

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

**PREVENTION AND EARLY INTERVENTION (PEI)
PROGRAM IMPLEMENTATION MATRIX**

Over the last six years, contract agencies and county-operated clinics have diligently worked to transform the mental health system to emphasize evidence-based/informed practices with the goals of improved client care and clinical outcomes. By outlining implementation stages with associated benchmarks, evidence informed models provide a useful framework to plan, understand, evaluate, and strengthen the PEI Programs within an agency's existing structure. Through the PEI Monitoring and Technical Assistance Site Visits (MTASV), agencies' feedback regarding their progress, achievements, and challenges in their transformation process is being sought. The PEI Program Implementation Matrix is designed to gather this information and provide agencies with a tool to review their progress within a four staged implementation model. Implementation is not a single event, but a process which occurs across time.

Phase I: Exploration and Adoption focuses on the tasks of examining and selecting PEI Practices most congruent with agency and target population needs (Year 1)					
Benchmark (activities/tasks to accomplish)	Please insert an "X" below the column header which best describes the agency's status for each benchmark listed.			List accomplishments or challenges for each benchmark.	
	Met	Partly Met	Not Met	Accomplishments	Challenges Rationale

Phase II: The Initial Implementation Phase focuses on preparation and provision of PEI services at the agency level (Years 2-4)					
Benchmark (activities/tasks to accomplish)	Please insert an "X" below the column header which best describes the agency's status for each benchmark listed.			List accomplishments or challenges for each benchmark.	
	Met	Partly Met	Not Met	Accomplishments	Challenges Rationale

Phase III: Full Implementation reflects the successful integration and fully operational implementation of the PEI Programs and delivery of PEI Services within the agency's infrastructure (Years 4-5)					
Benchmark (activities/tasks to accomplish)	Please insert an "X" below the column header which best describes the agency's status for each benchmark listed.			List accomplishments or challenges for each benchmark.	
	Met	Partly Met	Not Met	Accomplishments	Challenges Rationale

Phase IV: The Fidelity and Sustainability Phase is focused on supporting the provision of PEI Practices with fidelity and sustaining the PEI Program/Practices over time (Years 5+)					
Benchmark (activities/tasks to accomplish)	Please insert an "X" below the column header which best describes the agency's status for each benchmark listed.			List accomplishments or challenges for each benchmark.	
	Met	Partly Met	Not Met	Accomplishments	Challenges Rationale

LACDMH PEI BENCHMARK (ACTIVITIES/TASKS TO ACCOMPLISH)

<u>PHASE I:</u>	<u>PHASE II:</u>	<u>PHASE III:</u>	<u>PHASE IV:</u>
Exploration and Adoption focuses on the task of examining and selecting PEI Practices most congruent with agency and target population needs	The Initial Implementation Phase ocuses on preparation and provisions of PEI services at the agency level (years 2-4)	Full Implementation reflects the success integration and fully operational implementation of the PEI Programs and delivery of PEI Services within the agency's infrastructure (Years 4-5)	The Fidelity and Sustainability Phase focuses on supporting the provision of PEI Practices with fidelity and sustaining the PEI Program Practices over time (Years 5+)

1. Establish team to oversee PEI Practices selection and implementation	1. Implement changes in organizational infrastructure* in preparation for PEI Practice	1. PEI Program infrastructure* is well established and supports effective delivery of PEI Practices to meet PEI population need	1. Clinicians demonstrate competent delivery of PEI Practices and are fully trained in the models they deliver
2. Develop PEI Program strategic plan (e.g. goals, objectives, activities, work plan, timelines, and staffing, etc.)	2. Implement strategies to build staff support for PEI Program implementation	2. Staff demonstrates increased support, improved attitude, and enhanced skill development for PEI Program/Practice(s)	2. Outreach and engagement strategies in place with a well-developed triage system to funnel appropriate clients (meeting PEI criteria) to PEI services
3. Develop communication plan/education between staff, stakeholders, leadership and clients	3. Identify key staff for oversight and implementation of PEI Program and Practice(s)	3. Key PEI Program staff have documented responsibilities, demonstrate proficiency in their role, and are knowledgeable about PEI Practices and outcome protocol	3. Agency utilizes PEI Practice champions, supervisors, and train-the-trainer model to support sustainability
4. Conduct needs assessment to identify resources, gaps, and readiness for PEI Program	4. Implement system to track administration, scoring, data entry, and analysis of PEI Practice Outcome Measures	4. Outcome measure data utilized clinically with client	4. Outcome monitoring, internal program evaluation, and tracking of training systems are well established and consistently utilized for clinical and programmatic data-driven decisions
5. Consult with LACDMH, developers, community experts, researchers, etc.	5. Outcome Measures Application (OMA) & CIBHS (MAP, TF-CBT, Triple P) Compliance rate for Outcomes (based on OMA data) is a minimum of 50%	5. Outcome measure data utilized for data driven program decisions	5. The agency maintains a high staff retention rate contributing to sustainability
6. Research/review PEI Practices for adoption	6. OMA Completion rate for PEI clients is a minimum of 60%	6. OMA & CIBHS (MAP, TF-CBT, Triple P) Compliance rate for Outcomes is a minimum of 90%	6. Agency maintains and utilizes a diverse menu of PEI Practices to appropriately address client needs
7. Identify PEI Practices for adoption by agency	7. Dropout rate for PEI clients does not exceed 50%	7. OMA Completion rate for PEI clients is a minimum of 85%	7. Agency's PEI Program's internal processes are aligned with DMH guidelines and procedures
	8. Implement internal program evaluation procedures and begin data collection	8. OMA Dropout rate for PEI clients does not exceed 30%	8. Agency is utilizing a minimum of 97% of PEI allocations
	9. Implement tracking system to monitor completion of training protocol	9. Internal program evaluation conducted and results utilized for program decisions, and dissemination of results to inform stakeholders, partners and staff	9. Agency has other sources of funding to support sustainability of PEI Program/Practices

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<p align="center">PHASE I:</p> <p>Exploration and Adoption focuses on the task of examining and selecting PEI Practices most congruent with agency and target population needs</p>	<p align="center">PHASE II:</p> <p>The Initial Implementation Phase ocuses on preparation and provisions of PEI services at the agency level (years 2-4)</p>	<p align="center">PHASE III:</p> <p>Full Implementation reflects the success integration and fully operational implementation of the PEI Programs and delivery of PEI Services within the agency's infrastructure (Years 4-5)</p>	<p align="center">PHASE IV:</p> <p>The Fidelity and Sustainability Phase focuses on supporting the provision of PEI Practices with fidelity and sustaining the PEI Program Practices over time (Years 5+)</p>
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	10. Schedule PEI Practice trainings and staff complete initial trainings	10. Tracking system, to monitor completion of training protocol, is consistently updated by designated staff member and accurately reflects training status of each PEI Program supervisor/clinician	10. Adaption of PEI Practices occurs with consultation from the developer/experts and data is collected to support efficacy for the target population
	11. Implement claiming for PEI practices in accordance with PEI Guidelines	11. PEI Practice training protocol(s) completed by staff	11. Agency strongly utilizes collaborative partnerships allowing for resource sharing and leveraging to support program sustainability
	12. Schedule PEI Practice Training and supervisors complete initial training	12. Claiming for PEI practices is proceeding in accordance with DMH PEI Guidelines	12. PEI Program demonstrates efficient service delivery and cost containment contributing to practice sustainability
	13. Group/individual supervision implemented for PEI Program/Practices	13. The agency utilizes a minimum of 80% of the PEI allocation	13. Agency has an infrastructure to provide on-going training for new staff and additional training to expand existing practices
	14. PEI practice fidelity monitoring framework implemented	14. PEI Practice training protocol(s) completed by supervisors	
	15. Utilize PEI specific outreach/engagement to increase appropriate client referrals to PEI	15. PEI Practice-specific supervision supports clinicians' mastery and utilization of skills	
	16. Implement PEI Program triage to support placement of clients in the appropriate PEI Practice	16. Clinicians utilize fidelity monitoring tools and delivers PEI Practices with adherence to model components	
	17. Implement Quality Assurance/Improvement procedures to address PEI Program/Practice(s)	17. Continued PEI-specific outreach/engagement supports appropriate client referrals and utilization of PEI Practices	
		18. Clients, referred for PEI services, complete the appropriate outcome measures in accordance with practice guidelines as a result of established triage protocol	
		19. Initiate sustainability planning (e.g. timelines, train-the-trainer model, funding support, etc.....)	
		20. Agency develops collaborative partnerships and identifies additional funding streams to support program sustainability	

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| 21. PEI Program meets population need and PEI services become normative treatment modality for client population |
| 22. Agency provides on-going training for new staff and additional training to expand existing practices |