Northwest Frontier ATTC
Unifying science, education and services to transform lives.

Addiction Messenger

SERIES 36 - December 2009 Volume 12, Issue 12 *Ideas for Treatment Improvement*

Integrating SA & MH Services

Part 3 - Effective Client Care

"To climb steep hills requires slow pace at first."

~ William Shakespeare (1564–1616) ~

The development of effective treatment and recovery services for a client with co-occurring substance use and mental disorders (COD) is the culmination of the clinical evaluation process, the goals created through shared decision-making and other interactions you have with the client. This article will illustrate how integrated service systems can best meet the needs of clients who present with multiple behavioral health problems. While both dual disorder capable (DDC) and enhanced (DDE) services will be described, please note that the DDE level of care is preferred in most situations.

Service Planning

Treatment plans at the DDC level identify, document, and assure adequate care for mental health problems. Transitioning from a DDC to a DDE level requires documentation with equal focus on the substance use and mental disorders, plus the seamless incorporation of interventions and medications to address the psychiatric problems identified in the plan.

Documenting the chronologies and interactive courses of the disorders is necessary to help anticipate changes in the client's symptoms. DDC treatment plans record the ebbs and flows; DDE level plans systematically track and monitor symptoms of all disorders and consistently document their interactive paths. In the event of a psychiatric emergency, a DDE agency will have documented emergency intervention plans and protocols in place that will not result in referral or linkage issues. DDC agencies will have guidelines to evaluate the level of emergency and will have established collaborative relationships with local mental health providers for referrals but the services will not be seamless.

Effective COD services place an emphasis on continually assessing the client's motivation during treatment. DDC agencies assess overall motivation and adapt services to match the client's readiness. DDE providers routinely assess client motivation for addressing each disorder, especially during level of care transitions. The service plan, clinical approach and level of care are all correlated to the client's specific levels of readiness to change or address each identified problem.

Differences in policy and procedures related to medication evaluation, management, monitoring and adherence are evident in DDC and DDE levels of care. Both require appropriate medication storage, administration, and documentation in the clinical record. DDE agencies evaluate existing medications and have the capacity to initiate new medication therapies when indicated. Protocols, toxicology monitoring, and behavioral contracting are all developed and the client's response to medications is consistently documented.

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Specialized interventions for mental disorders are also part of establishing truly integrated services. DDC agencies commonly use generic interventions, such as CBT, to address psychiatric issues. DDE agencies go a step further and train staff in specialized interventions for specific disorders.

Education about substance use and mental disorders for the client and the family is another aspect of integrated care. DDC agencies offer generic education on mental health issues. They include families in educational programs and present COD as a complicating factor in recovery. To obtain DDE status an agency needs to provide educational programs for the client and family members systematically while regularly distributing educational materials specific to co-occurring disorders.

Self-help groups are another important facet of care. A key point of quality differentiation is how special services are offered to bridge and transition clients with COD to peer support. Since DDC agencies will have identified a client's mental health issues they are capable of individualizing referrals to appropriate groups. By comparison, DDE services often make specialized COD self-help groups available on-site and client participation is well documented in the service record. In addition, DDE agencies have protocol driven systems for matching clients with appropriate peer mentors and supports. DDC agencies may have staff that introduce clients to self-help and peer support resources, but such service is not typically provided systematically.

Continuing Care

When discharged, a client's treatment plan typically includes needed follow-up care. DDC agencies use their collaborative relationships with local mental health agencies for referral but this linkage is not part of protocol but rather is a matter of staff discretion. At the DDE level, specific interventions, medications, recovery support linkages and relapse risks for all identified disorders are systematically documented and appropriate plans completed prior to discharge. This ability to maintain treatment continuity is a major determinant of an agency's capacity for providing COD services. DDC agencies often provide limited continuing care and make referrals to a collaborating mental health agency for any specialized psychiatric care the client might need. In contrast, DDE agencies have a seamless process of providing continuing care services in-house, characterized by a thorough understanding of the chronic nature of COD.

The recovery philosophy in DDC agencies is often focused on separate recovery paths for addiction and mental health issues, with an emphasis on medication compliance, attendance at therapy sessions and monitoring the relationship a client has with local mental health agency staff. DDC agencies make an effort to foster client connections with the community and note this in the discharge planning records. At the DDE level recovery from all the client's diagnosed disorders is seen as interactive and of equal importance. Clients in DDE agencies experience a more

The Components of a Client-Centered Treatment Plan

Consider addressing these issues in your individualized service plan:

- **Acute Safety Needs** - Determine the need for immediate acute stabilization to establish safety prior to routine assessment.
- **Severity of Mental and Substance Use Disorders –** Use symptom severity to guide the choice of the most appropriate setting for treatment.
- **Appropriate Care Setting –** Select the service based on placement criteria (see American Society of Addiction Medicine, (2001).
- **Diagnosis –** The array of client problems helps identify the recommended treatment intervention.
- **Disability** - Case management needs and level of care are determined, in part, by client abilities and motivation for change.
- **Strengths and Skills** - Prior successes help identify appropriate treatment interventions and skill-building needed to improve the self-management of COD.
- **Availability and Continuity of Recovery Support** - Identify whether new relationships need to be established and availability of existing relationships to support recovery.
- **Cultural Context** - Identify the most culturally appropriate treatment interventions and settings.
- **Problem Priorities** - Determine which problems need resolution first, and identify potential contingencies to promote participation in recovery services.
- **Readiness to Change Behaviors Relating to Each Problem –** Help determine most appropriate treatment objectives and interventions (see TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment* [CSAT, 1991]).

(Adapted from Mueser et al., 2003)

systematic and protocol driven process when being connected to self-help groups and other sources of support in the community. Personal introductions to community group members may be made, and/or the client may be invited to continue attending self-help meetings in-house.

A final aspect of continuing care treatment involves medications. To reach DDC status an agency needs to ensure the continuation of a client's medication by providing them with a sufficient supply to reach the next level of care. Such would be documented in the record together with details of the plan for transition. DDE clients typically continue with the prescribing relationship they have had with the agency. The hallmark of a DDE agency is the view that medication is a key part of the overall illness management and recovery plan.

Service Improvement Pilot

Behavioral health treatment agencies increasingly understand the importance of improving services for persons with COD. However, they often lack concrete guidance about how to improve and how to access reimbursement for integrated services. Recently, the Washington Division of Behavioral Health and Recovery (DBHR), NIATx, and the Northwest Frontier ATTC completed a pilot project with three providers in Washington State. The goal was to use the DDCAT (***Dual Diagnosis Capability in Addiction Treatment Index)*** toolkit (McGovern, Matzkin and Giard, 2007) and the NIATx process improvement model to improve services for individuals with COD.

During the project, the NIATx process improvement model (www.niatx.net) was applied to support service change efforts. The three agencies were provided with an individualized agency-based DDCAT evaluation, training in change methodology, ongoing technical assistance from a NIATx coach, and peer support. In addition, participants attended a collaborative learning session to help them solve problems, identify new improvement ideas, and eliminate barriers to successful change. The project was evaluated by comparing the baseline DDCAT assessment score for each agency with the DDCAT score each received at the end of the nine month intervention period.

Results revealed improvement at all three of the participating agencies. One agency improved on all 7 DDCAT dimensions, while another improved significantly on two dimensions. The degree of improvement was influenced by the initial baseline score. Those agencies with greatest need improved the most. Based on the pilot results, the combination of a DDCAT assessment and the application of process improvement methods appear to be an effective combination if your agency wishes to improve its services for clients with COD.

If you would like to consult on a DDCAT assessment for your agency contact Denna Vandersloot at: vandersd@ohsu.edu.

"It was a great opportunity to blend NIATx process improvement tools and the DDCAT fidelity tool. For years we have insisted that agencies be "integrated" without helping them understand the measure and the way to get there. This project blended both and the success of participating agencies speaks to the power of the tools and the dedication of providers in the field."

Janet Bardossi – NIATx Coach and TA Provider

"American Behavioral Health Systems found the DDCAT experience to be educational, enlightening, and motivating. We discovered that subtle changes with the help of the entire facility, improved overall performance and quality of care for our clients."

Kevin Camp CDP, CCDC I, NCAC I
Program Manager
American Behavioral Health Systems

Sources

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NFATTC Trainings in Hawai'i, Oregon and Washington

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February 18-19, 2010 - Mt. vernon, WA
February 25-26, 2010 – Grants Pass, OR
1.5 -day Course (10 CE Hours) – focuses on building skills in the use of cognitive behavioral therapy for counseling interventions. Participants will have the opportunity to develop or improve skills in the use of CBT appropriate for those clients with substance use disorders and mental health issues.

Supervisory Tools for Enhancing Counselor Motivational Interviewing Skills ("MIA:STEP")
February 4-5, 2010 – Portland, OR
February 18-19, 2010 – Honolulu, HI
2-day Course (12 CE Hours) - designed for clinical supervisors who want to maintain and build the MI skills of counselors and other direct service providers. Tools presented fortify a supervisor's ability to provide structured, focused, and effective clinical supervision. Participants are introduced to an effective strategy for observation-based MI-oriented clinical supervision.

Methods for Enhancing Motivation in Group Counseling
February 23-24, 2010 – Honolulu, HI
2-day Course (14 CE Hours) – assumes a basic understanding of group counseling processes and designed to facilitate improvement in client readiness to change. Practice-oriented and focused on interventions that address change and improve group process. Participants have opportunity to identify difficult situations for practice during the course.

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TEST Series 36

1. Agencies at the ____________ level systematically track, monitor, and document the interactive paths of both substance use and mental health disorders.

2. A DDCAT score places an agency on a continuum ranging from ________, to ___________ to _______________ levels.

3. The DDCAT is an instrument that assesses an addiction treatment agency's future capacity for delivering services to clients with COD.

   True or False

4 Two screening instruments that will give general measures are:____________, and ________________ (fill in the blanks)

5. DDE agencies understand the _____________ ___________ of COD and provide continuing care in a seamless process.

6. Screening establishes the presence and/or absence of COD.

   True or False

7. DDC agencies often focus on (fill in the blank) _____________ _____________ for addiction and mental health issues.

8. The DCAT evaluates the following 7 dimensions of an agency:
   1.______________________________________
   2. ______________________________________
   3.______________________________________
   4.______________________________________
   5. ______________________________________
   6.______________________________________
   7.______________________________________

9. To consult on a DDCAT assessment for your agency contact Denna Vandersloot at: vandersd@ohsu.edu

   True or False

10. A client-centered treatment plan includes:
   1. ___________________________________
   2. ___________________________________
   3. ___________________________________
   4.___________________________________
   5.___________________________________
   6.___________________________________
   7.___________________________________
   8.___________________________________
   9.___________________________________
   10. ___________________________________

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Contact Mary Anne Bryan at 503-378-6001

NAME______________________________________

We are interested in your reactions to the information provided in **Series 36** of the *"Addiction Messenger"*. As part of your 2 continuing education hours we request that you write a short response, approximately100 words, regarding Series 36. The following list gives you some suggestions but should not limit your response.
What was your reaction to the concepts presented in Series 36?
How did you react to the amount of information provided?
How will you use this information?
Have you shared this information with co-workers?
What information would you have liked more detail about?