PRESENTER: Cameo Stanick

INTRO:

METHODS:

- Simply giving providers progress data on their clients produces an effect size for clinically significant change.^{1,2}
- Hathaway-Sycamores Child and Family Services (HSCFS) is one of the largest nonprofit community mental health and child welfare agencies in Los Angeles County serving thousands of youth and families.

Sustainability is an **iterative**

Putting it at their Fingertips: Mechanisms for Increasing Adoption of a Technology-Based Performance Management Tool in a Community Mental Health Organization

Janine Quintero, Psy.D., Amanda Gentz, BA., Gina Perez, Psy.D., Debbie Manners, MSW, & Cameo Stanick, Ph.D.



 All participants were given two implementation science measures: Perceptions of Adopting an IT Innovation Readiness for Organizational Change.

2. Two pilots took place

	Pilot 1	Pilot 2
Participants	8 Clinicians 4 Management	25 Clinicians 6 Management
Platform	Excel Sheet	Power BI Dashboard
Frequency of Report	Weekly (manual)	Daily (manual upload)

RESULTS

Attitudes were more positive at the beginning of the **second pilot** than

process that

requires

continual



DISCUSSION (continued)

Supervisors decreased in utilization during the second pilot (views per month):



- Staff made performance improvements during the first pilot (timeliness of progress notes):
- All of the pilot staff **improved** and one staff **successfully exceeded** the organizational target. (Pre-pilot:

beginning of the first pilot.



- Personally Management Image Beneficial Support
- Despite these positive attitudes, utilization of the tool utilization decreased in the second phase.

DISCUSSION

 Success: gaining management support, performance improvements

acaption

multifaceted

14.2 days and Post-pilot: 5.97 days)

- Based on feedback from pilots the benefits have been:
 - Time saved in running reports
 - Targeted supervision → more time devoted to clinical and less to administrative requirements
 - *"It reduces my anxiety because I know where I am at."*—Clinician

Lessons learned:

- Pilot 1:
- Need to train supervisors & leaders first
- Define role expectations
- Improve technology

during initial pilot, and continual

support and flexibility of

implementation.

- The next step is agency wide implementation. Will incorporate
 - lessons learned from both pilots:
 - training supervisors first, have follow
 - ups with participants after training,

and de-implement current tools.

approach.





• Pilot 2:

- De-implementation of current tools
- Access to live dashboards in

training

Check-in early with users to promote adoption

References:

- Carlier IVE, Meuldijk D, Van Vliet IM, Van Fenema E, Van der Wee NJA, Zitman FG. Routine outcome monitoring and feedback on physical or mental health status:
- Evidence and theory. J Eval Clin Pract. 2012;18:104-110.
- Bickman L, Kelley SD, Breda C, de Andrade AR, Riemer M. Effects of routine feedback to clinicians on mental health outcomes of youth: Results of a randomized trial. Psychiatric Services. 2011;62:1423-1429.