa)
- III. Strategies to Implement Across Systems (Alicia)
- IV. Q&A

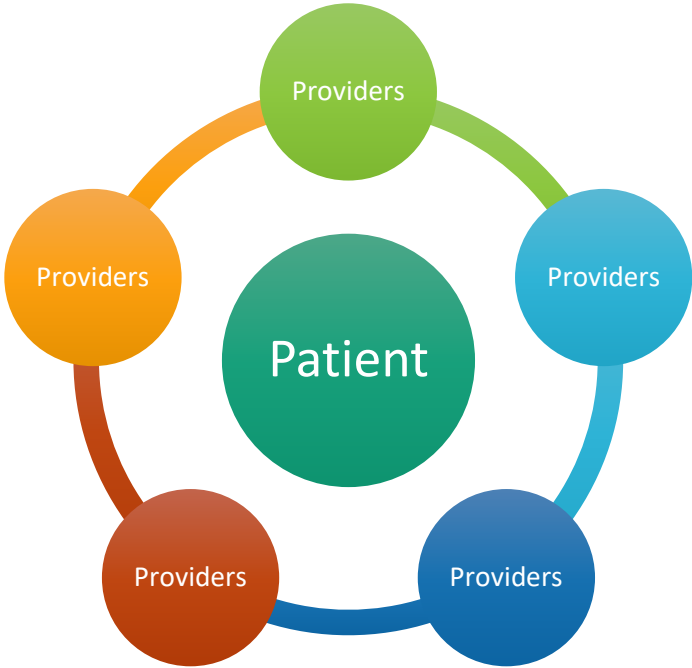




“Implementation research is defined as the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health.”
[NIH PAR-19-274]

Interventions for Coordinating Care

“Care coordination
involves deliberately
organizing patient care
activities and sharing
information among all
of the participants
concerned with a
patient's care to
achieve safer and more
effective care”



Coordination Activities
Establish Accountability/Negotiate Responsibility
Communicate
Facilitate Transitions
Assess Needs and Goals
Create a Proactive Plan of Care
Monitor, Follow Up, and Respond to Change
Support Self-Management Goals
Link to Community Resources
Align Resources with Patient and Population Needs
Broad Approaches
Teamwork Focused on Coordination
Health Care Home
Care Management
Medication Management
Health IT-Enabled Coordination



Implementation Strategies Are...

“...Methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice”

OR

The “*how*” of implementation

Proctor, Powell, & McMillen, 2013

What Strategies Are Needed for Implementing Coordination Activities/Interventions?



Use evaluative and iterative strategies

- Assess for readiness and identify barriers and facilitators
- Audit and provide feedback
- Purposefully reexamine the implementation

Adapt and tailor to context

- Tailor strategies
- Promote adaptability
- Use data experts

Train and educate stakeholders

- Conduct ongoing training
- Distribute educational materials
- Use train-the trainer techniques

Engage consumers

- Increase demand
- Use mass media
- Involve patients/consumers and family members

Change infrastructure

- Mandate change
- Change record systems
- Change physical structure and equipment



Borrowed from University of Washington:

<https://impsciuw.org/implementation-science/research/implementation-strategies/>

- Facilitation
- Provide local technical assistance
- Provide clinical supervision

Provide interactive assistance

- Identify and prepare champions
- Organize clinician implementation team meetings
- Identify early adopters

Develop stakeholder interrelationships

- Remind clinicians
- Revise professional roles
- Facilitate relay of clinical data to providers

Support clinicians

- Alter incentive/allowance structures
- Access new funding
- Fund and contract for the clinical innovation

Utilize financial strategies



Lisa!



Collaboration Strategies for Implementing Cross-System Interventions with Child Welfare & Behavioral Health Organizations

Alicia Bunger
OSU Social Work

Emmeline Chuang
UC Berkeley Social Welfare

Amanda Girth
OSU Glenn College

Kathryn Lancaster
OSU Public Health

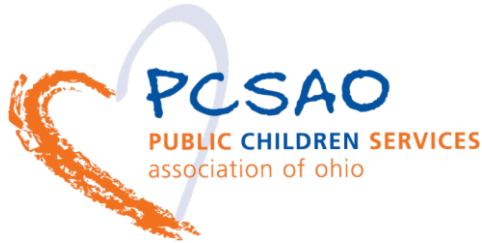
Rebecca Phillips
Social Work

Rebecca Smith
Glenn College

Jared Martin
Education & Human
Ecology



Acknowledgements



"Advocating Today for a Healthy Tomorrow"



- National Institute on Drug Abuse (R34DA046913)
- Robert Wood Johnson Foundation, Systems for Action (ID76434)
- Ohio State University Engagement Impact Fund
- Thank you to our partners!
 - Fawn Gadel
 - Marla Himmeger
 - Jennifer Millisor
 - Teresa Lampl
 - Cheri Walters
 - Tina Willauer
 - Greg Aarons
 - Byron Powell
 - Lisa Saldana



Building Bridges to Link Social Service Systems and Behavioral Health Care

Cross-System Interventions

- Interventions that depend on services/support/actions from entities in more than one system to be delivered.
- May be designed link more than one type of service or service delivery system to promote access to comprehensive/integrated services
- Challenging to implement





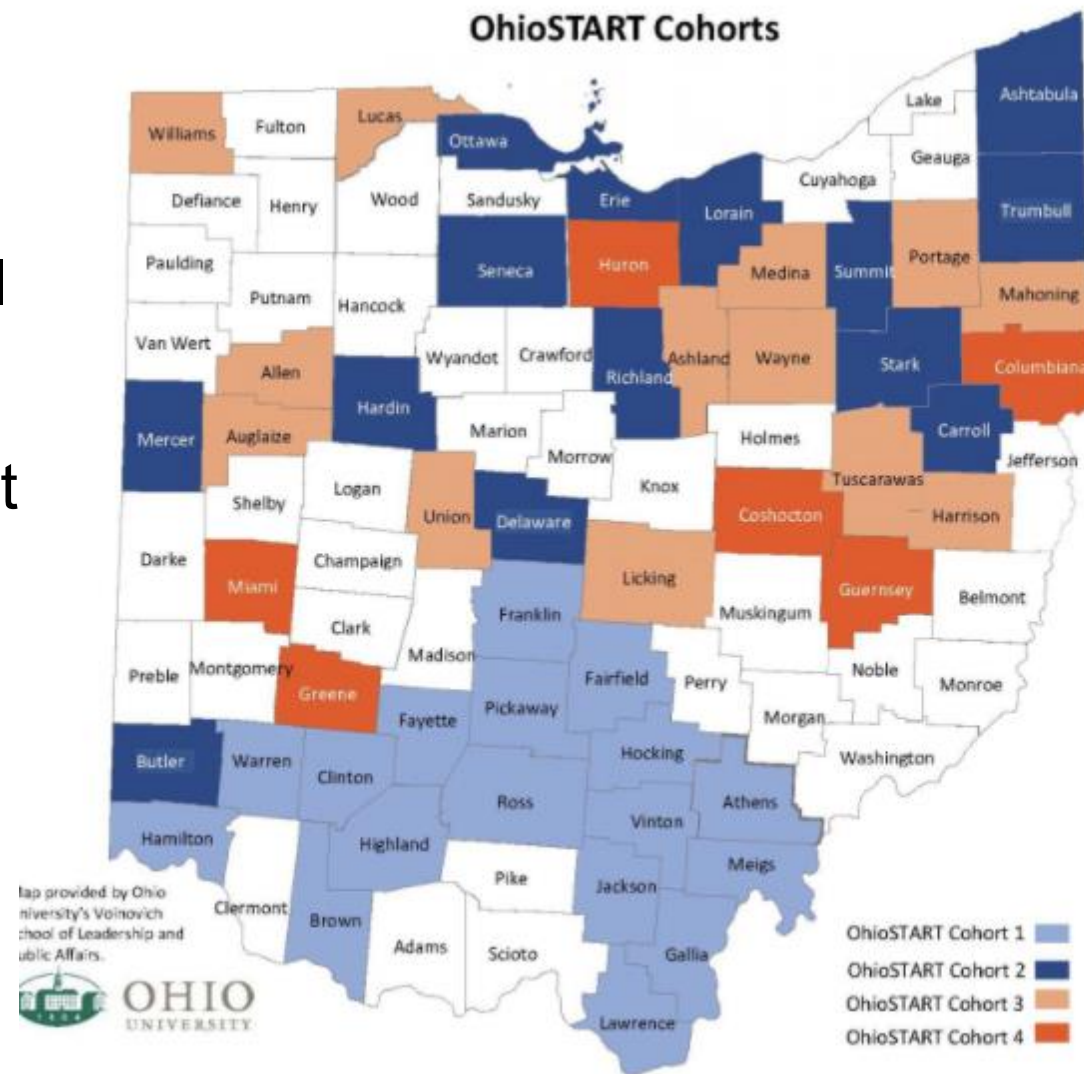
Child welfare intervention for families affected by child maltreatment & parental substance use disorder (SUD)

- ✓ Expedites parents' access to treatment
- ✓ Improves treatment retention
- ✓ Increases level of sobriety
- ✓ Keeps families together during and after the intervention

Hall, Wilfong, Huebner, Posze, & Willauer, 2016

Huebner, Posze, Willauer, & Hall, 2015

Huebner, Willauer, & Posze, 2012.



What Kind of Collaboration Does it Take to Implement START?

Collaboration Strategies are Implementation Strategies

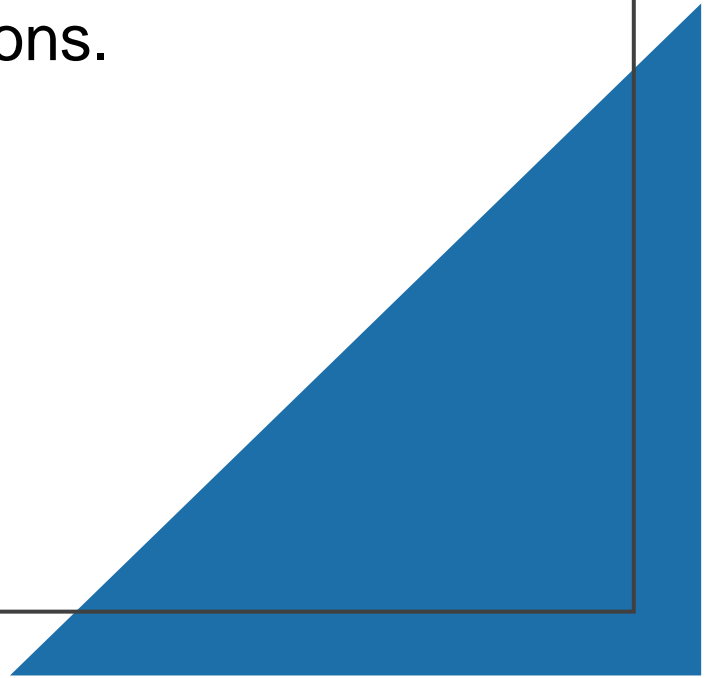
- Relationships across child welfare and behavioral health systems are important for START.
- Collaboration can be challenging and look different in every county.



Design

Aim: Identify and classify multi-level collaboration strategies used to implement cross-system interventions.

- Multiple Case Study = 17 counties (Cohorts 1 & 2)



Data Sources and Analysis

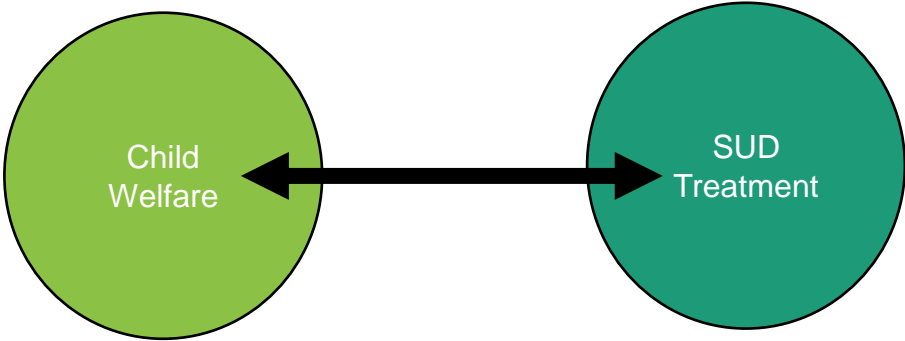
- Formal partnership agreements (contracts, MOUs)
- 48 small group interviews = 104 individuals
 - Child welfare agency
 - Substance use treatment partner(s)
 - Regional behavioral health board
- Data collected: December 2019-March 2020; August 2020-April 2021
- Template approach (using codes from our conceptual model, START manual) and content analysis
- Expert Panel Meetings – strategy definitions and specification



Results – Collaboration Strategies

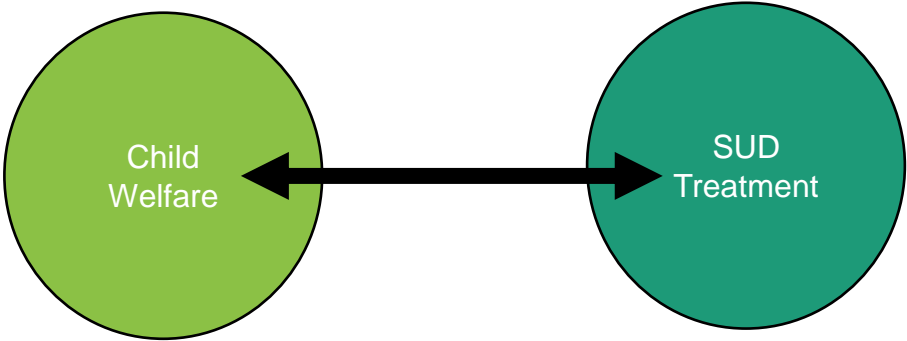
- Identified 7 collaboration strategies used to align CW-SUD organizations
- Identified 3 approaches to coordinating systems

Results



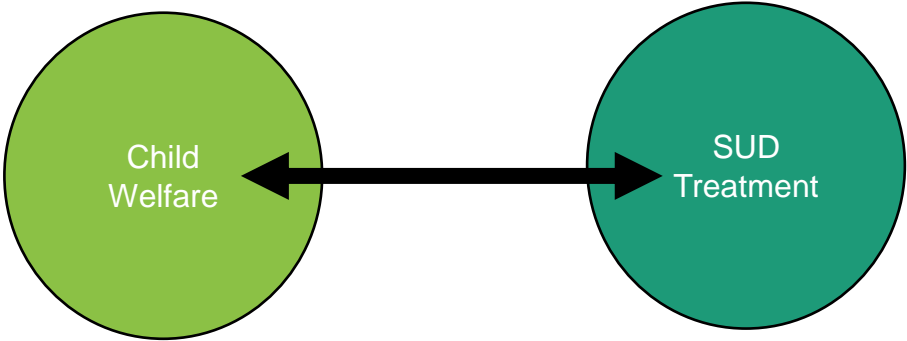
Function	Agency Leaders	Supervisors	Front-Line Staff
Staff the Program			

Results



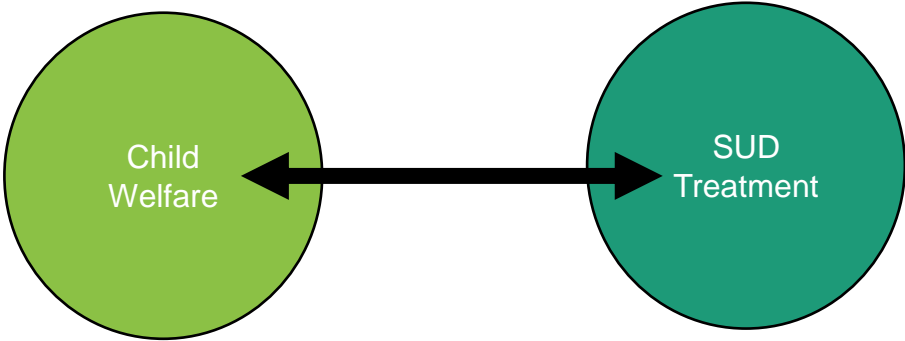
Function	Agency Leaders	Supervisors	Front-Line Staff
Staff the Program	<div>1. Contract Out for Expertise</div> <div>2. Co-Locate Staff</div>	<div>3. Joint Supervision</div>	

Results



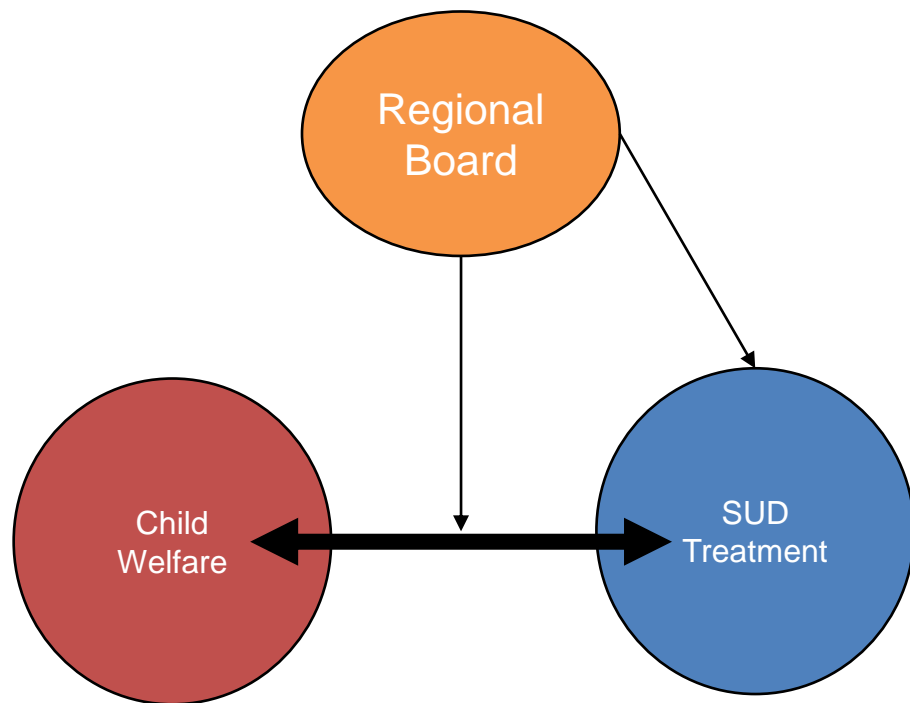
Function	Agency Leaders	Supervisors	Front-Line Staff
Staff the Program	1. Contract for Expertise 2. Co-Locate Staff	3. Joint Supervision	
Expedite Service Access	4. Expedited Access Agreements	5. Referral Protocols	

Results



Function	Agency Leaders	Supervisors	Front-Line Staff
Staff the Program	1. Contract for Expertise 2. Co-Locate Staff	3. Joint Supervision	
Expedite Service Access	4. Expedited Access Agreements	5. Referral Protocols	
Case Alignment	**Buy in/Support needed	6. Shared Decision Meetings 7. Sharing Data/Info	

Results – System Coordination



Planning

- Share general information
- Participate on START Steering Committees = 7 counties (41%)

Brokering = 7 counties (41%)

- Provide information about providers during partner selection
- Provide connection to BH provider or family peer mentor

Resourcing = 4 counties (23%)

- START program = 1 county (6%)
- START clients (Hotel vouchers, food cards) = 4 counties (23%)

Function	Strategies
Staff the Program	Contract out for needed expertise, Joint Supervision, Co-Location
Expedite Service Access	Formal Agreements to Expedite, Referral protocols
Case Alignment	Shared decision-making meetings; Data sharing/reporting

General Board Engagement might also be helpful

ADAMH coordinates the BH service system in ways that support Ohio START

- 16 counties (94%)

More active approaches to direct coordination are rare

- Attempts to centralize or standardize referrals in 2 counties

Local Assessment Activities

- Identify unmet community needs
- Assess service availability

Policy Development Activities

- Build community support for behavioral health care

Assurance Activities

- Disseminate information about available services
- Connect clients to services
- Develop centralized referral agency in county
- Legitimate providers
- Fund programs and treatment
- Contract with providers out of county to expand services
- Encourage change (directives)
- Provide training
- Develop standard release/referral forms

Take Aways...

- There is no standard way of collaborating for implementation
- Levels – Collaboration Strategies used at multiple levels
- Temporality – Initiated at different times during implementation
- Interdependence – Some lay the foundation for strong collaboration

**Collaboration Strategies are
Implementation Strategies**



Now What?

- How do collaboration strategies lead to better implementation?
- Examine regional variations in strategy selection and their effectiveness for implementation
- Create collaboration strategy toolkit (Collaborating Across Systems for Program Implementation; CASPI)

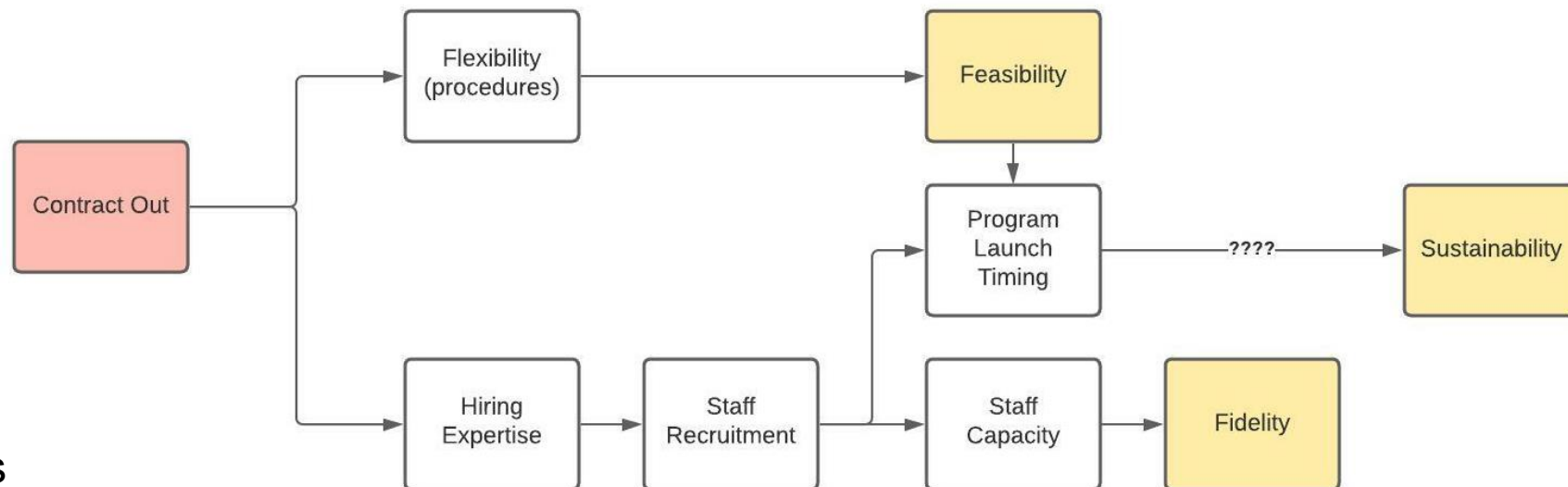
		ACTOR	ACTION	START SPECIFIC APPLICATION(S)	MECHANISM	JUSTIFICATION	CONSIDERATIONS	TEMPORALITY
#	LABEL	Who uses the strategy?	Description of the strategy	How is the strategy used in Ohio START?	How does this strategy work? How does it lead to implementation?	Why would we use this strategy?	What are the key considerations that might affect the success of this approach?	When is the strategy used?

CW-SUD Collaborative Strategies - Child welfare and substance use treatment partners establish inter-organizational agreements to...

A. STAFF THE PROGRAM

Contract out for needed expertise	Administrators responsible for programming/staffing decisions, procurement staff, HR staff	Outsource a staff role needed to implement a particular program/model to another organization. This entails an agreement that the staff person in this position is employed by another organization for purposes of supporting the EBP/program in the focal organization.	Child outsource ment beha The b organ of the [altho hiring admi peer share welfa healt	Organizations contract out for specialized staff.	Program Staffing, secure			
-----------------------------------	--	---	--	---	--------------------------	--	--	--

1. Contract Out for Needed Expertise - Outsource a staff role needed to implement a particular program/model to another organization. This entails an agreement that the staff person in this position is employed by another organization for purposes of supporting the EBP/program in the focal organization.



Series of expert panel meetings where we specified each of our collaboration strategies per Proctor et al (2013) guidelines.

We should think about the counterfactual (hire inhouse). Does this still work?

CASPI in progress...

What Did We Find?

Child welfare agencies and substance use disorder treatment providers used 7 different strategies to accomplish 3 main objectives during implementation. These strategies are used by professionals in leadership, supervisory, and front-line roles:

Objective	Strategy	Who Uses It?	Potential Impact
1. Staff the Program	Contract For Expertise	Agency Leaders; Procurement & Human Resource Staff	Increase organizational capacity Enhance Feasibility
	Co-Locate Staff	Agency Leaders	Improve relationships and interactions Improve Fidelity
	Joint Supervision	Supervisors	Build staff skill, Enhance support, Improve Fidelity
2. Promote Service Access	Expedited Access Agreements	Agency Leaders	Shared understanding of processes, Improve Fidelity, Timely service access
	Referral Protocols	Supervisors	Shared understanding of processes, Improve Fidelity, Timely service access
3. Align Case Plans	Shared Decision Meetings	Supervisors, Front-Line Staff (with buy in from leaders)	Facilitate information sharing, Build buy-in and consensus Enhance acceptability with families Enhance family centeredness Improve Satisfaction Improve Fidelity
	Sharing Data	Supervisors, Front-Line Staff (with buy in from leaders)	Facilitate information sharing Improve Fidelity

1.B Collaboration Strategies to Staff the Program

Child welfare and substance use treatment providers might collaborate in three ways to staff the program

1.B.1 Contract out for Expertise

Contracting out for expertise involves outsourcing a staff role needed to implement a particular program/model to another organization. This entails an agreement that the staff person in this position is employed by another organization for purposes of supporting the EBP/program in the focal organization.

Ohio START Specific Application:

Child welfare agencies outsource the family peer mentor position to their behavioral health partner. The behavioral health organization is the employer of the family peer mentor, although responsibility for hiring/supervision/administration of the family peer mentor position is shared by both the child welfare and behavioral health partners.

"It seems to be important that there's this recognition that there is this balance of these two agencies and I think it calls [agency leaders] to the table quite a bit just to make sure that we're taking care of each other in these roles".

How Does This Strategy Lead to Better Implementation?

Organizations contract out for specialized staff, which secures the needed staff capacity/personnel to deliver the new program. In some instances, contracting out allows for great flexibility in hiring and qualifications, and brings in expertise around hiring and supporting this specialized position; this can lead to securing and retaining a qualified candidate who can implement the model with stronger fidelity. Contracting out could also lead circumvent strict and lengthy hiring procedures in a public agency leading to quicker program launch/implementation. Contracting out also provides greater flexibility to CW agencies which could improve perceived feasibility (although perhaps might affect long term sustainment).

When?

Contracting out for expertise might be used for the entire duration of an intervention's use and sustainment. During Planning, the details of the arrangement should be included in the contract or partnership agreement. During Implementation and Sustainment phases, the arrangement might be revisited quarterly, and renewed annually.

What Key Considerations Might Affect the Success of this Strategy?

- Engage human resource professionals in conversation and planning
- Develop a specific job description and use the hiring manuals for model; these details can be included in the contract or Memorandum of Understanding or as attachments.
- Strong and detailed agreements are important because difficulty hiring and supporting a peer mentor has potential to harm the peer mentors, families, and the reputation of your program in community.

Questions?

Research Website

<https://u.osu.edu/collaborateforchange/>

