CLUSTER-BASED PLANNING: COLLABORATING TO SUPPORT COLLABORATION AND RECOVERY

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SYNTHESIS, INC.
Home Of The Cluster-based Planning Community Of Practice

TODAY'S PRESENTATION WILL FOCUS ON THESE NOTIONS

- Knowledge About Both Personal Histories And Shared Histories Is Key To Understanding People In Need.
- There Is Systematic Diversity Within Large Groups Of People In Need In Relation To Their Shared Histories. THIS IS WHAT CLUSTER-BASED PLANNING IS ABOUT.
- Using Cluster-Based Planning To Describe This Systematic Diversity Establishes A Common Understanding Of The Various Groups Of People Who Need Different Types And/Or Amounts Of Services.
- Collaboration Requires This Common Understanding Of The Systematic Diversity And Shared Lived Experiences That Is Produced By Cluster-Based Planning.
- NOTE: Our examples today will be related to adults with severe and persistent mental health issues. However similar work is ongoing for youth with behavioral health care needs and adults with substance use disorders.

WHAT DO WE MEAN BY COLLABORATION?

Merriam-webster.com

- To collaborate is to work jointly with others or together especially in an intellectual endeavor
- To cooperate with an agency or instrumentality with which one is not immediately connected

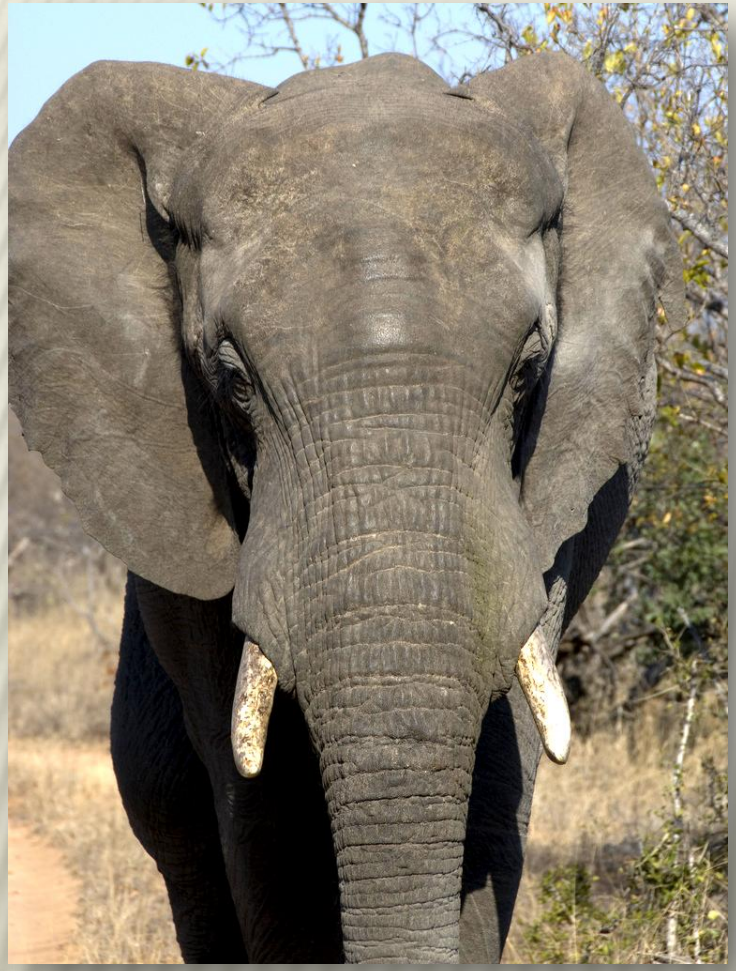
BusinessDictionary.com

- General: Cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common goal.

Bill's Addition

- Collaboration can involve a provider and a consumer, more people, or more systems

COMMON COLLABORATION PARADIGM



BARRIERS TO REAL COLLABORATION

- **Lack of a Common Understanding Of The Situation, Issues, Or People**
  - Need for an Integrative Conceptual Perspective
  - *Need For A Common Language, A Common Way Of Describing The People to Be Served*
  - *Failure To Recognize Systematic Diversity Within Population (except for diagnoses)*
- **Lack of a Common Vision Of The Goals**
- **Lack of a Common Plan To Address Needs Or Achieve Goals**
  - Silos (Organizational and Programmatic)
  - Reimbursement Systems That Do Not Support Integration Of Care

WHAT IS CLUSTER-BASED PLANNING AND HOW DOES IT PROMOTE COLLABORATION?

SOME MAJOR ASSUMPTIONS OF CLUSTER-BASED PLANNING

IMPORTANCE OF INDIVIDUAL HISTORIES

- ***We All Have Histories, And Histories Significantly Influence Who We Are Today, Where We Want To Go, And How We Get There.***
- **History Is Informative And Influential, But Does Not Have To Determine The Future.**
- **Without Understanding The Past, We Are More Likely To Repeat It.**

IMPORTANCE OF SHARED HISTORIES

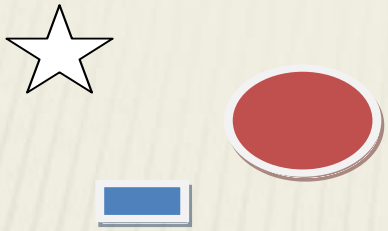
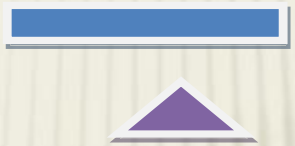
- ***There Are Natural Subgroups (Clusters) Of People Who Share Common Bio-psychosocial Histories (Life Stories).***
- **Realizing We Are Not Alone In The World Is Often Comforting And Empowering.**
- **Mutual Support (Peer) Organizations Exist Because Of The Shared Lived Experiences of Members**
- **Using This Information, We Can Get Closer To Individuals Faster.**
- **Using This Information We Can Build Systems Of Care That More Consistently Address The Needs Of Those We Hope To Assist.**
- **Using This Information We Can Better Insure Access To Care And Better Manage The Utilization Of Resources**
- **Using This Information We Can Improve Communication And Collaboration Required To Integrate Services**

WHAT IS A CLUSTER?

A Cluster Is A Subgroup Of A Larger Population In Need That Shares Common Problems, Strengths, Treatment Histories, Social And Environmental Contexts, And/Or Life Situations.

- *Clusters represent historical, holistic, bio-psychosocial pictures of patterns of behavior and life situations.*
- *Clusters incorporate social policy and the effectiveness of treatments as they have influenced the lives of members of different clusters..*
- *Research and experience suggest that members of different clusters often are working toward different short-term service/recovery goals.*
- *Even when longer-term recovery goals are similar, members of different clusters are likely to face different challenges along the way in their recovery, and require different types and intensities of services, supports, treatment, or rehabilitation options.*

FIGURE 1
OVERVIEW OF CLUSTER-BASED PLANNING MODEL
FOR ADULTS WITH SEVERE & PERSISTENT MENTAL HEALTH ISSUES

	Adults Whose Psychiatric Problems Have Caused Them To Miss Out On Developmental Opportunities In Many Life Areas	Substance Abusers With Less Severe Mental Health Problems	Adults With Trauma Histories Who Struggle With Anxiety & Depression, And Who Have Difficulty Moving Forward With Their Lives
CLUSTERS			
SERVICES (EBPs, Best & Promising Practices)			
OUTCOMES	Limiting Disruptions From Severe Symptoms Maintain Med Regimen Self-Advocacy Re: Meds Improving Social Interaction Skills Expanded Social Network Avoiding Trouble In Community Housing Match Basic Living Tasks Obtaining Benefits To Which One Is Entitled Ability To Deal With Frustration Voc. Training & Education Match Sense of Purpose & Hope	Control Of Substance Abuse Acknowledge SA Problem Connected To Drug-Free Community Improved Impulse Control Sense of Purpose/Hope Having something worth changing for Maintain Med Regimen Avoid Criminal Justice System Housing Match Work Match Voc. Training/Education Match Reduce High Risk Health Behaviors	Increased Tolerance for Stress Being Open To New Opportunities (Risks) Dealing With Issues Of Abuse Or Trauma Increased Self-Esteem Housing Match Work Match Confidence In Work Skills Voc. Training/Education Match Responding To Life's Emergencies Active Involvement w/Others
RESOURCES & COSTS	Programs Services Trained Staff Facilities Dollars	Programs Services Trained Staff Facilities Dollars	Programs Services Trained Staff Facilities Dollars

HOW WERE THE CLUSTERS OF ADULTS WITH SPMI IDENTIFIED & DESCRIBED? HOW WERE TARGETED OUTCOMES SPECIFIED?

Step 1

- **A Functional Assessment Instrument And Cluster Analytic Statistical Procedures Were Employed Separately In 8 Different Geographic Service Areas In Ohio To Identify Clusters Of Adults With Severe Mental Disabilities.**

Step 2

- **Draft Cluster Descriptions Were Validated And Enhanced By Work Groups of Local Experts (Including Providers, Consumers And Family Members). The revised, single-page, Cluster Descriptions incorporated the language, knowledge, and extensive experience of these community experts.**

Step 3

- **Targeted Treatment Goals Or Outcomes Were Identified For Each Cluster By the Work Groups of Local Experts**

This Process Was Repeated 8 Times In Different Geographic Locations Of Ohio

Similar Clusters were found across sites. Results published in April 2002, Psychiatric Services (Rubin and Panzano)

WHAT CLUSTERS DID WE FIND?

TITLES OF 8 CLUSTERS OF ADULTS WITH SEVERE & PERSISTENT MENTAL HEALTH ISSUES

Cluster 1
Adults With Chronic & Serious Health Conditions And Psychiatric Disabilities (7%)

Cluster 2A
Adults With Serious Substance Abuse, Mental Health, & Community Living Problems (20%)

Cluster 2B
Adults With Severe Substance Abuse Problems & Less Severe Mental Health Problems (11%)

Cluster 3A
Adults Whose Psychiatric Problems Have Caused Them to Miss Out on Developmental Opportunities In Many Life Areas (21%)

Cluster 3B
Adults Whose Severe Psychiatric Illnesses Began More Recently and Who Are Not Convinced Of the Usefulness of Treatment (7%)

Cluster 4A
Adults With Trauma Histories Who Struggle With Anxiety & Depression, And Who Have Difficulty Moving Forward With The Lives (23%)

Cluster 4B
Adults Who Struggle With Anxiety And Tend To Focus On Their Physical Health Conditions (5%)

Cluster 5
Adults Who Have Functioned Well In Their Communities (7%)

% Based on Fy11 Service Data From 20 Agencies
N =22,378 clients

SAMPLE CLUSTER DESCRIPTION

Cluster 3A

Adults Whose Psychiatric Problems Have Caused Them To Miss Out On Developmental Opportunities In Many Life Areas

The lives of members of this cluster have been significantly affected by severe psychiatric symptoms such as hallucinations, delusions, thoughts they could not get out of their head, or rituals or behaviors they felt compelled to do. Anxiety and depression also have caused them considerable problems. Many have had difficulty managing their anger and this has gotten them into trouble in the community. The great majority have been long-term clients of the public mental health system, with some having experienced multiple episodes and/or long periods of time in the hospital. **As a result, these men and women have lost years of adult developmental opportunities.** They never learned how to interact well socially and may have difficulty understanding and maintaining social boundaries. Many were not able to continue their educations and they have had few opportunities to work. Many have needed considerable support in order to live successfully in the community.

Members of this cluster are often socially and/or physically isolated from their community. They have great difficulty interacting with others. Some may stay in their house or room for most of the day. They don't know what to say to others, and may be fearful and/or suspicious of them. Many do not maintain good personal hygiene, and are easily recognized and frequently avoided by others. However, members of this cluster are also very vulnerable. They have periods in which their judgment is seriously impaired and they may wander, get lost, or do bizarre things that frighten others. They may be taken advantage of or even physically or sexually abused. Their important health issues may not be apparent, and members of this cluster may die earlier than expected due to undiagnosed medical conditions.

While most cluster members do not pose serious risks to themselves or others, a small subgroup tends to "act out" in several ways. Many of these individuals have been diagnosed with both a mental illness and mild-to-moderate levels of cognitive limitations. Some may have had stays in both psychiatric hospitals and developmental centers. They lack an understanding of social norms, are impulsive, and want their needs met immediately. Some have unmet needs for companionship and difficulty expressing their sexuality in socially acceptable ways. This may reflect a lack of understanding of sexually appropriate behavior or in other cases past experiences of sexual abuse. When frustrated they may attack others, cause injury to themselves, or destroy property. They often have contact with the criminal justice system; however they seldom can be managed appropriately in correctional settings.

In general, cluster members have difficulty taking care of themselves or independently using community resources. They appear to give up easily and often do not follow through when they say they will do things. Most have difficulty accomplishing everyday tasks such as dressing, maintaining an adequate diet, going shopping, or doing other household chores. Some are just unwilling to do these things. Most have difficulty managing their time, keeping appointments, and doing things they need to accomplish in their daily lives. Some cluster members have established specific routines and have difficulty making changes in their schedule even to meet their own needs.

Adhering to a psychotropic medication regimen is very difficult for many cluster members. Many of these adults have been in the mental health system a long time, often having spent significant periods of time in hospital settings. Over the years, they have been prescribed many medications. However, many cluster members have been disappointed repeatedly by the failure of the medications to alleviate their symptoms. Many also experience side effects from the long-term use of these medications. They also have a poor understanding of the purposes and side effects of medication. Thus their attitude toward taking medication may be poor and they frequently do not follow their medication regimens.

Th**e majority of cluster members live on their own or with roommates.** Others live in group homes, shelters, or in supervised or unsupervised apartments. Most have few choices in their housing and must accept arrangements that do not meet their present needs and/or preferences. Many are seen as needing more supportive and supervised living arrangements.

Support from families varies widely for cluster members. Little appropriate support is received from friends. Some have family members who have become very involved in their lives. However, this strong involvement can be a "double-edged sword." On the positive side, these families often meet the individual's needs for food, shelter, and clothing. Because of their involvement, they are often very aware of the individual's emotional condition, and may recognize early signs of decompensation even before others do. On the other hand, some individuals in this cluster feel trapped living with family members who may have their own issues to address such as alcoholism. Other families of choice may encourage dependent, rather than independent behavior. This may insulate the individual from learning the natural consequences of his/her behavior.

Relatively few members of this cluster have been working and even fewer have had training or educational opportunities. Some of those who are unemployed are seen as capable of working in sheltered environments, with others seen as benefiting from transitional or supported employment opportunities. Many need training to improve their daily living and work adjustment skills. Others need training on specific job tasks and skills.

Members of this cluster have typically led a very difficult life. However, many are survivors who continue to have hope. They seem to have an inner strength that gives them a drive to be well even in the face of continuous adversity. Another of their strengths is their ability to form relationships with a few trusted individuals. These may include agency staff. These relationships can provide opportunities for them to start working again toward their goals.

SAMPLE CLUSTER DESCRIPTION

CLUSTER 4A

Adults With Trauma Histories Who Struggle With Anxiety & Depression, And Who Have Difficulty Moving Forward With Their Lives

The members of this cluster appear to be functioning reasonably well at home and in the community. However, the great majority experience considerable interference in their daily lives from anxiety, depression, and the inability to move ahead with their life goals. These problems may be the result of earlier experiences involving physical or sexual abuse, trauma, or dysfunctional family histories. Some cluster members fear being abandoned by those close to them and may interpret any negative responses (even from providers) as forms of rejection. Many seem to lack motivation to initiate activities or follow through on commitments. They give up easily and don't want to be pushed to go beyond what they feel comfortable doing. For a smaller number, psychiatric symptoms such as hallucinations, delusions, obsessive thoughts, compulsive behaviors and inappropriate expressions of anger may also be problems. For many cluster members, their problems interfere regularly with their ability to interact with family and peers, undertake work or training opportunities, set goals for the future, make decisions, and/or take on new challenges in their lives.

Members of this cluster have good basic living skills, can structure their time appropriately, and most can use community resources on their own to meet their needs. While some cluster members have medical problems, the vast majority has little or no interference from health-related issues. In general, cluster members get their regular health care needs met.

The members of this cluster typically have found a level of functioning at which they feel comfortable and don't want anything to happen, or to take any risk, that might change their situation. They are unsure of their own abilities, want to be accepted, and even want approval for their psychiatric conditions. Their illness gives them "secondary gains:" allowing them to get attention while avoiding having to do things they don't feel comfortable doing. Even though they have the intellectual abilities and skills to accomplish more things in their lives, cluster members typically have "excuses" for not being able to make changes. Some may get angry when pushed to accept more responsibility or to do things that might increase their anxiety. Others may make suicidal gestures. Some cluster members are very sensitive to changes in their living environment and may be easily disturbed by alterations to their daily routine. In some cases, cluster members may feel overwhelmed most of the time.

Members of this cluster want to maintain the status quo in treatment, as well. Many have been clients for a long time, some having received treatment in the private sector. On the surface they have favorable attitudes toward treatment and may appear extremely compliant. However, they seldom let their therapist or case manager really know them, and rarely ask for additional services. They don't follow through on suggestions from counselors, and if pushed may respond angrily that they are "trying as hard as they can." Most members of this cluster seem much more stable than they really are. These individuals won't tell others about their fears or stress until they can't handle them any longer. Others, however, seem to be constantly living from crisis to crisis and may demand to be provided services immediately.

While the vast majority of cluster members live with spouses or their families, appropriate support from family and friends varies widely. Historical family issues may continue to affect many cluster members and interaction with their families can be both positive and negative. Because of their past experiences with abuse or trauma, many cluster members have problems with relationships in general. Some have difficulty setting limits or establishing boundaries with others. Some may take on the responsibilities of others as if they were their own. Many cluster members take criticism very personally and seem to need a great deal of praise. However, even when given, they are unable to accept praise because it puts more responsibility on them to perform. Some cluster members seem to require more and more emotional support from others as time goes on.

Many members of this cluster are unemployed; however this is likely to be seen as inappropriate. Many could benefit from supported or competitive employment opportunities. However their lack of self-esteem, their fears (e.g. of abandonment), their reluctance to take any risks, and their fear of losing public benefits, often prevent them from taking advantage of these opportunities.

In general, the members of this cluster are more fragile than they want to appear. However they have real potential for achieving life goals. They are bright and many have a high school education or even more schooling. Some are creative people whose talents remain untapped. They are fighters who have had to use their energies to protect themselves from their pain. However this same energy and resilience can also be deployed to support their recovery.

If We Know That The Client Population We Serve Is Systematically Heterogeneous, We Need To Understand The Implications And Act In Accordance With This Diversity

WHAT RECOVERY GOALS WERE IDENTIFIED?

COMMON TREATMENT OUTCOMES IDENTIFIED FOR ADULTS IN CLUSTER 3A

Adults Whose Psychiatric Problems Have Caused Them to Miss Out on Developmental Opportunities in Many Life Area

- Reduced Psychiatric Hospitalizations
- Greater Understanding Of Purpose And Side Effects Of Medications
- Increased Self-Advocacy Regarding Medication Issues
- Reduced Impact Of Severe Psychiatric Symptoms
- Reduce Impact Of Anxiety And Depression
- More Appropriate Expression Of Anger
- Improved Basic Living Skills
- Exploration of Spirituality
- Avoiding Trouble In The Community
- Increased Sense of Purpose & Hope
- Improved Family Support & Relationship with Family of Choice
- Improved Social Interaction Skills
- Increased Social Contacts & More Satisfaction from Relationships
- Getting Health Care Needs Met
- Recognizing Safety Issues
- Improved Housing Match To Meet Skills, Needs And Preferences
- Better Work And Training Match (More Supported Work Opportunities)

COMMON TREATMENT OUTCOMES IDENTIFIED FOR ADULTS IN CLUSTER 4A

Adults With Trauma Histories Who Struggle With Anxiety & Depression, And Who Have Difficulty Moving Forward With Their Lives

- Reduced Psychiatric Hospitalizations
- Increased Tolerance for Stress and Ability to Manage Anxiety and Depression
- Dealing with Issues of Trauma and/or Abuse
- Establishing & Respecting Personal Boundaries
- Reduce Fears Of Abandonment
- Deal With "Toxic Shame"
- Able To Cope With Fears In Ways That Do Not Interfere With Their Dreams & Goals
- Hope, Dreams, Courage, & Openness To New Opportunities
- Increased Community Social Activities And Network
- Taking More Responsibility For Managing Their Own Conditions (Symptoms, Medications, Accessing Community Resources)
- Getting Health Care Needs Met
- Dealing Better With Life's Emergencies
- Increased Motivation For Work And/Or Training
- Recognizing Signs Of Decompensation And Telling Others When Help Is Needed
- Greater Confidence In Work Skills
- Greater Motivation To Work
- Better Work And Training Match
- Reduced Impact Of Dis-Incentives In Public Benefit Programs

WHAT SERVICE PACKAGES HAVE BEEN IDENTIFIED

OVERVIEW OF SERVICE PACKAGE FOR MEMBERS OF CLUSTER 3A

CLUSTER 3A (Revised 3/11)

Adults Whose Psychiatric Problems Have Caused Them To Miss Out On Developmental Opportunities In Many Life Areas

The recommendations for this Cluster focus on the recovery and development of life skills lost over many years of struggling with severe mental health symptoms. Individuals in Cluster 3A have missed out on many developmental opportunities and need considerable assistance to regain old skills and learn new ones. The model is divided into two versions. An Assertive Community Treatment (ACT) Team is recommended for 1/3 of the members of this Cluster. For the other 2/3 of the consumers, similar services are recommended however the overall amounts to be provided are somewhat less and the intensity of the ACT team is not required. The service package also focuses on empowering consumers through their exposure to the Wellness Management and Recovery Program and their connection to peers and services available through a Certified Peer Recovery Center.

CLUSTER 3A

Some Key Components of the Service Package

•Assertive Community Treatment (ACT) Team

•Individual Community Psychiatric Support Services
Pharmacological Management

•Certified Peer Specialist

- Psycho-educational Programs – facilitated by peers or providers (e.g. WRAP, Feel Good Handbook)
- Supported Employment
- Peer Employment Support Services
- Peer Recovery Center/Facility-based Mutual Support Services
- "Housing First" Residential Options
- Medical Home
- Wellness Management and Recovery Groups

OVERVIEW OF SERVICE PACKAGE FOR MEMBERS OF CLUSTER 4A

Cluster 4A – Revised 4/11

Adults With Trauma Histories Who Struggle With Anxiety & Depression, And Who Have Difficulty Moving Forward With The Lives

The service package for members of Cluster 4A focuses on the use of Cognitive Behavioral Approaches. It is intended to more directly address the histories of trauma, abuse, violence, death or injury to others, and dysfunctional relationships that many of these individuals have experienced. The model provides for intensive individual and group counseling. It recommends the use of cognitive behavioral approaches such as Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Eye Movement Desensitization and Re- Programming (EMDR), and other approaches found effective in treating people with histories of abuse or trauma. The service package shifts the primary providers of service from CPST workers to Counselors And Therapists. Two alternatives are suggested for agencies offering services to members of this Cluster: one that requires a commitment to a rather complete program of Dialectical Behavior Therapy (for 20% of the Cluster members) and a second that employs Individual and Group Therapies outside of the specific DBT model (for 80% of the Cluster members). However, many of the other model services are expected to be provided to both groups

CLUSTER 4A

Some Key Components of the Service Package

- Cognitive Behavioral Therapies (including trauma-informed therapies)
- Dialectical Behavior Therapy (20%)
- Supported employment
- CPST (Recovery Coordinator/Care Manager)
- "Getting Unstuck Group"
- Psycho-educational Programs – facilitated by peers or providers (e.g. WRAP, Feel Good Handbook)
- Referral to Peer Support Organizations such as ACOA, Al-Anon, CO-dependents Anonymous, Emotions Anonymous
- Internet-based Supports & Resources
- Wellness Management and Recovery Groups

HOW DOES CLUSTER-BASED PLANNING SUPPORT COLLABORATION?

BARRIERS TO COLLABORATION

- **Lack of a Common Understanding Of The Situation, Issues, Or People**
  - Need for an Integrative Conceptual Perspective
  - *Need For A Common Language, A Common Way Of Describing The People to Be Served*
  - *Failure To Recognize Systematic Diversity Within Population (except for diagnoses)*
- **Lack of a Common Vision Of The Goals**
- **Lack of a Common Plan To Address Needs Or Achieve Goals**
  - Silos (Organizational and Programmatic)
  - Reimbursement Systems That Do Not Support Integration Of Care

WHAT DOES CLUSTER-BASED PLANNING PROVIDE?

- **A More Holistic And Life History-driven Model**
- **Recognition Of The Systematic Heterogeneity Of Larger Populations in Need**
- **Prose Cluster Descriptions That Provide The Platform For Collaboration.** They contain pictures of the shared histories of those to be served. This allows all involved (including consumers) to be on the same page about the complex life issues that the cluster members have and may continue to face.
- **A Better Way Of Communicating With Consumers To Create A Sense Of Hope And A Recovery Partnership.** This is based on a feeling that the provider actually understands some of what the client's life has been like.
- **A Better Way To Match Cluster Members To Service Packages And To Manage Care.** Diagnosis (psychiatric or other medical) is not enough.

WHAT ELSE DOES CLUSTER-BASED PLANNING PROVIDE TO SUPPORT HEALTHCARE INTEGRATION?

- **A better way to do utilization review**
- **A better way to re-engineer services** (e.g. create cluster-based health-home teams and to budget for their costs)
- **A powerful variable for sub-population based analysis of service utilization, outcomes and costs.** A better way to evaluate performance and communicate what works for whom at what costs.
- **A Better way to do risk adjustment/assessment**
- **A better way to communicate with the public and purchasers** about the impact of services
- **Workforce development** (core knowledge about citizens to be served)

"Add a page"

By Marcus Tynes, Street Speech Vendor

Street Speech : The voice from the streets of Columbus. August 3 – August 16, 2012, pg 6

If the world to me were a blank sheet of paper
Then I could set my own pace.
And instead of malicious actions, with the pen as
My saber
I could simply go back and erase.
Wipe all mistakes from existence
With a graceful wave of my quill
Turn procrastination into persistence,
And from a feeble mind forge a strong will.
No more futile cries of self-hatred,
For I could rewrite my life with care.
Delete lost hope, insert love which is sacred,
Unearth passion in a field of despair
Picture a world of possibility
As it begins to unfold like prose
Where one can write his own validity
Turn a life from repugnance to rose
To smile in the face of adversity
When at times I'm feeling enraged
Let life's turmoils be my university
So I can learn from them all and add a page.

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