Data-Driven Approach to Recovery

Informed Decision Making for Daily Service Planning in ACT/FSP Programs

Overview

Telecare's Sacramento Outreach Adult Recovery (SOAR) program expanded to 225 members in July 2015. In order to better meet member's needs and support their recovery progress, the program turned to a **data-driven approach for their morning meetings**.

"Before implementing the member status survey we would find ourselves focusing on things that we *thought* were important, but we wouldn't necessarily be *addressing* the member's most critical risk," said Shannan Taylor, SOAR Administrator. "Now, we have advanced ways to track progress throughout treatment and catch when things start to go the wrong directions to intentionally reduce risk. By looking at the status survey responses and generating graphing tools to analyze those responses, we don't have to assume we're talking about the right things. We know we're talking about the right things and we're going to make the right decisions to support our members."

COMPONENTS

☐ **Member Status Survey**: All direct care providers complete a SOAR Daily Member Status Survey about who they plan to see for the day. The 23-question survey is completed weekly for all 225 members.

☐ **Snapshot**: Member survey answers are compiled into snapshots that can be distributed to staff and clinicians. The chart highlights which risks to prioritize and guides daily care decisions.

☐ **Meeting Structure**: The morning meeting is set up in three parts: 30 minutes filling out questionnaires; a mindfulness activity; 30 minutes planning for the day and team support.

☐ **Report**: Every member is seen at least once a week and their recovery plans are maintained and recorded. All reports are compiled into a Member Profile, which is reviewed monthly.

INTENDED GOALS

☐ Align all staff—from clinicians to administrative—around clients and recovery efforts so all interactions are meaningful.

☐ Identify who is most at risk.

☐ Identify the highest priority needs of those members—the things that have greatest potential to lead to crisis or block recovery.

☐ Enable the team to choose effective interactions that address risk and support recovery for each client.

☐ Maintain and support recovery-focused interactions with members who are stable and doing well.

☐ Monitor overall effectiveness as a program.

BENEFITS

- **Staff** become accountable for collecting and reporting information on each member.

- **Clients** stay on track with their recovery goals by having specific needs met in a timely manner.

- The **program** can better improve the health of member population, improve overall experience, and avoid unnecessary acute care.

- **Customers** have a systemic approach to measuring the work of a program.

Member Status Survey and Priority Snapshots
Using Data to Guide Day-to-Day Care
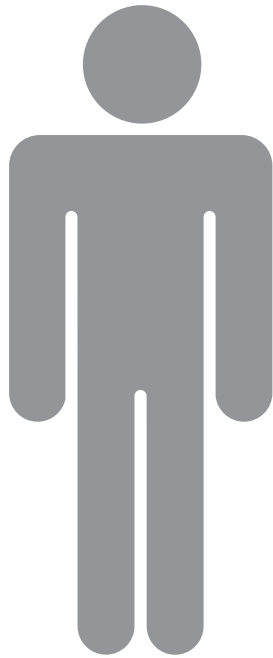
FIVE DOMAINS

The questionnaire focuses on five domains that have the most impact on quality of life, which can be significant barriers to recovery. Focusing on, and resolving, issues in these areas tend to have a domino effect in resolving other aspects of life.

QUESTIONNAIRE

Completing the questionnaire requires staff to talk to the member, other providers as needed, and track the member's progress. This creates accountability that ensures the member is getting the most integrated care possible.

RISK MANAGEMENT AND RECOVERY SUPPORT

Snapshot scores range from one to four. Scoring a one means there is minimal or no risk to recovery, and scoring a four means there is a high level of risk to recovery. Staff work with members to lower their risk and continue to make efforts towards a member's recovery even after they score a one.

SAMPLE PRIORITY SNAPSHOT

Figure 1

Legend:
- Housing
- Income
- Physical Wellness
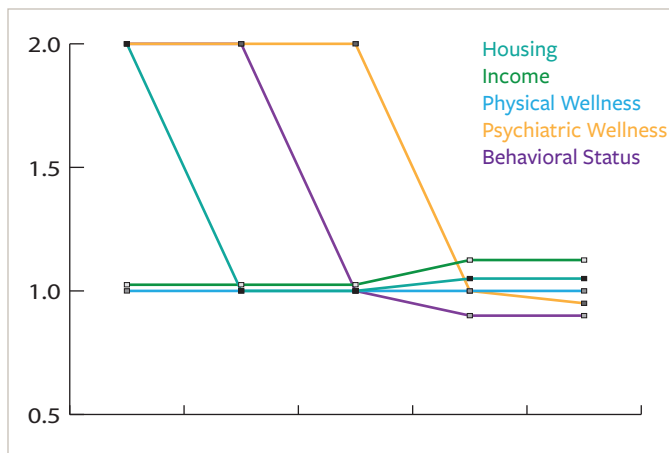- Psychiatric Wellness
- Behavioral Status

Figure 2

WholePersonCare — SOAR

Priority Snapshot
Preparing a report on participants with a high priority change in status

DATE: _____ PARTICIPANT NAME: _____ STAFF: _____

individually review caseload and complete Snapshot for EVERY participant who's had a change to a high priority status in at least 1 category. Select/Write the score for each of the 5 categories below that most accurately reflects the participant's current level of functioning.

HOUSING: ____ Score	INCOME: ____ Score	PHYSICAL WELLNESS: ____ Score	PSYCHIATRIC WELLNESS: ____ Score	BEHAVIORAL STATUS: ____ Score
(1) Safe, stable housing (2) Mostly satisfied with housing (3) Not satisfied with housing OR housing at risk (4) Homeless, includes living in car	(1) Steady income (2) Mostly steady income, pays bills on time (3) Inconsistent, insufficient income (4) No income	(1) Screenings within normal range, conditions stable, asymptomatic (2) Screenings within normal range, experiencing some symptoms (3) Acute condition(s) requiring medical attention. (4) Critical, life threatening health condition(s) requiring immediate attention/ client is currently hospitalized.	(1) Conditions stable, not experiencing symptoms (2) Symptoms have minimal impact on daily living. (3) Symptoms have significant impact on daily living (4) Symptoms are life threatening and require immediate attention/client is currently hospitalized	(1) Behaviors align with wellness goals (2) Behaviors somewhat interfering with wellness goals (3) Behaviors interfering with safety (4) Behaviors are life-threatening
Note about any critical issue:	Note about any critical issue:	Note about any critical issue:	Note about any critical issue:	Note about any critical issue:

PLAN FOR FOLLOW-UP: _____
(note **What** will be done, **Who** will do it, and by **When**)

Questionnaire answers are entered into a graph (**Figure 1**) where staff can look at a member's progress and use the Priority Snapshot (**Figure 2**) to plan the day's care according to the highest risk need.

We can see in Figure 1 that Income and Physical Wellness are stable, but Housing, Behavioral Status, and Psychiatric Wellness are all at a higher risk. Staff can keep track of each member's risk by recording it in the Priority Snapshot.

Results at a Glance
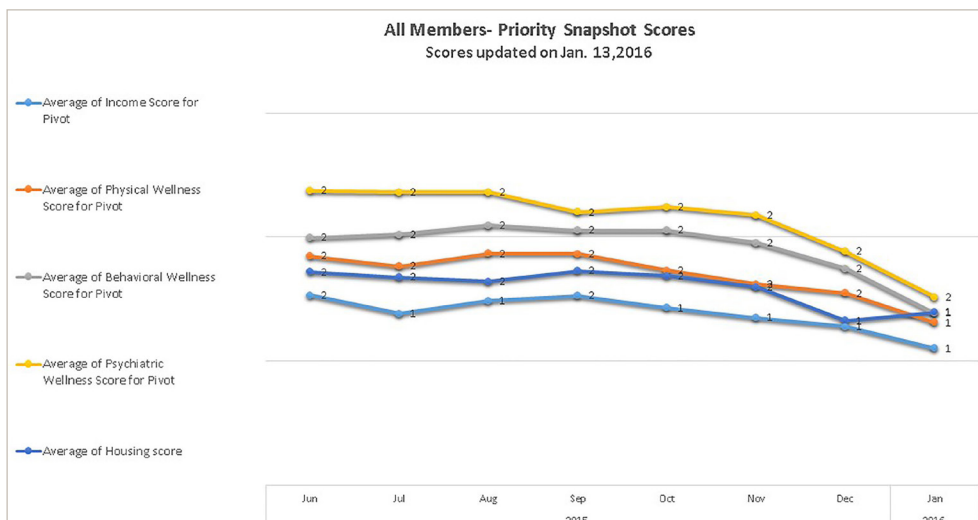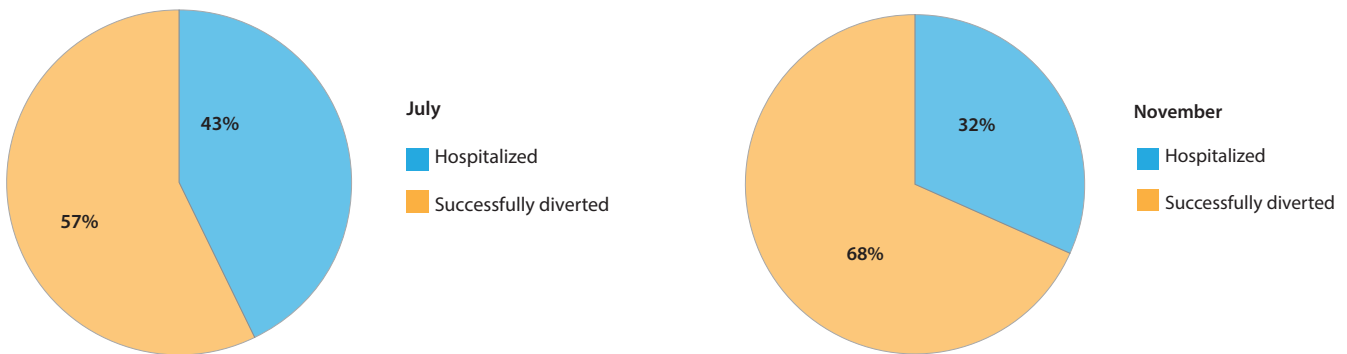
Impact on Physical Health

The improved SOAR morning meeting process has had a huge impact on physical health diversions and communicating with ER staff. "Through these meetings and check-ins, we found that our on-call staff are more informed in terms of the whole picture for our members," Shannan said. "The consistency of care and priority snapshots have made it so that if we do get a call from the ER about a member, no matter who's on call and no matter who picks up the phone, even a receptionist can give well-informed assistance to the ER staff."

"We can communicate with ER staff in an informed way because the most current information is transferable and where everyone can assess it. You don't have to read thousands of notes to get what you need," Shannan said. "Folks can trust that when their loved ones are referred to us, we are prioritizing and targeting our interventions for maximum impact. We are making informed decisions, and we can report our outcomes."

Outcomes From Overall Client Group at SOAR

Member ER Diversion

Since restructuring the morning meeting in July, **ER diversions increased by 11% to 68% in November**. This means that more than two-thirds of SOAR members that went to the ER did not get hospitalized.

July
- Hospitalized (43%)
- Successfully diverted (57%)

November
- Hospitalized (32%)
- Successfully diverted (68%)

All Members- Priority Snapshot Scores
Scores updated on Jan. 13,2016

- Average of Income Score for Pivot
- Average of Physical Wellness Score for Pivot
- Average of Behavioral Wellness Score for Pivot
- Average of Psychiatric Wellness Score for Pivot
- Average of Housing score

Jun Jul Aug Sep Oct Nov Dec Jan
2015 — 2016

The graph shows the average questionnaire scores of all SOAR members from July 2015 to January 13, 2016. Keeping track of the responses show that staff are effectively meeting and lowering the highest risk need of each member.

Member Story

Going through a member's priority snapshot can be a collaborative process. By reviewing each point week by week, members can see how their risk level has changed and reflect on what was going on in their life at the time that affected their decisions.

A SOAR MEMBER GOES OVER HIS PRIORITY SNAPSHOT WITH A STAFF.

For instance, one SOAR member went from a two in behavioral wellness while in the hospital, to a one when he got out. The member had maintained positive progress until his living situation became unfavorable. This change affected his behavior and brought his Behavior Status risk back up to a two. Even though a two is still a low-risk score, it still represents a significant barrier to recovery and prompts staff to continue to address the issue.

The SOAR staff took time to go over this member's profile with him by starting with an overview of the member's graph and identifying some goals. The staff member used the graph to show the member how his symptoms affected his risk and asked him what could have contributed to both the positive and negative changes in his behavior. The member was able to identify what had happened that affected him, and together the two started to brainstorm ideas of what the member could do to change his situation, or at least make better decisions in the moment the next time he came across a difficult circumstance in the future.

Costs and Requirements

SOAR found that the new meeting structure offered high effectiveness with zero financial impact. The changes worked with the existing schedule and programming that was already on site: survey development and data collection were completed through Excel and a shared platform called SharePoint; the meeting hours remained the same; and the member information was in-house. "We're making every visit count with this new way of targeting an approach to treatment," Shannan said. "With this strategy, we are doing a better job at filling in the gaps in recovery work and are actualizing the hopes and dreams of every member."