LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH

QUALITY ASSURANCE

POLICY AND TECHNICAL DEVELOPMENT

PILOT AND ROLL-OUT OF COLLABORATIVE DOCUMENTATION FOR DIRECTLY OPERATED CLINICS

12/29/19

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SUMMARY

Quality Assurance management, QA Manager Brad Bryant and Supervisor Jen Hallman decided to introduce Collaborative Documentation to LACDMH after hearing at a Conference about the benefits of Collaborative Documentation (CD), including the enhanced quality of life afforded clinicians as well as documentation timeliness. In the Fall of 2016 an initiative to establish Collaborative Documentation as an ongoing practice at LACDMH was started.

As a first step, MTM Services, nationally recognized trainers of Collaborative Documentation, was contracted to provide a training at LACDMH on March 20, 2017. Participants of this training, identified through an outreach effort by the QA Division, were used as the initial cohort of clinicians to begin implementing Collaborative Documentation at LACDMH as part of a 6 month pilot study. Following the training, 23 clinicians from diverse programs began implementing Collaborative Documentation. In addition, 10 clinicians were each assigned 1 to 3 clinicians implementing CD to monitor the implementation process and provide guidance. These 1Oclinicians, referred to as the "Core Group", discussed the implementation process as a group via Skype meetings every two weeks, which was led by the lead Quality Assurance (QA) staff. At the end of the 6 month pilot, qualitative data was collected from members of the Core Group documenting the implementation outcomes in different programs.

Based on the information collected during the course of the pilot study, a Collaborative Documentation training PowerPoint was developed by QA staff for LACDHM Directly Operated Clinics. An early draft of the PowerPoint was presented at Hollywood Mental Health Services on July 26, 2017. Based on the response to this pilot presentation, the PowerPoint was revised. After further discussion among QA staff as well as with MTM Services staff, a version of the PowerPoint was finalized and presented at San Antonio Mental Health Services on September 21, 2017. Since that time, minor revisions have been made to the PowerPoint, however the basic content and structure have remained the same.

Between September, 2018, and August, 2019, a total of 20 Collaborative Documentation were held, and a total of 416 staff participated in these trainings. Although all of these trainings were held at a Directly Operated Clinic (except one training which was held at the California Endowment Center), most included individuals from different clinics, often within the same Service Area. A follow-up meeting with the supervisory staff of participating clinics was planned after these trainings. The purpose of this follow-up meeting was to discuss implementation strategies for the clinic, as well

as to establish goals for the implementation for the next 3 months. QA staff remained in contact with a designated Clinic CD liaison to monitor progress and provide assistance as needed for that individual DO clinic.

In order to assess the extent to which Collaborative Documentation has become part of the clinic process as intended, a survey was sent out to Directly Operated clinics with staff that attended a Collaborative Documentation training. Fourteen clinics responded to the survey. All of the clinics but one stated that Collaborative Documentation was being implemented, although most clinics reported that a minority of clinicians (around 10%) were using CD, and only with about 5 of their clients. Among the clinics implementing CD, all had planned meetings in which CD was discussed among staff, and all also were implementing internal processes to provide training. Based on the survey data, a clear obstacle to the implementation of Collaborative Documentation is the high number of clinicians that are not open and accepting of CD.

PILOT STUDY

The pilot study lasted from March 20, 2017 to October 26, 2017. During this time the 10 members of the "Core Group" met via SKYPE every two weeks to discuss the implementation experience of the clinicians providing CD, as well as to address and understand obstacles encountered by clinicians (see Appendix A, SKYPE Meeting Agenda and Minutes). Clinicians implementing CD in the pilot were from the following agencies: Olive View UCC, San Antonio MHC, San Fernando MHC, Antelope Valley MHC, Roybal Family MHC, Hollywood MHC, Palmdale MHC, West Central MHC, WCRP, VALOR. The programs involved included Child and Adult FSP, Adult and Child Outpatient, and CalWorks.

LACDMH TRAINING POWERPOINT

At the end of the pilot, qualitative data of the implementation experience in different programs was obtained (see Appendix A, Implementation with Specific Populations and Programs). In addition, based on information gained from the pilot, the DMH CD training PowerPoint was developed. Although the DMH CD training maintained the same content as the MTM training PowerPoint used to provide the initial DMH trainings (for contractual reasons), some key additions were made, notably Role Play exercises and the reorganization of the slide presentation (see Appendix A, CD Training PowerPoint).

DIRECTLY OPERATED CLINIC TRAININGS

Between January 2018 and August 2019, a total of 20 CD trainings were offered (about one per month), training a total of 416 staff from over 15 Directly Operated Clinics. Follow-up meetings with supervisory staff of participating clinics, designed to assist in clinics in implementing CD, were conducted. These meetings followed a set Agenda (Appendix B, Collaborative Documentation Planning Meeting Agenda) with the following goals: to assess the obstacles to the implementation of CD at a particular clinic; to develop strategies to address obstacles; to set a 3 month goal with respect to the implementation process; to designate a CD liaison for the clinic that would monitor the implementation of CD at the clinic as well as interlace with QA staff. Follow-up meetings were conducted at 15 Directly Operated sites.

During the course of the system-wide roll-out trainings, materials were developed to assist Clinics in developing CD as a regular practice. These included a list of strategies for clinics to begin implementing CD, a handout providing initial strategies for clinicians to begin using CD, as well as a Collaborative Documentation Manual which provides general guidelines (see Appendix B, Implementation Materials). These were provided to participating clinics as they became available in the course of the roll-out.

DIRECTLY OPERATED CLINIC TRAININGS OUTCOME MEASURES

The overall ratings of the training evaluation (by 157 participants) were 21% of participants providing an "excellent" rating (highest possible rating) and 50% providing a "very good" rating. Seventy one percent of the participants, therefore, provided a clear positive rating for the training. (Please see Appendix C, CD Training Evaluation.)

At the end of the DO training roll out (the last training was provided in August 2019), a survey was sent to DO clinics that participated in the CD trainings to assess the implementation status at the clinics. Fourteen clinics responded to the survey. Only one clinic reported no staff using CD. Eight clinics reported about 10% of their staff were using CD, 3 reported about 25% of their staff were using CD, 2 reported about 50% of their staff were using CD. One clinic reported that each staff implementing CD was using CD with over 10 of their clients, two reported about 5 to 10 of their clients, and nine reported about 1 to 5 of their clients. Eleven of the fourteen clinics that responded to the survey reported providing internal training in CD for their staff. (Please see Appendix C, Directly Operated Clinic CD Implementation Survey.)

APPENDIX A

SKYPE MEETING AGENDA AND MINUTES

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March 30, 9-10am, Skype Meeting

1) **Questions or concerns about training, clinician assignments, beginning cases**

    - **Any Core Team members implementing the intervention?**

2) **Overview of structure of future meetings: Check-in and provide feedback about clinicians experiences. Raising particular questions of issues for group to review and discuss, issues to clarify through further enquiry. Review ongoing themes.**

3) **Monitoring clinicians use of initial procedures: Use of scripts, one month goal elaboration, structure of progress note. Differentiation between CTP and monthly goal**

4) **Recording of initial reactions of clients by clinicians and clinicians responses. Beginning to develop a repertoire of client reactions and clinicians responses to identify best practices**

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April 13, 2017, 9-10am, Skype Meeting

1) Check-in and overview of implementation experiences

2) Different contexts: Field based, Same Day Assessment (Urgent Care), Office based therapy. How to collaboratively identify goal of session with client

3) Problems encountered with Scripts and One Month Goal for Progress Notes

4) When and how to do you write the notes?

5) CD versus EBP. Instructional aides, guides

6) Outcome measures

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April 27, 2017, 11-12pm, Skype Meeting

1) Check-in and overview of implementation experiences

2) LACDMH CD Training Presentation PowerPoint. Will develop a PowerPoint Presentation (based on day long CD Training PowerPoint} to be used to train staff. To be completed by May 30th

3) Different contexts & populations (eg., Urgent Care Center, field-based, families, children, homeless, etc.} to address in the training. Areas of focus for the training.

4) Follow-up on documentation for Collaterals and Family Therapy. Katherine Hirsch (trainer) recommends to document collaboratively in these situations. Other questions/situations regarding CD documentation.

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May 10, 2017, 1-2pm, Skype Meeting

1) Check-in and overview of implementation experiences

2) LACDMH CD Training Presentation PowerPoint feedback overview. Expanding criteria of CD versus non-CD in introduction--experiential exercises to highlight variety of forms CD can take. Developing over course of pilot the LACDMH training to become "The" training presentation for LACDMH staff

3) Developing very brief software survey (about 5 questions) for clinicians to assess what they perceive to be key elements for training as well as their experience of the implementation of CD. What are some key questions to ask?

4) Plan to develop outcome measures "in house". Will be ready to implement by the end of the pilot (around October). First step is to identify what will be the key domains to be assessed in outcome measure

5) Tracking how CD affecting clinicians' documentation quality. Focusing on this issue during the course of the pilot

6) Beginning to develop guidelines around implementation of CD based on present experiences. Elaborating a list of relevant categories to be considered in formulating guidelines

7) Next Full-day training planned for October or November at California Endowment Center

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June 8, 2017, 9-10am, Skype Meeting

1) Check-in and overview of implementation experiences

2) LACDMH CD Training Presentation PowerPoint feedback overview. Reviewing Introductory Scripts to focus on introducing CD as a Clinical Tool versus documentation procedure. First trainings to take place end of June, beginning July. Let me know if you have staff you would like trained.

3) Survey results of clinicians: Overall very successful initial implementation of Collaborative Documentation. A reoccurring theme is "How and when to write the progress note". Clinicians have difficulty smoothly integrating the writing of the progress note into the flow of the therapy session.

4) Goals to target with clinicians in following weeks: 1) strategies to smoothly integrate writing notes into session; 2) focusing on how procedures of Collaborative Documentation foster clinical goals, for example increased engagement and participation of client in their treatment goals.

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June 22, 2017, 9-10am, Skype Meeting

1) Check-in and overview of implementation experiences, with focus on strategies to writing notes seamlessly

2) LACDMH CD Training Presentation PowerPoint feedback overview. Reviewing Introductory Scripts to focus on introducing CD as a Clinical Tool versus documentation procedure. First trainings to take place beginning July. Let me know if you have staff you would like trained.

3) Summary of GotoMeeting with Katherine Kirsch, MTM Services, which addressed Strategies/Principles to address difficult situations in implementing CD: How to use transparency to navigate conflict. (Please share with clinicians)

4) Goals to target with clinicians in following weeks: 1) What do clinicians feel is most importanVhelpful to include in training that is being developed?

5) Review of CD Progress Notes of clinicians via IBHIS: I will be accessing Progress Notes and other documentation to evaluate characteristics of how clinicians are documenting their CD sessions. If possible, please have clinicians send me the ID# of their clients. I will share this review when available with Core Team.

6) Next Full-day MTM Services training: November 7, 2017, California Endowment Center (to be confirmed). Option of one full-day training OR two half-day trainings

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July 20, 2017, 10:30-11:30am, Skype Meeting

1) Check-in and overview of implementation experiences, with focus on suggestions from CD LACDMH training

2) LACDMH CD Training Presentation PowerPoint feedback overview. Overview of training, focus on exercise sections and rationale

3) Review of 'Difficult Situations" section of PowerPoint training

4) Review of CD Progress Notes of clinicians via IBHIS: Examples of before and after Progress; Examples of evolution of progress notes. Developing coding scheme for progress notes

6) Beginning to identify QA processes and needs of different populations, to be part of the Guidelines Manual

7) Focus for next meeting: clinician perceptions of CD issues particular to the contexVpopulation

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August 3, 2017, 9-10:00am, Skype Meeting

1) Check-in and overview of implementation experiences, with focus on CD issues relevant to specific populations
2) Review of Hollywood Mental Health Clinic (HMHC) Collaborative Documentation training
3) Jae Son report on HMHC staff responses. Initial steps in implementing CD at HMHC. Developing a Model for implementing CD at DO clinics
4) Core Team members experience with colleagues/peers regarding CD. Identifying clinics to continue CD training of staff

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September 7, 2017, 10-11am, Skype Meeting

1) Check-in and overview of implementation experiences. General interest in CD Training and implementation observed in clinics and with colleagues. Supervisors for November 7th training

2) Review of CD Progress Notes: Summary findings

3) Overview of Outcome Measure

4) Plan for Next Skype Meeting: Team will collaboratively review and edit Guidelines Manual

6) Upcoming Directly Operated Clinic Trainings: San Antonio and San Fernando. Emphasis on open-ended approach versus rigid EBP structure. Exercises relying on role play of clinicians implementing CD

   Two half day CD trainings at California Endowment Center on November 7th- plan to have primarily supervisors at this training

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October 26, 2017, 10-11am, Skype Meeting

1) Check-in and overview of implementation experiences. General interest in CD Training and implementation observed in clinics and with colleagues. Supervisors and staff for November 7th training

2) Guidelines Manual Review and Comments

3) Overview of Directly Operated Clinic trainings

4) Roll-out structure: DO Clinic Trainings followed by meeting with Clinic Program Head to designate CD liaison and organize implementation of CD at the clinic.

5) Shifting from Core Team meetings to CD Liaisons meetings

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 3/30/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 9am** **End Time: 10am**
Members Present	**Antonio Banuelos, Rocio Ortiz, Dina Dutton, Jen Hallman, Janet del Rio, Diana Garcia, Marc Borkheim, Thuan Lam**	

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Audio Problems	First 10 minutes of meeting focused on attempting to resolve audio difficulties due to some members unable to access Meeting site directly and calling via conference call. Meeting was able to continue with echo distortion however was comprehensible		
General opening questions	A question was asked regarding the number of clinicians that should be trained following the Train the Trainer training on April 25th Marc stated that as many clinicians as possible should be trained. Another question was asked requesting clarification as to whether Core Team members could be assigned to staff at their sites. Given that most Core Team members had this request, it had been decided that this was going to be allowed for the sake of logistics. Marc stated that he will be sending revised list of clinicians' assignments based on requests.		
Structure of future Skype meetings	Marc went over structure of future Skype meetings which will begin with Core Tearn members checking in and describing interactions and information obtained from clinicians. Meeting will in addition address themes that have identified by the group discussions, and will be planned on the agenda		

Initial procedures to begin implementation of pilot	Marc went over scripts, organizing progress notes in terms of monthly goals. Marc elaborated that identifying monthly goals will not require any modification to the CTP Objectives. A question was asked for clarification about how the monthly goals would be used based on the CTP Objectives. Marc provided an example of a client with a CTP Objective of reducing crying from daily to 1x/mth in one year. This Objective would be defined for one month period in collaboration with the client, for example reduce crying from daily to 3x/wk by the end of the month. No other questions or comments were made by the group.		
Goal of recording reactions of clients and responses of clinicians	Marc went over goal of beginning to share and record different responses of clients to CD. This will eventually lead to being able to categorize a variety of responses over time. Marc went over beginning strategies of using scripts, monthly goals of progress notes. A question was asked regarding number of clients clinicians should have to begin using CD. Marc responded that should be determined by the Core Team member and clinician, but the more clients that could be engaged in the CD the better. A minimum of two clients is expected. There were no other questions, meeting ended.		

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 4/13/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 9am** **End Time: 10am**
Members Present	Rocio Ortiz, Jen Hallman, Diana Garcia, Marc Borkheim, Thuan Lam, Marlene Chavez, Jae Son **Lead:** Marc Borkheim	

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Clinician initial experiences	Present members went over challenges and experiences of clients. Issues that have been encountered have been clients wanting to spend less time documenting which interferes with talking time, loss of productivity with "no shows" given documentation already completed. Otherwise, there has been a consistent positive response from both clinicians and clients, with clients excited about and enjoying the sense of participation in their treatment. Technical questions that were addressed were importance of introducing CD process at beginning of session with client; difficulty in writing notes with client (for example in field based settings) and then inserting into computer; how to edit notes if needed and maintain collaborative process; how to include technical terminology with the client's understanding and approval in the progress note. It was suggested that editing as well as any clinical terms should be discussed with client to obtain h/her understanding and approval. It was highlighted that there potentially could be situations in which the clinician may want to edit the note without client approval, and that there is no obligation that all documentation be done collaboratively. These situations ideally would be discussed in supervision.		

	Specific situations in which the session involves the client and another individual were considered (for example, Family Therapy sessions), and it was determined that it is unclear whether or not these sessions should be documented collaboratively with clients. This question will be further explored to identify guidelines. On the other hand, it was generally agreed that Collateral sessions in which the client is not present need not be written collaboratively with the Collateral person. The group went over the Collaborative Documentation for Assessment and Plan Development progress notes. In these cases, the progress note would not need to be collaborative in that it would simply state that the Assessment or Treatment Plan goals were completed. In these cases, the Collaborative Documentation process would take place in the completion of the Assessment questions, or the completion of Treatment Plan Objectives and interventions. Both clinician and client would review and agree as to what and how information will be written.		
Organizing CD Progress note in different contexts	Marc went over different contexts LACDMH presently using CD for the pilot, namely Field Based, Urgent Care Center, and Outpatient office based therapy. Based on discussion with different participants, there has been difficulty in organizing the session and progress notes in		

	terms of concrete goals. Went over the general principal of clinician and client going over goals of session together, in a way that is understandable and meaningful to both client and clinician. In outpatient office based therapy, it is helpful to use the CTP Objectives to identify a monthly objective to focus both the session and progress note. In an Urgent Care environment, identifying with the client the specific goals of the session upon meeting the client, and then reviewing in the progress notes what has been accomplished to reach those goals would be a suggested approach. Overall, Collaborative Documentation requires that both client and clinician have agreed to the goal of the session, and then review what has been accomplished and decided in the documentation.		
When and how to write the CD progress note	Timing when to begin documenting and how to document when no computer is available was briefly discussed in the Skype meeting, and is an issue that has been asked by participants. Different scenario's were presented, for example a client arriving very late to the session, field based situations working with homeless. Situations and contexts will continue to be recorded and addressed as the pilot moves forward with the goal of determining appropriate responses to these different situations.		
CD versus EBT	Marc drew a distinction between CD which is form of documenting therefore applicable to all theraoeutic contexts, and EBT's which are		

	specific techniques designed to address a particular Mental Health symptom and/or impairment. Marc noted that Collaborative Documentation is achieved when client and clinician both agree to goals of session and how to document information and that this can differ from clinician to clinician. In that regard, it is misleading to present a set way of conducting CD, and learning aids are not the same as they are for EBT's. At the same time, the group agreed that it would be helpful to define specific criteria that differentiate CD from non-CD documentation, and use these criteria as learning aids. Marc noted that there are no video's on CD available on the internet, and that DMH could eventually create it's own video and learning aids for CD. The group generally agreed that this would be helpful.		
Outcome Measures	Marc informed the team that Outcome measures are being considered to assess CD results, further information will be provided on this as it becomes available.		
Train the Trainer training, and training of additional clinicians	Marc reminded the team that the Train the Trainer training, to be held April 25th, is only available for clinicians who attended the day-long CD training. Interested participants must inform Marc to be signed up, at this time there are 3 slots available. Sites are free to train as many new clinicians as they would like, as long as a Core Tearn member is assigned to the newly trained clinicians and able to adequately monitor and qet feedback from trained clinicians.		

Prepared by Marc Borkheim, Ph.D.

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 4/27/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 11am** **End Time: 12pm**
Members Present	**Antonio Banuelos, Janet del Rio, Victoria Lee, Abigail Franco, Marc Borkheim, Marlene Chavez, Celeste Ryan** **Lead: Marc Borkheim**	

Agenda Item	**Discussion and Findings**
Clinician initial experiences	Each Core Team member reviewed experiences of their assigned clinicians and clinician's clients. Both clinicians and clients are appreciating CD, no reports of any resistance or complaints. Obstacles regarding lack of availability of computers and need to write notes on paper then rewrite notes in the computer were reported by two clinicians. Also, it was observed that clients that are in crisis are not good candidates for CD. It was highlighted that CD has the potential of facilitating documentation for clinicians that have difficulty in this area, this will be monitored by Core Team members in order to illustrate particular case examples. Two Core Team members reported difficulty contacting clinicians. Marc will follow up with these participants.
Train the Trainer training review **Content to be included in the LACDMH Training**	Marc went over the Train the Trainer training, highlighting that a PowerPoint presentation will be developed based on the day-long CD Training that will be used to train LACDMH staff. This presentation will be ready by May 31st, Core Team members will be asked to comment on initial drafts of the PowerPoint. The presentation is anticipated to be about 2 hours long. Marc went over areas to be addressed in the training based on discussions with Core Team members and participants. These will include how to respond to resistant clients and clinicians, how to provide examples of CD in the training, how to perform CD in different contexts.
CD for Collaterals and Family Therapy contexts	Marc followed up on the last Skype meetings discussion regarding whether CD should be performed when the session includes others besides the client, for example Collateral or Family Therapy sessions. Marc went ***over*** Katherine Kirsch's suggestion to perform CD in all sessions, regardless of whether the client is present. She did specify that transparency with the client regarding what others have said to the client may be clinically contraindicative, although transparency with the client should be considered the ideal if possible

Prepared by Marc Borkheim, Ph.D.

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 5/10/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 1pm** **End Time: 2pm**
Members Present	Abigail Franco, Marc Borkheim, Diana Garcia, Jae Son, Abigail Franco, Rocio Ortiz Gonzalez, Sharon Chapman, Jen Hallman **Lead:** Marc Borkheim	

Agenda Item	Discussion and Findings
Clinician initial experiences report by Core Team	Core Team members uniformly report continued positive experiences for clients and clinicians. There is a report of difficulty in completing notes for one clinician, continued difficulties with completing notes collaboratively when there is no computer available.
LACDMH CD Training	Marc went over organization of the training presentation in development for DMH staff. Presentation will be based on the day long training PowerPoint used by MTM Services, will focus more in introduction on defining Collaboration, will provide experiential exercises for participants to going over implementation of CD for specific documents, and sections will be added providing guidelines for specific contexts and situations (for example, CD with psychotic clients). A working version of the PowerPoint is expected to be ready by May 31. Over the course of the pilot, the presentation will be implemented and reviewed leading to a final version of the CD Training for LACDMH staff.
Software survey to assess clinicians implementation of CD	A brief, about 4 questions, survey will be sent out to clinicians asking information about how they are implementing CD as well as their reactions to CD. This is to provide a more detailed and specific understanding of clinician's implementation of CD which will suggest what should be included in the training, and potential areas to address to improve the implementation.
Outcome Measures	Outcome measures will begin to be developed by QA staff and implemented at the end of the pilot. One measure will be used for clinicians' responses, another for client's responses to CD.
CD and Clinicians documentation quality	One of the themes to focus on in the pilot will be to track how CD is affecting the quality of clinicians' documentation. Tracking clinicians identified with documentation difficulties will be used to highlight how CD assists in documentation, case studies can be elaborated.

Developing CD Guidelines document	A document that will be used to provide guidelines in implementing CD will be developed. The purpose of this document will be to provide an overview of how to implement CD for new clinicians and/or individuals interested in knowing more about CD

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 6/8/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 9am** **End Time: 10am**
Members Present	**Marc Borkheim, Diana Garcia, Rocio Ortiz Gonzalez, Sharon Chapman, Banuelos Jen Hallman, Antonio** **Lead: Marc Borkheim**	

Agenda Item	Discussion and Findings
Report of clinician experiences report by Core Team	Core Team members noted the following difficulties reported by clinicians: difficulty in many session to implement CD with 0-5 population; concerns by clinicians when no computer available and need to do CD on a note pad, then copy into computer; one clinician experiencing difficulty organizing session to perform CD; one clinician reports insecurity in beginning CD with Spanish speaking clients, has not yet implemented this. The group briefly discussed how more agitated or psychotic clients may not be amenable to CD for a particular session. Overall positive experiences continue to be reported for both clients and clinicians. It was noted that in crisis situation CD was not possible, especially when the intent of the clinician is to hospitalize the client.
LACDMH CD Training	Marc went over status of LACDMH CD Training. First training planned to take place early July at Hollywood Mental Health Center. Sites interested in receiving the training should contact Marc. Went briefly over the Introductory Scripts that were presented at Day Long CD training. These scripts will be modified to emphasize the clinical goals of CD, for example greater engagement of client and improved communication. Core Team were asked to review these scripts and make recommendations for changes in consultation with their clinicians if possible.
Software survey to assess clinicians implementation of CD	Marc went over the report generated by the survey software, Vovici, of the survey responses completed by CD clinicians. Only 4 clinicians did not complete the survey. Responses indicated clinicians are implementing CD as planned and indicate the initial implementation of CD has been successful. A recurring comment by clinicians was the awkwardness in completing the progress note of the session collaboratively, and often this interfered with the flow of the therapy session.

Gathering information from clinicians regarding obstacles in writing CD notes	Marc requested that Core Team members focus in the next two weeks on exploring with clinicians obstacles in writing notes and possible strategies to address this. Marc highlighted that it would be helpful to regard the collaborative note writing as part of the general clinical process-for example assisting client in gaining greater responsibility in their treatment-as opposed to simple procedural action of completing the progress note.

Prepared by Marc Borkheim, Ph.D.

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	*Collaborative Documentation Core Team SKYPE Meeting*	*Date: 6/22/2017*
Place	*Internet SKYPE Meeting*	*Start Time: 10am* *End Time: 11am*
Members Present	*Marc Borkheim, Diana Garcia, Abigail Franco, Jae Son, Marlene Chavez* *Lead: Marc Borkheim*	

Agenda Item	Discussion and Findings
Clinician experiences with focus on note writing	Core Team members overall report continued satisfaction from clients and clinicians. Overall, note writing has become better integrated into the structure of sessions. This is no longer a significant problem reported by clinicians, likely stemming from practice. Clinicians at times are required to write note on paper due to lack of space/computers, and then copy note into computer which continues to be a complaint. This process although longer than CD with a computer present, nevertheless is reported to be more efficient and quicker than a non-CD note writing process. It was noted that whereas typical office based therapy the note is written at the end of the session, in more triage/Crisis-oriented sessions of the Urgent Care Centers, notes are taken throughout the session, and at the end of the session the note is reviewed and finalized with the client. Core Team members noted that sessions conducted in other languages, specifically Spanish, take longer given that clinician needs to translate what is written in English, however these sessions are not significant different than other sessions. No cultural differences in responses to the intervention have been noted at this point.
LACDMH CD Training Introductory Scripts	Marc went over the revision of the Introductory scripts with the Core Team, which have been rewritten to highlight clinical benefits of CD. It was noted that the scripts as written may not be well understood by a lower functioning client, and that scripts targeting this population was suggested. Jae Son agreed to work on this. Trainings at DMH sites is planned to begin in July.
Katherine Hirsch's recommendation regarding transparency and conflict	Marc discussed the GotoMeeting with Katherine Hirsch regarding how to respond to situations in which the clinician needs to document clinical information that may upset the client, for example documenting behavior the client has difficulty acknowledging such as psychotic and delusional symptoms. Katherine Hirsch emphasizes avoiding deception when there is the understanding that documentation will be completed collaboratively. She suggests this can be achieved by always maintaining transparency, for example by sharing

	with the client that certain information will not be documented collaboratively because client appears upset, and that the client may review the documented information when the client will become less upset.
Goals for clinicians for next two weeks	Marc requested that Core Team members focus in the next two weeks on getting feedback from clinicians about what to include in the LACDMH training that is being developed. This feedback will be reviewed at the next meeting.
Reviewing clinicians CD Progress Notes	Marc informed Core Team members that clinicians progress notes will be reviewed via IBHIS to see how CD sessions are being documented and structured. Clinicians will be requested to send in the ID numbers of their CD clients.
Next full-day MTM Services CD Training	The next full-day Collaborative Documentation training with Katherine Hirsch is scheduled for November 7, 2017, at the California Endowment Center. The training may be divided into two half day training allowing a greater number of participants to be trained in CD.

Prepared by Marc Borkheim, Ph.D.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
QUALITY ASSURANCE
POLICY AND TECHNICAL DEVELOPMENT

Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 7/20/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 10:30am** **End TIme: 11:30am**
Members Present	Marc Borkheim, Thuan Lam, Carla Avalos, Abigail Franco, Jae Son, Marlene Chavez, Antonio Banuelos, Rocio Gonzalez, Sharon Chapman **Lead:** Marc Borkheim	

Agenda Item	Discussion and Findings
Clinician implementation experiences with focus on suggestions for LACDMH training in development	Core Team members overall report continued satisfaction from clients and clinicians. Further reports that initial difficulties, for example transitioning into Collaborative Documentation and structuring Progress Notes, have resolved with experience. One Team member reported that CD tended to work best with Rehab services based on feedback from clinicians. Went over with Core Team how to document using CD when a computer is not available for a session. Overall recommendations from clinicians for the CD training were to include role plays and video's into the training. The Group briefly reviewed the differences between the typical EBP's and CD highlighting that CD involves documentation principles therefore not amenable to approaches of typical EBP's.
Review of DMH CD Training PowerPoint	Marc went over CD PowerPoint that will be presented to staff at HMHC on July 26. Briefly went over the three sections of the PowerPoint focusing on the exercises that will be used to role play implementation of CD for the Assessment, Treatment Plan, and Progress Notes.
Progress Notes before and after CD	Marc reviewed with Core Team progress notes before and after CD of two clinicians. The beginning review of progress notes of clinicians in the pilot suggests CD is fostering Progress Notes that are more focused and directed with respect to the treatment goals.
CD implementation for specific populations	Marc went over a summary of CD implementation strategies to use with specific populations participating in the pilot. This summary will be sent out to Core Team members to be reviewed with additional information to be added. This will be incorporated into the Guidelines Manual for Collaborative Documentation that is being developed.

Prepared by Marc Borkheim, Ph.D.

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POLICY AND TECHNICAL DEVELOPMENT

Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 8/3/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 9am** **End TIme: 10am**
Members Present	Marc Borkheim, Jae Son, Marlene Chavez, Antonio Banuelos, Jen Hallman, Diana Garcia **Lead:** Marc Borkheim	

Clinician implementation experiences with focus on CD issues relevant for specific populations	Core Team members overall report continued satisfaction from clients and clinicians. Went over how to organize goals for Progress Notes, noting that monthly goals are intended to provide a concrete measure that can be used to evaluate client progress for each session. These goals do not need to be reevaluated for each month but rather changed when the goal has been met and then used the following month. Discussed a few situations in which clients were psychotic and unable to engage in CD. Went over how CD is a process of documentation and not an EBP. Simply, when unable to document using CD, resort to regular documentation. There are approaches emphasizing transparency with the client, but these are ideals and not obligatory. The essential approach is to try to use CD, and when not able to, attempt to resume at future sessions if possible. Went over different populations CD is being used with in the pilot. The populations are the following: Children FSP, Adult Outpatient, Cal Works, Children Outpatient, Urgent Care, Specialized Foster Care population, Veteran Homeless population. In the next weeks feedback will be requested to provide guidelines in implementing CD with each of these populations.
Hollywood Mental Health Center (HMHC) training	Marc went over the first CD training that took place July 26 at HMHC. The exercises for the training did not provide participants with a good understanding of how to use CD with clients. It was suggested in the training to have the exercises role play implementing CD with clients. Different approaches for the role play with be developed. For most of the training, there was a good participation and flow of discussion about CD. A few Participants toward the end of the training responded very strongly against the intervention stating that their clients would most likely become unmanageable if these techniques were used. This led to aggressive assertions by a few participants against the intervention. Upon reflection on the experience, it was determined that the delivery of the training needs to focus more on addressing inherent anxieties of participants about the intervention. The group briefly discussed resistances and attitudes against CD and how to address these.
Jae Son review of follow-up CD plans at HMHC	Jae Son, a supervisor at HMHC, reviewed follow-up plans for CD at HMHC. He went over the team structure at HMHC which consists of 6 teams with about 4 to 5 clinicians and one supervisor. Team supervisors attended the training and will be encouraging clinicians to begin implementation with a few of their clients. Jae will provide support and guidance as needed. A few clinicians have implemented CD with clients and report being surprised by the positive response of their clients. Jae reports that supervisors overall were surprised by the resistance expressed by participants at the training.
Core Team members feedback	Discussed with Core Team members overall interest at their clinics. Core Team members will

Prepared by Marc Borkheim, Ph.D.

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 9/7/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 10am** **End Time: 11am**
Members Present	Marc Borkheim, Abigail Franco, Jae Son, Marlene Chavez, Rocio Ortiz, Janet del Rio **Lead:** Marc Borkheim	

Agenda Item	Discussion and Findings
Check-In and Review of Implementation Experiences	Continued positive experiences are reported by clinicians to Core Team members. An FSP clinician working with the Young Mother's and Babies noted that her clients appear to be gaining more insight by collaboratively writing the Progress Notes with the clinician. A question was raised by the Core Team regarding the use of CD in triage, specifically that CD does not appear helpful when obtaining information in the process of intaking a client and determining need for services. An important distinction between documenting for the purpose of recording information rather than documenting for providing services was made. This will be incorporated in the Guidelines Manual.
Review of CD Progress Notes: Summary findings	Marc provided findings from his review of CD Progress Notes of clinicians that submitted the ID numbers of their clients. Marc reviewed over 100 progress notes, overall finding that most clinicians notes did not provide continuity between sessions, although Treatment Plan goals were usually referenced. Marc showed examples of the average progress notes versus one example of progress notes with clear continuity between session and focused on goals to be tracked. Overall, clinicians do not appear to be significantly changing their structure of Progress Note writing using Collaborative Documentation, although there appears to be more references to Treatment Plan goals than in non-CD Progress Notes.
Outcome Measures	Marc went over the Outcome Measures that have been developed to be used for clinicians and clients. This measure can be used to compare effectiveness of CD versus non-CD documentation, as well as assess the effectiveness of the implementation of CD. Measures will include analysis of IBHIS data, including timeliness. A coding scheme, from 0 to 3, developed to measure continuity between Progress Notes in terms of focus on Treatment Plan goals, was presented.
Skype Meeting to Review Guidelines Manual	Marc went over goal of focusing next Skype meeting of reviewing the Guidelines Manual. In particular, Core Team members were asked to be ready to provide information regarding guidelines related to the specific populations that participated in the pilot.

Upcoming DO CD Trainings	CD Trainings are scheduled for San Antonio MHC and San Fernando MHC at the end of Spetmeber. Marc discussed plans to review how clinics are implementing CD after completion of the trainings. Hollywood MHC, San Antonio MHC, and San Fernando MHC will begin implementing CD in October. Rocio from Roybal stated that her clinic is interested in having CD training, which will be scheduled in October. Marc went over plan to have two half day CD trainings on November 7th, presented by MTM Services, to target system-wide Supervisors as participants. This will facilitate the monitoring of CD following Clinic trainings during the roll-out of CD.

Prepared by Marc Borkheim, Ph.D.

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Collaborative Documentation Core Team Skype Meeting

Type of Meeting	**Collaborative Documentation Core Team SKYPE Meeting**	**Date: 10/26/2017**
Place	**Internet SKYPE Meeting**	**Start Time: 10am** **End TIme: 11am**
Members Present	Marc Borkheim, Abigail Franco, Jae Son, Antonio Banuelos, Sharon Chapman, Diane Garcia **Lead:** Marc Borkheim	

Agenda Item	Discussion and Findings
Check-In and Review of Implementation Experiences, Review of training interests	Clinicians reported interested in receiving training at their respective clinics. Given interest expressed by UCC staff, preparations will be made to develop a CD training for Field Response and Urgent Care Center populations. QA staff will meet with Olive View staff to adjust the cur ent DMH CD training to address UCC and Field Response populations.
Guidelines Manual Review	Marc went over the Collaborative Documentation Guidelines Manual that has been developed based on the information from the 6 month pilot. Edits were received from Core Team members over the past two weeks which will be included into the finalized Manual.
Overview of Directly Operated Clinic trainings	Marc went over the response from DO Trainings which has been consistently positive. So far DO Clinics that have been trained are Hollywood MHC, San Antonio MHC, San Fernando MHC, and Roybal MHC. Arcadia MHC is scheduled for training next week. Follow-up meetings will be planned after each DO clinic training to review with the Clinic management how to implement CD at their respective clinics.
Roll-out Structure Planned System-wide	The roll-out of CD system-wide in the coming months will consist of providing trainings to DO Clinic staff and follow-up with clinic management to assist in integrating CD into the Clinic procedures. At each DO site, a CD liaison will be selected as a CD resource for the clinic as well as a contact person for QA to assist with general implementation issues.
Shifting from Core Team meetings to CD Liaison Meetings	Liaisons at each DO Clinic will be selected to assist in coordinating CD at the particular clinic and interface with QA via regularly scheduled Skype meetings. At this point, all Core Team members express interest in continuing participating in administering CD by becoming a CD Liaisons at their clinics. Marc will follow up with Core Team members to schedule CD trainings at their clinics as well as coordinate with them as CD Liaisons.

Implementation with Specific Populations and Programs

Los Angeles County DMH piloted Collaborative Documentation in several different settings. Below are findings from the pilot.

Olive View Urgent Care/Triage: In the Urgent Care Center environment, Collaborative Documentation was reported to assist with client engagement. In particular, practitioners reported that clients were appreciative of being informed of the Urgent Care process. In addition, although typically only seen once and then referred, clients still responded positively to being included in the decision-making process regarding their treatment. Clients felt supported and validated. These benefits were also observed in a few crisis situations. In the Urgent Care environment, there often is not access to computers while meeting with the client. In these cases documentation was handwritten on a pad of paper, reviewed with the client, and then rewritten in the electronic health record after meeting with the client. While this was still more efficient than non-collaborative documentation, it did require some "other time".

Valor Program/Homeless Veterans: Practitioners using Collaborative Documentation with the homeless veteran population at the Valor program reported very positive client responses. Collaborative Documentation appeared to foster a greater sense of trust in the therapeutic process which is key for this population. Veterans felt empowered and in control of their own account of events using Collaborative Documentation. They enjoyed identifying clinical terminology which helped give insight into their own thought processes. Collaboration Documentation strengthened the client/practitioner relationship. Obstacles in using Collaborative Documentation with this population included less consistent appointment-keeping and a greater incidence of cognitive deficits which impacted participation in the documentation process.

Full Service Partnership (FSP) Programs/Field Based: Practitioners reported a positive response by clients using Collaborative Documentation with field-based clients. Practitioners noted that clients were able to derive greater insight by completing documentation with practitioners. The unpredictable environment of FSP made collaborative documentation difficult. However, over time practitioners were able to adjust. Typically the note was written collaboratively with the client on a note pad, and then rewritten in the electronic health record at a later point.

Office based—Children, Family, and Collaterals: Practitioners reported success working with families and children using Collaborative Documentation. A challenge identified when using it with children was the impatience and inattention of some children. Strategies to generate narratives with children included asking questions such as "What would you tell your parent we did in our meeting today" then discussing and clarifying the child's response with the child. Activities including playing with a nerf ball or doing jumping jacks while writing the note also assisted with keeping the child engaged and interested. When writing notes for family or collateral sessions, the collaborative process was used (unless the practitioner felt there was a clinical reason to not do so).

Office based--Adults: Collaborative Documentation with adults in office based settings yielded consistently positive results. One common challenge reported was the client's inability to see the computer screen while documenting collaboratively. Usually, practitioners were able to adjust screens or processes over time in order to address this concern.

COLLABORATIVE DOCUMENTATION DMH TRAINING POWERPOINT

Collaborative Documentation: A Clinical Tool

Based on Presentation developed by Katherine Hirsch, MTM Services

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What is Collaborative Documentation?

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What is Client Centered Treatment?

> Client Centered Treatment is a process in which providers and clients (including family unit) collaborate about treatment needs, obstacles, goals and progress.

> Clients are consistently reviewing progress made toward treatment outcomes.

> Treatment needs are consistently evaluated and plan is adjusted as needed to reflect treatment needs

> The Client must be present and **engaged** in the process of documentation development and providing ongoing feedback and input about treatment needs and achievements.

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Client Centered Treatment and Collaborative Documentation go Hand in Hand

- Client Centered Treatment supports the client/ family unit being involved in identifying treatment needs, developing a client friendly treatment plan and assessing progress along the way.

- Collaborative Documentation is NOT just completing documentation during sessions with the client present. It is a process in which clinicians (providers) and clients collaborate in the documentation of the Assessment, Service Planning, and ongoing Client-Practitioner Interactions (Progress Notes).

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Historical Documentation Challenges

- Documentation has Become "The ENEMY"
- Clinicians report that documentation competes with time spent with clients
- Clinicians count on "no-shows" to complete paperwork and catch up
- High documentation to direct service ratio reduces number of scheduled appointments in clinic and in the field.
- Clinician's paperwork and clinical work are divided. (We stop, think, recall and write what we remember and what we think or hope the client experienced during the session.)

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Re-Integrating Clinical Practice and Clinical Documentation

Goal is to integrate documentation and the clinical process

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Re-Integrating Clinical Practice and Clinical Documentation

In order for us to integrate documentation and the clinical process we need to stop thinking of clinical documentation as "paperwork" and start seeing it as part of the clinical work we do!

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Collaborative Documentation

What is Collaborative Documentation?

- Collaborative Documentation is not negotiating what is documented in the record.
- The clinician must document objectively.
- To be considered Collaborative the client should:
  - Know what is being documented (ideally via visual access)
  - Have the ability to ask questions
  - Have the ability to have disagreements or their perspective documented
  - Be able to expect that the clinician will be transparent regarding what is documented in the client 's chart

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Collaborative Documentation

- To be considered Collaborative the client should:
  - Know what is being documented
    - Ideally the client will be able to see the actual document which records the clinical information , for example via computer screen. When computers are not available, the clinician may repeat to the client what will be documented preferably verbatim.

For example, when the clinician has completed documenting with the client, he/she may review what has been documented by showing the completed document on the computer screen. If the session is being recorded on paper, the clinician may repeat what has been written and edit as necessary with the client.

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Collaborative Documentation

- To be considered Collaborative the client should:
  - Have the ability to ask questions
    - The client by being aware of what is being documented is able to ask questions about anything that is in h/her records, and collaborate with the clinician in having their views expressed in the record.

For example, if the clinician proposed an interpretation of the client's behavior, such as "client appears angry", the client may ask why the clinician is making that interpretation and is able to disagree with the therapist. The therapist would then document that the client disagrees with the clinician's interpretation.

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Collaborative Documentation

- To be considered Collaborative the client should:
  - Have the ability to have disagreements or their perspective documented
    - The clinician is always able to **agree to disagree** with the client, stating in the record that the client does not agree with a perspective stated by the clinician, and clearly articulating the client's viewpoint.

      For example, if the clinician documents that the client "appears angry as indicated by raised voice and agitated movements", the client may disagree with this interpretation, and this disagreement will be recorded in the progress note—such as "Client disagrees with clinician's perception that he/she is angry, reports that he does feel that he was talking in a loud voice and reports his behaviors were in fact calm"

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Collaborative Documentation

- To be considered Collaborative the client should:
  - Be able to expect that the clinician will be transparent about what he/she will be documenting about the client (this will be further addressed later in the Presentation)
    - **This includes times when the client will not agree with the client's opinion**, in which case the clinician will document the client perspective (agree to disagree)
    - **This includes times when the clinician feels that the client is too upset or is not able to accept the clinician's opinion.** In this case, the clinician will tell the client collaborative documentation does not seem to be working because it is making the client too upset, and that they not write the note together (the clinician can indicate that the client will be able to view the note when h/she feels less upset about the particular topic) This does not mean that other aspects of Collaborative Documentation is not conducted, for example the clinician and client may continue to work on establishing the Plan for the week, or a treatment goal for the session.

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Collaborative Documentation

- BUT

RELAX!!!!!

It's JUST documentation (with specific clinical benefits), not an EBP. Although there are ideal standards, the ultimate goal is to document your services. <u>There is no need to follow set protocols or maintain Fidelity to a model</u>

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Common Concerns of Clinical Staff Regarding Collaborative Documentation

Clinical:

- "It's not fair to clients – they will resent doing paperwork!"
  It will interfere with the "Client - Therapist Relationship"
- "Collaborative documentation takes away from treatment."
- "There are no clinical benefits to completing the documents with clients, especially children, and individuals experiencing paranoia or delusions."

Practical:

- " There is no way to complete a progress note, treatment plan, or assessment with a client."
- "I need time to think about what I want to write before I complete a note."
- "You cannot complete documentation collaboratively during a crisis situation."
- "It can't happen here"!

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Empirical Evidence for Collaborative Documentation Effectiveness

- A controlled study involving three community mental health clinics servicing chronically mentally ill in Pennsylvania indicated significant effects of Collaborative in medication adherence and reduction in No-Show's (Stanhope, et al., 2013).
- Extensive documented evidence has been collected showing overall satisfaction of both clinical staff and clients.

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Collaborative Documentation Pilot Client Survey Results

1. On a scale of 1 to 5, how helpful was it to you to have your provider review your note with you at the end of the session?	Percentages Total	Total %
1 Very Unhelpful	1062	4%
2 Not helpful	299	1%
3 Neither helpful nor not helpful	2227	9%
4 Helpful	7563	31%
5 Very Helpful	12698	52%
NA No Answer/No Opinion	635	3%
Total/Approval %:	24,484	94%

2. On a scale of 1 to 5, how involved did you feel in your care compared to past experiences (either with this or other agencies)?	Total	Total %
1 Very Uninvolved	552	2%
2 Not involved	232	1%
3 About the same	3177	13%
4 Involved	6637	28%
5 Very Involved	12273	52%
NA No Answer/No Opinion	676	3%
Total/Approval %:	23,547	97%

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Collaborative Documentation Pilot Client Survey Results

3. On a scale of 1 to 5, how well do you think your provider did in introducing and using this new system?	Total	Total %
1 Very Poorly	102	0%
2 Poorly	57	0%
3 Average	987	4%
4 Good	5705	24%
5 Very Good	16177	69%
NA No Answer/No Opinion	447	2%
Total/Approval %:	23,475	99%

4. On a scale of 1 to 3, in the future, would you want your provider to continue to review your note with you?	Total	Total %
1 No	1218	5%
2 Unsure	2710	12%
3 Yes	17534	77%
NA No Answer/No Opinion	1215	5%
	0	0%
	0	0%
Total/Approval %:	22,676	94%

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General Tips: Contexts

LOS ANGELES COUNTY DMH PILOT RESULTS

- Urgent Care/ Triage: In the Urgent Care Center environment, Collaborative Documentation is reported to engage clients more than regular Documentation. In particular, clinicians report that clients are responsive to being able to clearly understand the process and procedures that will be occurring. In addition, being involved in the decision making regarding their treatment, although typically they will only be seen once and then referred out, provides an added level of participation in the sessions. These benefits, surprisingly, have also been observed in a few crisis situations. In many crisis situations, in particular when the client is agitated and cognitively disorganized, it is not possible to use Collaborative Documentation. In the Urgent Care environment, there often is not access to computers and in these cases documentation is first written down on a pad, reviewed with client, and then inserted into the computer. This is quicker than regular documentation however will require "other time", although less "other time" than with regular documentation.

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General Tips: Contexts

LOS ANGELES COUNTY DMH PILOT RESULTS

- Homeless Veterans Valor: Clinicians using Collaborative Documentation with the homeless veteran population report very strong positive response. Collaborative Documentation appears to foster a greater sense of trust in the therapeutic process which is key for this population. Veterans feel empowered and in control of their own story of therapeutic events using CD. They enjoy identifying clinical terminology that helps give insight to their own thought process. Collaboration strengthens the client/clinician relationship. Obstacles in using Collaborative Documentation with this population include inconsistent appointme nts, cognitive deficits preventing a clear understanding of the documentation process.

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General Tips: Contexts

LOS ANGELES COUNTY DMH PILOT RESULTS

- FSP/Field Based: Clinicians report a positive response using Collaborative Documentation with field-based clients. It was noted that clients are able to derive greater insight by completing documentation with clinicians. Difficulties in coping with unpredictable environment in which documentation needs to occur is reported. Over time, however, clinicians were able to adjust. Typically, the note is written collaboratively with the client on a note pad, and then written into the EHR when a computer can be accessed.

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General Tips

Shift Your Language: Be prepared to use client friendly language that will still maintain medical necessity

- Use clients language and terms that client can understand and/or relate to—avoid overly technical language
  - Using language that the clients do not understand interferes with collaborative process
  - For example, instead of using the word "isolation", indicate how client is isolating: ie. "Client reports spending all day in room and does not want to interact with others in the home"
- Use quotes to describe symptomatology
  - Client stated, "I feel sad all day and that is why I do not want to be around other people. I just feel like crying and sleeping."

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General Tips

Different Contexts will Require Different Approaches to CD

- Field based settings versus Office based settings
- Urgent Care Center--Brief Assessments for triage
- Group
- Children, Adults, Older Adults
- Context of each unique client and each unique clinician

All these contexts will share fundamental elements of CD

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General Tips

Documentation Strategies That Support Collaborative Documentation

- Agree to disagree when appropriate.
- Do as much as you can. It's ok if you can't complete CD 100% of the time in all of your sessions.
- Start with clients that you think will be receptive and who you are comfortable with. Then continue implementation from there.
- Start the process with new clients right away.

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General Tips

Remember…

RELAX!!!!!

It's just documentation, not an EBP

Whatever you feel comfortable doing to document your sessions effectively is ***OK***

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Implementing Collaborative Documentation

- Assessments
- Treatment Plans
- Progress Notes

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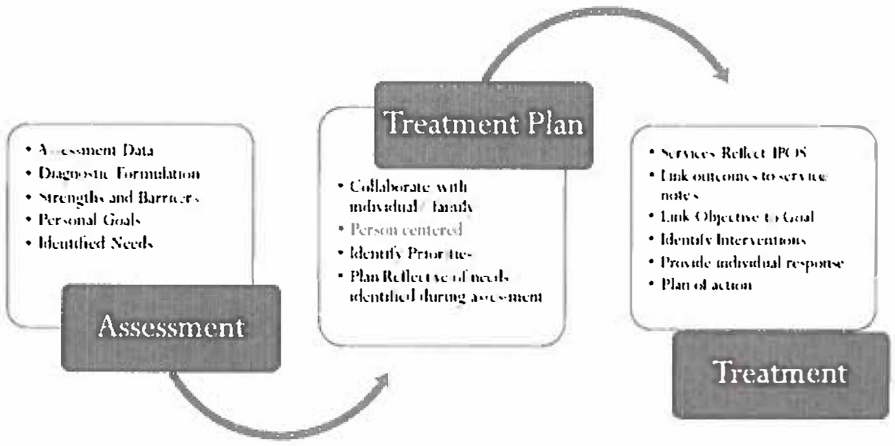
The Golden Thread (The Clinical Loop)



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Collaborative Documentation: Intake/ Assessment

Know your assessment instrument !

Introduce the plan for the meeting including how you will work Collaboratively to accurately represent the information they are telling you today.

2 Ways

- **The great typist** can **type while he/she talks** and review before moving on to next section.
- **The limited typist** can **talk and then type** and review before moving to the next section.

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Collaborative Documentation: Intake/ Assessment

- Take one content section at a time
  - Reason for Referral and Chief Complaint
  - Psychiatric Hx
  - Family Hx, etc….
- Discuss the section with the client / family (take rough notes)
- Enter into System **allowing client to see and comment/clarify**
- Alternatebetween looking at the client and entering into computer.
- Point to computer screen to allow client to follow where you are and keep them feeling involved.
- Provide a hard copy of the assessment for client to follow along if seeing the computer screen is not possible.

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Collaborative Documentation: Intake/ Assessment

Diagnoses:

- Talk with client about what diagnoses really are. Inquire about symptoms, triggers and functional impairments. Share your current conclusions and document with client and/or inform them that you will review diagnosis at next meeting.

Interpretative/Clinical Summary

- Say "OK, let sum up what we've discussed today". Document with the client.

Identified Needs/ Strengths/Problems

- Diagnosis and Symptoms, Triggers, Behaviors and Impairments in function at home, community, work and/or school
- Say, "So the areas that we've identified that we should work on together are 1: ….. , 2: ….., etc." How do you want things to change? What do you want things to look like after we work together? What are your strengths?
- ***Remember that the identified needs are the link from the Assessment to the Treatment Plan.**

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Clinical Formulation Examples

1. Jordan has debilitating depression symptoms as evidenced by: daily feelings of hopelessness and helplessness; sleep less than 5 hrs per day; remains in apartment except for medical appointments.

2. Josh responds to auditory hallucinations and reports having no natural supports and difficulty socializing.

3. Ben has no social support network, and due to illness, is unable to independently access needed medical, financial, and social supports.

4. Jason reports feeling sad all day, having difficulty concentrating and does not have friends. This is complicated by a learning disability which effects his school performance and confidence. As a result, Jason is struggling to maintain his grades and isolates himself at home and from school/ community.

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Experience of CD Assessment with th Partner

- Role Play Performances
- Role Play with partner (roles will be switched in next Role Play)
- Group discussion

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Treatment Plan

Goals:

- Start with discussing previously identified current Diagnosis / Symptoms/needs/problem/strength areas
- Select one area and ask, "What do we want the outcome to be? Discuss and enter a collaborative statement.
- Ask: "If we delivered this outcome what would this look like? What would be different?" Add this personal goal to the goal statement.

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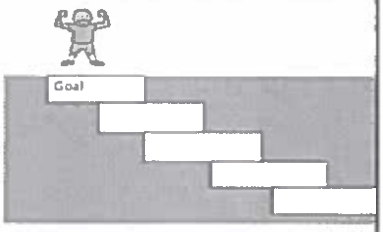
Treatment Plan Goals:



- Definition:
- A Goal is a general statement of outcome **related to an identified need, diagnosis and/or symptoms in the clinical assessment**.
- A goal statement takes a particular identified need and answers the question, **"What do we want the outcome of our work together to be, as we address this identified need?"**
- **"What do you want to have different in your life that we can work on together?"**
- Discuss and enter a collaborative statement that makes sense to the client.

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Treatment Plan

Examples of goals: (underlined stem will be translated into Treatment Plan goal)

- I want to feel happy, be able to concentrate in class, and have friends, so I can finish high school and get my diploma.
- "I want to get my energy and confidence back so I can get a job and have a social life again."
- "I want to feel normal and quiet the voices so I can get a job and live on my own"
- "I want to learn how to manage my anxiety so I can attend college classes and have friends."

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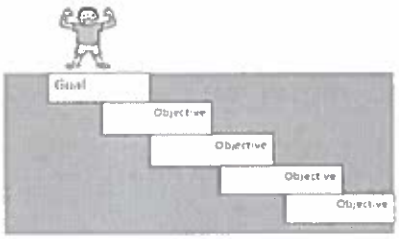
Treatment Plan Objectives:



- Attempt to develop with the client measurable and observable outcomes that:
  - Will be **apparent** to the client
  - **Meaningful** to the client
  - Achievable in a **reasonable** amount of time
  - Can be assessed in an **objective** way
- Objectives are important to allow you and the client to tell if the work you are doing together is working.

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Individual Plan of Service

Examples of Objectives:

- "Jordan will be able to articulate and demonstrate 3 strategies for reducing symptoms of depression."
- "Jordan will feel well enough to engage in productive and/or leisure activities with others outside her home at least twice a week."
- Jordan's scores on the LOCUS will improve from a baseline of X to Y and will maintain this change for 30 days.
- "David will reduce verbally aggressive outbursts in the home from 3 or more times daily to once or less weekly."
- John will be able to identify 2 or more triggers for her depressions and anxiety and learn at least one coping strategy for each trigger.
- Jason will reduce episodes of physical aggression in the home from current 2-3 times a week to once or less a week.

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Individual Plan of Service

Service Plan

Interventions (Methods)

Definition:

- An intervention is a clinical strategy or type of action that is employed within a Service type (modality) and is expected to help the individual served achieve an Objective.
- Interventions briefly describe what approach, strategy and/or actions the Treatment Plan is prescribing.

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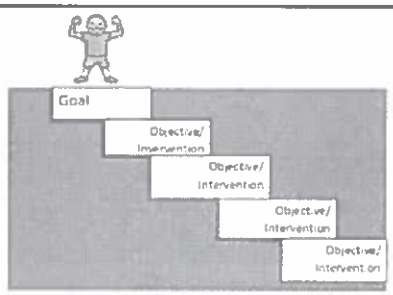
Treatment Plan Interventions and Client Involvement



- **Interventions**
  - Discuss the Intervention(s)/ Strategy(s) that will be used to help achieve the objective.
  - Document with the client. Help them understand that this is what you will do in each and every session to help them walk up the staircase.
- **Client Involvement:**
  - Discuss the role the client will play in their recovery.
  - Discuss ways that the client will participate in treatment to achieve their goals.

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Treatment Plan

Examples of Interventions:

- "Help the individual served identify triggers for his/her anger, as well as to develop preventative strategies and/or triggers."
- Help individual served identify strategies to utilize when he/she served may be struggling with mood swings.
- Assist the individual/family in identifying and utilizing coping skills at times that they may feel frustrated and/or sad.

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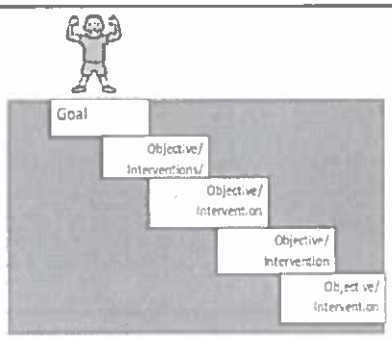
Individual Plan of Service



- **Services:**
  - Discuss the modality/service that the intervention(s) will be provided, as well as the planned frequency and duration.
  - Review recommended frequency and confirm what they are able/ willing to commit to recommended frequency.

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Experience of CD Treatment Plan with Partner

- Role Play Performances
- Role Play with partner (roles will be switched in next Role Play)
- Group discussion

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Treatment Plan Sets the Stage for Linking the Plan to Services Provided

Importance of Treatment Plan Awareness!

- Be Aware of the Plan **BEFORE** the session and know what Goal(s) Objectives and the Interventions you plan to work on with the individual/person served.
- Your plan may need to change but you should have a plan.
- Focusing on the Plan reinforces the value of the Plan.
- If the Plan becomes irrelevant – change it.

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Keys to Completing Progress Note

- Be aware of the Treatment Goals and Objectives, and the Interventions.
- Start every session by reviewing the previous weeks note (Plan Section)
- Break up the note (Many complete Mental Status at beginning of the session)
- Interact normally with the client during session
- Wrap-up the session and complete note collaboratively

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Completing the Mental Status
(Picture with words)

- Explain what a Mental Status is to the individual/person served
- What are the different things that we observe?
- Why are we observing the client for changes in mental status
- Helping a client understand that we are taking a picture with words to better understand how their mental state and symptoms work together.

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Transitioning to CD In the Session

- Use the traditional "wrap up" at the end of the session to try and transition to the documentation. This is something that many clinicians are used to doing as they try to synthesize what was done during the session and bring some closure to the process. You might say "We're getting close to the end of the session. Let's stop here and review what we talked about." The only difference is that instead of just doing a verbal recap, the information is written down or inserted into the computer, while it is reviewed with the client.

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Transitioning to CD In the Session

- Writing the progress note collaboratively, ideally, will become a key element of the clinical work with the client. Keeping in mind some the following goals of CD as a clinical tool may help you better integrate the writing of the progress note with your clinical session:
  - To establish a clear understanding with the client what was accomplished in the session. To ensure that both you and your client understood what was said to each other in the meeting. Examples :
  - To allow the client to gain an increased sense of responsibility in treatment. Examples :
  - To ensure the client feels he/she is reaching h/her personal goals in treatment, and be able to consider alternate approaches as needed. Examples :

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How do I do a CD Progress Note?

Separate Progress Note into "mini-sections" and document.

1. Goal
   - Goal(s) and Objective(s) from current Treatment Plan focused on a shorter period of time (for example, one month) to assess progress
   - Describe client's overall progress regarding the goal/objective being addressed within the specific period of time
2. Intervention
   - Describe the intervention provided (should be consistent with prescribed intervention(s) from Treatment Plan
   - New or pertinent information provided by client
   - Changes in Mental Status
3. Response
   - Describe client's response to intervention
4. Plan
   - Describe the plan for continuing work
     - What is the client going to do from today to next session
     - Do you need to do anything on clients behalf?
     - Is there anything that you need to follow-up on at the beginning of the next session?

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Collaborative Documentation: Progress Notes (Strategy varies by service)

Basic Approach

- Start with the "Plan" from the last interaction (i.e. what will the client and possibly the provider do between sessions or what will be the focus of the next session).
- Interact normally with the client during session/interaction possibly taking notes on pad saying "I'm going to jot down a few words so we'll remember when we write our note at the end of the session".
- At end of session (Time usually used for "Wrap Up") say "Lets review and write down the important parts of our session today.

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Collaborative Documentation as a Clinical Tool

- **The <u>Plan</u> is a much more powerful section when completed with the client**
  - Tasks or skills that the client agrees to try are noted and reviewed at the beginning of the next session **(What is the client going to do)**
  - Tasks that the clinician agrees to complete are noted and reviewed at the next session as well **(What is the staff going to do)**
  - Topics that were not addressed due to time and will be addressed at the next session are noted **(What are we going to do together at the beginning of the next session)**

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Experience of CD Progress Note with Partner

- Role Play Performances
- Role Play with partner (roles will be switched in next Role Play)
- Group discussion

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Collaborative Documentation Tips for Children

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Tool to Engage a Child
in Identifying Feeling and Observing Affect
When Completing Mental Status

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Keys to Completing Progress Notes with Children

- Encourage them to tell the story about today's session
  - If the parent/ guardian is available ask them to join the meeting and ask "Can you tell your mom what we did today?"
  - If nobody is available you can ask questions like, "When you see your mom what will you tell her about our time today?"

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Keys to Completing Progress Notes with Children Continued

- Other engaging techniques:
  - Use simple rewards
  - CD Activity Bag: Identify activities a client can do while completing the note (Squiggle game, jumping jacks, coloring, stress ball). Reserve these activities for the wrap-up.
  - Explain the need for their help with your "homework." (Help client understand what you need from them and how their input will help you.)
  - Value what the client says, using quotes when appropriate.

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Collaborative Documentation Tips for Groups

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How do I do a CD progress Note in Group Setting?

- At the end of group session allow clients to summarize what the group was about.
- Encourage each client to provide a statement regarding their response to the group session

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Discussion - Service Scenarios

Groups: General Strategy

- Tell clients prior to session that they will be asked to report out on what was most helpful/not helpful in group and other questions as appropriate (e.g. "Did group help you toward meeting your treatment goals?)
- Leave 2 minutes per client at the end of the session (e.g. 7 x2 = 14 minutes)
- Group facilitator brings up first note and summarizes overview of group session verbally and documents
- Facilitator conducts "check-out" allowing clients to each spend 1 or 2 minutes reporting as facilitator documents.
- *Alternative is to document all responses on E-Form (Word) and then copy/paste into each chart later.*

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Discussion - Service Scenarios

Groups:

- Exception to allowing clients to view monitor (confidentiality)
- Works for:
  - 60 minute groups with max of 8 clients
  - 90+ minute groups with max of 12 clients
- Best with good EHR support
  - Easy access to group member notes in EHR
  - Auto-populates common "group description" of note in notes of other members present – or – allows for copy and paste of this section.

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Collaborative Documentation Tips for Difficult Situations

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How to Approach Difficult Situations

- At times it will be difficult, or impossible, to conduct parts or even any Collaborative Documentation elements for a particular session. Here are two general principles to keep in mind

1) Be transparent with your client, as opposed to documenting without his/her knowledge. For example, you may tell the client that he/she appears to be upset about information the clinicians wants to share, so this information for now will not be documented collaboratively, and the client may be shown this information when he/she is less upset. You may document this situation with your client
2) Try to complete other aspects of Collaborative Documentation with the client besides documenting specific symptoms or clinical impressions. For example, you may be able to collaboratively document specific activities that were done in the session, as well as collaboratively work on future session goals, and the Plan for the client's weekly activities

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CD Tips for Sharing Diagnosis with Client

- **You may find the following to be a helpful approach:** Inquire about symptoms, triggers and functional impairments, document these with your client. Talk with client about what diagnoses are, how they are used and intended for communication purposes and comparison with other individuals with similar symptoms and impairments. Look through the DSM-5, or a similar document, and with your client find the diagnosis that best matches the symptoms and impairments that you both reviewed. Review the diagnosis with your client, respond to questions or concerns.
- Be aware that certain diagnosis may trigger more resistance from your client
- **Participant Discussion--Other strategies and Diagnosis related issues**

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CD Tips for Resistant Clients

- Review with client the high levels of satisfaction consistently reported by other clients
- Identify specific issue(s) client feels uncomfortable about Collaborative Documentation. Review issue with client and provide explanation or reassurance if necessary. For example, your client may feel that time for therapy is taken away by writing. You may indicate to the client that reviewing documentation together serves important clinical goals such as ensuring the you and your client understand each other, and provides the client with a greater sense of ownership for their treatment. Other benefits you could evoke:
  - Greater clarity about goals and progress in treatment
  - Can improve clinical relationship by showing mutual respect and collaboration
  - Allows client to have more decision making capacity with respect to course of treatment

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CD Tips for Resistant Clients

(continued)

- **Attempt to gradually incorporate, with client approval, separate CD components**

  For example, if your client insists that they feel they are doing the therapist's work in CD, see if client will agree to collaborate on formulating together the goal of the session. Then, for example, see if they will agree on elaborating with the therapist a Plan of activities client will accomplish for the week. Eventually address the possibility of client participating with the therapist in recording and interpreting what is done in sessions. Through these steps, ideally the client will gain a greater appreciation of CD as allowing greater engagement in and responsibility for their treatment.

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CD Tips for Psychotic, Paranoid, and Delusional Clients

- Ascertain that your client is oriented to time, place, person, and situation/context. If not, then Collaborative Documentation is likely to be unsuccessful for that session.
- It will be important for you to use clinical judgment about whether your client is able to accept your observations and interpretations of his/her symptoms. Your client may be able to "agree to disagree" with you, or you may have to share with your client that you do not feel comfortable documenting these issues collaboratively, and the clinician can share this documentation at another date.
- Attempt to find other information you may document collaboratively, for example the specific activities that were accomplished in the session or other "safer" topics that were discussed, weekly exercises planned for the client.

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General Implementation Considerations

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Collaborative Documentation

The 7% Percent Factor

- There are situations where concurrent documentation is not appropriate
- 93% of the time concurrent documentation is appropriate, positive and helpful.
- Failures to implement are often due to a focus on the 7%

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Collaborative Documentation

Keys to Successful Collaborative Documentation Implementation

- Attitude (clinician/ organization)
- Preparation
- Find a starting point

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Clinician Attitude

- View collaborative documentation as an essential element of the therapeutic process that you are learning to integrate into and consistently use in all of your direct service sessions.
- If you project CD as an valuable interactive process your clients will perceive it this way also.
- Setting routine is one of the best ways to get into habit.
- Implementation experience shows that collaborative documentation will become a habit within 6 weeks.

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How to Introduce Collaborative Documentation to Clients
The key is to know what you want to say:

- **Script Elements –**
  - This is <u>your</u> note/chart
  - This is <u>your</u> care
  - I want to accurately state what you are saying
  - I want to indicate what you are getting from our time together versus what I think or hope you are getting
  - <u>Your</u> opinions and feedback are very important in the development and maintenance of your treatment goals
  - We want to make each service the best for you that we can
  - We will only take notes during the last few minutes of your session

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Introductory Scripts

The Introductory Scripts that follow are intended to assist you in structuring how to introduce Collaborative Documentation to your clients

- **Be careful to adjust the language you use to ensure your client will be able to understand the ideas. Lower functioning clients, for example, may need much simpler sentences that what is presented in the following examples**

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Introductory Scripts

Sample Introductory Script for New Clients

"I feel it is important to make sure that you contribute to what is written in the notes about our sessions with you as well as work with me in planning your treatment. Also, I want to be sure that what I write is correct and that we both understand what was important about our sessions. This will help you have a greater sense of participation and responsibility in your treatment

So at the end of the session we will work together to write a summary of the important things we discuss, as well as review the goals for todays sessions and plan goals for future sessions. Please let me know if you feel uncomfortable about working collaboratively in this way"

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Sample Introductory Script for New Clients

Example: Assessment

"Today we will be completing an assessment. This is an opportunity to gather information about you (and/or your child). I believe it is important to make sure that you contribute to what is written in your assessment. There is a lot of information to gather but we will write it together to ensure that what I write accurately reflects the information you are providing."

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Sample Introductory Script for New Clients

Example: Treatment Plan

"Today we will be writing your Treatment Plan together. This is used to help us identify specifically what you would like to achieve in treatment. A Treatment Plan is used like a map. We will be able to track every session how close we are to the goals, and what we need to do to get closer to the goals in your Treatment Plan. We can change the goals for the Treatment Plan if we decide we need to.

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Sample Introductory Script for New Clients

Example: Progress Note

"We are going to write down together what we accomplished in todays session. It is important that you agree with what we write down, and please let me know if there is anything you want to add. We will also write down Plans for the upcoming week, for example exercises you might be doing, as well as goals for the next session. We will do this in order to make sure that we understand what we intended to say to each other, as well as ensure that you feel you are accomplishing your goals in our sessions"

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Introductory Scripts: Existing Clients

Example:

"As you know I normally write notes about our sessions afterward in my office. I would like to begin writing the note together with you. This will ensure that what I write is correct and that we both understand what was important about our sessions. Also, this will help you identify issues you want to focus on in your session. Please make sure you tell me any information you would like to add to the note. So from now on at the end of the session we will work together to write a summary of the important things we discuss, and plan future sessions and activities together."

or

"So from now on at the end of the session your parent/guardian will be joining us so we can review the important things we discussed and the plan for the next week."

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Discussion - Service Scenarios

Services in the Community:

- Technology / Connectivity
  - Plan A : Have connectivity to EMR or system that allows syncing later
  - Plan B: No Connectivity – Can use E-forms then copy/paste.
  - Plan C: Use paper forms then type into E-Forms
- Documentation Setting
  - Plan for best time /place to document – form habits
  - Do as much as you can!!
- Discuss Strategies - Brainstorm

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Collaborative Documentation Setup

How to Make it Happen:

- **Scripts** – Know how you are going to explain the process to your clients before your session.
- **Office Setup** – Do you need to move computers, screens, office furniture?
- **Technology** – Technology is great when it works but you must always have a back-up plan.
- **Do as much as you can** - Completing a portion of the note in session as you are starting out is okay; simply move to do more each time.
- **Clinical Judgment** - Collaborative documentation will not work with every client in every situation.

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Collaborative Documentation

- **BUT**

RELAX!!!!!

It's JUST documentation (with specific clinical benefits), not an EBP. Although there are ideal standards, the ultimate goal is to document your services. There is no need to follow set protocols or maintain Fidelity to a model

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Questions and Discussion

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APPENDIX B

LACDMH--QA DIVISION
POLICY AND TECHNICAL SUPPORT UNIT
COLLABORATIVE DOCUMENTATION PLANNING MEETING

AGENDA

1) Overview of clinician and supervisor response to Collaborative Documentation

2) Present status of Collaborative Documentation implementation

- Number of clinicians/clients using CD
- Staff Meeting Collaborative Documentation discussion
- Collaborative Documentation in supervision

3) Obstacles and Resolutions

4) Internal Training Procedures

5) Benchmark future goals for one month; three months

6) Collaborative Documentation Liaison

IMPLEMENTATION MATERIALS

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
QUALITY ASSURANCE DIVISION
POLICY AND TECHNICAL DEVELOPMENT UNIT

COLLABORATIVE DOCUMENTATION TRAINING FOLLOW-UP STRATEGIES FOR CLINICS

- Use the Collaborative Documentation training video and associated handouts (PowerPoint hard copy, Collaborative Documentation Manual, and QuickStart handout) to begin the training of clinicians interested in beginning to use Collaborative Documentation

- Have clinicians with more experience and competence with Collaborative Documentation (a minimum of about 3 months) be a resource for other clinicians, for example by having them available to be shadowed by clinicians interested in Collaborative Documentation; having them provide feedback and guidance in staff meetings

- Establish a regular time in staff meetings to discuss various aspects of Collaborative Documentation

- Ensure supervisors discuss Collaborative Documentation with clinicians beginning to use Collaborative Documentation with clients

- Designate a Collaborative Documentation liaison who will coordinate and monitor Collaborative Documentation implementation and training processes, as well as interface with the QA Division for guidance and ongoing feedback.

QuickStart

Collaborative Documentation Implementation

Once you have completed the training video, please reach out to the Collaboration Documentation liaison at your clinic if you have any questions. Your clinic may have specific requirements in order for you to start using Collaborative Documentation. The suggestions below are provided for guidance.

Choosing your first clients

It is possible to begin using CD with clients you are currently seeing, however it is probably easier to begin using CD with new clients with whom you have not started treatment. If you would like to start with a client you are currently seeing, make sure you choose a client you will be most comfortable with in starting Collaborative Documentation. You may want to prepare your first session by using scripts that are provided in the training PowerPoint to introduce Collaborative Documentation for the Assessment, Treatment Plan, and Progress Notes. These can be used with a client you are currently seeing, as well as with new clients.

Shadowing

An important step in assisting you in gaining confidence in starting Collaborative Documentation is to shadow a colleague that is experienced in using Collaborative Documentation. If you are in the process of getting trained at your clinic, most likely there will be peers ready to have you shadow them to get started.

Six weeks to get comfortable

It is generally recognized that it takes about 6 weeks for Collaborative Documentation to become comfortable for practitioners. So expect difficulties and challenges when you begin implementing Collaborative

Documentation. Typical obstacles that will need to be addressed are awkwardness of using the computer equipment when documenting collaboratively; the sense of interruption in transitioning to collaboratively documenting in the session with your client; getting used to structuring sessions using Collaborative Documentation procedures. Practitioners will find that being able to consult with peers, for example during regularly scheduled staff meetings, and guidance from their supervisors are very important in mastering Collaborative Documentation. Some practitioners may find it more comfortable to begin using aspects of Collaborative Documentation, for example formulating the goals of each session with the client, prior to actually doing an actual Collaborative Documentation session with the client (ie. 100% of the note completed during the session with the client).

Anticipating Difficult Situations and Clients

It is important to remember that Collaborative Documentation is not an EBP, and you as a practitioner will always decide when and how to use Collaborative Documentation, based on your clinical judgment and comfort level. As you gain experience, you will feel more comfortable in implementing Collaborative Documentation with a wider range of clients and situations. To begin, however, you are likely to feel insecure, and it is helpful to keep in mind a few strategies. The first, is to agree to disagree with your client when you encounter an area of disagreement while documenting. For example, if your client does not agree with you that he appeared agitated in the session, you may document your observation along with your client's disagreement ("client reported not feeling agitated and disagreed with therapist's observations"). The second, if the client becomes particularly agitated about a specific topic and you do not feel you will be able to effectively document this content with your client, you can tell your client that you will not document this information with your client today, but will share this information with your client at a later date when h/she is better able to discuss this material.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

QUALITY ASSURANCE DIVISION

POLICY AND TECHNICAL DEVELOPMENT UNIT

COLLABORATIVE DOCUMENTATION MANUAL

REVISED 6/5/2019

Collaborative Documentation Guidelines Manual Chapters

Chapter 1: What is Collaborative Documentation?

Why use Collaborative Documentation?

Chapter 2: Basic Elements of Collaborative Documentation

1) Establishing objectives of treatment with the client
2) Reviewing documentation with the client and making revisions as needed
3) The Seven Percent Rule

Chapter 3: How to Start Implementing Collaborative Documentation

1) Determine personal level of comfort
2) Learning curve and expected challenges
3) How to address common challenges with clients

Chapter 4: Collaborative Documentation Implementation with Specific Populations and Programs

Chapter 1:

What is Collaborative Documentation?

Collaborative Documentation is a process in which practitioners (including social workers, psychologists, and case managers) and clients work together to document assessments, treatment plans, and progress notes. Collaborative Documentation emerged from client centered approaches to treatment and emphasizes the client's role in the decision-making process. It focuses on ensuring that the client's personal goals and needs are addressed in treatment. Ultimately, Collaborative Documentation is a practice by which documentation of services is accomplished, and should not be regarded as a formalized EBP.

Why Use Collaborative Documentation?

Clinically, Collaborative Documentation yields clinical benefits such as enhanced mutual understanding between the practitioner and client and a greater sense of engagement and commitment by the client. Collaborative Documentation allows clients to have greater ownership and responsibility in their treatment. The collaborative process enhances the rapport between client and practitioner and increases clients' understanding of and involvement with their treatment. Empirical support for Collaborative Documentation includes a controlled study with three community mental health clinics serving the chronically mentally ill which found Collaborative Documentation to have a significant effect on the reduction of no-show's and an increase in medication adherence.

Administratively, Collaborative Documentation allows practitioners to complete their documentation during the session in a clinically efficient way. This ensures all documentation is completed in a timely manner and reduces the stress of incomplete documentation. This greatly facilitates the administrative processes of clinics and allows practitioners freedom from the concern of documentation timelines. Collaborative Documentation allows for more face-to-face clinical time with clients and, thus, increases clinic capacity.

Chapter 2

Basic Elements of Collaborative Documentation

Establishing Objectives of Treatment with the Client

Collaboratively formulating and monitoring the objectives of treatment is an ongoing process in Collaborative Documentation. This occurs at the point of developing the Client Treatment Plan with the client and also at every session thereafter. Typically, objectives are defined for a year. With Collaborative Documentation, the year-long objective is segmented into days, weeks or months which allows for a more focused and concrete analysis of how the client is progressing towards treatment objectives in each session. During each session, the client and practitioner will review the objective for the session along with identifying any progress related to the prior session. Through this process, interventions are continuously monitored and can be adjusted as needed.

Reviewing Documentation With the Client and Making Revisions as Needed

At the end of every session documentation is reviewed with the client, either by repeating what the clinician is in the process of documenting, or showing the client what is being written on the computer screen. This process may involve explaining terms to the client or rewording technical language into plain language better understood by the client. This is an opportunity for the practitioner and client to ensure they have a shared understanding of what occurred in the session. Each practitioner will conduct this process in their own way that feels comfortable; there is not a set of sequenced steps that needs to be followed. Over time, practitioners are likely to find processes that work well for them and, with practice, documenting collaboratively will become easier as the practitioners' skill develops. The practitioner is never expected to defer his/her professional judgment to the clients' opinions and may collaboratively document differences in opinion and final decisions that the practitioner makes.

The Seven Percent Rule

Although there is not a clear formula to determine whether a particular client is appropriate for Collaborative Documentation (for example, the client's diagnosis), it is estimated that about 7% of community mental health clients are not appropriate candidates for Collaborative Documentation. This is called the 7% rule. Reasons a client may not be appropriate includes refusal, not sufficiently oriented (to time, place, or person), inability to establish rapport, and severe paranoia. In addition to the 7% rule, there may be specific sessions in which the client is unable to participate in Collaborative Documentation. These include sessions in which a normally stable client is presenting as psychotic, highly agitated, or in extreme distress. The decision of

whether or not to document collaboratively is based on the practitioners clinical judgment, assessment of the situation, and level of comfort in using Collaborative Documentation. It is important to keep in mind that as clinicians gain experience, they will become more comfortable in using Collaborative Documentation with a wider range of clients and situations.

Chapter 3:

How to start using Collaborative Documentation

Determine personal level of comfort:

It is important to remember that Collaborative Documentation is ultimately just documentation, although with clinical benefits. It is important for practitioners to feel comfortable with the process. Some practitioners will easily begin using collaborative documentation, while others may take more time to feel comfortable. Collaborative Documentation is not a formal evidence based practice and does not have required steps to maintain fidelity to the model. It is okay to perform only parts of Collaborative Documentation when beginning. For example, a practitioner may first focus on developing shared treatment objectives with the client and may not do the actual documentation with the client. Practitioners first attempts should be at their own pace, keeping in mind that with practice the process will become more comfortable and efficient. Practitioners may want to consider first using this approach with one or two select clients (see 7% rule above for selecting clients) then expanding the approach to more clients on their caseload.

The Collaborative Documentation Learning Curve and Expected Challenges:

Practitioners usually feel a little awkward when they first begin using Collaborative Documentation. Generally, it has been found that within six weeks of implementing Collaborative Documentation, practitioners feel less awkward and have overcome any challenges they experienced. For instance, the transition from the clinical portion of the session to the collaborative documentation potion may initially feel like it is impeding the therapeutic rapport of the session. However, with practice this transition will become smoother and more integrated into the session. Likewise, with practice, the practitioner will become more adept at collaborating with the client in organizing the structure of the session to address weekly or monthly objectives (as opposed to the typical yearly objectives on the Client Treatment Plan), and then reflecting that structure in their collaborative documentation on the progress note. It is likely that each practitioner will experience their own unique challenges when beginning to use Collaborative Documentation. It is important to keep in mind that with practice, these challenges are usually resolved.

Common Obstacles Encountered By Clients and How to Respond:

Clients may experience their own obstacles as practitioners implement Collaborative Documentation. Some clients may not be interested in Collaborative Documentation. Common initial concerns from clients include: feeling like it takes away from the "talk time" with their therapist; feeling like it is not relevant to their care; or feeling like practitioners needing to get "paperwork" done is more important than them. If a client has a concern similar to these, it might be helpful to review the clinical benefits of Collaborative Documentation. Benefits to review might include: establishing a clear

understanding of what was accomplished in the session; ensuring the practitioner and client understand what the other expressed in the session; increasing the client's sense of responsibility and ownership in his/her treatment; and ensuring the client feels he/she is moving toward personal goals. For some clients, reviewing the empirical evidence that the majority of clients report a positive experience with Collaborative Documentation may also be helpful.

Obstacles may also occur after Collaborative Documentation has been initiated. In some situations, client's may disagree with an observation made by the practitioner (for instance regarding hygiene), leading to a concern about what is to be documented. In other situations, clients may be experiencing a heightened level of psychiatric or emotional disturbance making it difficult for them to meaningfully participate in collaborative documentation. The following principles may be helpful to address a wide range of difficult situations arising while using Collaborative Documentation:

1) **Agree to disagree** when a difference of opinion between client and practitioner is encountered. In this situation, the practitioner documents his/her opinion as well as the opinion of the client who disagrees.
2) **Be transparent** when it appears that Collaborative Documentation is not appropriate because the client appears to be too upset or documenting collaboratively may further upset the client. In this situation, let the client know that you will not be documenting collaboratively as opposed to simply documenting later without his/her knowledge.
3) **Partial collaborative documentation is better than none.** If documenting specific symptoms or clinical impressions with the client is too difficult, try to utilize other aspects of Collaborative Documentation. For example, you may be able to collaboratively document specific activities that were done in the session, as well as collaboratively work on future session goals and the plan for the client's weekly activities.

Chapter 4:

Implementation with Specific Populations and Programs

Los Angeles County DMH piloted Collaborative Documentation in several different settings. Below are findings from the pilot.

Olive View Urgent Care/Triage: In the Urgent Care Center environment, Collaborative Documentation was reported to assist with client engagement. In particular, practitioners reported that clients were appreciative of being informed of the Urgent Care process. In addition, although typically only seen once and then referred, clients still responded positively to being included in the decision-making process regarding their treatment. Clients felt supported and validated. These benefits were also observed in a few crisis situations. In the Urgent Care environment, there often is not access to computers while meeting with the client. In these cases documentation was handwritten on a pad of paper, reviewed with the client, and then rewritten in the electronic health record after meeting with the client. While this was still more efficient than non-collaborative documentation, it did require some "other time".

Valor Program/Homeless Veterans: Practitioners using Collaborative Documentation with the homeless veteran population at the Valor program reported very positive client responses. Collaborative Documentation appeared to foster a greater sense of trust in the therapeutic process which is key for this population. Veterans felt empowered and in control of their own account of events using Collaborative Documentation. They enjoyed identifying clinical terminology which helped give insight into their own thought processes. Collaboration Documentation strengthened the client/practitioner relationship. Obstacles in using Collaborative Documentation with this population included less consistent appointment-keeping and a greater incidence of cognitive deficits which impacted participation in the documentation process.

Full Service Partnership (FSP) Programs/Field Based: Practitioners reported a positive response by clients using Collaborative Documentation with field-based clients. Practitioners noted that clients were able to derive greater insight by completing documentation with practitioners. The unpredictable environment of FSP made collaborative documentation difficult. However, over time

practitioners were able to adjust. Typically the note was written collaboratively with the client on a note pad, and then rewritten in the electronic health record at a later point.

Office based—Children, Family, and Collaterals: Practitioners reported success working with families and children using Collaborative Documentation. A challenge identified when using it with children was the impatience and inattention of some children. Strategies to generate narratives with children included asking questions such as "What would you tell your parent we did in our meeting today" then discussing and clarifying the child's response with the child. Activities including playing with a nerf ball or doing jumping jacks while writing the note also assisted with keeping the child engaged and interested. When writing notes for family or collateral sessions, the collaborative process was used (unless the practitioner felt there was a clinical reason to not do so).

Office based--Adults: Collaborative Documentation with adults in office based settings yielded consistently positive results. One common challenge reported was the client's inability to see the computer screen while documenting collaboratively. Usually, practitioners were able to adjust screens or processes over time in order to address this concern.

APPENDIX C

COURSE TITLE: Implementing Collaborative Documentation--Evaluation Total Count

TOTAL NO. EVALUATIONS SUBMITTED *157*

	#	%
Substance Abuse Counselor	2	1%
Psychologist	2	5%
Program Manager	8	5%
PSW	31	20%
Case Manager	15	10%
Supervisor	27	17%
RN	4	3%
Other	11	7%

	Excellent		Very Good		Unsure		Fair		Poor		Total Responses	
	#	%	#	%	#	%	#	%	#	%	#	%
Overall, how helpful was this training in terms of helping you feel ready to begin implementing Collaborative Documentation	33	21%	85	55%	31	20%	3	2%	3	2%	155	99%
How confident do you feel after this training about incorporating Collaborative Documentation into your workflow?	22	15%	78	54%	38	26%	6	4%	1	1%	145	92%
How helpful was this training in terms of learning basic techniques to documenting collaboratively with your clients?	34	23%	84	56%	18	12%	12	8%	3	2%	151	96%
Overall Presenter(s) rating	44	29%	84	55%	19	13%	0	0%	5	3%	152	97%
How useful were the role plays in helping you understand how to implement Collaborative Documentation?	34	24%	75	54%	27	19%	0	0%	4	3%	140	89%
Prior to this training, how knowledgeable were you about Collaborative Documentation?	12	8%	47	31%	40	26%	40	26%	13	9%	152	97%
Prior to this training, how positive was your attitude about the benefits of Collaborative Documentation?	21	13%	43	27%	60	38%	31	20%	2	1%	157	100%
After this training, how positive was your attitude about the benefits of Collaborative Documentation?	30	19%	74	47%	33	21%	18	12%	1	1%	156	99%
Total Evaluative Responses (excluding ratings on prior knowledge and prior attitude)	218	**21%**	523	**50%**	226	**21%**	70	**7%**	19	**2%**	1056	**100%**

DIRECTLY OPERATED CLINIC COLLABORATIVE DOCUMENTATION IMPLEMENTATION SURVEY

CD Clinic Implementation Assessment

Type: Standard Report

Date: 12/24/2019

Time Zone in which Dates/Times Appear: (GMT-08:00) Pacific Time (US & Canada)

Total number of responses collected: 22

(Please indicate your Clinic, or adminstrative area of responsibility)

Response

Downtown MHC

Northeast Mental Health Center

San Fernando MHC

Children and family treatment

Olive View UCC

Antelope Valley Mental Health

Edelman Child Mental Health

AFH

Coastal API Family MHC

LBAPI

Clinical supervisor

San Antonio Family Center

Rio Hondo MHC

Valid Responses	13
Total Responses	14

(Please indicate any particular Program or Programs that you are associated with within your Clinic)

Response
CalWORKs, PEI, FCCS/RRR
Northeast Wellness Center
RRR, FSP, Child
Criisis
Calworks
6864
QA and Childrens
ESGVMHC
PEI- Children
RRR,PEI,CalWORKs,FSP

Valid Responses	10
Total Responses	14

(Please indicate your position)

Response
MHCPM
MH Clinical Program Manager II

MHCPM II

Program Manager II

Program manager

Program Manager II

PSWI

MHCS

Program manager

MH Supervisor

MHCS

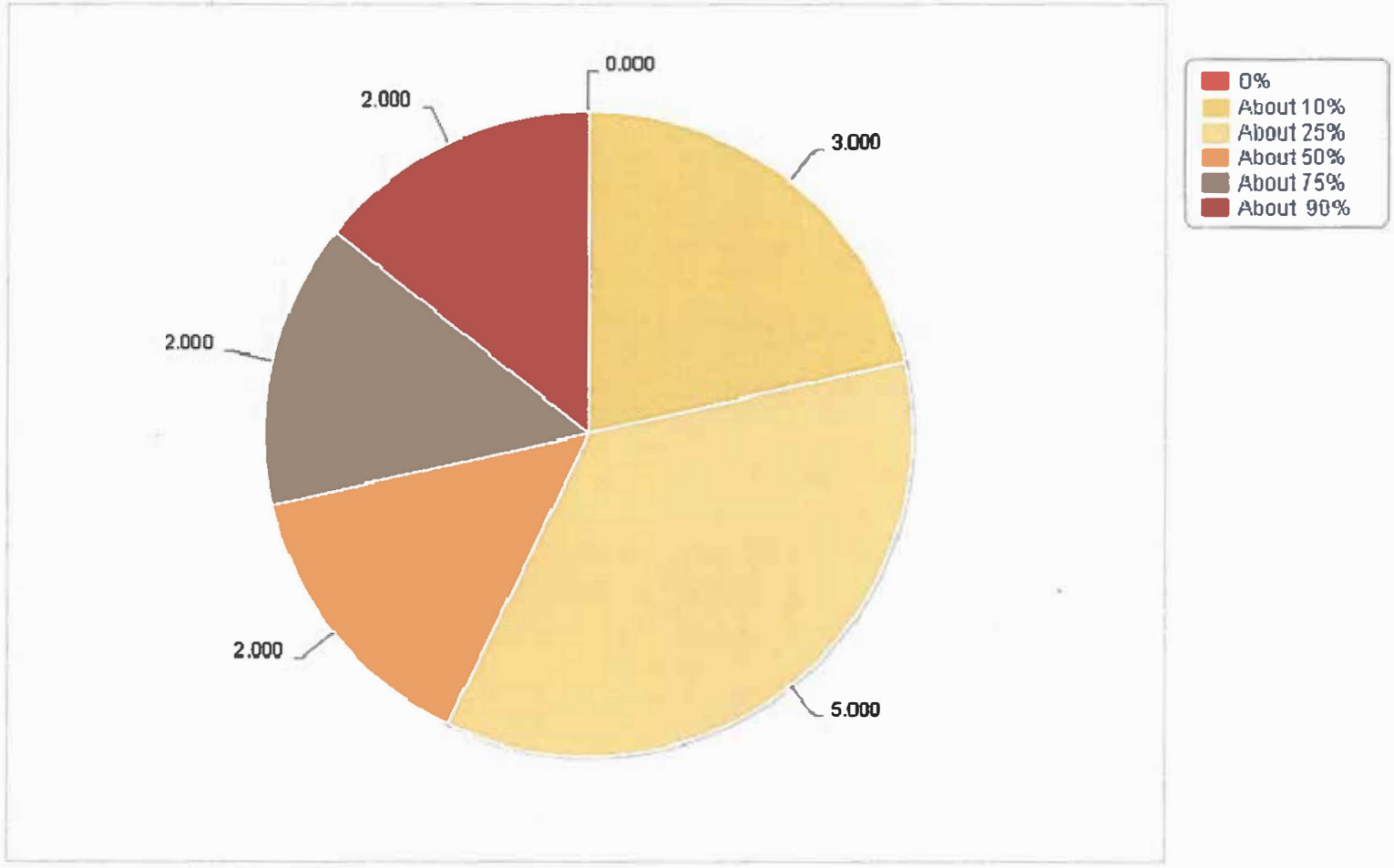
PSW II

Program Manager

Valid Responses	**13**
Total Responses	**14**

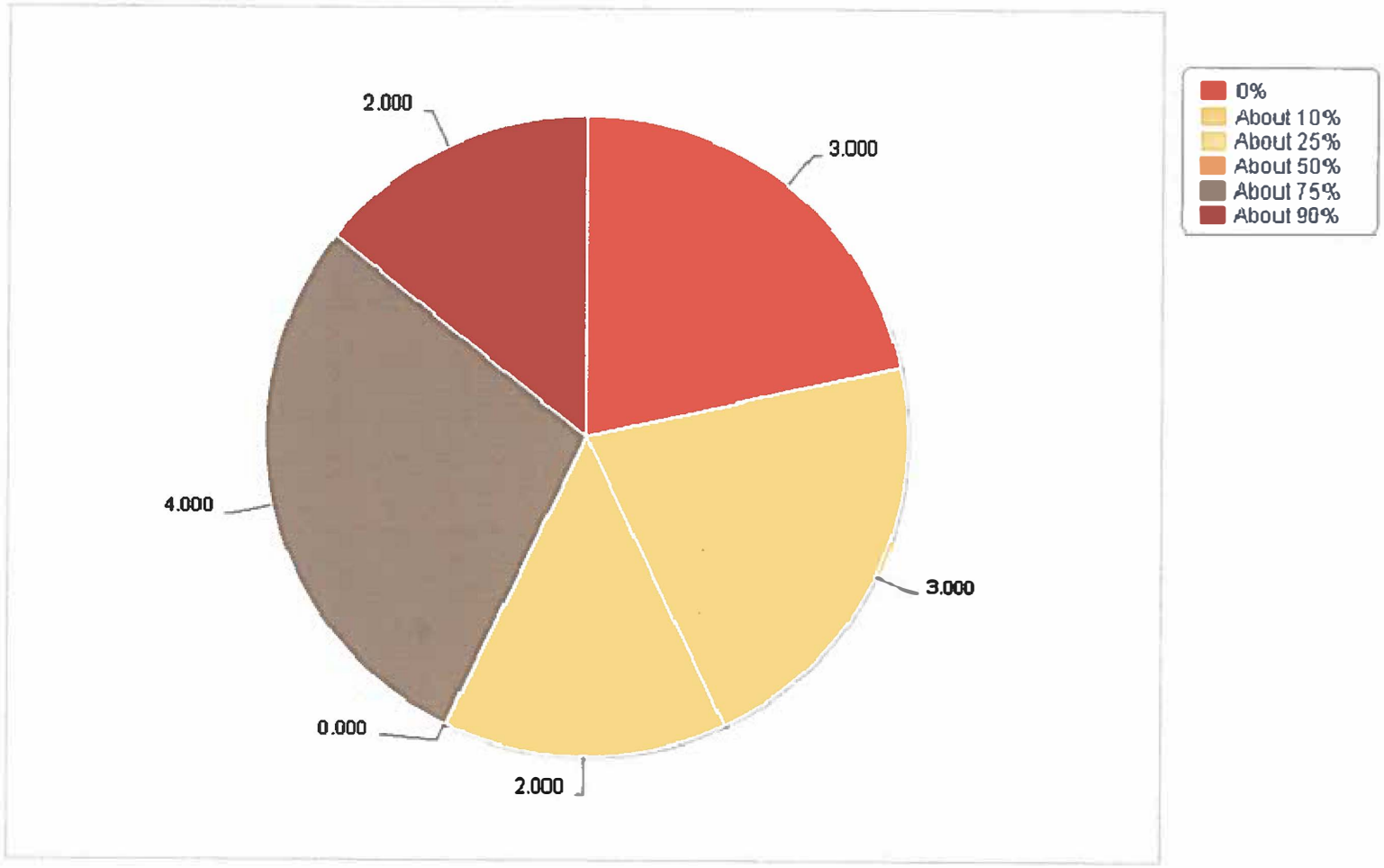
What percentage of your staff attended the Collaborative Documentation training offered by the QA Division?

(Respondents could only choose a **single** response)



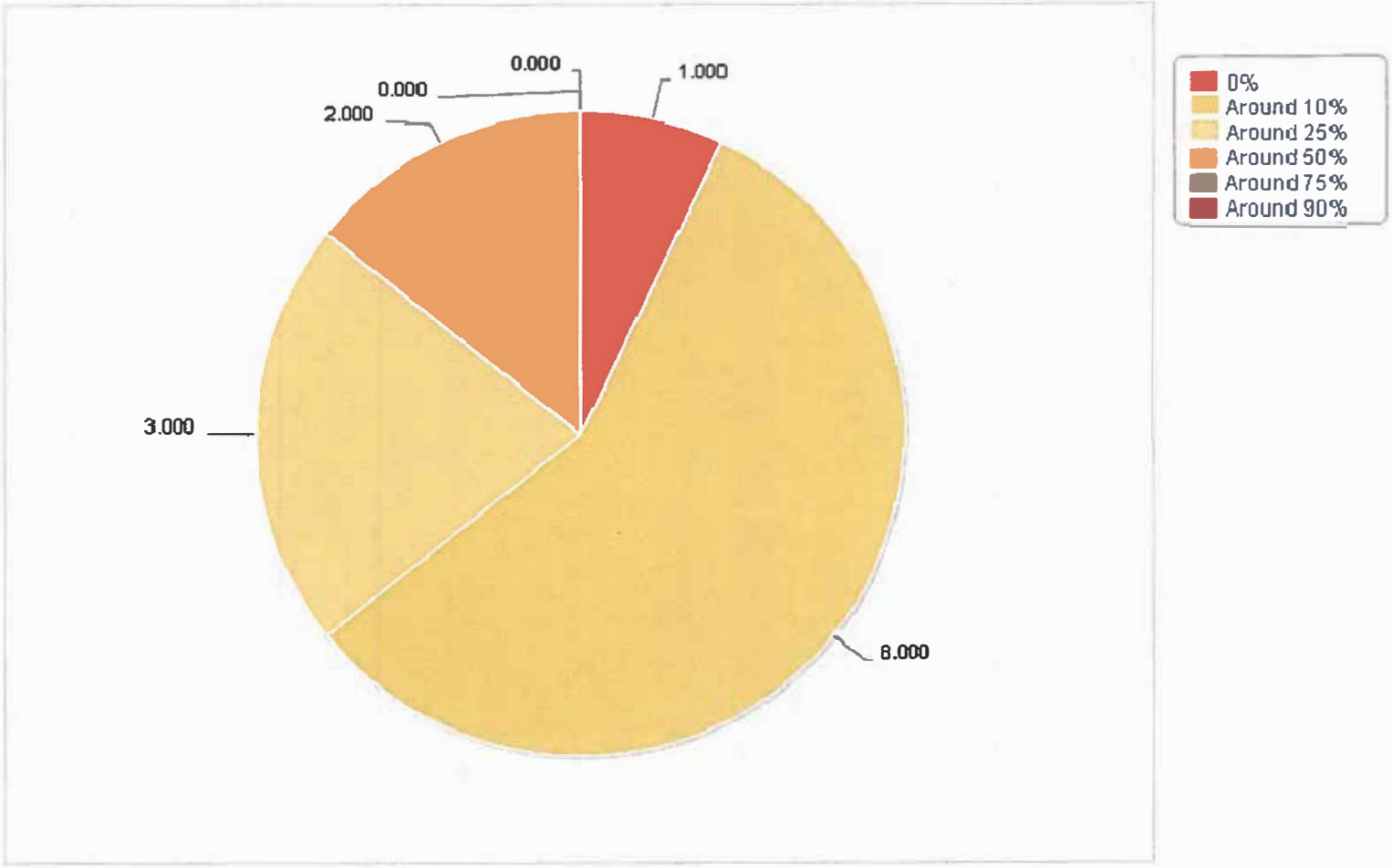
What percentage of your staff was trained in Collaborative Documentation using only training internal to your Clinic or Program?

(Respondents could only choose a **single** response)

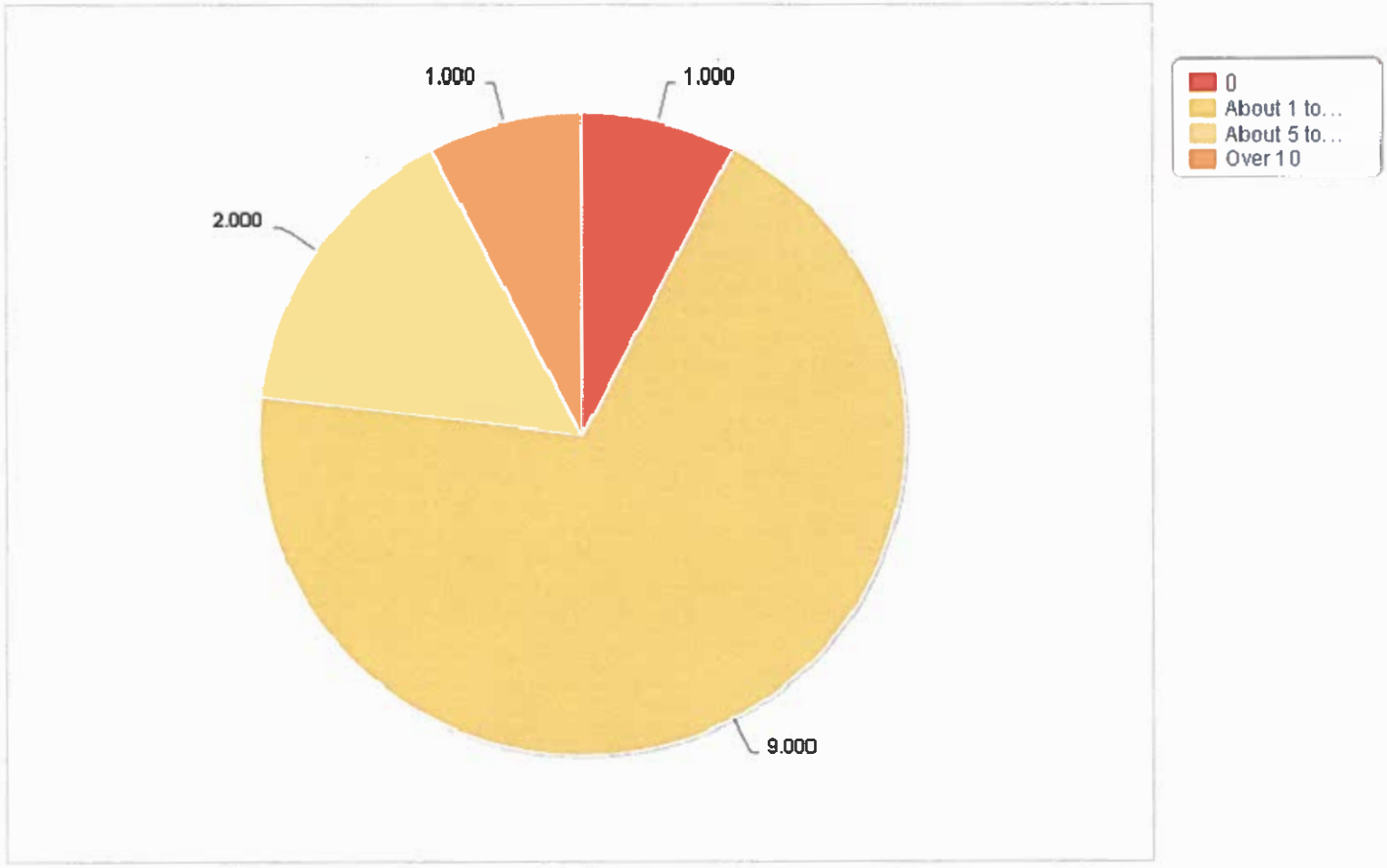


What percentage of the Clinic staff or Program staff are using Collaborative Documentation?

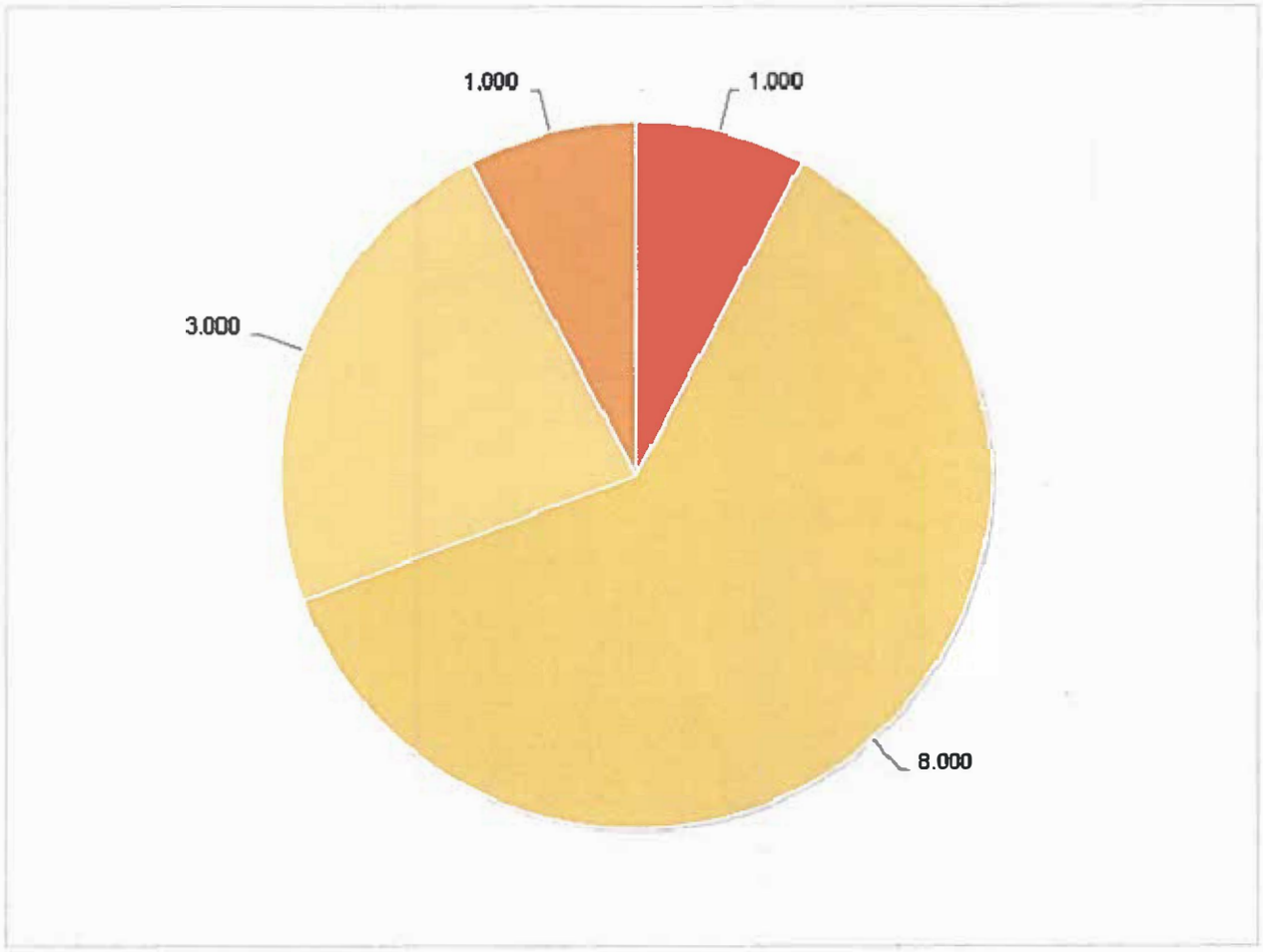
(Respondents could only choose a **single** response)



What is the average number of clients per staff that is receiving Collaborative Documentation?
(Respondents could only choose a **single** response)

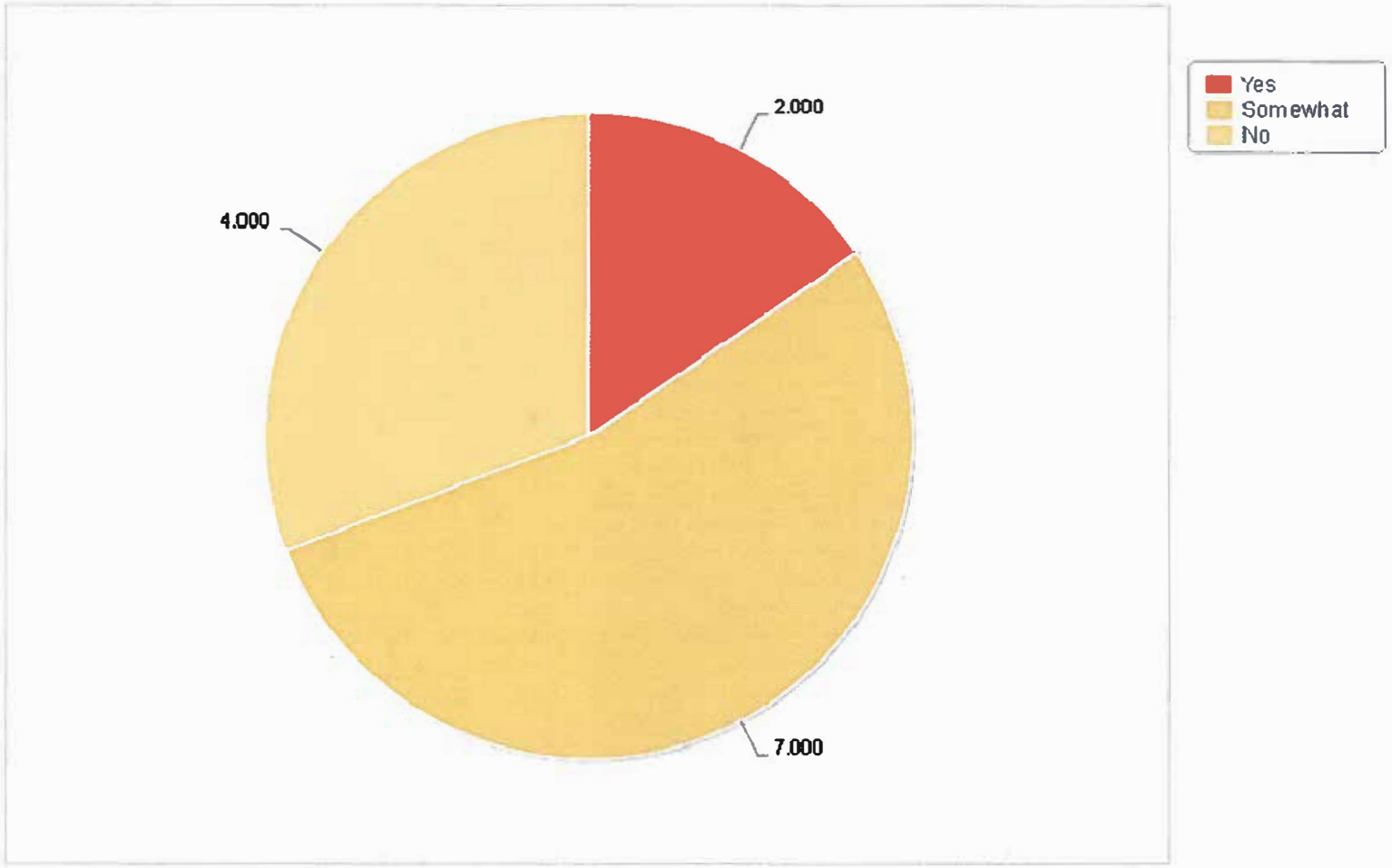


What is the highest number of clients that any of your staff is using Collaborative Documentation
(Respondents could only choose a **single** response)



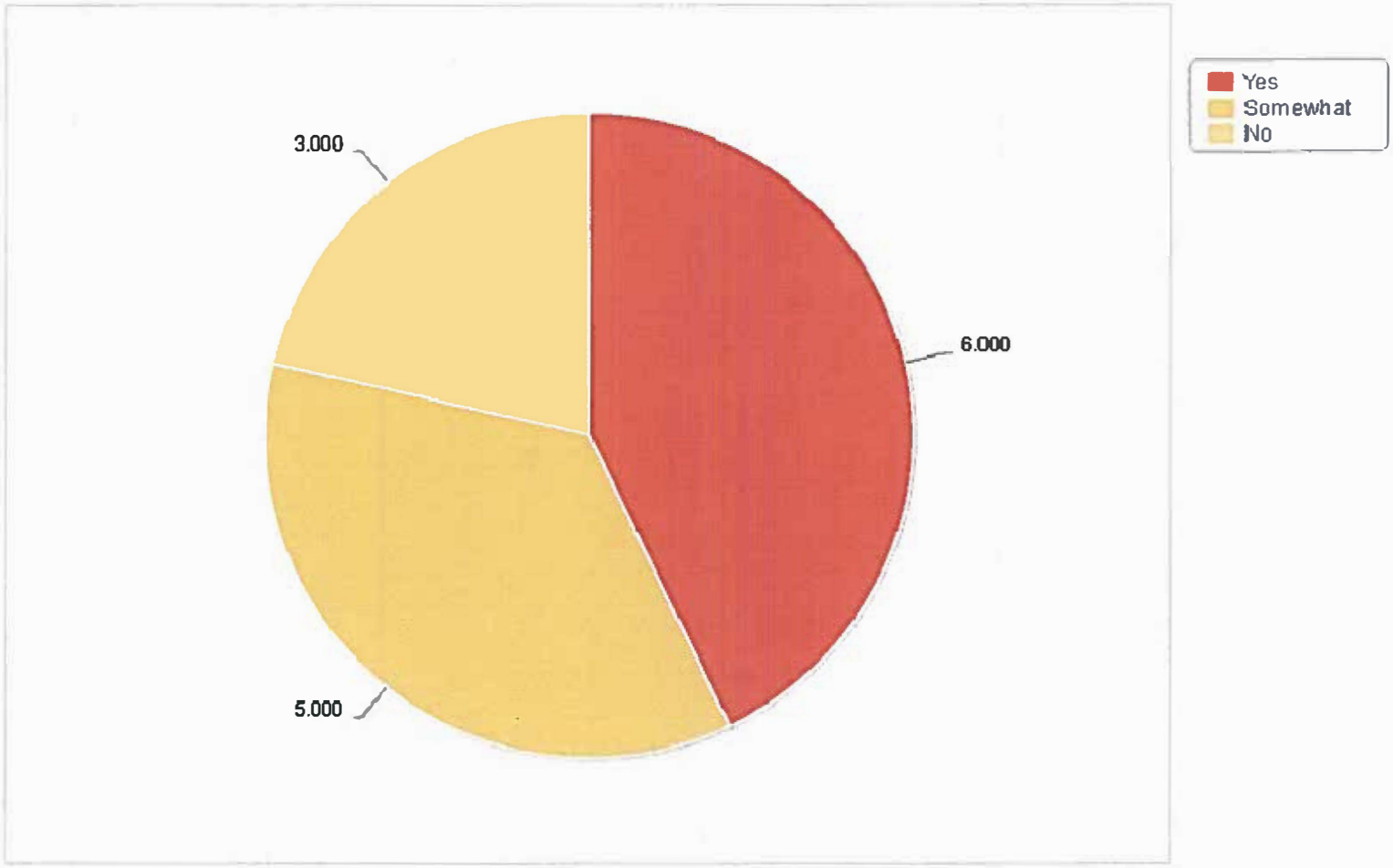
Are supervisors routinely discussing Collaborative Documentation with their supervisees during supervision?

(Respondents could only choose a **single** response)



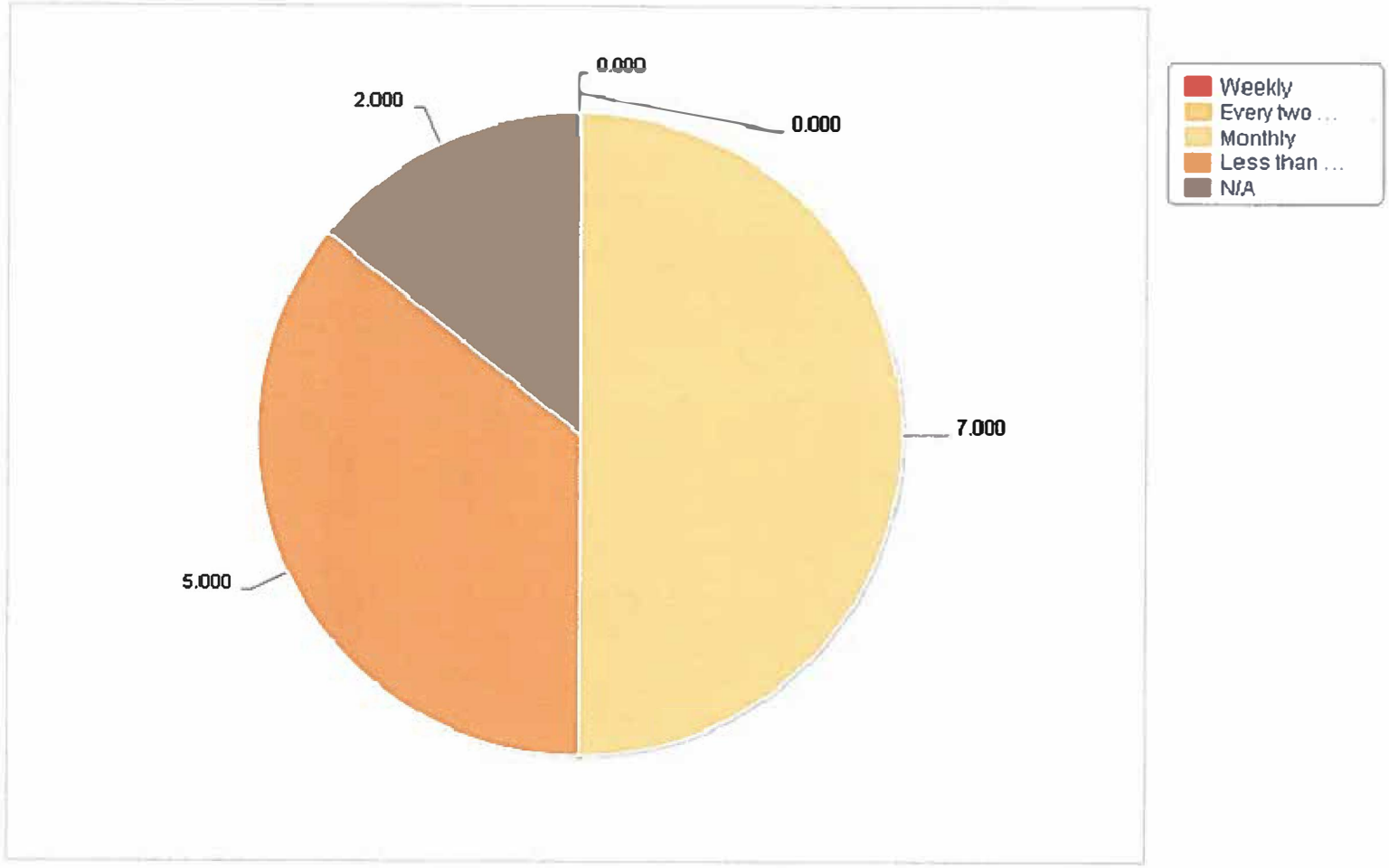
Is there a regular time during the month in which staff are able to discuss Collaborative Documentation issues with each other (for example, during staff meetings)

(Respondents could only choose a **single** response)



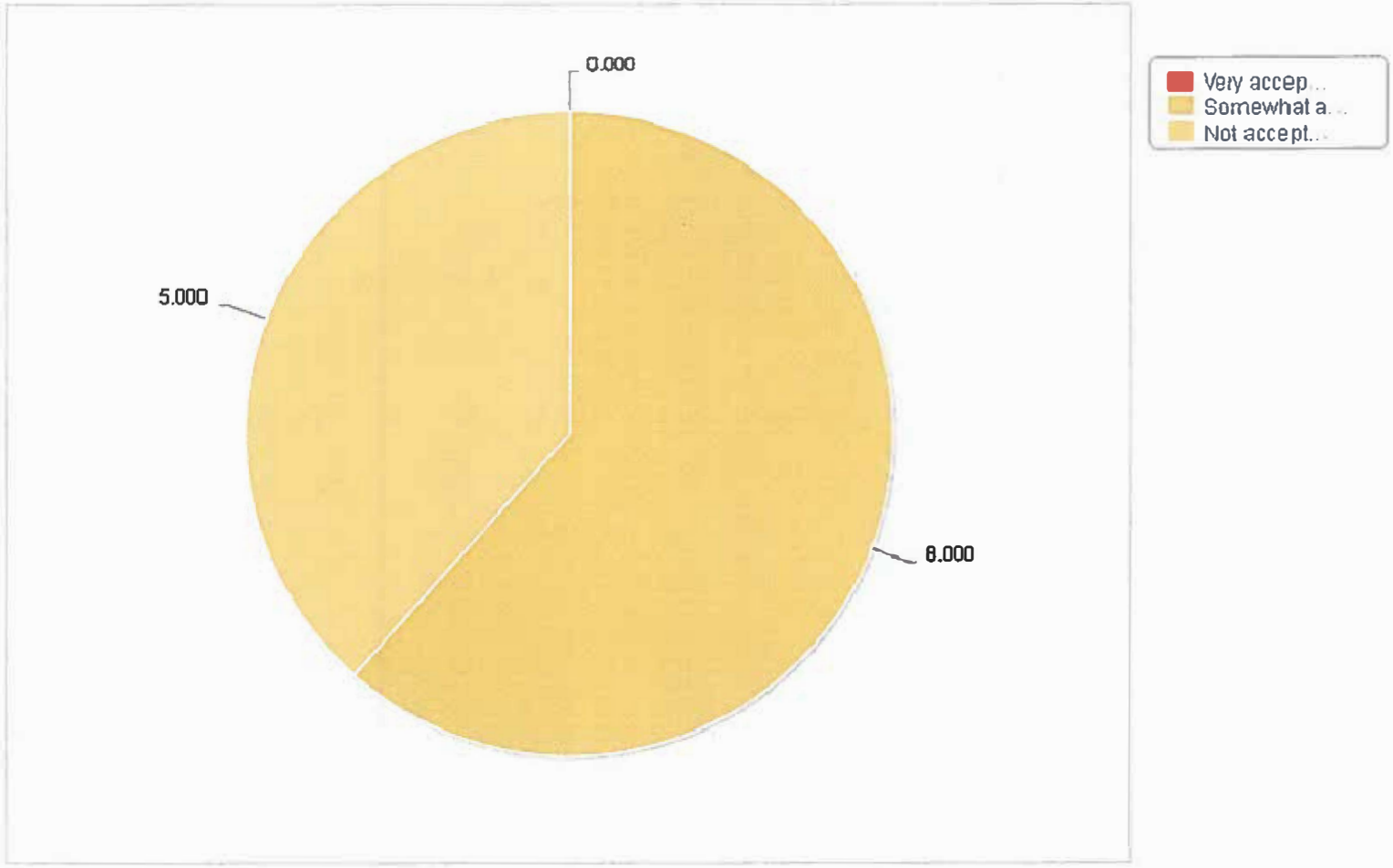
How frequently are these discussion times occurring?

(Respondents could only choose a **single** response)



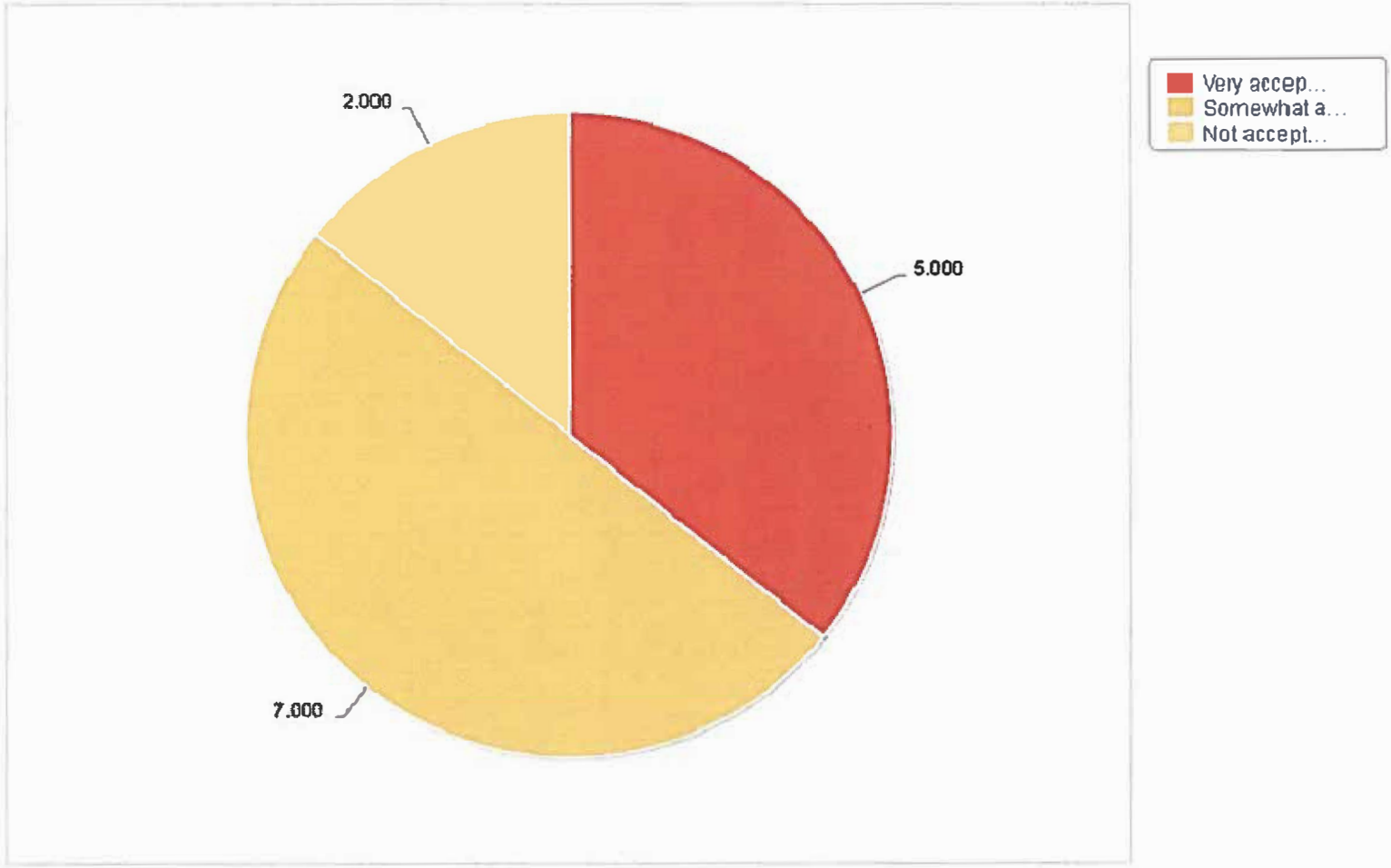
How open and accepting are your staff generally toward Collaborative Documentation?

(Respondents could only choose a **single** response)



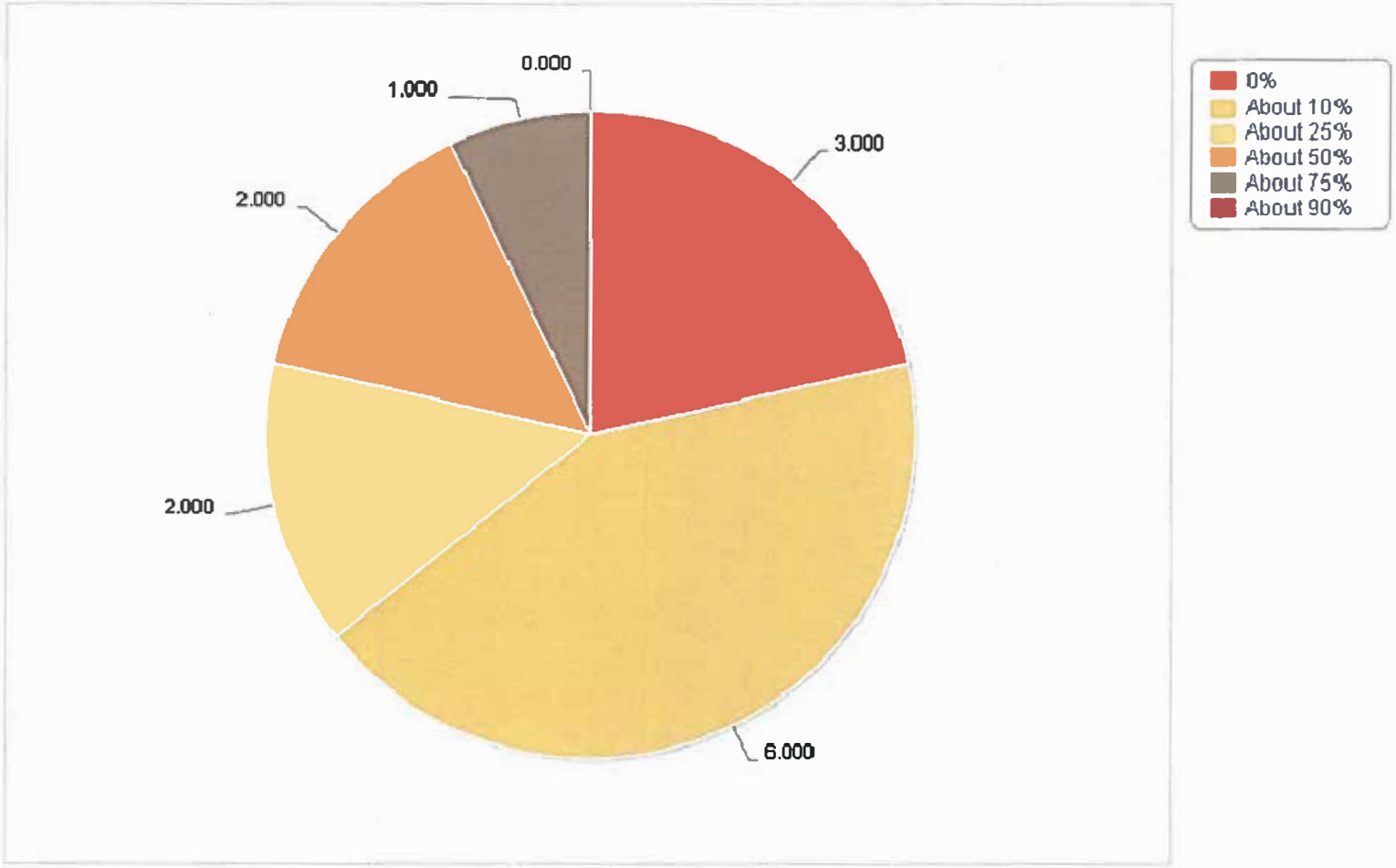
How open and accepting are your supervisors toward Collaborative Documentation?

(Respondents could only choose a **single** response)



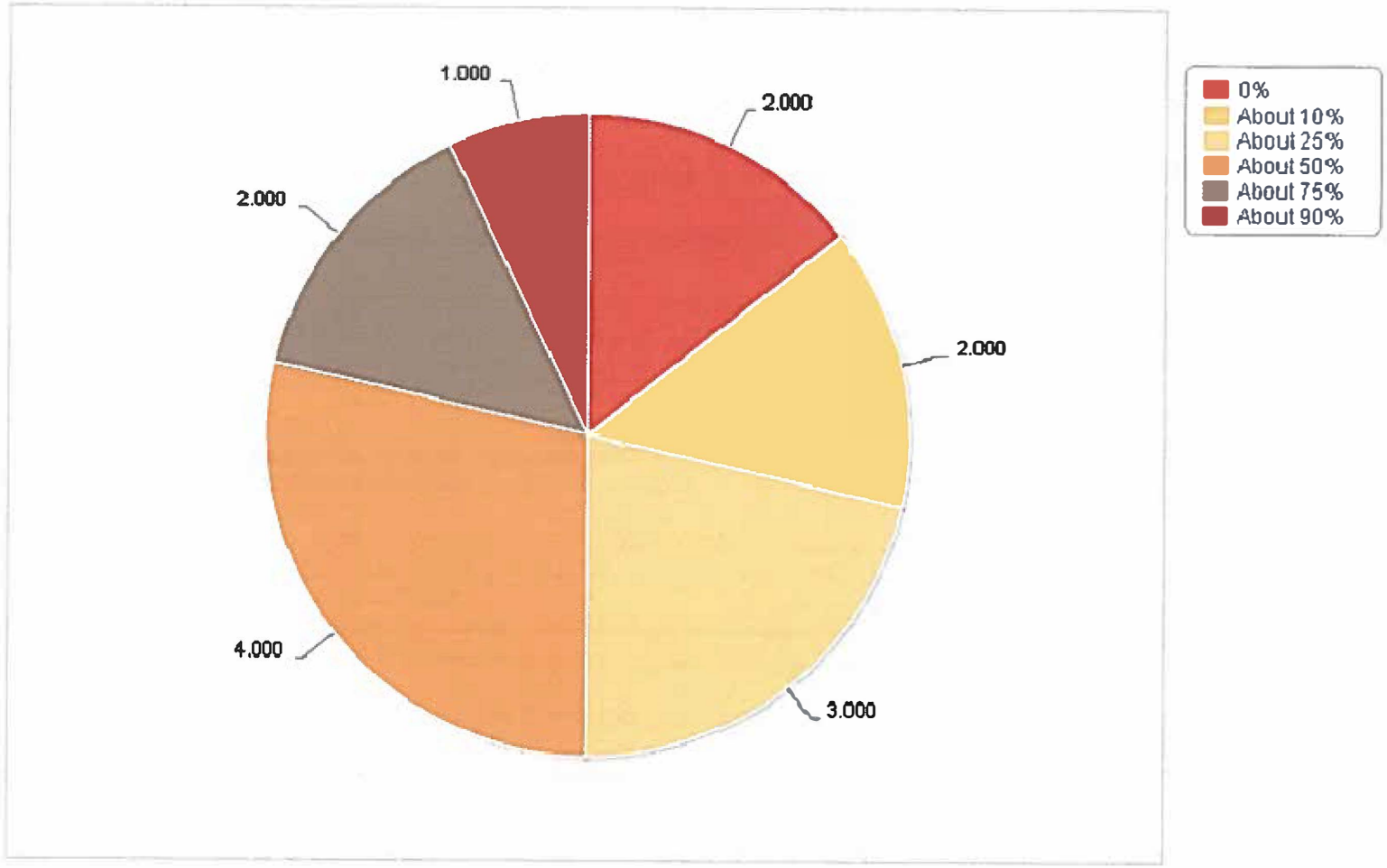
What percentage of your staff would you estimate are very open and accepting of Collaborative Documentation?

(Respondents could only choose a **single** response)



What percentage of your staff would you estimate are very unaccepting of Collaborative Documentation?

(Respondents could only choose a **single** response)



What do you perceive to be the barriers to implementing Collaborative Documentation at this time at your Clinic or Program?

Response

No supervisors currently for these 3 programs. Staff could use assistance conceptualizing and walking through how to implement CD with different client clinical/symptom presentations and situations.

Clinical staff are inundated with intake assessments and large psychotherapy caseloads. I think it is difficult for clinicians to focus energy on Collaborative Documentation. Also, our community health workers provide a lot of field based services, which is difficult to conduct collaborative documentation in those types of TCM services. Psychiatrists usually work from template progress notes that they modify for each session.

the clinicians are so overwhelmed in the clinics with all of the ongoing demands coming at them, and now the CANS, it always seems to be do more with the same resources. We really have tried to encourage CD as a possible time saver, but...

We do not accept collaborative treatment as an appropriate treatment approach to working with children and families who are in acute need and who are frequently facing serious mental health illness and awareness for the first time

The UCC workflow is very rapid during the screening and assessing of consumers. Focus on the use of the Collaborative Documentation process actually slows the interaction with the consumer, delays access to psychiatry and creates a bottleneck in client workflow.

Loose the person to person relationship. Technology/ IBHIS is too slow and gets stuck.

Our client population is children.

change to staff's current process for documentation

changing the way they conduct session is the barrier; changing behavior and mindset of staff is very difficult despite making it doable.

The language aspect, and a lot of staff have issues incorporating technology (typing) while doing therapy with clients, as they don't feel they're tech savvy.

Collaborative documentation was presented as an "option" to staff, If it has turned into a mandate the department has to take a more proactive approach. Most staff are currently focused on other mandates and frequent and growing demands from the State...

It seems the biggest barrier is clinicians having to balance learning, getting used to and conducting Collaborative Documentation as well as meet their other responsibilities and DMH requirements (treatment plan deadlines, large caseloads, closing client, etc.)

Valid Responses 12

Total Responses	**14**

Please add any comments or thoughts about the Collaborative Documentation implementation process

Response

I'm still a believer and big supporter of this approach. I look forward to getting some supervisors hired and regaining momentum in promoting CD among staff and assisting staff to use it.
I think the process has been fine. There's training, champions, ready access for additional support. I think the challenge is our outpatient clinicians have 165+ caseloads and 4-5+ intakes scheduled each week to address Access to Care requirements. I think to add a new process, no matter how potentially beneficial, is difficult, especially to do so in a meaningful way so clients feel a part and benefit from the experience. I don't think our team is against Collaborative Documentation; I think it's just been difficult to focus on it when they are inundated with other higher priority tasks.
I personally thought this was a good idea and it could be helpful with clinician time management, but I feel like I am beating a dead horse...we have been trying to enforce this for years now to no avail.
I continue to be concerned that brand new clinicians are being trained in Collaborative Documentation as a proven (?) treatment approach for all cases when they are barely learning basic skills of rapport building, treatment, diagnosis etc.
The concept is great. Tied with motivational interviewing, it is a very effective process. We believe it is best suited for settings where staff can develop long-term working relationships with consumers to best benefit from the model. The consumer is able to build trust and the clinician is able to build rapport over time. Unfortunately time is limited at the UCC based on our service delivery model here.
We continue to periodically discuss collaborative documentation in clinical staff meetings, but are struggling with how to effectively have it gain a strong foothold in practice.
To really help staff understand the spirit of collaborative documentation is about engaging the client further in their treatment. How staff can use collaborative documentation as a therapeutic tool.
will begin collaborative documentation with a few staff who are willing to try it out and have a bi-monthly meeting to maintain and sustain implementation.
To get more accurate responses to these questions have you issued a survey to staff located at the different programs?

Valid Responses	**8**
Total Responses	**14**