PROVIDING and REPORTING EVIDENCE BASED PRACTICE in LOS ANGELES COUNTY
HISTORICAL PERSPECTIVE

Martie Drinan

• Federal Grants to States for 15 years to improve quality and accountability of mental health services nationwide

• Block Grant Oversight – Center for Mental Health Services (CMHS) within Substance Abuse and Mental Health Services Administration (SAMHSA)
• State required to create data infrastructure for reporting services:
  • Access
  • Appropriateness
  • Outcomes
  • Systems Management

• CMHS created Uniform Reporting Systems (URS) – responsible for establishing uniform definitions for measuring performance outcomes

• 2001 California received federal Data Infrastructure Grant (DIG) to implement reporting of data
• Use of Evidence Based Practices was one of these data measures to be reported

• In beginning compliance with these federal DIG requirements, State DMH modified its data system (Client & Services Information system – CSI) and notified Counties via State DMH Informational Notice: 06-02

• LAC DMH in turn modified its data system when IS 2.0 was introduced to include both federally recognized Evidence Based Practices (EBP) and Service Strategies
In addition to the federal reporting requirements, the Department anticipates more active involvement with EBPs because:

- Better outcomes for clients
- Greater client satisfaction
- Reduction in staff turnover
- Reduction in health care costs
- More knowledgeable consumers
LAC DMH EBPs (continued)

- Only three EBPs recognized by the federal government can currently be reported into the IS:
  - Assertiveness Community Treatment (ACT)
  - Multisystemic Therapy (MST)
  - Functional Family Therapy (FFT)
Assertive Community Treatment
Miki Webber

Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

The ACT model of care evolved out of the work of Arnold Marx, M.D., Leonard Stein, and Mary Ann Test, Ph.D., in the late 1960s. ACT has been widely implemented in the United States, Canada, and England.
The services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. **ACT services are available 24 hours per day, 365 days per year.**

**An evidence based practice,** ACT has been extensively researched and evaluated and has proven clinical and cost effectiveness.
Clients served by ACT are individuals with serious and persistent mental illness or personality disorders, with severe functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system.

**PRINCIPLES OF ACT**

- SERVICES ARE PROVIDED OUT OF OFFICE
- HIGHLY INDIVIDUALIZED SERVICES
- ASSERTIVE APPROACH
- LONG-TERM SERVICES
- EMPHASIS ON VOCATIONAL EXPECTATIONS
- SUBSTANCE ABUSE SERVICES
- PSYCHOEDUCATIONAL SERVICES:
- FAMILY SUPPORT AND EDUCATION
- COMMUNITY INTEGRATION
- ATTENTION TO HEALTH CARE NEEDS
Multisystemic Therapy (MST)
Greg Lecklitner

Program Overview
Practice Overview

• Intensive Family and Community Based Treatment
• Individual behavior as nested in complex network of interconnected systems
• Targets multiple determinants of serious antisocial behavior
Demonstrated Outcomes

• Reduced rates of criminal offending, including drug-related and violent crime
• Reduced rates of out-of-home placement
• Improved family functioning
• Decreased substance abuse
• Decreased mental health problems
• Increased mainstream school attendance
• Cost savings over usual MH and JJ services
Target Population

- Youth ages 12-17 and their families
- History of chronic, violent behavior
- Substance abuse
- At risk of out-of-home placement
Intensity

- Therapists carry small caseload of 4-6 families
- Available 24/7
- Hours/locations convenient to families
- Average of 60 hours of contact
- Average four months treatment duration
- Average of 15 families/year per therapist
Components

• Home-based
• Strength-based
• Works within youth’s natural environment
• Strategic Family Therapy
• Structural Family Therapy
• Behavior Parent Training
• Cognitive Behavior Therapy
Goals

• Reduce youth criminal activity
• Reduce other antisocial behaviors (e.g. substance abuse)
• Cost savings via
  – Reduced rates of incarceration
  – Reduce reliance on out-of-home placement
Staffing

• Team of 2-4 therapists and a supervisor

• Therapists
  – Full-time Master or highly-skilled Bachelors level

• Supervisors
  – Minimum half-time
  – Carry small caseload
  – Ph.D. or highly-skilled Masters degree
Training Requirements

• Provided on-site by MST Services, Inc.
• Therapists and Supervisor Training
  – 5 Days of orientation and training
  – Quarterly booster sessions
  – Weekly telephone consultation
• Ongoing Quality Control and Fidelity Monitoring
Costs

• Training
• Annual per team fee (ongoing support and consultation)
• Annual agency licensing fee
• Annual team licensing fee (if multiple teams within the agency)
Los Angeles County MST Programs

• Providence Community Services
• Child and Family Guidance Center
• SHIELDS for Families
• San Fernando Valley CMHC
For More Information

Keller Strother, MS, MBA
President
MST Services, Inc.
710 Johnnie Dodds Blvd.
Mount Pleasant, SC 29464
Phone: (843) 284-2210
Fax: (843) 856-8227
keller.strother@mstservices.com
Functional Family Therapy (FFT)

Greg Lecklitner

Program Overview
Practice Overview

• Research-based
• Family-focused
• Targeted to at-risk youth and families
• Prevention/Intervention program
• Designed to improve family communication and supportiveness
• Decrease negativity within family
Demonstrated Outcomes

- Reduced recidivism
- Reduction in substance abuse
- Improvement in family interactions
- Reduced use of out-of-home placements
- Reduced risk for younger siblings
- Reduced cost
Target Population

• Youth 11 to 18 and their families
• Range of Problems
  – Delinquency
  – Violence
  – Substance Abuse
  – Conduct and Oppositional Defiant Disorders
  – Family Conflict
  – Child Abuse and Neglect
  – At risk of out-of-home placement
Intensity

• Generally 8-12 hours of direct service time
• Typically no more than 26 hours/family
• Duration of 3 to 6 months
• Flexible service delivery by 3-8 person teams
• Average of 12-15 cases/interventionist
• Services provided in homes, clinics
Phasic Program Model

• Engagement
  – Build alliances
  – Reduce negativity
  – Increase motivation

• Behavior Change
  – Assessment
  – Planning
  – Skill Building
  – Conflict Management

• Generalization
  – Across situations
  – Across multiple environments
  – Relapse prevention
Treatment Goals

• Improved parenting skills
• Improved communication skills
• Improved family management of conflict
• Overall improved individual and family functioning
Staffing

• Wide range of interventionists
  – Mental health professionals (MFT, LCSW, Ph.D.)
  – Trained probation officers
  – Para-professionals under supervision
Training Requirements

- 3 Day Clinical Training for all staff
- Externship Training for Clinical Lead
- Supervisor Training
- 3 Follow-up visits/year
- 4x Monthly Phone Consultations
- Systematic assessment, tracking, and outcomes measures
Comprehensive Assessment Protocol

- Multisystemic Client Assessment
  - Individual Functioning
  - Family Functioning
  - Behaviors Relational Assessment
  - Relational Assessment
- Process/Adherence Tracking
  - Family, Supervisor, and Therapist Views
- Outcome Assessment
  - Multidimensional Client Change
  - Overall Change from Client and Therapist
Costs

• Training/Consultation
• Travel
  – Nevada/Indiana for externship
  – Indiana for supervisor
• Annual Certification for each Team
Los Angeles FFT Programs

• SHIELDS for Families
• Starview
• New Sites
  – Penny Lane
  – Children’s Institute International
For More Information

Todd Sosna, Ph.D.
Senior Associate
California Institute for Mental Health
2125 19th Street
2nd Floor
Sacramento, CA 95818
attention.: Yaminah Head
Phone: (916) 549-5506
tmq@verizon.net
Other EBPs

Chris Warren

• Briefly defined in CSI Training Supplement
  – Supportive Employment
  – Supportive Housing
  – Family Psychoeducation
  – Integrated Dual Diagnosis
  – Illness Management & Recovery
  – Medication management
  – New Generation Medications
  – Therapeutic Foster Care
Other EBPs (continued)

• Some have fidelity measures and some do not

• Department will explore the possible addition of these with the developers of each respective EBP

• If you have an interest in tracking Department progress on any of these other EBPs, contact Chris Warren by e-mail cwarren@lacdmh.org
Service Strategies
Chris Warren

• Briefly defined in CSI Training Supplement
  – Peer and/or Family Delivered Services
  – Psychoeducation
  – Family Support
  – Supportive Education
  – Delivered in Partnership with Law Enforcement, including courts, probation, etc.
  – Delivered in Partnership with Health Care
  – Delivered in Partnership with Social Services
Service Strategies (continued)

• Option continued
  – Delivered in Partnership with Substance Abuse Services
  – Integrated Services for Mental Health and Aging
  – Integrated Services for Mental health and Developmental Disability
  – Ethnic-specific service strategy
  – Age-specific service strategy
Considerations when reporting Service Strategies

• If the service provided is being reported as an EBP, there is no need to also report it as a Service Strategy.

• Service Strategies may be used to describe strategies reflected in the service that are not captured by the EBP.

• A service may reflect none of the listed strategies, one strategy, or more than one.
How to View/Enter Evidence Based Practice and Service Strategies

Nga Dang and Juana Garcia-Bagues
Select Service Location

Select your Service Location

Click
Find Client Screen

Key in Client DMH ID Number here

Click
Client Episode Screen

<table>
<thead>
<tr>
<th>Episode</th>
<th>I/O Admit Date</th>
<th>Diagnosis Code</th>
<th>Primary Contact</th>
<th>Last Claim</th>
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Click on Outpatient Episode

Confidential patient information, see California Welfare and Institution Code section 5328.
Entering A Service for Outpatient

Click on the Blue Plus sign to enter a new Service

Click on the Pencil icon to view an existing service
Outpatient Service Screen

Select an Evidence Based Practice/Service Strategy for Outpatient service
Outpatient Service Screen

Outpatient EBP/SS continues
Outpatient Service Screen

More Outpatient EBP/SS
### Client Episode Screen

#### Click on Inpatient Episode

<table>
<thead>
<tr>
<th>Episode</th>
<th>I/O Admit Date</th>
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Entering a Service for Inpatient

Click on the Blue Plus sign to enter a new service
Inpatient Service Screen

Here are the EBP/SS for Inpatient
Inpatient Service Screen

More Inpatient EBP/SS
Inpatient Service Screen

And More EBP/SS for Inpatient
Client Episode Screen

Click on Day Treatment Episode
Enter Service on Day Treatment

Click on the Blue Plus sign to enter a new service
Day Treatment Service Screen

Here are the Day Treatment EBP/SS
Day Treatment Service Screen

More Day Treatment EBP/SS
Day Treatment Service Screen

And more Day Treatment EBP/SS
Contract Providers Click here

Directly Operated Providers Click here
Welcome, DMH Directly Operated Providers!

Click on the items in the left column to get answers about the Integrated System.

Click on the words Integrated System at the top of this page to access the IS through the DMH Intranet.

The IS Issues Database: How to Login
Click HERE to access the Database...
Here are the Daily Service Log Forms & Evidence Based Practice/Service Strategy Codes List.
Enter EBP/SS code here

Two spaces for Add'l Staff
<table>
<thead>
<tr>
<th>Day Treatment</th>
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<td>Other Participating Staff</td>
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Enter EBP/SS code Here

w/ column for Plan/Funding Source
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### Service Strategies

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<td>99</td>
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