

# **Basic Principles for Managing Implementation and Working Towards Sustainability**

Steve Bartels, MD, MS

Aricca Van Citters, MS

Tom Krajewski, MD

# Overview

- Principles of Implementation
- The Basics behind Sustainability
  - Questions and Tasks to Consider
- Recommendations
  - Show Program Works
  - Find People who are Interested
  - Approach Potential Payers
- Two Examples from the Field

# Adherence to the Principles & Process of Implementation

## Stages

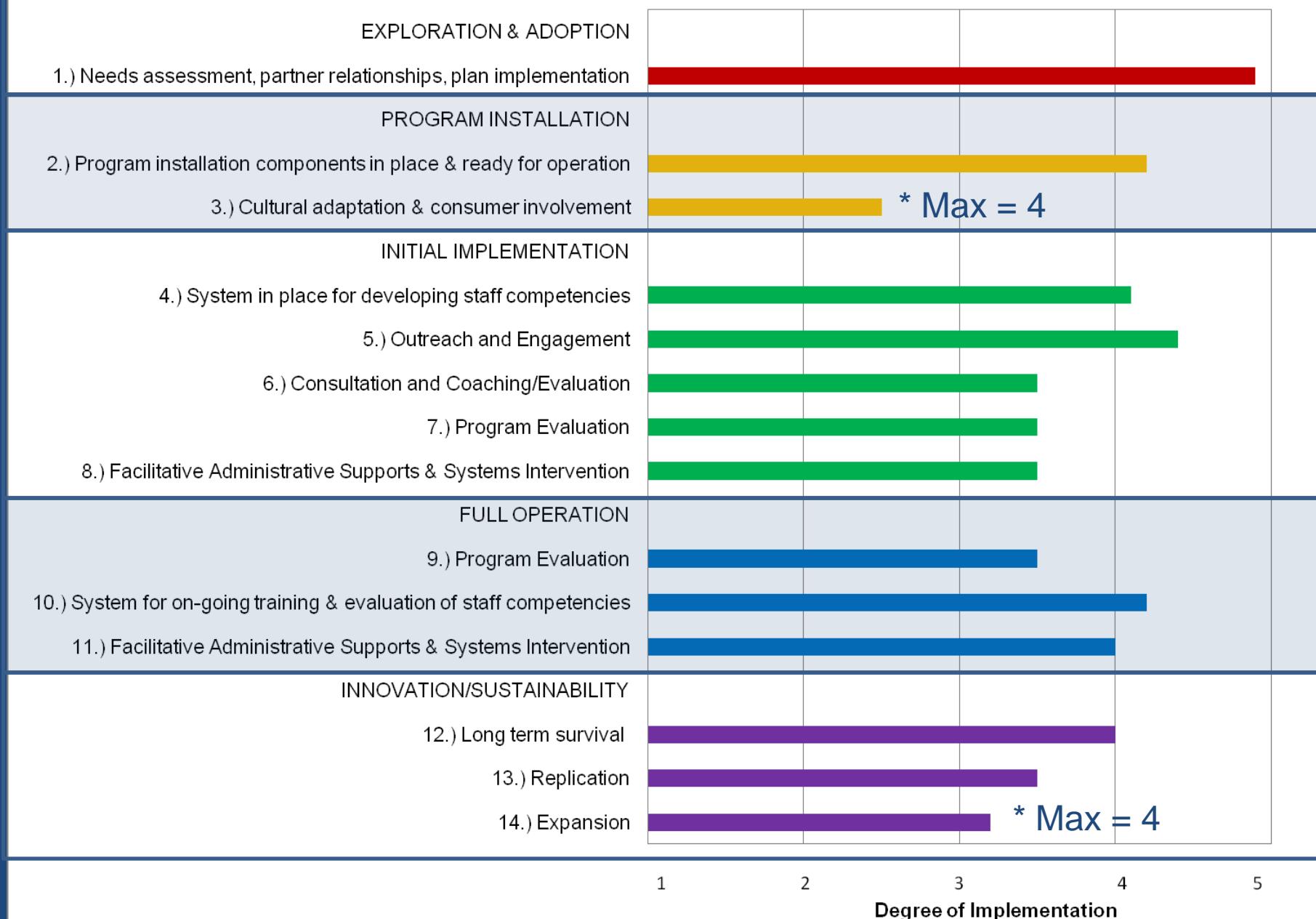
- Exploration & Adoption
- Program Installation
- Initial Implementation
- Full Operation
- Innovation
- Sustainability

## Components

- Systems Interventions
- Staffing
- Training/Coaching
- Evaluation
- Administrative Supports

<b>IMPLEMENTATION OF OLDER ADULT BEST PRACTICES</b>	
AN EVALUATION BASED ON STAGES OF IMPLEMENTATION & CORE COMPONENTS OF IMPLEMENTATION	
<b>CONTENTS</b>	
Exploration and Adoption.....	2
1.) Agency has completed all necessary pre-implementation work related to community needs, key partner relationships, knowledge about implementation barriers, and implementation planning.....	2
Program Installation.....	3
2.) Program installation components are in place and program is ready for operation .....	3
3.) Cultural adaptation and consumer involvement.....	4
Initial Implementation.....	5
4.) System in place for developing staff competencies.....	5
5.) Outreach and Engagement.....	6
6.) Consultation and Coaching/Evaluation.....	7
7.) Program Evaluation.....	8
8.) Facilitative Administrative Supports and Systems Intervention .....	9
Full Implementation.....	10
9.) Program Evaluation.....	10
10.) System in place for on-going training and evaluation of staff competencies.....	11
11.) Systems Interventions and Facilitative Administrative Support.....	12
Sustainability.....	13
12.) Long term survival and continued effectiveness .....	13
13.) Replication.....	14
14.) Expansion.....	15

# Implementation of Older Adult Best Practices



Note: Higher scores indicate a greater degree of attention to area of program implementation.

# Sustainability Basics

- Sustainability requires a system that is sensitive to:
  - changes within the organization;
  - the population(s) you are serving;
  - the funding streams;
  - the local, state and national politics; and
  - the priorities of the larger community.
- Requires participation and commitment of a group of key stakeholders to create the necessary environment.



# Tasks in the Sustainability Stage of Implementation

**Goal:** Maintain the long-term survival of your program during changes in leadership and organizational or political priorities.

Component of Implementation	Core Activities
Systems Interventions	Develop a long-term vision with stakeholders and key staff. Identify steps to achieve that vision.
Staffing	Maintain adequate staffing for optimal program performance.
Training and Coaching	Maintain training and coaching/supervision for the program, while planning for staff turnover.
Program Evaluation	Use tools to monitor program effectiveness and fidelity. Use data to guide efforts to improve program.
Administrative Support	Identify and maintain administrative resources for program sustainability. Ensure that administrative structures and supports are sufficient to sustain program.

# Key Questions to Consider

- Systems interventions
  - How will you maintain funding and political support ?
  - How does your program fit with similar programs and activities in partner organizations?
  - What are your long-term plans for this program?
- Staffing
  - Is staffing adequate for successful maintenance of program?
  - What staffing issues may need re-analysis for long-term sustainability?
- Training/Coaching
  - Are the ongoing training and coaching/supervision needs of your staff being met?
  - What are the training and coaching/supervision needs for sustained program operation?



# Key Questions to Consider (Cont.)

- Program Evaluation

- Is your program:
    - operating as you intended?
    - improving outcomes for your older adult target population?
  - Are you using evaluation data to improve and enhance your program's performance?



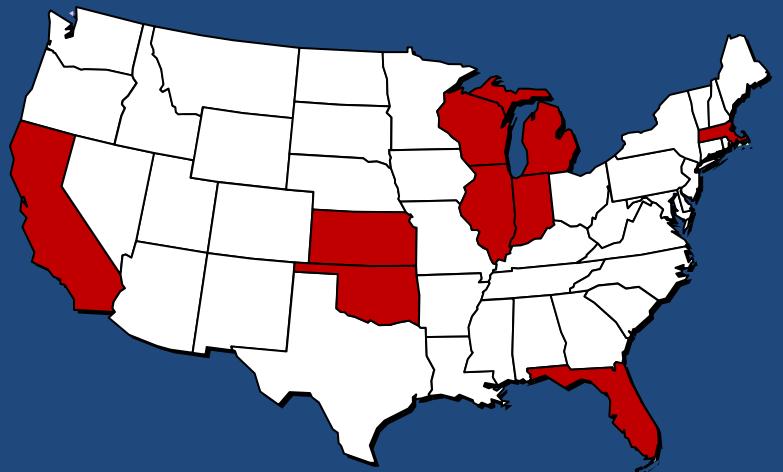
- Administrative Supports

- Are you maintaining existing collaborators and support systems while identifying new collaborators and partners?
  - Are your tracking systems, referrals, and supervisory structures functioning adequately for long-term success?
  - How will you make the delivery of your program financially feasible?



# Sustainability Recommendations for SAMHSA TCE Grantees

- Planning for sustainability
  - Show program is working
    - Collect and report on data
  - Identify interest in program
    - ID sources of support
    - Work with partners
    - Develop coalitions
    - Involve consumers
  - Approach potential payers
    - Find sustainable resources
    - Consider multiple funding sources



# Basic Schematic: Planning for Program Sustainability

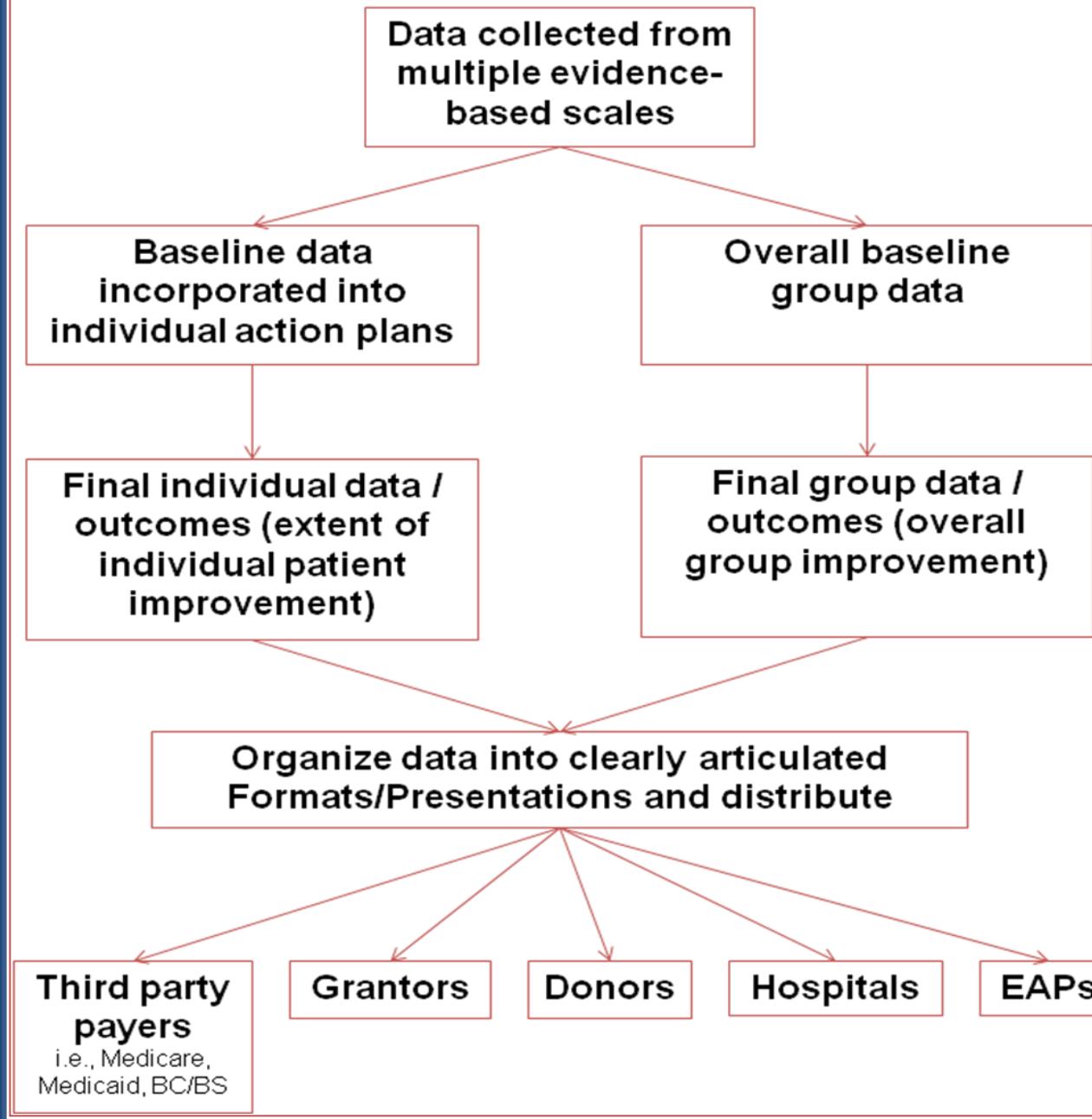
- **Step 1:** Create a process for collecting core outcome data to show that your program is working.
  - Identify what is being measured.
  - Collect additional information, if necessary.
- **Step 2:** Identify who would be interested in funding or providing this program.
  - *Example:* If your data shows a reduced number of ER visits, who will find this important?
- **Step 3:** Approach the person/payer for whom the program saves money.

# Step 1: Show Your Program is Working

## Collect and Report on Data

- Document that the program is effective
  - Reduction in mental health symptoms
  - Improvement in community services
  - Cost savings
  - Reduction in intense services
    - ER visits, hospitalizations, crisis services
- For programs addressing integrated MH and PH, document:
  - Problems that bring older adults with depression to the clinic
  - Procedures and tests received
  - Cost of care
- Share your best results with potential funders

# Data Supporting Sustainability



# Step 2: Identify Who is Interested

## Sources of Financial / Political Support

- Financial support
  - Health insurance providers
  - Federal funding (i.e., Medicare, Medicaid, etc.)
  - Philanthropic organizations
  - Individual donors
  - Community health/social service organizations
- Political support
  - Organizational leadership/management
  - Community supporters
  - Philanthropic organizations
  - Local or state government leaders
- Potential Action Steps
  - Invite supporters to program-specific meetings, budget discussions, and social events.
  - Send regular program evaluation reports to supporters.
  - Solicit and address feedback and suggestions from supporters.



# Step 2: Identify Who is Interested (Cont)

## Work with Partners & Collaborators

- Identify and attract new partners
  - Ask current partners about potential new sources of support.
  - Invite potential collaborators to learn about your program
    - (i.e., businesses, health agencies, religious organizations).
  - Identify program benefits and reasons to support program.
- Maintain relationships - share information with partners.
  - Formal and informal meetings to present project status and develop strategies for improvement
    - (i.e., board meetings, annual program meetings, etc)
  - Written communications (i.e., newsletter)
  - Distribute annual program progress report
  - Solicit ideas, suggestions and feedback from collaborators to keep them involved, interested, and invested

# Step 2: Identify Who is Interested

## Develop Coalitions

- Build on community coalitions and partnerships
  - Donated time/effort/resources from local community stakeholders/partners/foundations
- Work with partners to develop complementary services and build inter-agency collaborations to address weakness or needs identified through a comprehensive needs assessment.
  - Consider safety nets and partnerships that allow two or more agencies to survive.
- Expand network of partners to include organizations that focus on serving older adults

# Step 2: Identify Who is Interested

## Involve consumers

- Partnering with consumers can improve quality and help downstream dissemination and implementation.
  - Are consumers connected with administrators, managers, etc. of income streams that can be funding sources in the future?
  - Could they be advocates in testifying before funding sources?
    - Potential funders listen to committed consumers.



# Step 3: Approach the person/payer

## Find \$\$\$ for Program Components

- Case identification/outreach services
- Screening
- Direct care provider time
- Administrative personnel time
- **Program materials** (i.e., photocopying, license fees, purchasing of program manuals, etc.)
- **Evaluation processes** (i.e., photocopying, license fees, data entry, data analysis, computerized storage system)
- **Training** (internal or external), **coaching**, and **supervision**
- **Communication with stakeholders** (i.e., meetings, postage, etc.)
- **Overhead costs** (i.e., building space, office supplies, etc.)



# Step 3: Approach the person/payer

## Find Sustainable Resources / Reimbursement Mechanisms

- Review funding or reimbursement codes from health insurance providers (i.e., Medicaid, Medicare, private insurers, etc.)
- Identify program functions covered by existing reimbursement mechanisms
- Reassign tasks to be covered by existing mechanisms or positions
- Identify (or advocate for) new funding mechanisms
- Explore fundraising opportunities
- Seek philanthropic support

# Step 3: Approach the person/payer

## Consider Multiple Funding Sources

- Waiver programs or state block funding can provide a flexible source of funding.
- Medicare, Medicaid, and Private Insurance
  - Work with the state Medicaid authority to develop new codes or modifiers.
  - Become a Medicare provider. See: [www.Medicare.gov](http://www.Medicare.gov)
- Consider braided funding streams (i.e., funding from several sources).
  - Establish a fee-for-service billing system that can bill Medicare, Medicaid, and private insurance providers.
  - Use grants to develop and train workforce. Find modest dollars to continue clinical work.

# Step 3: Approach the person/payer

## Consider Multiple Funding Sources (Cont)

- Target potential discretionary funds from corporate and private donors.
- For community-based programs targeting older adults who need intensive mental health services:
  - The PASRR program has a mandate to keep people in the community. The PASRR program may be able to refer older adults with mental health problems who would be appropriate for some TCE programs.
  - Target older adults who qualify for the "Living at Home" waiver or the "Money Follows the Person" waiver.

# **Real-world Examples of Sustainable Programs**

**PATCH (Baltimore, MD)**

Case Identification & In-Home Care

**IMPACT (New York City, NY)**

Integrated Mental & Physical Health Care

# PATCH: Psychogeriatric Assessment and Treatment in Congregate Housing

- Gatekeeper case identification
  - Referrals from building staff, other residents, self (older adults)
- In home evaluation and treatment
  - Clinical assessment by a nurse and psychiatrist
  - Team provides intervention and/or referrals



# PATCH: Establish Partnerships to Sustain Program

- Identify and engage partners
  - Who serves the target population (e.g., mobile treatment services, community-based supports, senior community centers, home care programs, adult protective services, etc)?
  - What services are available in your site and which can other agencies provide?
- Establish interagency commitment (at the local, state, or institutional level).
- Identify and educate stakeholders and potential collaborators who can provide important services for older adults, and can provide referrals
- Collaborate with other agencies:
  - Establish advisory boards
  - Build partnerships

# PATCH (Continued): Use Multiple Financing Strategies to Sustain Program

- Use existing ancillary services whenever possible.
- Local or national grants, matched with state funding.
- Funding through the Older Americans Act (OAA)
  - OAA requires local departments on aging and Area Agencies on Aging to allocate resources to MH services for older adults.
- Home and community-based care waiver program.
  - Novel way to offset expensive services and promote aging in place.
- Funding from other entities (i.e., state adult protective services)
- Use data to convince stakeholders/partners of program value
  - PATCH can offset potential nursing home admissions, emergency room visits, and hospitalizations. It also can reduce MH symptoms.
  - PATCH showed that their program is less expensive and more flexible than traditional mobile outreach teams
- Supported by teaching institutions
  - PATCH provides an integrated training experience for psychiatry interns and nursing students.

# IMPACT: Improving Mood, Promoting Access to Collaborative Treatment

- Depression care manager
  - Patient education
  - Symptom & side effect tracking
  - PST-PC
- Consultation / weekly supervision meetings with
  - Primary care physician
  - Team psychiatrist
- Stepped protocol of antidepressants and/or 6-8 sessions of PST-PC



# IMPACT Integrated MH and PH Care: Financing Strategies to Sustain Program

- Use data to show impact of program
  - Decrease in time spent with PCP, greater engagement in care, patient retention, improved relationships with community partners, and decrease in no show rates.
- Partner with Managed Care Organizations
  - Identify benefits of providing depression care management to beneficiaries
  - Develop quality initiatives to support IMPACT
  - Some managed care organizations and insurance companies pay for the PHQ-9.
- Federally Qualified Health Centers
  - In some states, FQHCs can bill for social work services or depression care management services that allow an onsite practitioner to do MH work
  - FQHCs have federal subsidies for providing care
- Medicare
  - Depression care management is provided “incident-to” primary care visit.
  - It is often possible to bill for a same day visit if billing occurs for two different diagnoses and practitioners from two different disciplines provide services.
  - HRSA codes for health behavior assessments and follow-ups can be used to provide an enhanced rate or can be billable.

# Older Adult TCE Technical Assistance

## We're Here to Help!

### Site visits

- On-site Consultation
- Written report of strengths, areas for improvement, and resources

### Site-specific TA calls

- Individual TA to program staff from each site

### Monthly group conference calls

- Updates from SAMHSA and TA providers
- Topic-focused TA from TA team and guest presenters

### Annual conference

- Peer networking
- Topic-focused seminars
- Consultation with SAMHSA and TA team

### Academia

Areas of Focus

Evidence-based practice  
Implementation science  
Quality improvement

### Private practice/industry

Sustainability  
Clinical issues  
Treatment planning

### State Administration

Integrated MH & Aging  
Gerontology  
Coalition building  
Consumer empowerment

### TA Staff

Steve Bartels  
Aricca Van Citters

Tom Krajewski

Charlotte Kauffman  
Mich Magness  
Willard Mays  
Todd Ringelstein

NASMHPD Oversight: Marcia Marshall