Project Management and Creating Your Infrastructure

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SAMHSA-HRSA Center for Integrated Health Solutions
National Council for Community Behavioral Healthcare
Topics Covered Today

• Creating your weekly action plan
• Memoranda of Understanding with partners
• Designing your project for integration and sustainability
• Hiring staff and creating a team
• The role of leadership
• Thoughts space design
• Startup checklist from a former project director
Project Plan – 3 Essential Components

1) Project Management Schedule

2) Risk Management Plan

3) Communication Plan
Creating A Weekly Action Plan
Project Management Schedule

- Lists activities that have to be completed to meet milestones and deliverables (check the response to the RFA – and the RFA!)
- Individual steps to completing the activities are broken out into tasks
  - Estimated start/finish date
  - “Contingencies”
  - A way to show progress towards completion
  - Identified “owner” responsible for ensuring the task is completed
  - Gantt chart to track progress easily
# Project Schedule, Specialized Software

## Kinkajou Schedule

<table>
<thead>
<tr>
<th>ID</th>
<th>Task Name</th>
<th>Duration</th>
<th>Start</th>
<th>Finish</th>
<th>Pred(s)</th>
<th>Resource Name</th>
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<tbody>
<tr>
<td>1</td>
<td>Optical Design Review</td>
<td>6 days</td>
<td>Mon 3/8/04</td>
<td>Fri 3/12/04</td>
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<td>Plummer</td>
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<td>S. Fantone</td>
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<td>Beta Design Review (Mechanical)</td>
<td>1 day</td>
<td>Fri 3/12/04</td>
<td>Fri 3/12/04</td>
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<td>Deka Research</td>
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<tr>
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<td>Prototype Optics (3-5 units, #)</td>
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<td>Armstrong</td>
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<tr>
<td>5</td>
<td>procure lenses</td>
<td>10 days</td>
<td>Thu 4/8/04</td>
<td>Wed 4/21/04</td>
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<tr>
<td>6</td>
<td>design barrel/adjustment</td>
<td>5 days</td>
<td>Thu 4/8/04</td>
<td>Wed 4/14/04</td>
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<td>7</td>
<td>Bench test</td>
<td>1 day</td>
<td>Thu 4/22/04</td>
<td>Thu 4/22/04</td>
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<td>Optics Design Review</td>
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<td>Thu 4/22/04</td>
<td>Thu 4/22/04</td>
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<td>Release Optics</td>
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<td>Thu 4/22/04</td>
<td>Thu 4/22/04</td>
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<td>10</td>
<td>Production Optics Tooling/procurement</td>
<td>60 days</td>
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<td>Thu 7/15/04</td>
<td>9</td>
<td></td>
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<tr>
<td>11</td>
<td>LED vs Incandescent baseline</td>
<td>19 days</td>
<td>Tue 3/2/04</td>
<td>Fri 3/26/04</td>
<td></td>
<td>Armstrong</td>
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<tr>
<td>12</td>
<td>Ckt/LED Reliability Test</td>
<td>24 days</td>
<td>Mon 3/29/04</td>
<td>Thu 4/20/04</td>
<td>11</td>
<td>Armstrong?</td>
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<td>13</td>
<td>Mechanical Design (3D proto)</td>
<td>15 days</td>
<td>Mon 3/29/04</td>
<td>Fri 4/16/04</td>
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<td>14</td>
<td>Build Prototype (qty? 3-5)</td>
<td>20 days</td>
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<td>Fri 5/21/04</td>
<td>13,24</td>
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<td>Evaluate Prototype(s)</td>
<td>10 days</td>
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<td>Modifications</td>
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<td>15</td>
<td>Armstrong</td>
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<td>17</td>
<td>Gamma Design Review</td>
<td>0 days</td>
<td>Fri 7/2/04</td>
<td>Fri 7/2/04</td>
<td></td>
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<tr>
<td>18</td>
<td>Finalize Gamma Doco</td>
<td>9 days</td>
<td>Mon 7/5/04</td>
<td>Thu 7/15/04</td>
<td>17</td>
<td>Armstrong</td>
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</table>

![Project Schedule Diagram](image-url)
### Example of PBHCI Project Activities/Tasks

<table>
<thead>
<tr>
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<tr>
<td>0%</td>
<td>Modify Facilities</td>
<td></td>
<td>10/25/12</td>
<td>2/1/13</td>
<td>68</td>
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<tr>
<td></td>
<td>1.1 Review completed project plan for needed modifications to facility</td>
<td>1.1</td>
<td>10/25/12</td>
<td>10/26/12</td>
<td>2</td>
<td></td>
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<tr>
<td>0%</td>
<td>Confirm estimated costs for implementation</td>
<td>1.2</td>
<td>10/29/12</td>
<td>11/5/12</td>
<td>6</td>
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<td></td>
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<tr>
<td>0%</td>
<td>Confirm estimated timeframe for completion of</td>
<td>1.3</td>
<td>10/29/12</td>
<td>11/5/12</td>
<td>6</td>
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<tr>
<td>0%</td>
<td>Review final plan with stakeholders (doctors, BH case managers and therapists) for workflow efficiency, effectiveness and maximum integration between BH and PC)</td>
<td>1.4</td>
<td>11/7/12</td>
<td>11/15/12</td>
<td>7</td>
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<tr>
<td>0%</td>
<td>Modify and finalize costs and time estimates</td>
<td>1.5</td>
<td>11/16/12</td>
<td>11/17/12</td>
<td>1</td>
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<tr>
<td>0%</td>
<td>Obtain final internal approval</td>
<td>1.6</td>
<td>11/18/12</td>
<td>11/19/12</td>
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<td>0%</td>
<td>Finalize procurement plan</td>
<td>1.7</td>
<td>11/20/12</td>
<td>11/21/12</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>0%</td>
<td>Contractor to apply for and obtain permits</td>
<td>1.8</td>
<td>11/22/12</td>
<td>12/22/12</td>
<td>21</td>
<td></td>
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<tr>
<td>0%</td>
<td>Insert milestones for construction into project plan with contingencies identified and begin modifications</td>
<td>1.9</td>
<td>12/23/12</td>
<td>1/15/13</td>
<td>15</td>
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<tr>
<td>0%</td>
<td>Monitor progress to completion</td>
<td>1.10</td>
<td>12/23/12</td>
<td>1/15/13</td>
<td>15</td>
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<tr>
<td>0%</td>
<td>Prepare space and staff</td>
<td>1.11</td>
<td>1/16/13</td>
<td>3/11/13</td>
<td>11</td>
<td></td>
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</tr>
<tr>
<td>0%</td>
<td>Enrollment / Start up</td>
<td>1.12</td>
<td>2/1/13</td>
<td>2/1/13</td>
<td>1</td>
<td></td>
<td></td>
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</tbody>
</table>
Risk Management Plan

Identifies the factors that may interfere with project success in time, cost and scope

• Details the actual nature of the risk
• Specific strategy for how to address that risk
  • Mitigate
  • Manage
  • Avoid
• Central to communicating around issues that may impede or are actually impeding progress
Communication Plan

Defines the communication requirements for the project and how information will be distributed.

- Role-based
- What information will be communicated
- How the information will be communicated
- When will information be distributed
- Who does the communication
- Who receives the communication
- Centralized information
Weekly Action Plan Guidelines

- Review the RFA requirements with your implementation team
- Brainstorm all action steps with your core team
- Start on your “go live” date even if you’re not fully ready...
- Design your workflows to maximize billings
Weekly Action Plan Guidelines (cont.)

• Set up a workflow and responsibilities for enrolling clients and for collecting and entering all data into TRAC
• Set up a separate workflow for capturing all health-related data for your own use.
• Design your partnerships, space, and workflow for maximum integration
Q & A?

Please type your questions in the chat box.
Greater Nashua Mental Health Center
PBHCI / Healthy Connections

Mara H. Huberlie
Director of Project Implementation
Starting a Partnership

• Integrated healthcare partnership is similar to a marriage. Put in the time it takes to build a trusting relationship.

• Communication is critical – use emails to document, and phone calls and face-to-face meetings to reduce misunderstandings.

• Regularly scheduled meetings are critical. If necessary specify time in the agreement.
Integrating Cultures

- Expect/plan for differences in work cultures
- Flexibility is critical—eliminate “That’s the way we do it mentality”
- Minimize the use of acronyms – the same letters may mean something entirely different in primary care
Before You Sign...

• Be very specific about the range of services the health partner will provide. Are services such as nutrition and diabetes counseling included?

• Define how coverage is provided in case of illness or vacation

• Clearly outline the reporting expectations (monthly or quarterly) for billing and revenue generation and patient utilization numbers

• Specify how revenue generated will be returned to the grant and a time schedule
Additional Considerations

• Are there extra costs associated with providing specific reports?

• Establish system to communicate promptly if problem exists with client Medicaid/Medicare or private insurance to ensure maximum billing potential

• If primary care partner is responsible for patient billing, make certain that the consumer/client understands he/she may receive a bill/statement from a different entity
Partnering with an FQHC

• Many benefits to partnering with FQHC but since they have to abide by numerous regulations, designing an agreement can be time consuming

• A “Change of Scope” application must be filed in order to provide coverage at a new location – can be a lengthy process

• FQHCs may request a financial arrangement through a “Community Benefit Grant.” It is a way to provide an anti-kickback “Safe Harbor” for collaborations between health centers and other providers
FQHC Continued

• If the on-site provider is a P.A. or a APRN, think seriously about requiring some MD time for complex patient cases.

• FQHCs are required to collect a lot of different kinds of data, tap into this expertise and then use it to build the case for additional funding sources.

• An excellent white paper that explains the different collaborations “Assessing and Addressing Legal Barriers to the Clinical Integration of Community Health Centers and Other Community Providers” – www.commonwealthfund.org
Sustainability Tips

• In setting up an onsite primary care office, see if hospitals or other large practices have gently used equipment
• If possible, work closely with a Peer Support Agency
• Take advantage of any trainings offered by SAMHSA/Center for Integrated Care
• Do collaboration/outreach into the community to attract volunteers for wellness programs
• As soon as possible put together a “pro-forma” to see how the new model can be sustained
Additional Resources

Sample MOUs
http://www.integration.samhas.gov/operations-administration/contracts-mous

Considerations for BH and FQHC partnerships
Q & A?

Please type your questions in the chat box.
What level of integration will you implement?
## Doherty, Baird, Reynolds, McDaniel Scale

**The Consumer and Staff Perspective/Experience**

<table>
<thead>
<tr>
<th>Function</th>
<th>Minimal Collaboration</th>
<th>Basic Collaboration from a Distance</th>
<th>Basic Collaboration On Site</th>
<th>Close Collaboration/Partly Integrated</th>
<th>Fully Integrated/Merged</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
<td>Two front doors; consumers go to separate sites and organizations for services</td>
<td>Two front doors; cross system conversations on individual cases with signed releases of information</td>
<td>Separate reception, but accessible at same site; easier collaboration at time of service</td>
<td>Same reception; some joint service provided with two providers with some overlap</td>
<td>One reception area where appointments are scheduled; usually one health record, one visit to address all needs, integrated provider model</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td>Separate and distinct services and treatment plans; two physicians prescribing</td>
<td>Separate and distinct services with occasional sharing of treatment plans for Q4 consumers</td>
<td>Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants</td>
<td>Q1 and Q3 one physician prescribing with consultation; Q2 and Q4 two physicians prescribing some treatment plan integration, but not consistently with all consumers</td>
<td>One treatment plan with all consumers; one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, Q2, Q3, and some Q4; two physicians for some Q4; one set of lab work</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Separate systems and funding sources, no sharing of resources</td>
<td>Separate funding systems; both may contribute to one project</td>
<td>Separate funding, but sharing of some on-site expenses</td>
<td>Separate funding with shared on-site expenses, shared staffing costs and infrastructure</td>
<td>Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility</td>
</tr>
</tbody>
</table>


## Doherty, Baird, Reynolds, McDaniel Scale (cont.)

### The Consumer and Staff Perspective/Experience

<table>
<thead>
<tr>
<th>Function</th>
<th>Minimal Collaboration</th>
<th>Basic Collaboration from a Distance</th>
<th>Basic Collaboration On Site</th>
<th>Close Collaboration/Partly Integrated</th>
<th>Fully Integrated/Merged</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance</strong></td>
<td>Separate systems with little or no collaboration; consumer is left to navigate the chasm</td>
<td>Two governing boards; line staff work together on individual cases</td>
<td>Two governing boards with Executive Director collaboration on services for groups of consumers, probably Q4</td>
<td>Two governing boards that meet together periodically to discuss mutual issues</td>
<td>One governing board with equal representation from each partner</td>
</tr>
<tr>
<td><strong>EBP</strong></td>
<td>Individual EBPs implemented in each system</td>
<td>Two providers, some sharing of information but responsibility for care cited in one clinic or the other</td>
<td>Some sharing of EBPs around high utilizers (Q4); some sharing of knowledge across disciplines</td>
<td>Sharing of EBPs across systems; joint monitoring of health conditions for more quadrants</td>
<td>EBPs like PHO9, IDDT, diabetes management; cardiac care provider across populations in all quadrants</td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>Separate systems, often paper based; little if any sharing of data</td>
<td>Separate data sets; some discussion with each other of what data shows</td>
<td>Separate data sets; some collaboration on individual cases</td>
<td>Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups</td>
<td>Fully integrated (electronic) health record with information available to all practitioners on need-to-know basis; data collection from one source</td>
</tr>
</tbody>
</table>

Polling question: How would you describe the degree to which your organization and your primary care partners have a shared vision of the PBHCI initiative?

- We have a clear and consistent shared vision of what it means to be an integrated healthcare system
- There are some areas of shared understanding
- There is little opportunity to develop a shared vision
- We have a different and inconsistent vision of the PBHCI initiative from our primary care partners
Staffing the Project: Management, Health Coordination, Wellness, and Evaluation

Hire staff with:

- Persistence
- Creativity and flexibility
- Enthusiasm for learning
- Strong patient advocate
- Willingness to be interrupted
- Ability to work in a team
Staffing (cont.)

• Choose **credentialed** staff who will be **billable** in your state (e.g., RNs in Maryland)
• Interview staff for great social skills and passion
• Consider joint interviews for all project staff
• Project directors need a significant amount of time for this project, enthusiasm and credibility both internally and externally
• Project directors need to understand both the BH and PC cultures and vocabulary and help bridge the gaps
Core Implementation Team (including Peers)

- Create project norms
- Respond quickly
- Open communication
- Celebrate success
- Don’t get stuck
Core Implementation Team (cont.)

• Create clarity about who is on the planning and implementation team vs. line staff.
• Are the CEOs on your core implementation team?
• Your core implementation team might include: project director, wellness coordinator, peer leader, care managers, senior BH and PC staff, and an evaluator
• Some of these staff will attend the regional and annual meetings. Which ones?
• How often will your core Implementation team meet? Weekly? Monthly? Quarterly?
• Discuss in advance how you will resolve differences!
Core Implementation Team (cont.)

What authority does this team have?

• Budget review
• Planning for future grant years
• Hiring key staff
• Re-creating workflows
• Acting as champions of the project
• Problem solving and celebrating
Considerations for the Role of an Evaluator/Data Analyst

Jeff Capobianco –
Evaluation and Performance Measurement
jeffc@thenationalcouncil.org
Working with an Evaluator

- Types of Evaluators
- Role of an Evaluator
- How to Engage your Evaluator
The Role of Leadership-CEO

• Communicate a sense of urgency for “buy-in”
  • Examples: “adults with SMI are dying early” or “adults with SMI have inadequate access to primary care” or “we are working to save lives”
  • Forge relationship between behavioral health and primary care leadership—invite both to present to your boards of directors
  • Share the health status, stories, and data with boards, community, media, policy makers, and funders
  • Review compliance with grant requirements periodically
The Role of Leadership-Project Director

- Provide the CEOs with accurate information about the purpose, importance, and success of the PBHCI initiative
- Ensure that both the BH and PC workforce supports the aims of the PBHCI initiative
- Ensure that the primary care partners understand, value, and act in ways that are likely to engage consumers
- Capture the stories—binder, power points, newsletters
- Celebrate successes and compliment any resistors when you see an opportunity
Steps leaders take to successfully implement change

8. Make the changes stick
7. Don’t let up
6. Short-term wins
5. Empower action
4. Build the right team
3. Communicate for buy-in
2. Get the vision right
1. Build a sense of urgency

Based on the work of J. Kotter (2002), *The Heart of Change*. 
Polling Question: Describe the degree to which the organization has communicated a sense of urgency

- No urgency communicated around the PBHCI initiative
- Some urgency
- Moderate urgency
- Clear and consistent communication of urgency
- Optimal urgency including reinforcing supportive staff and confronting non-supportive staff
Co-locating Project Staff ≠ Integration

Lucy, Psychotherapist

Snoopy, M.D.
Thinking and Rethinking Space Design

• Does the space promote relationships with clients?
• Does the space allow for teamwork/consultation and collaboration between primary care and behavioral health staff?
• Is the space easily accessible for both consumers and referral sources?
• Is the space equipped to handle all of the PBHCI requirements?
• “Across the street,” “upstairs,” “different wing” = huge barriers
Thinking About Space

- Locating primary care providers very close to the behavioral health staff encourages fast “warm handoffs” without a loss in productivity
- Will your space allow lab work?
- Wellness Space—physical exercise, classes/groups for diabetes, nutrition, stress management education
Grantee: Navos
Primary Care Partner: Public Health—Seattle/King County
Cohort IV - Region 1 - Seattle, Washington
Contact: Paul Tegenfeldt
paul.tegenfeldt@navos.org
(206) 933-7154
Thinking and Rethinking Space Design (cont.)
Steps to Consider Before Kickoff

- Create a weekly action plan
- Hire the “right” staff and have them start planning together
- Review or modify your MOU with partners
- Design or change your space or staff offices so that BH and PC staff are close to each other
- Include peers in the planning, design and workflows
- Start the process for all legal steps early: licenses/permits for space, state licenses for new staff
Steps to Consider Before Kickoff (cont.)

- Request licenses/arrangements if needed for blood draws and lab pick ups
- Make sure all BH and PC staff know why integrated care is important and understand their role
- Review and consolidate all forms (e.g., can new enrollees enroll as a behavioral health and a FQHC client at the same time?)
- Designate someone to review, understand, and create a workflow for all grant data requirements.
Steps to Consider Before Kickoff (cont.)

- If partnering with an FQHC, find out if the FQHC needs to submit a “change in scope” for types of services and locations... this takes time
- Create excitement for the project with client meetings, staff meetings, newsletters, posters, banners, table tents, buttons, open houses, and more
- Conduct a “run through” with staff role playing as clients as well as maybe asking a client to participate and share feedback
Steps to Consider Before Kickoff (cont.)

✓ Sign up for TRAC\(^1\) training and decide on client ID numbers
✓ Write or update all project staff job descriptions
✓ Create satisfaction surveys for clients and for BH and PC staff
✓ Create your wellness programming—all in house or are some activities contracted out?
✓ Create an Advisory Board or Governance Board

\(^1\)TRansformation ACcountability System: web-based data entry and reporting system that provides a data repository for CMHS program performance measures
Space Design Resources

Primary Behavioral Healthcare Toolkit

Promising Practices in Safety-Net Clinic Design: An Overview
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/P/PDF%20PromisingPracticesClinicDesignOverview.pdf

Designing Safety-Net Clinics for Innovative Care Delivery Models

Read more: http://www.chcf.org/publications/2011/03/promising-practices-clinic-design#ixzz2AGhBMjq5
Space Design Resources (cont.)

Designing Safety-Net Clinics for Flexibility
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/D/PDF%20DesigningClinicsFlexibility.pdf

Designing Safety-Net Clinics for Cultural Sensitivity

Clinic Design: Transforming Primary Care Environments Through Evidence-Based Design
http://www.healthdesign.org/clinic-design
Q & A?

Please type your questions in the chat box.
Reminders

Next Week’s Webinar:
Engaging Consumers and Developing Workflows
November 1, 2012 2:00-4:00 p.m.

Please complete the survey that follows
Thank you

Jennyc@thenationalcouncil.org

202-684-7457, ext 284