Assessing Organizational Ability to Support Client Self-Management

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Behavioral Health: Assessing Organizational Ability to Support Client Self-Management
Overview

- This is the second session of the “2017 Self-Management Support Webinar Series”

- Each session will be interactive (e.g., polls and interactive chat functions), with 45 minutes of presenter-led discussion, followed by 15 minutes of presenter and participant discussions

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com
Assessing Organizational Ability to Support Client Self-Management

- Developed by:
  - The Lewin Group
  - SAMHSA-HRSA Center for Integrated Health Solutions

- Hosted by:
  - The Medicare-Medicaid Coordination Office (MMCO)
  - Resources for Integrated Care
Accreditation

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Continuing Education Information

- Complete the post-test through CMS’ Learning Management System and score a 80 percent or higher by midnight August 7, 2017
This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

To learn more about current efforts and resources, visit Resources for Integrated Care at: [https://www.resourcesforintegratedcare.com](https://www.resourcesforintegratedcare.com)
Introductions

- Alexis Estomin
  Consultant, The Lewin Group

- Larry Davidson
  Professor of Psychiatry; Director, Yale Program for Recovery and Community Health

- Kristin Davis
  Director of Evaluation, Thresholds, Inc.

- Larry Fricks
  Deputy Director, Centers for Integrated Health Solutions
Webinar Outline/Agenda

- Polls
- Overview of Self-Management Support (SMS)
- Self-Management Support: Organizational Assessment Tool (SMS OAT)
- Using the SMS OAT to Assess Organizational Capacity for SMS
- Implementing a Culture of Recovery
- Questions & Answers
Webinar Learning Objectives

Upon completion of this webinar, participants will be able to:

1. Define the importance of SMS in serving clients managing mental illness and/or substance use conditions
2. Recognize their organization’s ability to support self-management activities using the SMS OAT
3. Identify best practices for expanding capacity to integrate support for self-management
Overview of Self-Management Support

Larry Davidson, Ph.D.
Professor of Psychiatry
Director, Program for Recovery and Community Health
Yale University
Self-Management in Behavioral Health

- The Institute of Medicine describes self-management as “the tasks that individuals must undertake to live well with one or more chronic conditions”

- Until fairly recently, it was not considered possible to “live well” with a chronic illness if that illness were a “mental illness” and/or “addiction” as opposed to a physical/medical illness. Serious mental illnesses and substance use disorders were assumed to be not only chronic but chronically debilitating and progressive

- With the Recovery Movement, we have now come to understand that “living well” in the face of a mental illness or addiction is just as possible, and just as important, for persons with behavioral health conditions as for persons with other chronic health conditions
Implications of Recovery Movement for Self-Care

- While many people will recover fully from behavioral health conditions, others will find it necessary to learn to live a full life with such a condition (called “personal recovery”). Learning the self-management skills necessary to do this becomes a central focus of behavioral health care.

- Teaching and reinforcing self-management skills thus requires a paradigm shift in behavioral health from viewing clients as passive recipients of care delivered by expert practitioners to taking an active, collaborative role in their own recovery and in their everyday lives.

- Organizations need to make this paradigm shift, as well.
Supporting Self-Management Involves…

- **Eliciting and understanding the person’s own perspective** on his or her situation, including on causes/nature of illness
- **Engaging people in collaborative decision-making** within the context of a person-centered care planning process which builds on the person’s strengths and orients treatment to his or her needs, preferences, and goals
- **Activating the person** to learn and exercise self-care skills
- **Mobilizing natural supports** to encourage and reinforce use of self-care skills
- **Using client feedback** to improve acceptability, quality, and effectiveness of care
Self-Management Support: Organizational Assessment Tool (SMS OAT)

Alexis Estomin
SMS OAT: Background

- Developed by Lewin in collaboration with CMS and with the input of experts with subject matter expertise in consumer-centered care, self-management support, and care coordination
- Supporting self-management involves a paradigm shift away from the traditional medical model towards a shared decision-making model with clients
- This may mean the adoption of new organizational processes to teach individuals the skills to manage their conditions and health over time and to collaborate with their health care providers to make decisions about their care
Aims to help administrators, providers, and other service delivery staff in organizations that serve individuals with serious mental illness or substance abuse conditions to:

- Raise awareness of the features of client interactions and care processes consistent with self-management support
- Provide a ‘blueprint’ to assess self-management support activities
- Highlight examples to expand the capacity to integrate self-management support
SMS OAT: Structure

- Section 1: Self-Management Support Foundations
  - Activating Clients to Engage in Self-Management
  - Self-Management Support and Care Planning
  - Supporting Self-Management with Care Teams

- Section 2: Monitoring Self-Management Support Activities

- Tools and Resources
Using the SMS OAT

- Self-assessment tool
- Three versions
  - Online interactive form
  - Downloadable PDF
  - Interactive excel tally form

### Section 1: Self-Management Support Foundations

#### 1.1 Activating Clients to Engage in Self-Management

<table>
<thead>
<tr>
<th>How often does this element occur?</th>
<th>Are there policies in place and staff trainings available for this element?</th>
<th>Does the organization consider client feedback on this element?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes</td>
<td>Organizational Policy OR Staff training</td>
<td>No</td>
</tr>
<tr>
<td>Usually</td>
<td>Organizational Policy OR Staff training</td>
<td>Yes</td>
</tr>
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**Examples**

- Train staff to use non-judgmental language when communicating with clients (e.g., emphasizing acceptance, genuineness, and empathy in communications; saying "yes, and" instead of "yes but" and avoiding words such as "never" and "should.") Sensitivity to language choice is particularly important when inquiring about alcohol and drug use patterns.
- Offer private places to discuss care concerns or schedule appointments.
- Ask clients and their natural supports about their experiences with providers and staff, and offer opportunities for anonymous feedback.

**How often does this element occur?**
- Usually
- Sometimes
- Never

**Are there policies in place and staff trainings available for this element?**
- Organizational policy AND staff training
- Organizational policy OR staff training
- None
Using the SMS OAT (continued)

- Ask at least two staff to review the elements of self-management support (Sections 1 and 2) independently with the following instructions:
  - Consider the prior three-month period of care delivery and the clients you or your care team served when answering the questions
  - Choose one response for each question
  - There is no right or wrong answer. Make your best guess
1.1.1 Do staff and providers communicate with clients in a manner that promotes and maintains dignity and respect?

Communicating with dignity and respect includes acknowledging that clients manage their own lives and health conditions, even when they are facing difficulties. Providers and staff should demonstrate respect when communicating with clients by using non-judgmental language and ensuring client privacy. This is particularly true for individuals with the extra stigma of addiction, in addition to mental illness. A first step in maintaining the dignity of clients is to elicit their values, preferences, and needs.

**Examples**

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### SMS OAT: Question Structure and Scoring Example (cont.)

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<th>How often does this element occur?</th>
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<th>1.1.1 Score</th>
<th>This a priority for my organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually (2)</td>
<td>Organizational policy AND staff training (2)</td>
<td>Yes (1)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Sometimes (1)</td>
<td>Organizational policy OR staff training (1)</td>
<td>No (0)</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Never (0)</td>
<td>None (0)</td>
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SMS OAT: Interpreting the Total Score

- **Section 1: Self-Management Support Foundations**
  - 81-125 (strong foundation for self-management support)
  - 41-80 (has some of the necessary foundational elements for self-management support)
  - 0-40 (needs to build a foundation for self-management support)

- **Section 2: Monitoring Program Data**
  - 24-35 (strong foundation of procedures to monitor its activities)
  - 13-23 (some foundational elements and procedures to monitor its activities)
  - 0-12 (needs to improve or create procedures to monitor your activities)
SMS OAT: Tools and Resources

- Online trainings
- Action planning programs
- Implementation resources
- Additional provider tools to support SMS for individuals with serious mental illness

These resources can be found on our website: https://resourcesforintegratedcare.com/concepts/self-management-support
The SMS OAT can be found on our website: https://resourcesforintegratedcare.com/behavioral_health/self-management_support/tool/organizational_assessment_tool

Along with several client handouts and an action plan selection guide
Using the Self-Management Support Organizational Assessment Tool (SMS OAT) to Assess Capacity for SMS

Kristin Davis, Ph.D., Director of Program Evaluation, Thresholds, Inc.
Thresholds Behavioral Health Center

- Thresholds is a large mental health and substance use agency in Chicago providing ongoing comprehensive supports to 5,000 consumers each year.
- Support and care are provided via 120 multidisciplinary outreach teams and two integrated Federally Qualified Health Center (FQHC) partners.
- Thresholds used the SMS OAT tool as part of the launch of an initiative designed to reduce unplanned inpatient use by a small group of consumers with complex healthcare needs.
The Assessment Process: How We Administered the SMS OAT

1. We sent out the tool to a project team with four team leaders, two program directors, and a quality staff member
   - We asked project team members to complete the tool on their own before meeting in person
2. Project team met to compare scores and identified areas of shared understanding and disagreement and asked questions of each other
3. Based on results from meeting, project team developed a provisional plan to reduce inpatient use, focusing on high utilizers

Using the SMS OAT provided an opportunity for assessment and a structured conversation around improvement, an effort it is otherwise difficult to make time for
Using SMS OAT Outcomes to Modify Workflow Processes

1. Supporting Self-Management with Care Teams:

- Improvement opportunities identified:
  - Visit preparation
  - Follow-up with clients on illness management support
  - Using data to inform care team planning

- Workflow modifications:
  - Set aside time in weekly strengths-based meetings for care teams to prepare for upcoming visits and use data to discuss how best to support high utilizers
Using SMS OAT Outcomes to Modify Workflow Processes (cont.)

2. Self-Management and Care Planning:

- **Improvement opportunities identified:**
  - Leverage care team relationships with FQHC integrated care partners

- **Workflow modifications:**
  - Care teams educated clients about the benefits of using Thresholds’ FQHC partners and encouraged clients to use FQHC partners for primary care needs
3. Monitoring Self-Management Support:

- **Improvement opportunities identified:**
  - Dedicate care team member to monitor data to identify instances of high-risk clients using inpatient services

- **Workflow modifications:**
  - Expanded role of Quality Improvement consultant in care teams to monitor interactive data reports (ED use, hospital admissions) to ensure consistent focus on improving self-management support activities
  - Relied on dedicated team member to help care teams understand report data, identify care gaps, and collaborate to address difficult clinical issues
Interactive Dashboard for High Need Consumers

**Member Case Review:**

**Bridge North ACCESS A CST 2**

Age: 30 years old  
Enrolled with Team: 43 months (3.6 years)

- Almost never cooperates with providers  
- Accepts diagnosis a fair amount of the time  
- Almost always complies with medications

**Diagnoses:**

- Primary Behavioral Diagnosis: Bipolar I disorder, Current or most recent episode depressed, Unspecified  
- Secondary Behavioral Diagnosis: Borderline personality disorder  
- Primary Physical Diagnosis: Circulatory system - Other  
- Secondary Physical Diagnosis: Circulatory system - Hypertension

**Linkage to Care:**

- Psychiatrist: Bunetta, Susan  
- Most Recent Psych Appointment: NA  
- Primary Care Doctor: Anand, Chandni  
- Most Recent Physical: 07/28/16  
- Health Impairment (MICAS): Moderate health impairment

**Supports & Housing:**

- Support: Limited support from family and Limited support from others  
- Housing Status: Satisfied, interested in other housing

**Total Admissions**: 171  
**ER Admissions**: 109  
**Hospital Admissions**: 62

You must select an individual member for this dashboard to display the proper information.
Lessons Learned

**Next Steps: Scaling Up**

- The SMS OAT tool provided a way to start a structured conversation about Illness Self Management Support, as well as a formal means to assess organizational capacity.

- The SMS OAT showed us that staff welcome support in being able to prioritize SMS amid their varied day-to-day tasks with consumers.
Implementing a Culture of Recovery

Larry Fricks, Deputy Director, Center for Integrated Health Solutions
Culture of Recovery

What does a culture of recovery look like?

- Training and supporting peers to share their recovery story
- Focusing on the strengths of an individual rather than the illness
- Ensuring the over-riding theme in everything is recovery
- Promoting peer-led groups
- Promoting meaningful employment
Culture of Recovery (cont.)

What does a culture of recovery look like?

- Ensuring person-centered planning for goal setting
- Ensuring everyone has input into program development and evaluation
- Bringing in program graduates to tell their success stories
- Employing a significant workforce of peer providers
- Engaging in whole health activities
Culture of Recovery (cont.)

What does a culture of recovery look like?

- Promoting trauma-informed services
- Training consumers to write their own progress notes
- Educating staff and consumers on the definition and dynamics of recovery
- Teaching skills for problem-solving
- Teaching skills for combating negative self-talk
### Whole Health Self-Management Values

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whole health</strong></td>
<td>All services support whole health (mind/body)</td>
</tr>
<tr>
<td><strong>Hope</strong></td>
<td>Activating and sustaining hope for whole health is the expectation for all individuals served</td>
</tr>
<tr>
<td><strong>Strength-Based</strong></td>
<td>Services and supports focus on an individual’s strengths and potential for whole health</td>
</tr>
<tr>
<td><strong>Peer Support</strong></td>
<td>Peer support is integral to all whole health planning, services, and ongoing support</td>
</tr>
<tr>
<td><strong>Trauma Informed Care</strong></td>
<td>Services are trauma-informed, understanding, recognizing and responding to the role of traumatic life events, experiences, and effects on an individual’s whole health</td>
</tr>
</tbody>
</table>
### Whole Health Self-Management Values (cont.)

<table>
<thead>
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<tr>
<td><strong>Person-Centered Goals</strong></td>
<td>Individuals set whole health goals as a result of extensive person-centered planning that focus on their strengths, supports, skills, values, culture, and preferences</td>
</tr>
<tr>
<td><strong>Shared Decision-Making</strong></td>
<td>Health care providers build partnerships with individuals receiving services to make informed treatment decisions together</td>
</tr>
<tr>
<td><strong>Self-Management Competencies</strong></td>
<td>Staff develop skills, knowledge and supports to promote whole health self-management</td>
</tr>
<tr>
<td><strong>Resiliency</strong></td>
<td>Evidence-based resiliency factors that promote whole health are a foundation of services and supports</td>
</tr>
<tr>
<td><strong>Community Resources and Supports</strong></td>
<td>Services promote community support including family, friends, housing, employment, education, and recreation</td>
</tr>
</tbody>
</table>
CIHS Resources


- SAMHSA Wellness Initiative: [https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness](https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness)


CIHS Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail integration@thenationalcouncil.org
Questions
Evaluation Form and Post-test

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- Questions? Please email RIC@lewin.com