

# Bringing It All Together: The PCI Framework





# **Bringing Concepts Together**

# Results-based management

Long-term goals (results for beneficiaries)

# Adaptive management

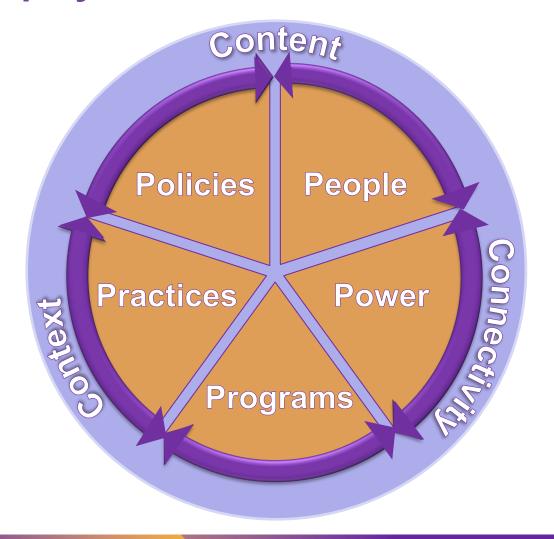
- Actions Evaluation Adaptation Cycles
  - Intermediate outcomes (actions linked to results)







# Visual Display: 5 P's and 3 C's of PCI Framework









# Visual Display: 4 I's of PCI Framework







ntermediate Process Outcome (for an Action-Evaluation-Adaptation cycle)

### **Template Directions:**

- 1. Initial Action Column: Fill in the ideas that the partnership has brainstormed related to the intermediate process outcome.
- 2. 3 P's (Policies, Practices, Programs) Column: Enter highlights from discussion of 3P's as it relates to each activity listed in the first column.
- 3. 2 P's (People, Power) Column: Enter highlights from discussion of 2P's as it relates to each activity listed in the first column.
- 4. Revised Actions Column: Select an activity in the first column that seems promising to pursue. Restate it with modifications based on 5 P's analysis.

### Complete the Success, Inform, Influence, and improve columns only for the row showing activity you are going to pursue.

- 5. Success Column: Identify what you hope will be the result of engaging in the revised activity.
- 6. Inform Column: Identify information to share with those involved in the activity as well as what information you want to obtain from them.
- 7. Influence Column: In what ways do you want to influence those involved and how will you know if it happened?
- 8. Improve Column: What improvements do you already have in mind that participants could act on and how will you know if it happened?









### **MAIDAN**

**Impact = Long Term Goal:** In five years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.

**Adaptation cycle):** Within 1 year, and with input from a broad array of stakeholders including patients and their families develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.





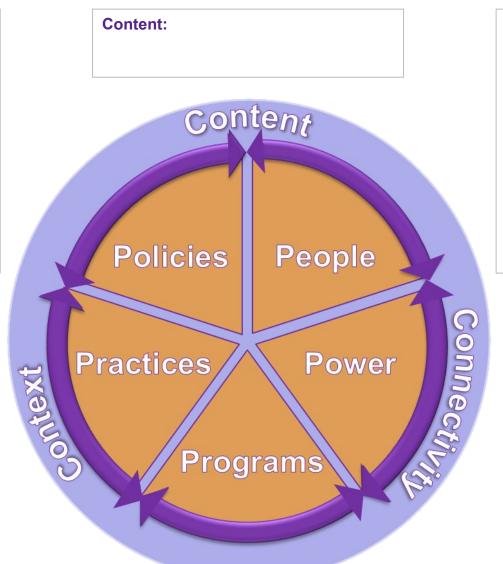






**Need to learn:** 

**Context:** 



People	<b>←</b>	 •	Power

Already know:

**Need to learn:** 

**Connectivity:** 





**Practices** 

Already k

Content: Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection Need to I system that is better able to identify inequities and suggest action.



Context: Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

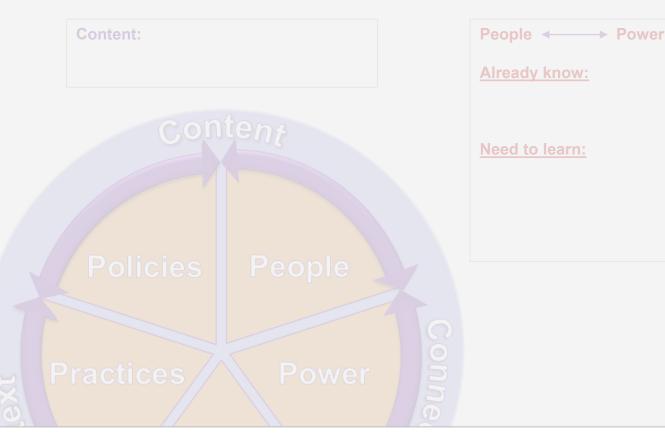
Context:	Connectivity:



Policies
Practices Programs

**Already know:** 

**Need to learn:** 



# **Connectivity:**

<u>Disconnects</u> in (1) data; (2) AHPC and local groups; (3) SON and SOM (4) organizational missions Connections between AHPC and UHC

Context: Connectivity:

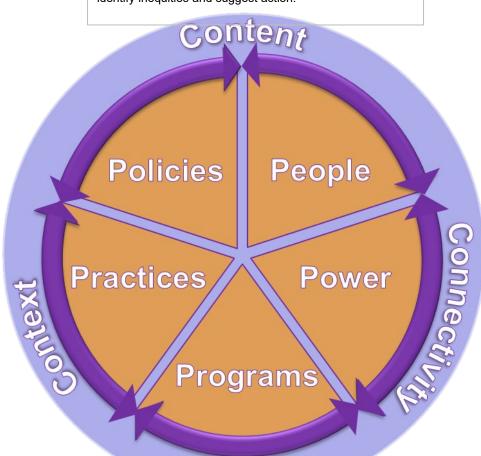






**Need to learn:** 

**Content:** Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.



People ← → Power

**Already know:** 

**Need to learn:** 

**Context:** Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

### **Connectivity:**

Disconnects: (1) data; (2) AHPC and local groups; (3) SON

and SOM (4) organizational missions.

Connections: AHPC and UHC





# **Initial Action Ideas: MAIDAN**

Initial Action Ideas	3 P's (Policies, Practices, Programs)	2 P's (People, Power)	Revised Actions	Success	Inform	Influence	Improve
Conduct a focus group of patients  Sub-Steps: Develop protocol Secure IRB approval Identify patients Determine incentives Outline logistics (time, location, child care, etc.)	Learn important views on practices and programs and fit with culture of patients.  Explore institutional policies and practices (IRB, merit and promotion, etc.) around team community-partnered science and team science.	Attend to patients' power position relative to other groups.  Attend to SON / SOM power dynamics.  Attend to "competition" between community-based organizations.	Rethink focus group facilitator; possibly multiple parties in focus groups; multiple focus groups.  Bring in the experts and site leaders with attention to power dynamics.  Treat all sub-steps as learning opportunities for partnership and stakeholders.	Input from patient and community stakeholders results in:  (1) A prototype patient-centered data collection system that better identifies inequities and suggest actions.  (2) Ideas for how to test prototype system	Focus group participants inform academic partners about important matters related to P's and C's relevant to mental health screening and referral.  Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively address them.	Patients and community members are more willing to engage in development, testing, and evaluation of new mental health screening and referral practices.  Academic and clinical partners are more willing to incorporate patient and community feedback into their mental health screening and referral	Patient, community, academic and clinical stakeholders collaborate to increase validity, alignment, and utility of learner- led mental health screening data collected in community settings.
Cross walk screening data and processes to identify areas of misalignment.  Map current mental health referral processes and outcomes.						practices.	







## **Initial Action Ideas: MAIDAN**

Intermediate Process Outcome (for an Action-Evaluation-

**Adaptation cycle):** Within 1 year, and with input from a broad array of stakeholders including patients and their families develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

### **Initial Action Ideas**

Conduct a focus group of patients

### **Sub-Steps:**

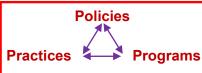
- Develop protocol
- Secure IRB approval
- Identify patients
- Determine incentives
- Outline logistics (time, location, child care, etc.)

Cross walk screening data and processes to identify areas of misalignment

Map current mental health referral processes and outcomes

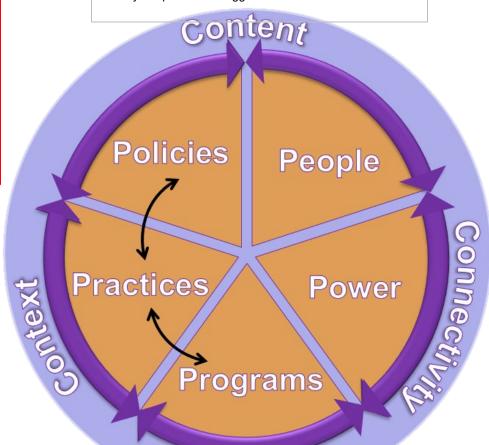






**Need to learn:** 

**Content:** Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.



People **←** Power

**Already know:** 

**Need to learn:** 

**Context:** Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

### Connectivity:

Disconnects: (1) data; (2) AHPC and local groups; (3) SON

and SOM (4) organizational missions.

Connections: AHPC and UHC







### **Disconnects**

- Among data systems
- Between AHPC and local groups' screening practices and policies and their referrals
- SON and SOM data collection practices
- Organizational missions

### **Need to learn:**

### **Policies**

- Data systems
- Roles of community members in research
- Data sharing

### **Programs**

SON and SOM community programs

### **Practices**

- Meetings among people working with data
- · Use of data for decision making

People Power

Already know:

Need to learn:

ivity:

<u>s</u> in (1) data; (2) between AHPC and local organizational missions; (4) SON and SOM s between AHPC and UHC

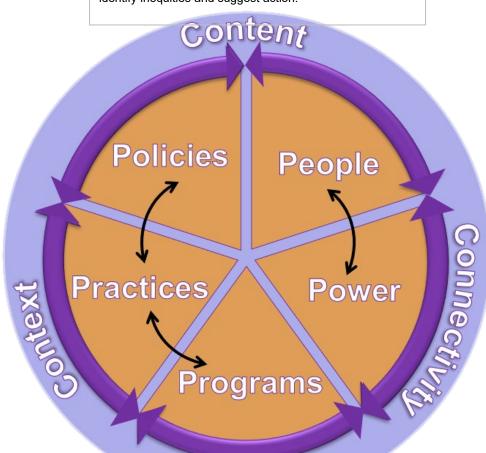






**Need to learn:** 

**Content:** Within one year, and with input from a broad array of stakeholders including patients and their families, develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.



People **←** Power

**Already know:** 

**Need to learn:** 

**Context:** Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, and local mental healthcare assets

### **Connectivity:**

Disconnects: (1) data; (2) AHPC and local groups; (3) SON

and SOM (4) organizational missions.

Connections: AHPC and UHC







**Need to learn:** 

People ← Power

### **Already know:**

- Community has little power in AHPC, UHC decision-making
- Police power over homeless
- Power dynamics between SON and SOM
- "Competition" between CBOs for resources

### **Need to learn:**

- Who are informal opinion leaders in all organizations
- Who controls data access, use

Context: Low income neighborhood within Middletown, shelter, SON, SOM, behavioral health providers, local mental healthcare assets

Connectivity:

<u>Disconnects</u> in (1) data; (2) between AHPC and local groups; (3) organizational missions; (4) SON and SON Connections between AHPC and UHC



## **Initial Action Ideas: MAIDAN**

**Adaptation cycle):** Within 1 year, and with input from a broad array of stakeholders including patients and their families develop a patient-centered, unified mental health screening and referral data collection system that is better able to identify inequities and suggest action.

### **Initial Action Ideas**

Conduct a focus group of patients

Cross walk screening data and processes to identify areas of misalignment

Map current mental health referral processes and outcomes





Initial Action Ideas	3 P's	2 P's	Revised Actions	Success	Inform	Influence	Improve
	(Policies, Practices, Programs)	(People, Power)					·
Conduct a focus group of patients  Sub-Steps: Develop protocol Secure IRB approval Identify patients Determine incentives Outline logistics (time, location, child care, etc.)	Learn important views on practices and programs and fit with culture of patients.  Explore institutional policies and practices (IRB, merit and promotion, etc.) around team community-partnered science and team science.	Attend to patients' power position relative to other groups.  Attend to SON / SOM power dynamics.  Attend to "competition" between community-based organizations.	Rethink focus group facilitator; possibly multiple parties in focus groups; multiple focus groups.  Bring in the experts and site leaders with attention to power dynamics.  Treat all sub-steps as learning opportunities for partnership and stakeholders.	Input from patient and community stakeholders results in:  (1) A prototype patient-centered data collection system that better identifies inequities and suggest actions.  (2) Ideas for how to test prototype system	Focus group participants inform academic partners about important matters related to P's and C's relevant to mental health screening and referral.  Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively	Patients and community members are more willing to engage in development, testing, and evaluation of new mental health screening and referral practices.  Academic and clinical partners are more willing to incorporate patient and community feedback into their mental	Patient, community, academic and clinical stakeholders collaborate to increase validity, alignment, and utility of learner- led mental health screening data collected in community settings.
Cross walk screening data and processes to identify areas of misalignment.  Map current mental health referral					address them.	health screening and referral practices.	
processes and outcomes.							







S,

# 3 P's (Policies, Practices, Programs)

Will provide important views on practices and programs and fit with culture of patients.

Will also need to explore institutional policies and practices (IRB, merit and promotion, etc.) around team community-partnered science and team science.

# 2 P's (People, Power)

Attend to patients' power position relative to other groups

Attend to SON / SOM power dynamics.

Attend to "competition" between community-based organizations.





Initial Action Ideas	3 P's (Policies, Practices, Programs)	2 P's (People, Power)	Revised Actions	Success	Inform	Influence	Improve
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Cross walk screening data and processes to identify areas of misalignment.  Map current mental health referral processes and outcomes.							







	Initial Action Ide	Revised	Revised Actions				
		Rethink focus grou	p facilitator;				
	cus group of itients	possibly multiple p groups; multiple fo		nink focus group litator; possibly tiple parties in			
<ul> <li>Secure IRB approval</li> <li>Identify patier</li> <li>Determine incentives</li> </ul>		Bring in the experts with attention to po	tiple focus ups; Bring in the erts and site				
		Treat all sub-steps opportunities for pastakeholders.	•	ders with ention to power amics; treat all -steps as learning ortunities for			
	child care, etc	community- partnered science and team science.		partnership and stakeholders			



Initial Action Id	Success	Revised Actions
Focus group of patients	Input from patient and community stakeholders results in:	hink focus group litator; possibly
Sub-Steps:	(1) A prototype patient-centered data collection system that	tiple parties in us groups;
<ul><li>Develop prote</li><li>Secure IRB</li></ul>		tiple focus ups; Bring in the erts and site
<ul><li>approval</li><li>Identify patie</li><li>Determine</li></ul>	(0) 11 (1)	ders with ention to power
<ul><li>incentives</li><li>Outline logist</li></ul>	i	amics; treat all -steps as learning
(time, locatio child care, etc	fetc.) around team	partnership and stakeholders



Initial Action Ideas	3 P's	2 P's	Revised Actions	Success	Inform	Influence	Improve
	(Policies, Practices, Programs)	(People, Power)					·
Conduct a focus	Learn important	Attend to	Rethink focus	Input from patient	Focus group	Patients and	Patient,
group of patients	views on practices	patients' power	group facilitator;	and community	participants	community	community,
	and programs and	position relative	possibly multiple	stakeholders	inform academic	members are	academic and
Sub-Steps:	fit with culture of	to other groups.	parties in focus	results in:	partners about	more willing to	clinical
<ul> <li>Develop protocol</li> </ul>	patients.		groups; multiple		important matters	engage in	stakeholders
Secure IRB		Attend to SON /	focus groups.	(1) A prototype	related to P's and	development,	collaborate to
approval	Explore	SOM power		patient-centered	C's relevant to	testing, and	increase validity,
<ul> <li>Identify patients</li> </ul>	institutional	dynamics.	Bring in the	data collection	mental health	evaluation of new	alignment, and
Determine	policies and		experts and site	system that better	screening and	mental health	utility of learner-
incentives	practices (IRB,	Attend to	leaders with	identifies	referral.	screening and	led mental health
<ul> <li>Outline logistics</li> </ul>	merit and	"competition"	attention to	inequities and		referral practices.	screening data
(time, location,	promotion, etc.)	between	power dynamics.	suggest actions.	Academic and		collected in
child care, etc.)	around team	community-based			clinical partners	Academic and	community
	community-	organizations.	Treat all sub-steps	(2) Ideas for how	inform patients	clinical partners	settings.
	partnered science		as learning	to test prototype	and community	are more willing	
	and team science.		opportunities for	system	members about	to incorporate	
			partnership and		mental health	patient and	
			stakeholders.		disparities and the	community	
					initiative to	feedback into	
					collaboratively	their mental	
					address them.	health screening	
						and referral	
	1					practices.	

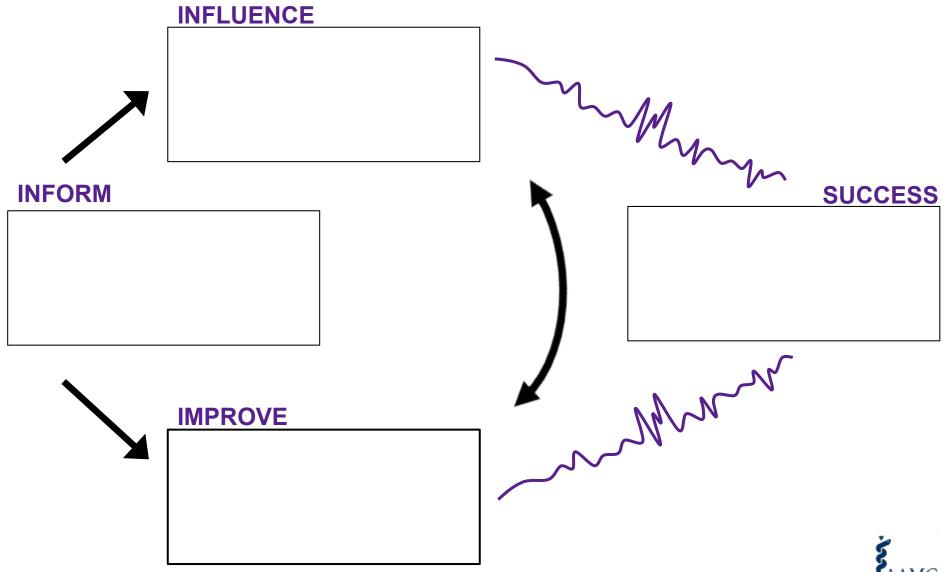








# Action–Evaluation–Adaptation (3 l's) → SUCCESS





Inform

Input from patient and community stakeholders resul in (1) a prototype patient-centered data collection system that better identifies inequitie and suggest action (2) ideas for how to test prototype system

Success

Focus group participants inform academic partners about important matters related to P's and C's relevant to mental health screening

Academic and clinical partners inform patients and community members about mental health disparities and the initiative to collaboratively address them.

initiative to collaboratively address them.

and referral.

health screening and referral practices.

ient, community, demic and ical stakeholders laborate to rease validity, nment, and ity of learner-led ntal health eening data lected in nmunity settings

**Improve** 



Input from patient and community stakeholders resul in (1) a prototype patient-centered data collection system that better identifies inequitie and suggest action (2) ideas for how t test prototype system

Success

### Influence

Patients and community members are more willing to engage in developing, testing, and evaluating new mental health screening and referral practices.

Academic and clinical partners are more willing to incorporate patient and community feedback into their mental health screening and referral practices.

initiative to collaboratively address them.

health screening and referral practices.

Influence

### **Improve**

ient, community, demic and ical stakeholders laborate to rease validity, nment, and ity of learner-led ntal health eening data ected in nmunity settings



### Influence Success **Improve Improve** Input from patient ient, community, Patient, community, academic and demic and and community stakeholders resul ical stakeholders clinical stakeholders collaborate to in (1) a prototype laborate to increase validity, alignment, and patient-centered rease validity, utility of learner-led mental health data collection nment, and screening data collected in ity of learner-led system that better ntal health identifies inequitie community settings. and suggest action eening data (2) ideas for how to lected in nmunity settings test prototype system disparities and the into their mental initiative to health screening and collaboratively referral practices. address them.



# Action-Evaluation-Adaptation (3 l's)

### **INFORM**

### Focus Group

Participants → Academic

<u>Partners:</u> The P's and C's relevant to mental health screening and referral.

### **Academic Partners** →

Participants: The existing mental health disparities and the initiative to collaboratively address them.

### **METRICS**

Review of the focus group transcripts reveals:

- (1) Participants made suggestions for potential new community partners and ways to make the screening questions and process more accessible and patient centered.
- (2) Patient knowledge of mental health inequities has increased.





# Action-Evaluation-Adaptation (3 l's)

### **INFLUENCE**

# **Patients and Community**

Members: More willing to engage in development, testing, and evaluation of new mental health practices.

Academic Partners: More willing to incorporate patient and community feedback into mental health practices.

### **METRICS**

- (1) Community groups have invited the MAIDAN team to local gatherings to further raise awareness and involvement.
- (2) Other academic partners have inquired about MAIDAN's process and its applicability to their own work.





# Action-Evaluation-Adaptation (3 l's)

### **IMPROVE**

### **All Stakeholders:**

Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.

### **METRICS**

- (1) New focus group identified partners are brought on board.
- (2) Suggested changes to an aligned screening tool and process are implemented when feasible.
- (3) It has become markedly easier to get additional patient and community feedback due to increased communication and trust.





# Action–Evaluation–Adaptation (3 l's) → SUCCESS

# Short-Term Evaluation Activities

### INFLUENCE

Patients and Community Members: More willing to engage in development, testing, and evaluation of new mental health practices.

<u>Academic Partners:</u> More willing to incorporate patient and community feedback into mental health practices.

### **INFORM**

### **Focus Group**

Participants → Academic Partners: The P's and C's relevant to mental health screening and referral.

Academic Partners → Participants: The existing mental health disparities and the initiative to collaboratively address them.



### SUCCESS

### Interim Success

Input from patient and community stakeholders results in:

- A prototype patient-centered data collection system that better identifies inequities and suggest actions.
- (2) Ideas for how to test the prototype system.



### **IMPROVE**

All Stakeholders: Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.





# Action–Evaluation–Adaptation (3 l's) → IMPACT

### **INFLUENCE**

Patients and Community Members: More willing to engage in development, testing, and evaluation of new mental health practices.

<u>Academic Partners:</u> More willing to incorporate patient and community feedback into mental health practices.

Long-Term Evaluațion Activities

### **IMPACT**

### **INFORM**

Short-Term

Evaluation

Activities

### **Focus Group**

Participants → Academic Partners: The P's and C's relevant to mental health screening and referral.

<u>Academic Partners → Participants:</u> The existing mental health disparities and initiative to collaboratively address them.



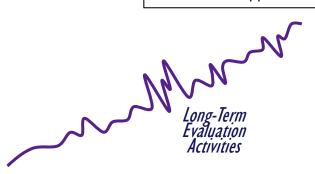
### **Long-Term SMART Goal:**

In five-years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.



### **IMPROVE**

<u>All Stakeholders:</u> Collaborate to increase validity, alignment, and utility of screening data collected in by learners in community settings.







# Action–Evaluation–Adaptation (3 l's) → IMPACT

