BEHAVIORAL HEALTH INTEGRATION: EXPERIENCES FROM THE DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT (DDCAT)/NIATX STUDY

NIDA 5R01DA037222-02

KEY PARTNERS

MULTI-LEVEL PANELISTS

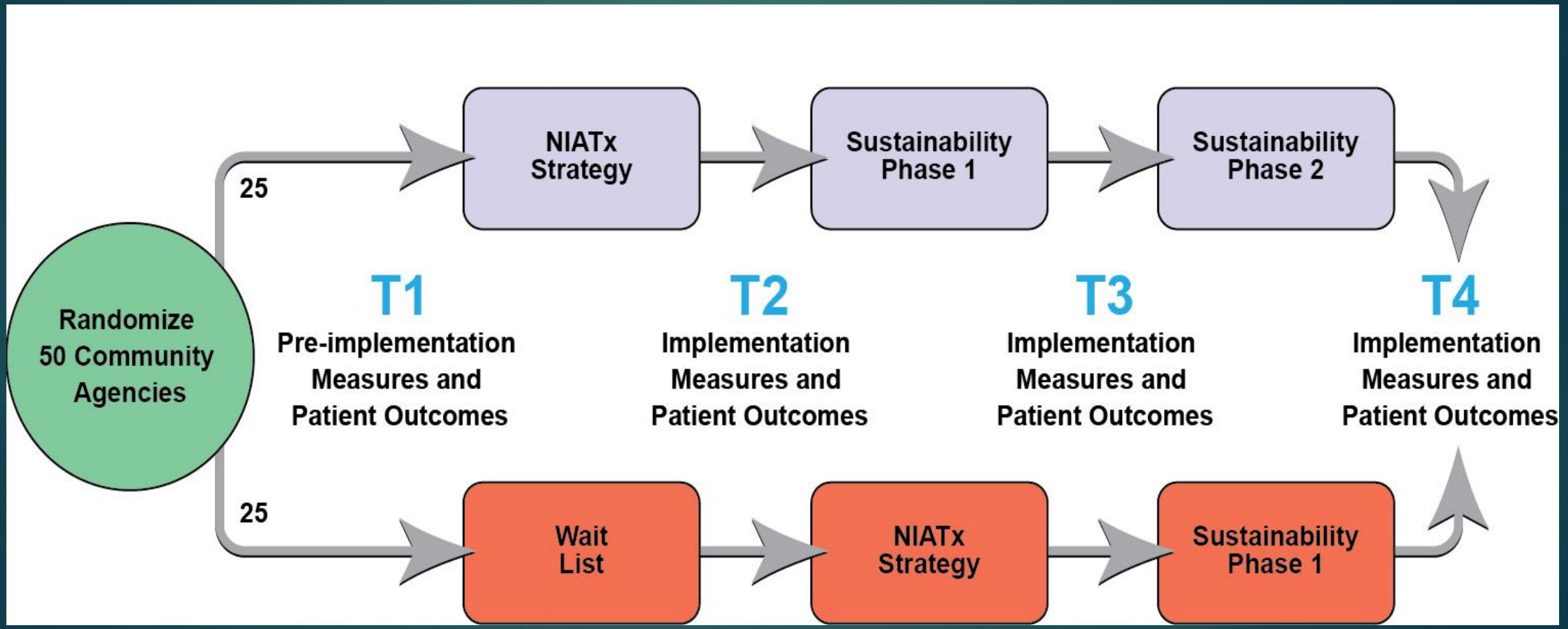
- Organization, services & patient level across system of care:
  - Tony Walton (Washington State Heath Care Authority)
- Behavioral health organization treatment providers:
  - William Waters & Diego Mendoza (Comprehensive)
  - Leah Silvas & Stephanie Diltz (Specialty II)
  - Tanya Stephenson (Prosperity)

THE IMPLEMENTATION PROBLEM

INTEGRATED SERVICES FOR PATIENTS WITH CO-OCCURRING DISORDERS

- Co-occurring substance use and psychiatric disorders are highly prevalent and even more common in clinical settings
- The comorbidity or complexity is associated with negative treatment and life outcomes
- Integrated services, that address the complex needs of patients, are associated with better outcomes
- Integrated services are not widely available in either addiction treatment or mental health organizations

STUDY DESIGN
IMPLEMENTATION RCT



NIATx Activities

Following the DDCAT Assessment

Welcome Call with Coach

Coach Call(s) to Review Assessment- Choose Aim

2-6 Hour Onsite Training on the NIATx Model

Action Period

Monthly Coaching Calls with the Change Leader/Team

2- Webinars for all Participants

2- Half-Day Learning Sessions

Mid-Course

Final Wrap-up Conference

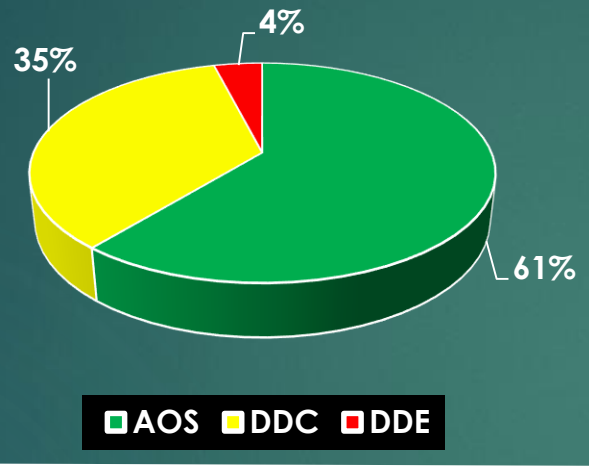
DDCAT Review

Follow-up DDCAT reviews

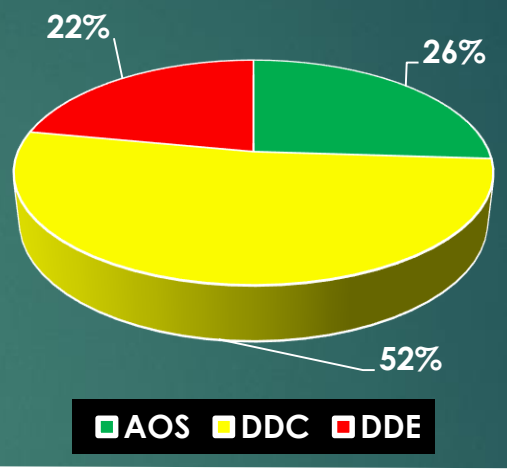
CHANGE IN INTEGRATED SERVICE CAPACITY

DDCAT/ASAM CATEGORIES

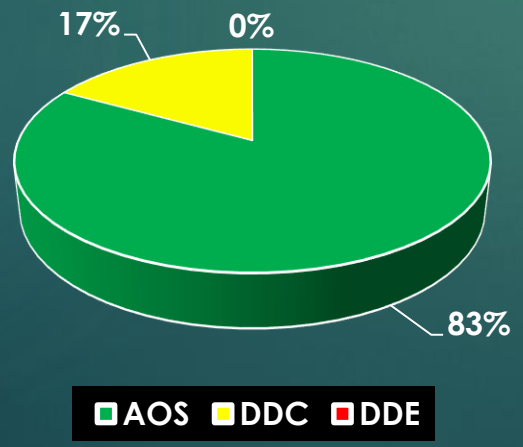
NIATx Baseline



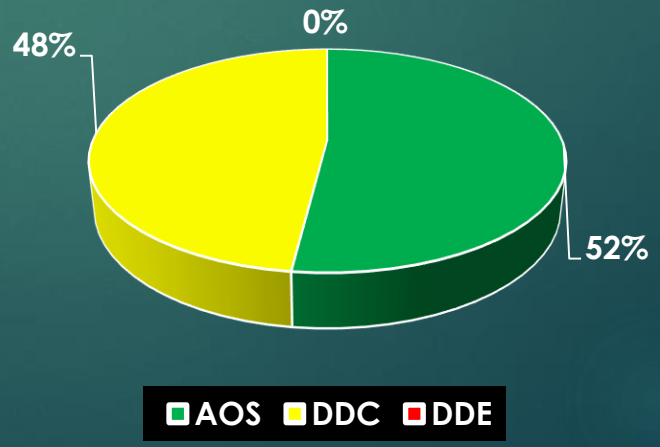
NIATx Time 2



Waitlist Baseline



Waitlist Time 2



MARK McGOVERN

CENTER FOR BEHAVIORAL HEALTH SERVICES AND IMPLEMENTATION RESEARCH
DIVISION OF PUBLIC MENTAL HEALTH AND POPULATION SCIENCES
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
STANFORD UNIVERSITY SCHOOL OF MEDICINE
1520 PAGE MILL ROAD
PALO ALTO, CALIFORNIA 94304
mpmcg@stanford.edu
mehret.assefa@stanford.edu

Washington State Health Care Authority

Division of Behavioral Health and Recovery

TONY WALTON

Remember to…

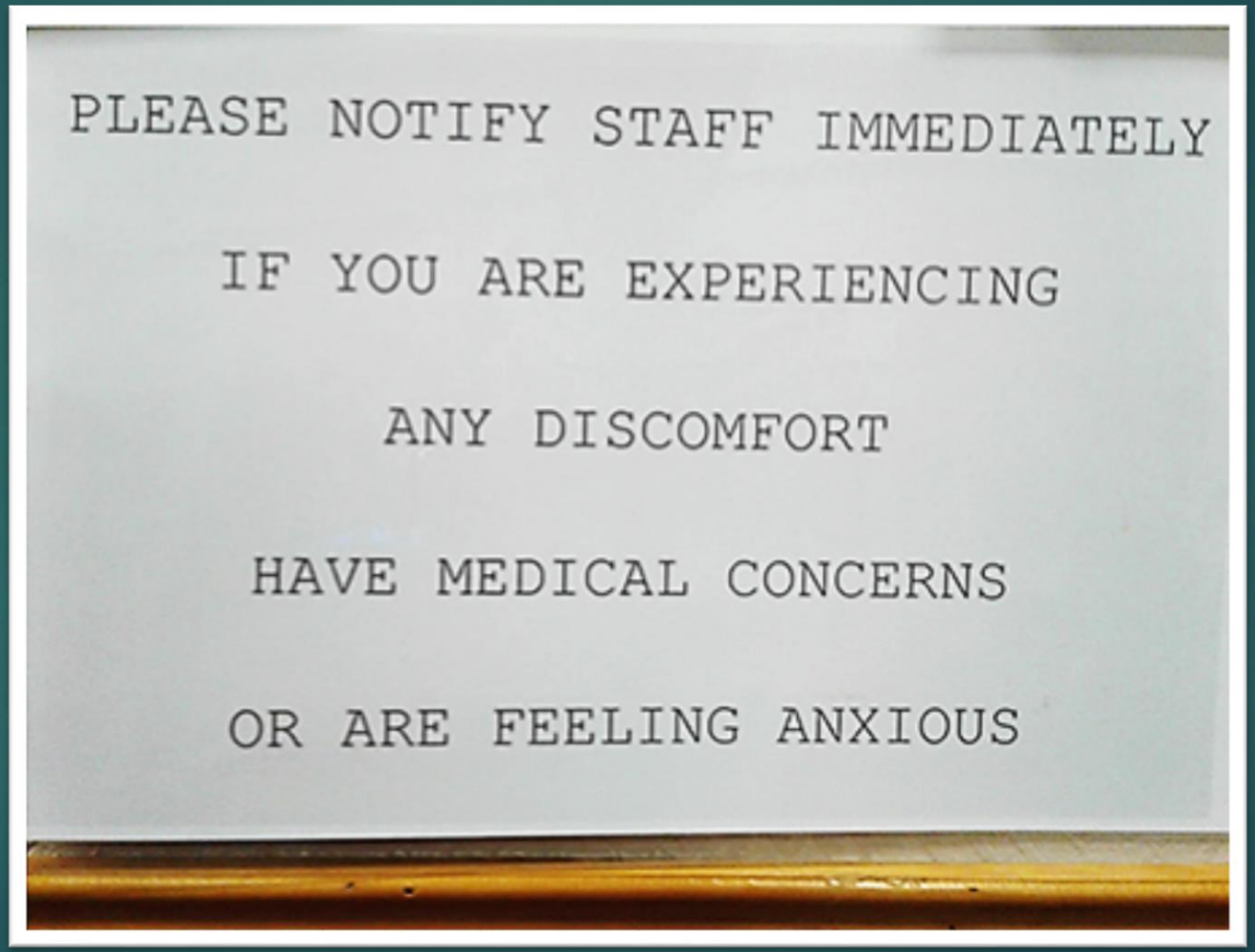


Photo Credit: American Behavioral Health Services- Cozza

Agenda

- Plan to cover the following:
  - Dual Diagnosis Capability in Addiction Treatment (DDCAT)
  - Consolidated Framework for Implementation Research (CFIR)
  - Annual Site-based Assessments
  - Scoring and Summary

DDCAT: Index

- The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index is a quantitative measure used to assess addiction treatment program capacity for persons with co-occurring mental health and substance use disorders.
- 35 Benchmark items rated on the following scale:
  - 1 (Addiction Only Services - AOS) to
  - 3 (Dual Diagnosis Capable - DDC) to
  - 5 (Dual Diagnosis Enhanced – DDE)
- Seven Dimensions

DDCAT Index- Seven Dimensions

1. Program Structure
2. Program Milieu
3. Clinical Process: Assessment
4. Clinical Process: Treatment
5. Continuity of Care
6. Staffing
7. Training

Consolidated Framework for Implementation Research Index

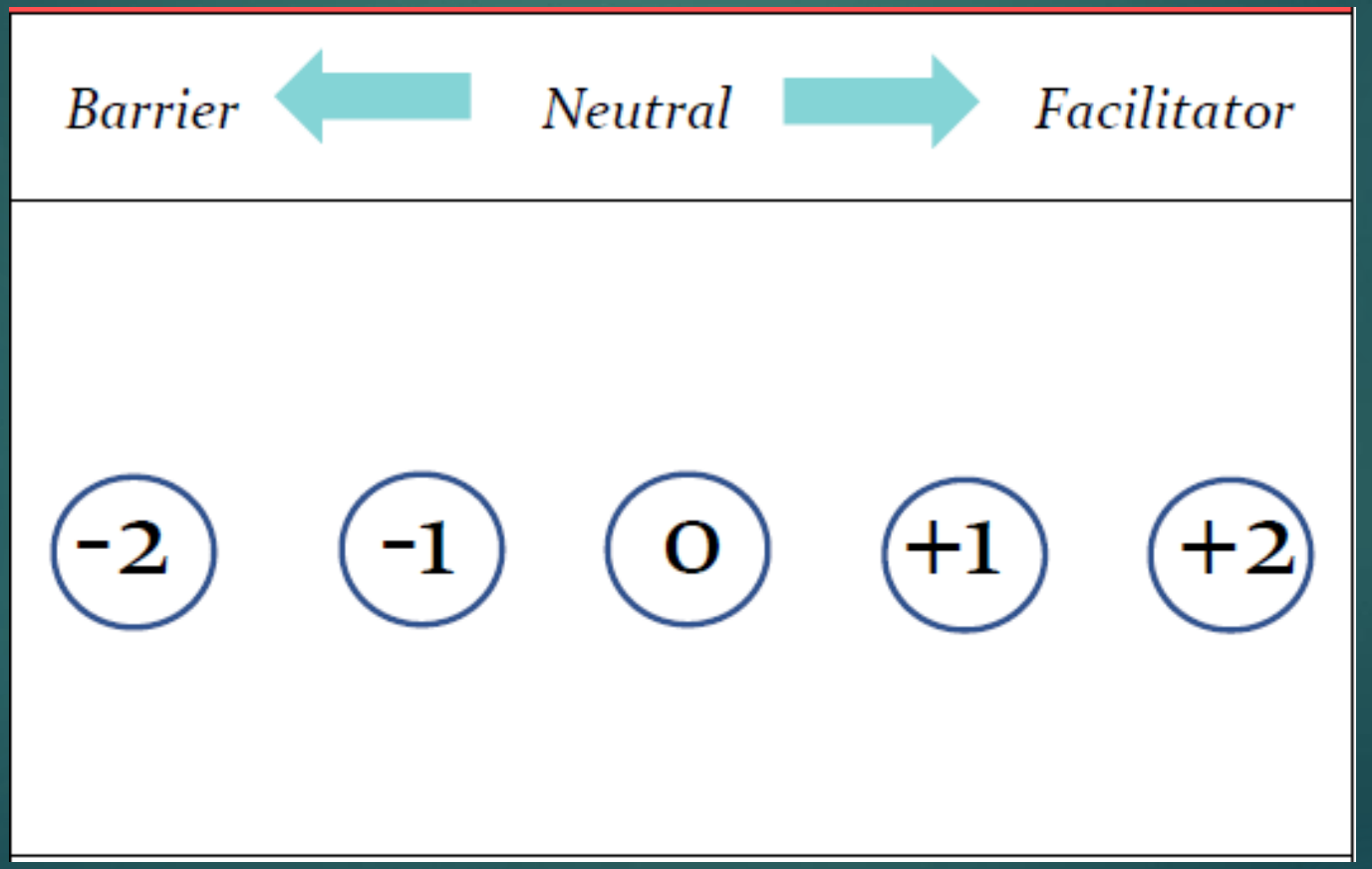
- The Consolidated Framework for Implementation Research (CFIR) Index is a quantitative measure of barriers and facilitators to an implementation process. The CFIR Index can be used at any stage of implementation and in various settings.
- What were agencies implementing?
  - Co-Occurring Programs
  - Evidence-Based Practices
  - New Intake Procedures
- What were some of the barriers and facilitators for the implementation?
  - Space, Time, and Money
  - Willingness to change, recent legislation, new leadership
- The CFIR Index consists of 29 items across four dimensions.

CFIR Index- Four Dimensions

1. Perceptions of the Intervention
2. Perceptions of the System & Community
3. Perceptions of the Program
4. Perceptions of the Clinicians who will Use the Intervention

- Each item within the dimension was scored on the following scale:

CFIR Scale



DDCAT Site Based Assessments: Teams

- Five Assessment Teams- Each comprised of two members
- Time Three (of Four Annual) Assessments
  - 42 Locations
  - 18 Counties
  - 26 Cities
  - 2 Month follow-up window
- Team members come from various clinical backgrounds and are Subject Matter Experts in various topics: Criminal Justice; Pregnant and Parenting Women; Child, Youth, and Family; Secure Withdrawal Management; Medication Assisted Treatment; and Harm Reduction

The Site Visit

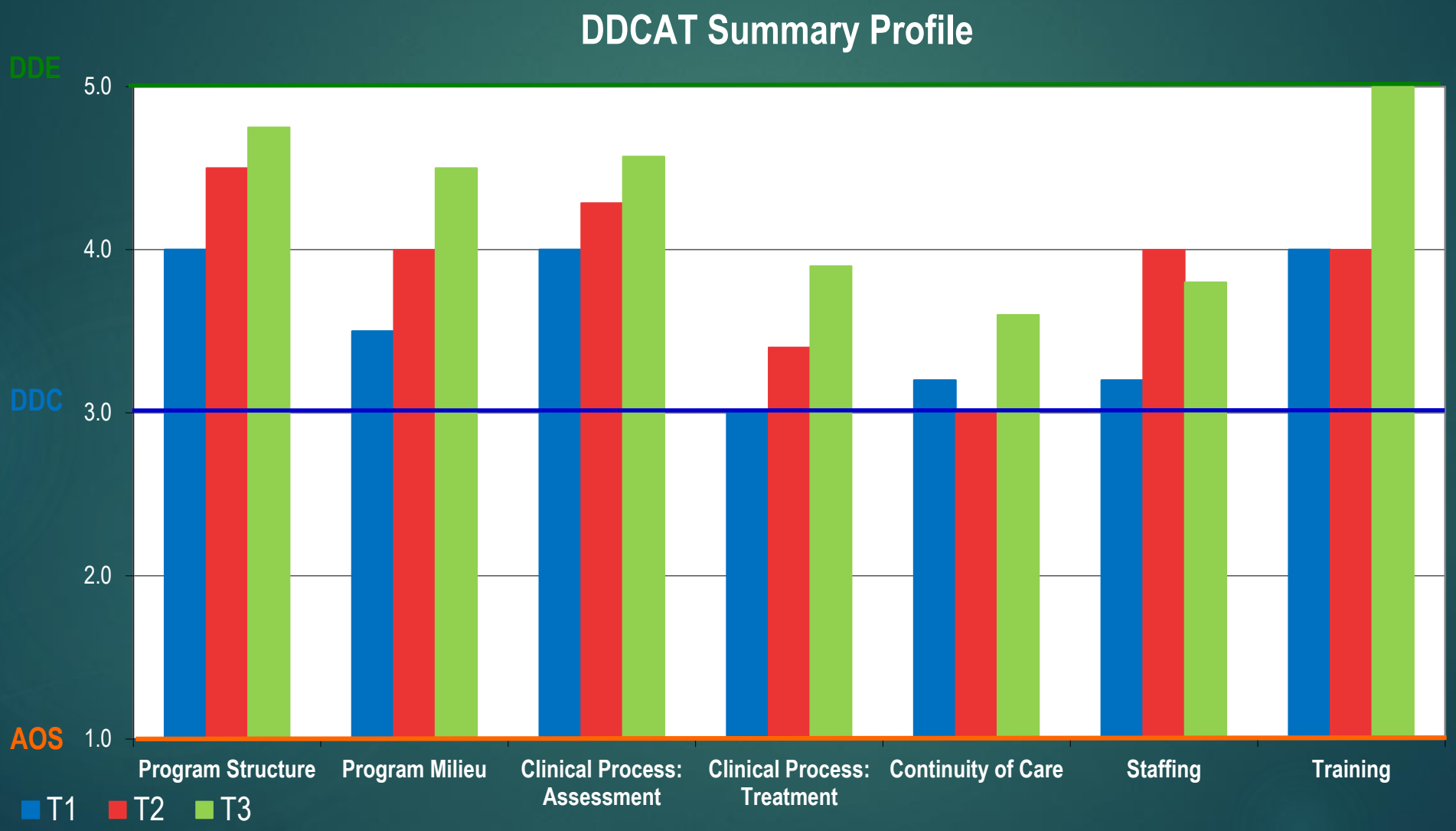
Seeing Integration and Implementation

- The annual site-based assessments consist of, on average, a four hour site visit that included the following:
  - Tour of the Facility
  - Interview with Administrator, Agency Director, and/or Clinical Director
  - Interview with Clinicians providing direct services to the population
  - Interview with Clients
  - Multiple Chart Review
  - Policies/Procedure/Programmatic Manual Review

DDCAT and CFIR Scoring
Observations and Conversations

- Data are collected during site visits to addiction treatment programs. DDCAT and CFIR scores are based on the following:
  - Interviews with key informants,
  - Rapid ethnographic observations, and
  - Document review.
- Scoring Process- Scores are calculated for each item/dimension
- Overall DDCAT score and mean of dimension scores is created
- Scores for each item and dimension of the CFIR Index are compiled
- DDCAT Summary sent to the agency:

DDCAT Summary

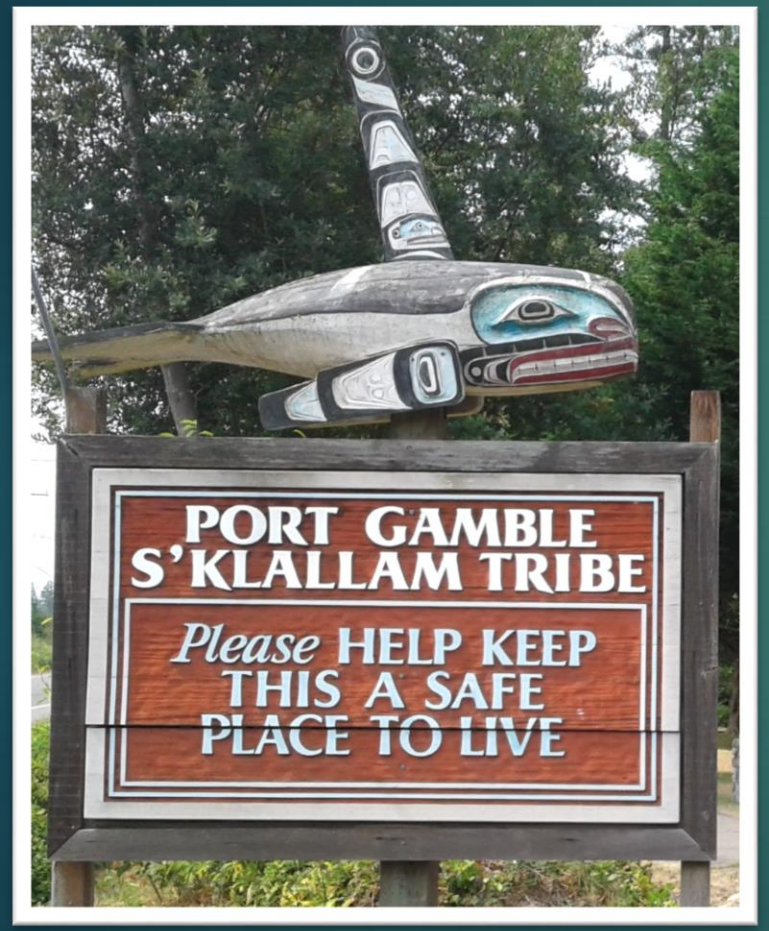


What Happened ?

Photo Credit: Pioneer Center North CDP, Starbucks

Photo Credit: Starbucks

Where did we go??



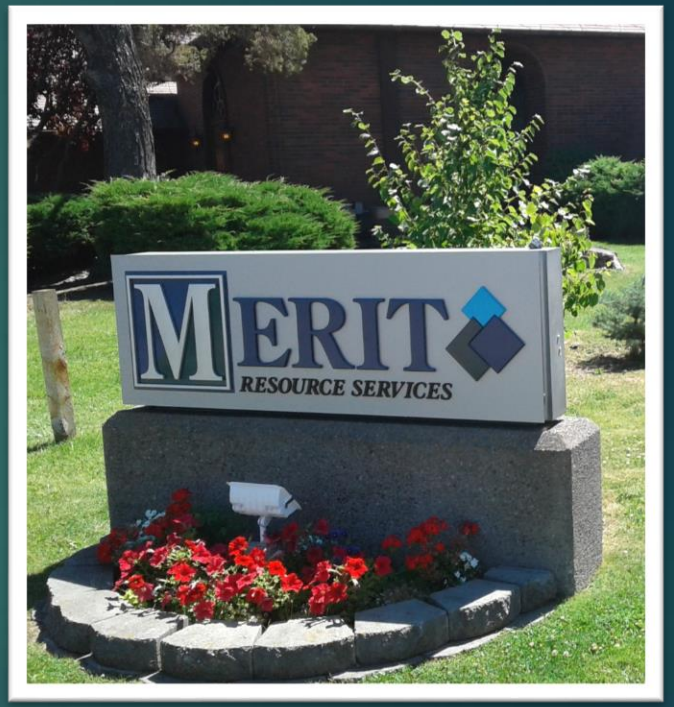


Photo Credit: L to R: Port Gamble Wellness Center, Sunrise Community B.H. , and Merit Resource Services

ART Therapy

Photo Credit: American Behavioral Health Services- Mission

Photo Credit: Port Gamble S'klallam Tribal Wellness center

Final Words of Encouragement

Photo Credit: Sunrise Services

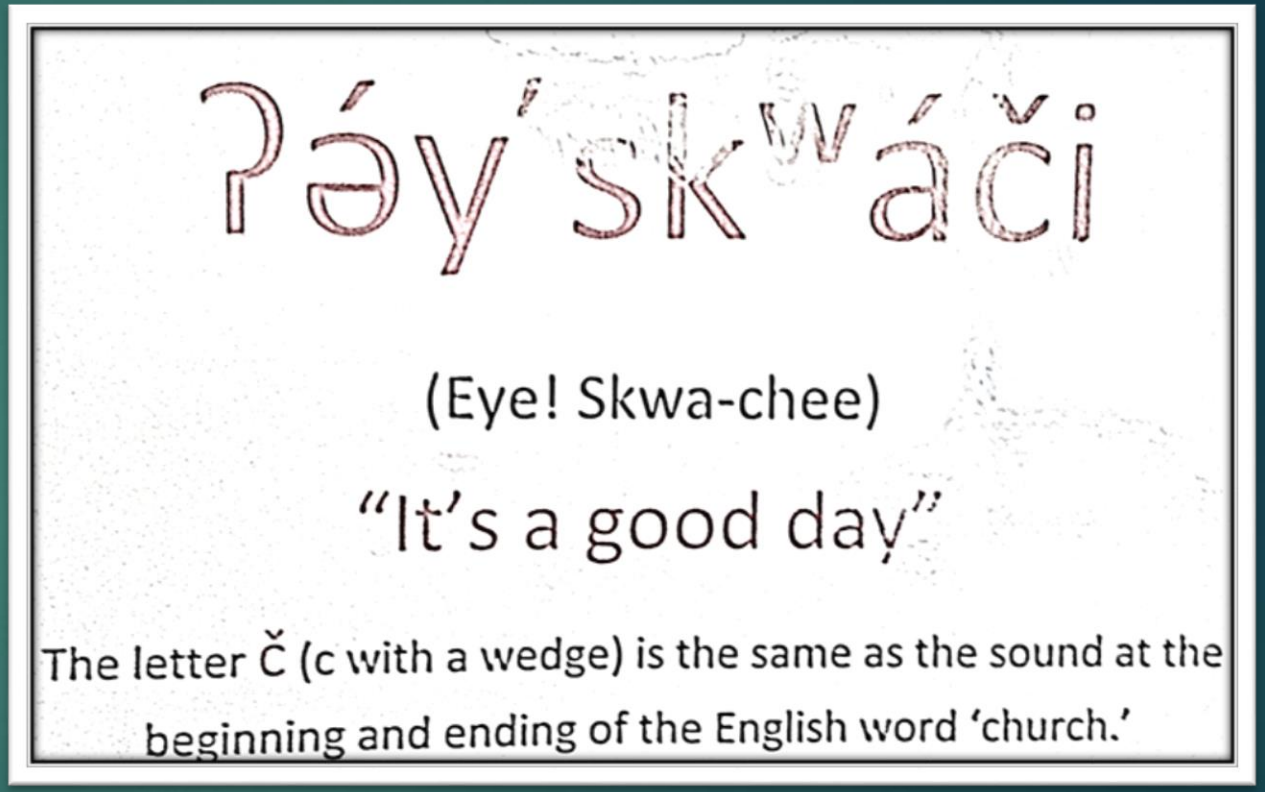


Photo Credit: Port Gamble S'Klallam Tribe

Tony Walton / Program Manager
Division of Behavioral Health and Recovery
Washington State Health Care Authority
360-725-3760 / Tony.Walton@hca.wa.gov

Feel free to contact me if you ever have any questions!

COMPREHENSIVE HEALTHCARE

DIEGO MENDOZA MSW/DCR, TEAM LEADER YAKIMA IDDT SERVICES

DR. WILLIAM WATERS PSY.D, DIRECTOR PASCO IDDT SERVICES

DELIVERING INNOVATIVE BEHAVIORAL HEALTHCARE

- Proudly recognized throughout the region for delivering innovative healthcare
- We believe that people can and do recover from mental illness and addictions
- Integrated dual disorders treatment
- Outpatient Level 1.0 – 2.1 COD care
- All genders 13 + year old
  - Benton
    Franklin
    Kittitas
    Klickitat
    Walla Walla
    Yakima

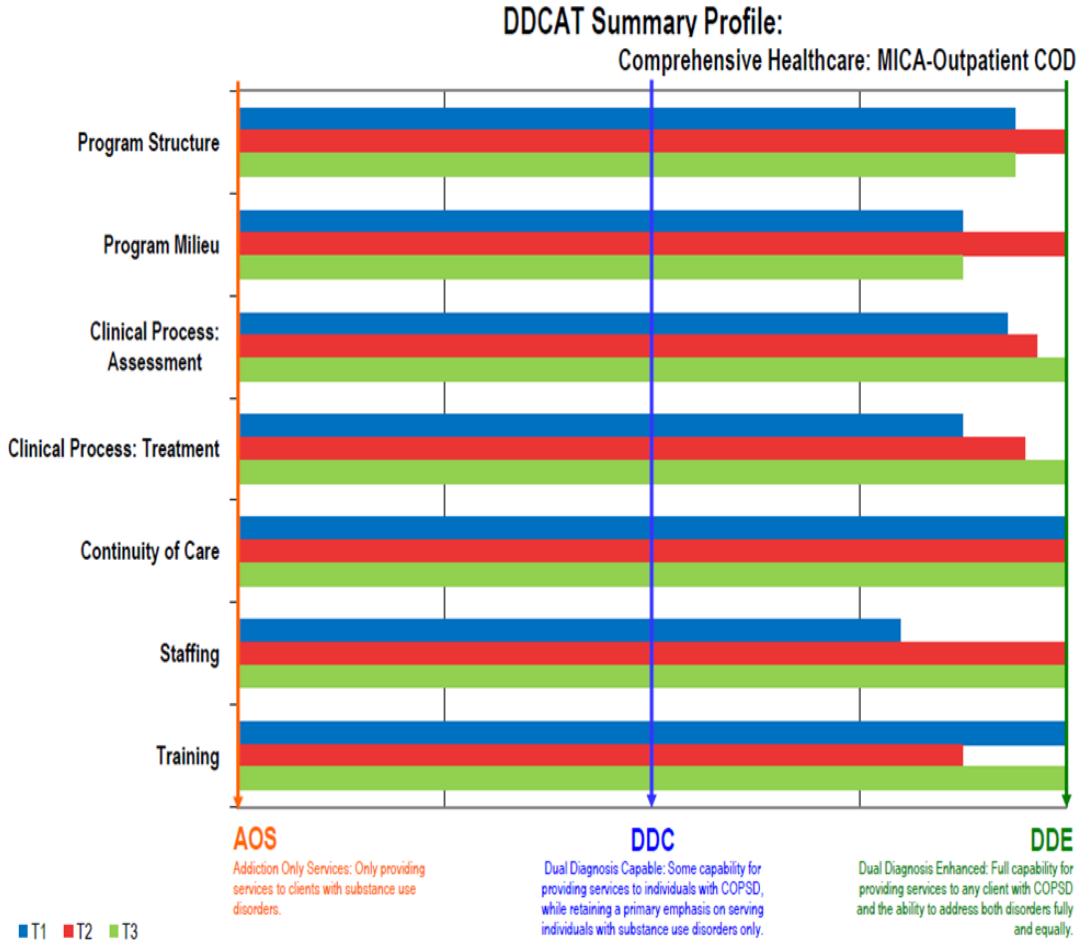
WHAT IT WAS LIKE
INTEGRATED SERVICES

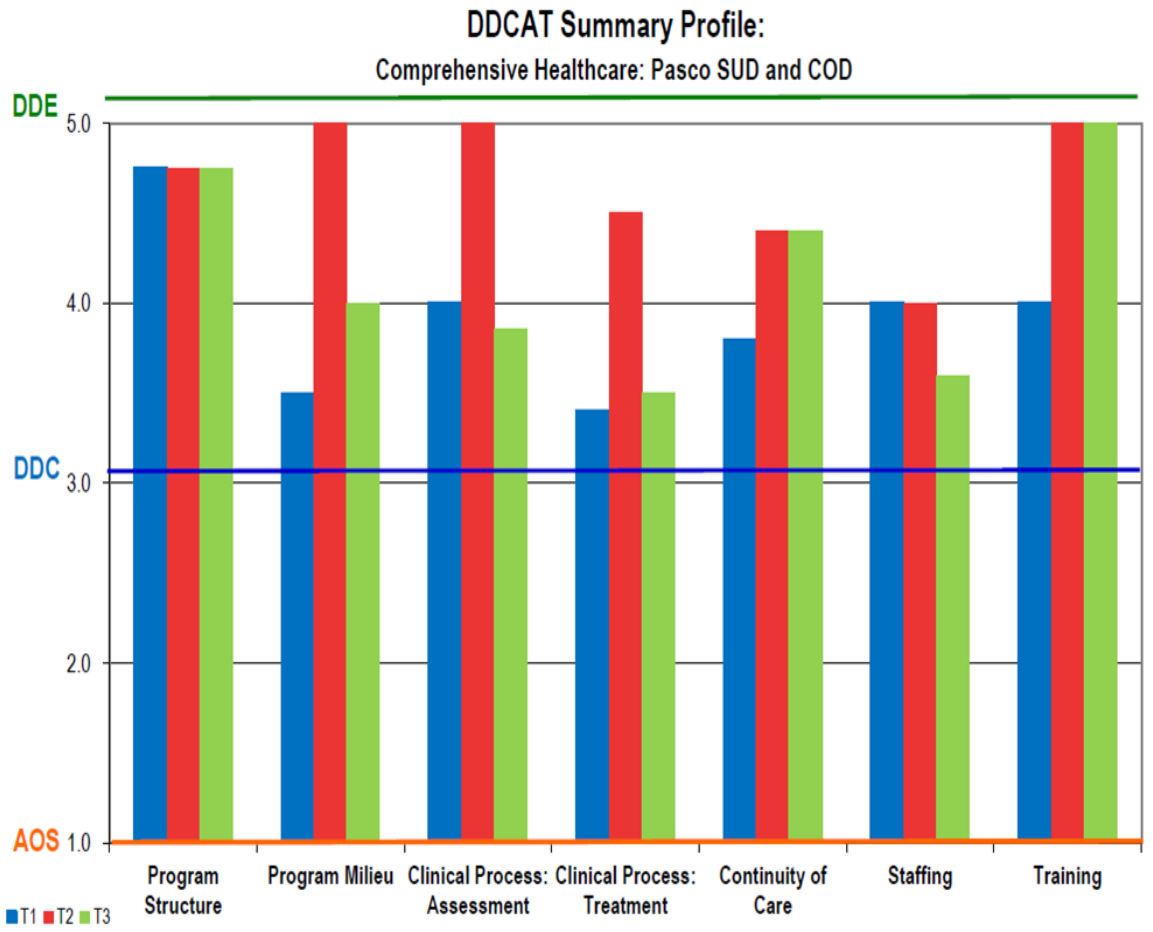
Yakima Campus

- The Process
  - Examination of outcomes year to year
    - Sustained measurement of quality assurance
  - Effect on outcomes
    - Identification of Environmental Impact on consistency
- Action: Outcome Changes
  - Improved preparedness to meet consumer needs

Pasco Campus

- The Process
  - Examination of outcomes year to year
    - During the 2nd to 3rd year we had a change in leadership
  - Effect on outcomes
- Action: Outcome Changes
  - Specifics on Implementing Change (DDCAT 4.0 Toolkit)





HOW WAS THIS HELPFUL:

ESTABLISHING A BASELINE OF MESSUREMENT TO IDENTIFY NEED FOR:
CHANGE, IMPROVEMENT, AND/OR MAINATANANCE

WHAT IT'S LIKE NOW
INTEGRATED SERVICES

- **Specifics on Implementing Change (DDCAT 4.0 Toolkit)**
  - Pasco campus identified
    - Staffing opportunities between MHPs and CDPs
- 1) Identify a program "champion" or change agent:
  - Team Leaders
- 2) Develop a steering committee:
  - Director and Team Leaders
- 3) Obtain training and technical assistance:
  - Director and team leaders met and examined procedure changes and value

WHAT IT'S LIKE NOW
INTEGRATED SERVICES

- 4) Ensure that clinical supervisors in the program are competent:
  - Team Leaders were instructed in how, when, monitoring, and follow-up, and new standards
- 5) Connect with other programs currently implementing the same:
  - Discussed with Yakima IDDT team leader and gathered information concerning their 2015 change plan
- 5) Track improving outcomes:
  - Team leader monitor weekly in supervision and added to monthly dashboard
- 6) Conduct review quarterly
  - Quarterly random case reviews by peers and team leaders

Goal of achieving and maintaining an effective Dual Disorders Enhanced program with long term sustainability through:

- Effective Planning
- Effective Leadership
- Effective Clinical Staff
- Client engagement in the process
- Limiting program drift

DIEGO MENDOZA MSW/DCR, TEAM LEADER
YAKIMA IDDT SERVICES
YAKIMA CENTER - MAIN OFFICE
402 S 4TH AVE.
YAKIMA, WA 98902
509-575-4084
DR. WILLIAM WATERS PSY.D, DIRECTOR
PASCO IDDT SERVICES
PASCO CENTER
2715 St. Andrews Loop, Suite D
Pasco, WA 99301
509-412-1051

Co-Occurring Disorders in Residential SUD

Leah Silvas BA, CDP
Administrator

Stephanie Diltz MSW, CDP
Clinical Supervisor

In the beginning…

- A large number of clients requesting admission into residential SUD treatment present with multi-dimensional issues including co-occurring mental health and substance use issues.
- A significant number of presenting COD clients are undiagnosed, untreated, and do not have a PCP or MH provider. Without addressing their COD disorders, the clients are typically unable to achieve remission from SUD.
- Typical SUD residential programs are not licensed, staffed, or trained to provide the multi-dimensional treatment needs of COD clients.

In the meantime…

- Specialty Services II, LLC joined the DDCAT project and started working with Niatx to improve COD capabilities
- We focused on improving the intake process to reduce anxiety in new clients, and identifying clients multiple needs in the first 72 hours of residential treatment.
- We began the process of adding mental health services to our SUD license, offering Mental health evaluations, psychiatric medication services, LRA support services, case management, group and individual therapy , and referral services.

Now…

- Fully licensed to provide OP MH services in residential treatment to include: psychiatric medication services, LRA support services, medication support services, individual and group therapy, evaluation, and case management.
- Contracts with BHO's for COD services (2 already in contract, 2 negotiating increase in daily bed rate)
- Managed care added COD services to contracts.
- Able to offer treatment services for clients that may be rejected in other SUD programs
- Able to provide a range of services to COD clients and feel confident in our abilities to treat the COD population effectively, and within our scope of practice.

Staffing Changes

- Psychiatric ARNP added to help clients stabilize and increase likelihood of completing treatment.
- Additional Psychiatric ARNP – this led to the realization that more support was needed for clients with a mental health diagnosis.
- MHP added
- MH clinical supervisor
- Full time health care coordinator

Mental Health Professional provided services

- Screening process – using GAINSS to prompt contact with MHP – answer yes to any of the IDS or EDS questions on GAINSS.
- Introduction to each new client as they enter treatment. Ask about previous mental health diagnosis or treatment – if yes, get ROI and request records.
- Provide with additional screenings: Burns Anxiety Inventory, Burns Depression Checklist, ACES, PCL-5
- Meet with clients to discuss outcome of screenings and any mental health concerns they may have – if there aren't any records then a complete mental health intake is completed, if MH records are received from previous provider (1 year) then prog note is completed.
- Dimension 3 ISP is opened for all COD clients by the MHP

MHP cont…

- Short stay in treatment so the focus on skill building and education of symptoms.
- Personalize mental health symptoms to the individual so they can more easily identify with symptoms and application of skills.
- Primary skills – breathing, relaxation, journaling (prompts for feelings, anxiety, depression etc.)
- Education on relationship between substance use and mental health symptoms.

Record Keeping

- Fully integrated files with MH and SUD records entered chronologically, using the “golden thread” model to tell the clients story from entry to discharge.
- Clients are given a satisfaction survey to analyze the clients view of services and address any trends indicating a need to make changes.
- Completion rates are tracked to provide statistical data to determine outcomes.

Outcomes

- Based on client satisfaction surveys- Clients report being very satisfied with services they are receiving and feel that the staff are responsive to their needs.
- Completion rates data: 6 months (March-August 2018)
  - % of clients receiving co-occurring services- 47% avg. (Highest 70%/lowest-26%)
  - % of clients that completed treatment receiving COD services- 53% avg. vs overall completion of all clients- 49% avg. (Highest- 84%\lowest- 29%)

"You can't go back and change the beginning, but you can start where you are and change the ending" CS Lewis…

PRESENTED BY: TANYA STEPHENSON CDP, LICSW-A ., RESIDENTIAL TREATMENT DIRECTOR

PROSPERITY COUNSELING & TREATMENT SERVICES TACOMA WASHINGTON

What We Learned About Change

- Get everyone involved!
- When staff is invested they accept change and will work with the process
- However you will experience loss, some staff may leave
- New staff allow for new insights and challenge seasoned staff to grow
- Not all changes work—changes have to be tracked if it doesn't work let it go (plan, do, study, act) PDSA cycles work
- Small changes carry impact—targeted change allows for improved quality control
- Get your clients/patients involved—use surveys to track the change
- Everyone needs a coach and cheerleader thank you Amy ☺ outside input often gets you back on track

What happened….
What changed Besides Everything?

Creation of Safety

- Developed streamlined intake process… allowing for increased engagement; allowing for patient safety
- Increased staff's ability to recognize and address emergent psychiatric, health, withdrawal needs
- Decreasing time between intake and clinical intervention (s)= improved relationship between patient and clinician.

Reorganization

- Implementation of staff training focused on " My everyday experiences is not their everyday experience"
- Training on engagement and safety i.e. reduce crisis, increase retention
- Increased golden thread i.e. messaging, documentation to right staff, right time, right intervention across all locations.

Client voice

- Active Interaction, change happens in the moment
- Treatment Notes describe and focus on the patient—, no cookie cutter language, consistent use of direct quotes
- Community Reentry– Patient driven DC narratives with aftercare scaffolding… providing for safe community reentry.
- Provision of weekend IOP, OP options, same day assessments at outpatient locations… meet the client needs, not staff comfort…

Encapsulating Integrated change Jordyn

Evaluate, Gain Insight what does the client need:

- History of Abuse—Physical, Sexual, and Emotional (childhood and adulthood)
- Negative internal voice- easily cued towards compulsion—(substance use, sexual activity, self harm, suicidal ideation)
- Fear of autonomy enmeshment with mother and sexual partners
- Endorsed diagnosis of Bipolar Disorder with no care plan
- Fear of pharmacotherapy due to previous poor outcome—" my provider did not care did not listen"

The Integrated Care Process

- Personalized care process—Treating the individual not the problem
- Integrated biopsychosocial Assessment- open case review with full team present…
- Coordinated medication assessment dx review (inhouse prescriber) — education on DX, care options, open discussion of history, fears, concerns
- Client Led Individual Sessions focused on self exploration (relationship building) "it is your time not mine"
- Blending of care plan use of both pharmacotherapy and holistic care processes (meet them where they are at)
- Psychodynamic education focused core concepts of cooccurring care

The Outcome

- Self expressed acceptance of MH disorder- active use of pharmacotherapy and holistic care processes at completion.
- Ability to identify and describe personal conflicts—connections to historic childhood events and current self driven beliefs
- Including understanding of activating events, relationships, and her own personal responses to the exposure—and ways she can continue to address the conflicts
- Use of stress reduction tactics, daily use of integrity building and self care actions.
  - Use of problem solving skills
  - Mindfulness, Radical Acceptance
  - Focus on the now no future or past focus
  - Change me not you
  - Continued use of healthy peers, and treatment professions to keep change process going.
  - Development of ongoing care plans- scaffolding—Safe community reentry!

From Her Words

- " From the first moment I walked into Prosperity the staff worked to take care of me in a way I have not known before… They really wanted to know my history, my needs, and challenged me to really look at me… To really spend time with me and begin to take care of me."
- "They did not put me off, forget me, or not listen to me. In fact each staff member took the time to talk to me and help me plan my care—From the Kitchen staff cooking me homemade meals (that were good to eat and vegetarian), support staff who were always available and open to listen to the counselors who each worked with me or educated me. I was able to gain at least one new action, thought, or insight from every member of the staff.
- Today as I prepare to reenter the world…I can say I know me, I know my triggers, my gifts, and my strengths, and my needs and the ways I can keep grounded. I am able to stick to a daily schedule, I am more accepting of my body, I eat healthy, I do not want to harm myself and I believe I can continue to work on me and build new skills and insights from the base I have now… I am hopeful others can get care that is personal and focused on the person, not the drug, or the behavior… that is really what they did they saw me Jordyn"

Prosperity Wellness Center est. 1992…humble beginnings—six beds, two forward thinking minds, one baby and a dream…to now making the impossible possible one person at a time…

Tacoma Wellness Center Residential Services

5001 112th Street East Tacoma WA 98446

- Co located residential care
- 25 dedicated Women's beds
- 15 dedicated Men's beds
- Gender Specific Curriculum
- Integrated care program
- Dually Licensed and/or co-occurring trained capable staff

Graham Wellness Center

Outpatient Services

22007 Meridian Ave E, Suite "A" Graham, WA 98338

-Community based adult services

-Assessment

-Group and Individual Therapy

-Placement, Interim Services

-Medication Assisted Therapy

- Continued

Prosperity Wellness Outpatient Services

12201 Pacific Avenue South, Tacoma, WA 9844

- Community based adult services

-Assessment

-Group Therapy

-Placement, Interim Services

-Medication Assisted Therapy

Thank You Prosperity Counseling Team