

**“Any Door is the Right Door”: Creating a Co-occurring Capable System of Care in Vermont**

*Guidance • Support • Prevention • Protection*

*Presenter: Paul Dragon*

*Date: June 26, 2008*

## VISI Goal #1

- **Increase the integration of the state's mental health and substance use system** to better support co-occurring services.  
*(Develop Policies and Plans the support individual and health efforts)*



## VISI Goal #2

- **Build capacity among service providers** to deliver integrated services to people with co-occurring conditions.  
*(Mobilize community partnerships to identify and solve health problems)*

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*BALDWIN*



“We’re ready to order.”

## VISI Goal #3

- **Develop peer-led, community-based supports** for people with co-occurring conditions.  
*(Inform, educate, and empower people about health issues)*

## Walk A Mile in My Shoes:

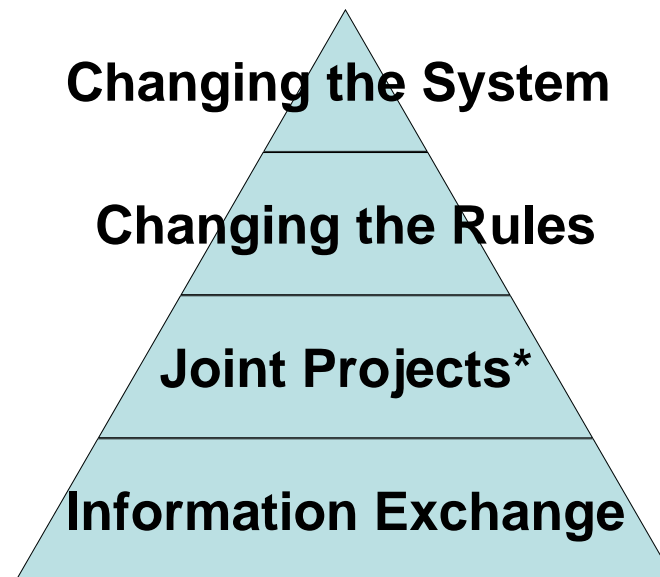
### ***Bridging Peer Support and Treatment Services***

**FREE CONFERENCE!** Holiday Inn, Rutland, VT

September 26, 2008 9:30 a.m. – 4:00 p.m.



# Stages of System Integration



## **Integration (Fact and Fiction)**

- Co-location means success
- Funding is everything
- EBPs are all you need
- System of Care actually means system of care

## **For Systems Integration to Succeed We Need to:**

- Move beyond perceived wisdom
- Embrace change to test limits
- See problems as part of the whole
- Challenge established practices
- Create shared values
- Be able to disagree and move on

## **Service Integration at the Provider Level – Measure and Change**

- Dual Diagnosis Capability in Addiction Treatment (DDCAT) Fidelity Tool
- To develop an index that can objectively determine dual diagnosis capability
- To develop practical operational benchmarks
- To identify change strategies to improve
- Provider Toolkit

## **DDCAT INDEX RATINGS**

- 1 - Addiction/MH Only
- 2 -
- 3 - Dual Diagnosis Capable (DDC)
- 4 -
- 5 - Dual Diagnosis Enhanced (DDE)

## DDCAT DIMENSIONS & 35 COMPONENTS

	Dimension	Content of items
I	Program Structure	Program mission, structure and financing, format for delivery of services.
II	Program Milieu	Physical, social and cultural environment.
III	Clinical Process: Assessment	Processes for access and entry into services, screening, assessment & diagnosis.
IV	Clinical Process: Treatment	Processes for treatment including pharmacological and psychosocial evidence-based formats.
V	Continuity of Care	Discharge and continuity for both substance use and psychiatric services, peer recovery supports.
VI	Staffing	Presence, role and integration of staff with mental health and/or substance use expertise, supervision process
VII	Training	Proportion of staff trained and program's training strategy for co-occurring disorder issues.

## **DDCAT INDEX: SUMMARY & FEEDBACK**

- Parallel process to clinical interaction
- Assessing organizational stage of change
- Affirmation of strengths
- Elicit concerns, barriers and areas of potential growth
- Discuss strategies for enhancement
- Verbal and written report with graphic profile

## **DEVELOPING A CHANGE PLAN**

1. Establish a Change Team
2. Identify the DDCAT dimension (Goal)
3. Identify the DDCAT component (Objectives)
4. Identify the “Intervention”
5. Identify the responsible persons
6. Identify the Target Date
7. Identify Measurable Outcomes

## DRAFT VISI CHANGE PLAN

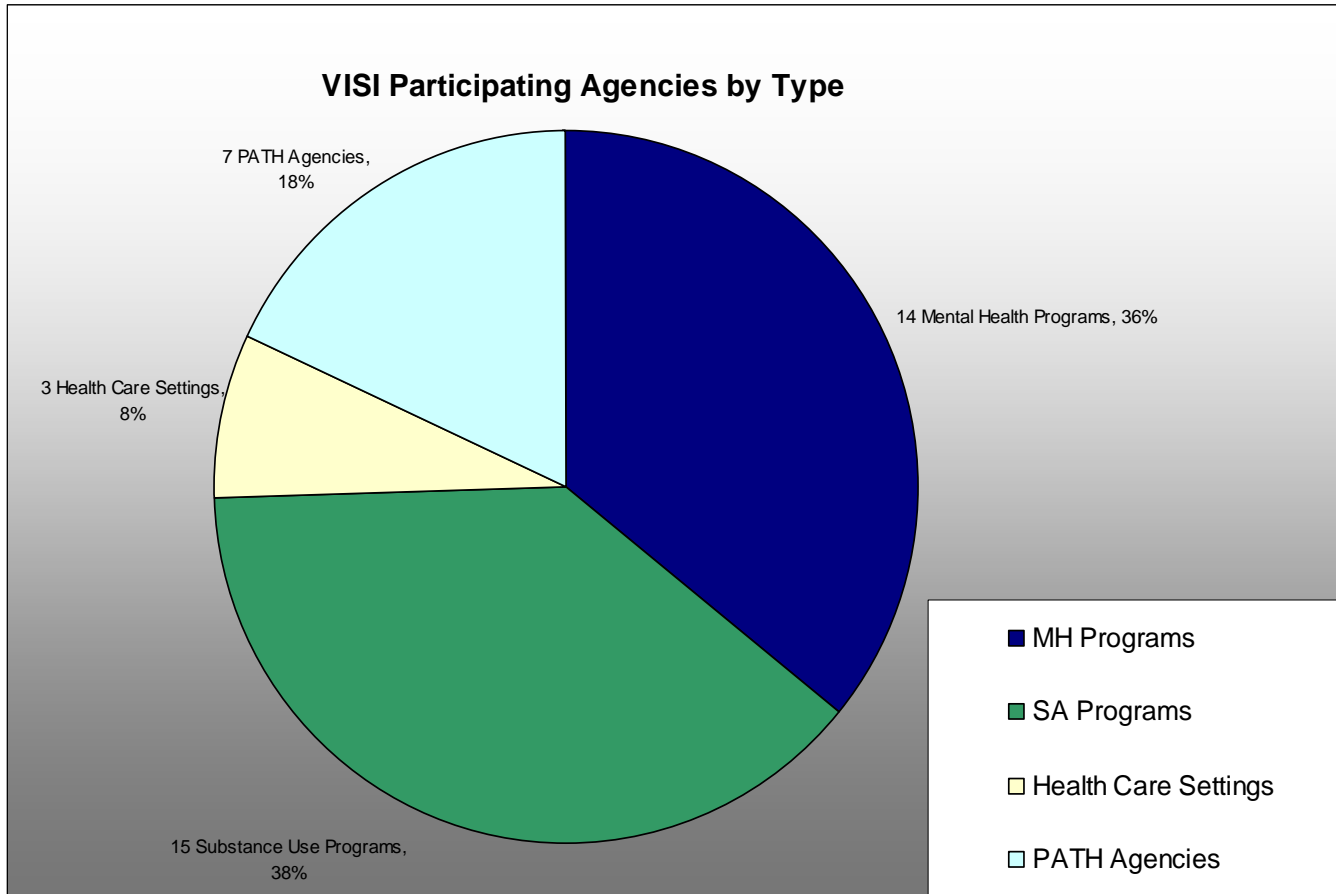
<b>D</b>	<b>GOAL</b>	<b>OBJECTIVE</b>
I	Program Structure	Work with leadership team and board to promote co-occurring capability throughout the entire agency
II	Program Milieu	Make milieu more welcoming; Provide handouts to patients, families; Change some items on walls.
IV	Clinical: Treatment	Develop educational group for patients on common psychiatric disorders, include segment in family night.
VII	Training	Get all existing staff basic training in COD issues; Add to new staff in-service orientation.

## **PROGRAM INTERVENTIONS**

- Changes in policy (I) both internal and external
- Changes in protocol: Screening, assessment, treatment, & continuity of care (II-V)
- Changes in staffing (VI)
- Training (VII) to shift attitude, increase knowledge and practice change.

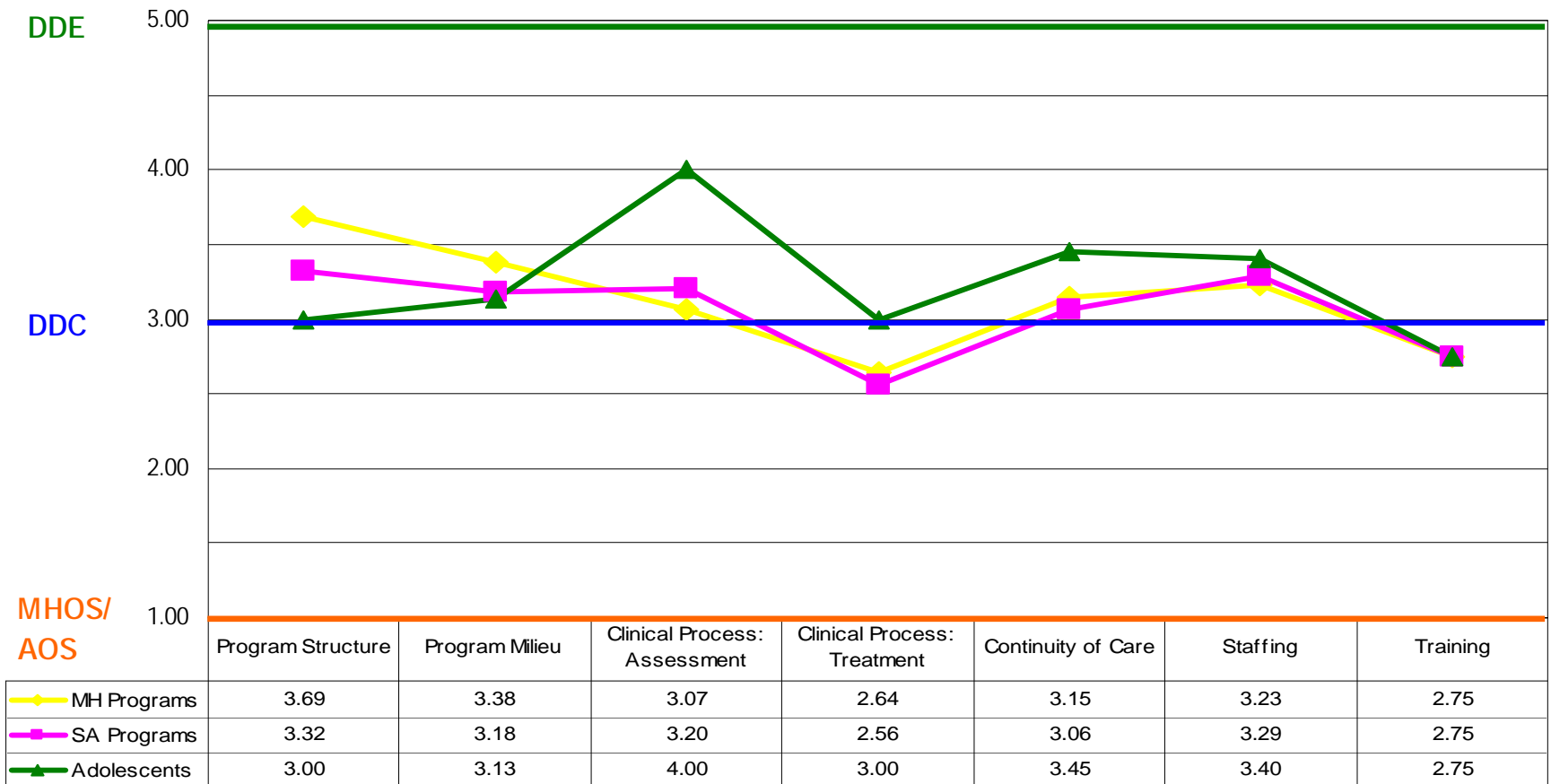
## **PRACTICE CHANGE**

- **Clinical supervision**
- **Continuous Quality Improvement or Process Improvement (Program monitoring)**
- **Clinical Decision Support Tools: Forms, Outcome Data, Electronic Medical Records**
- **Informed consumers**

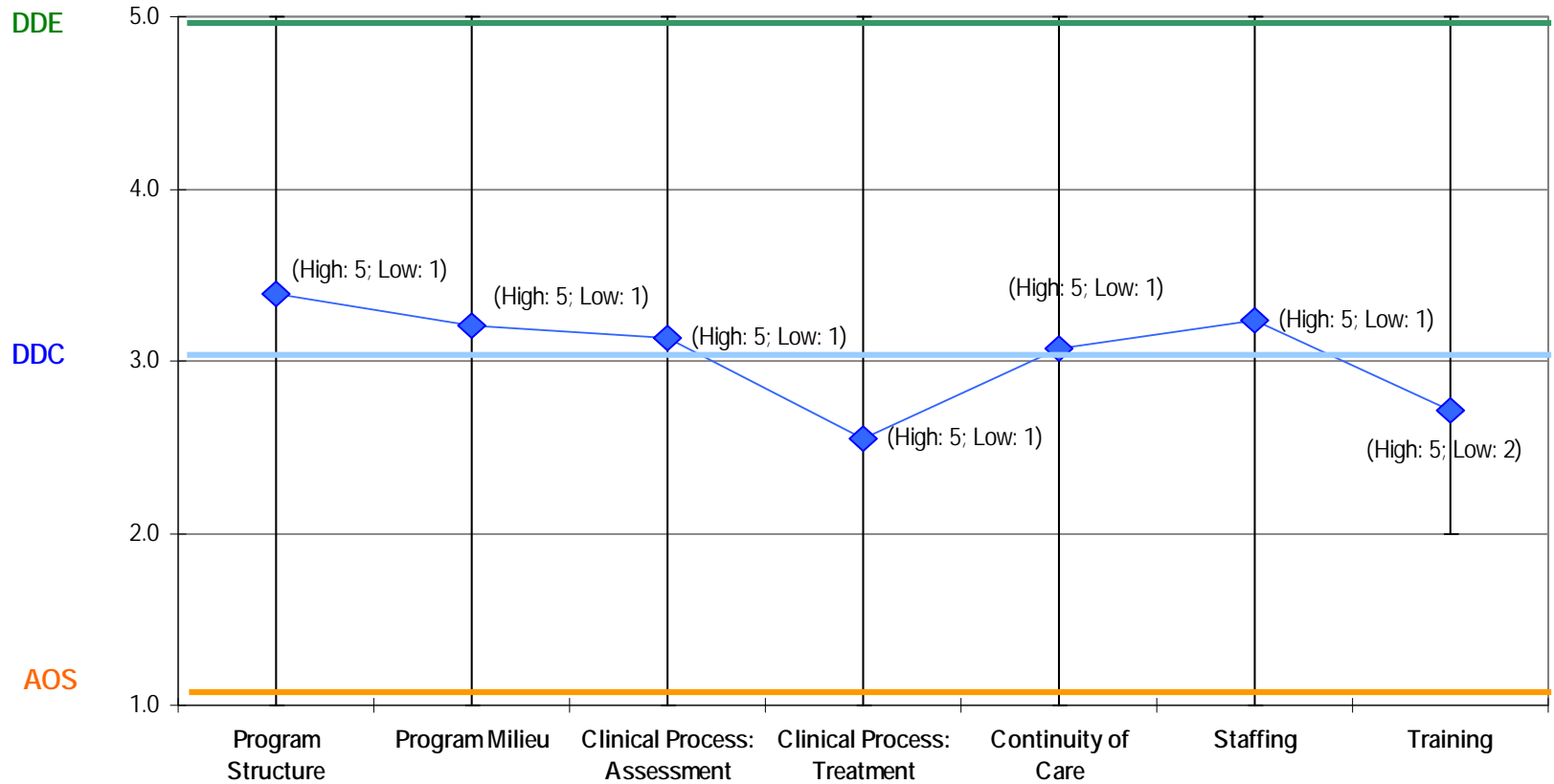


# Vermont Department of Health

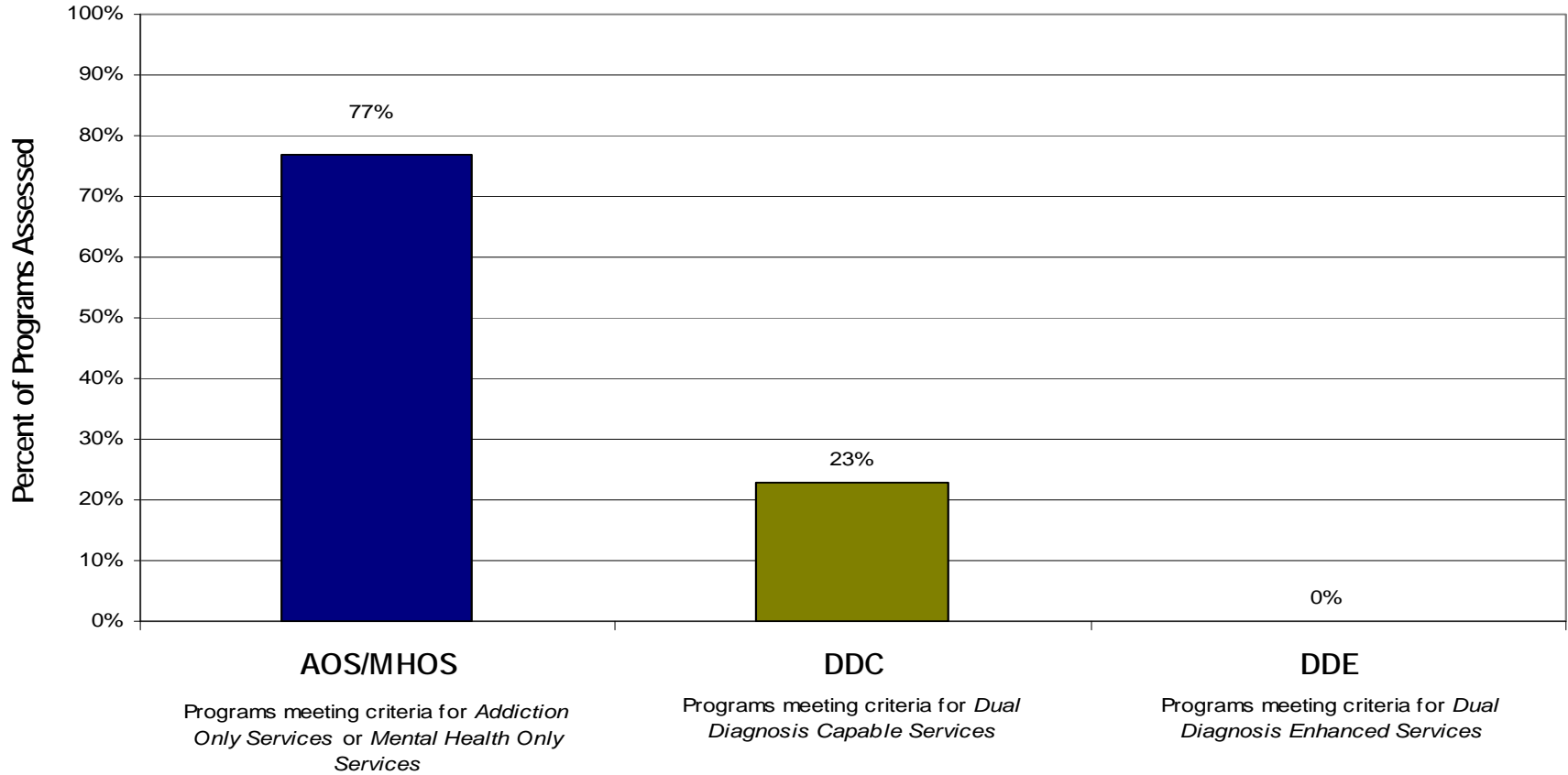
## Vermont MH, SA, Adolescent Program DDCAT Aggregate Scores



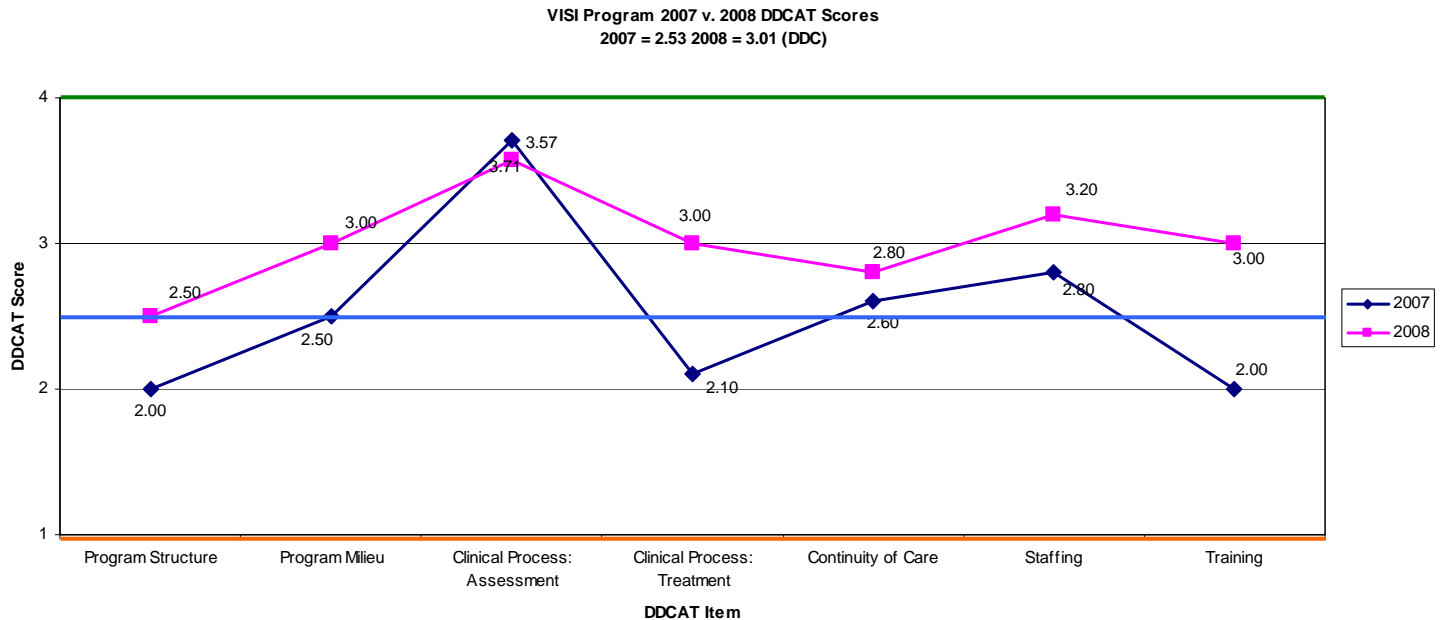
**DDCAT Summary Profile:**  
Aggregate as of 11/19 24 MH & SA programs



## Dual Diagnosis Capability (24 Programs)

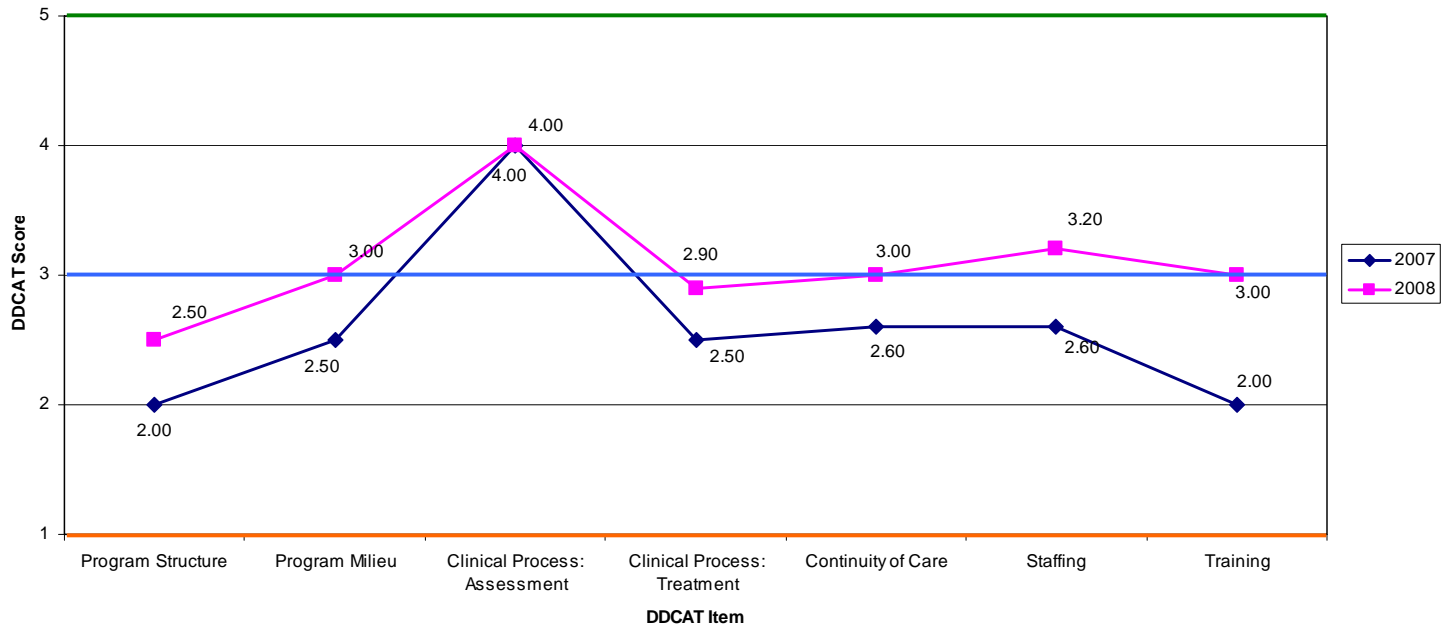


# Two Year Program Comparison



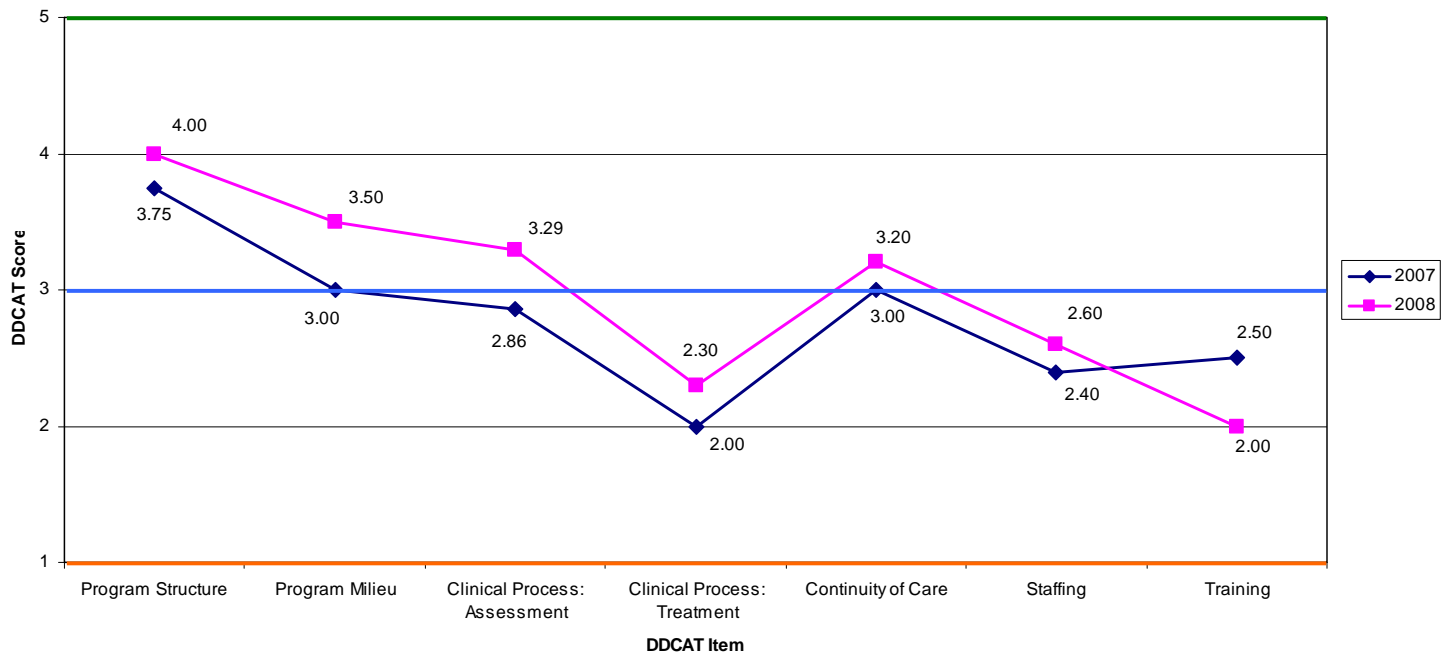
# Two Year Program Comparison

VISI Program 2007 v. 2008 DDCAT Scores  
2007 = 2.60 2008 = 3.09 (DDC)



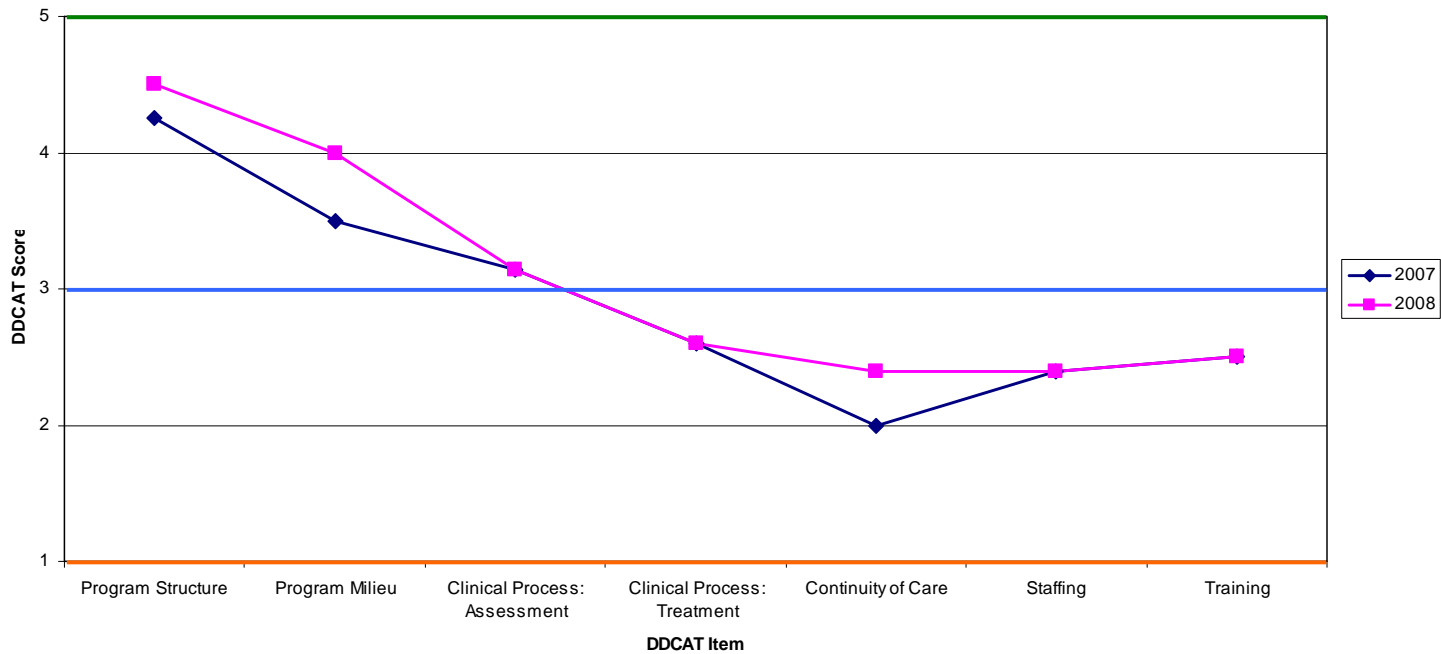
# Two Year Program Comparison

VISI Program 2007 v. 2008 DDCAT Scores  
2007 = 2.79 2008 = 2.98



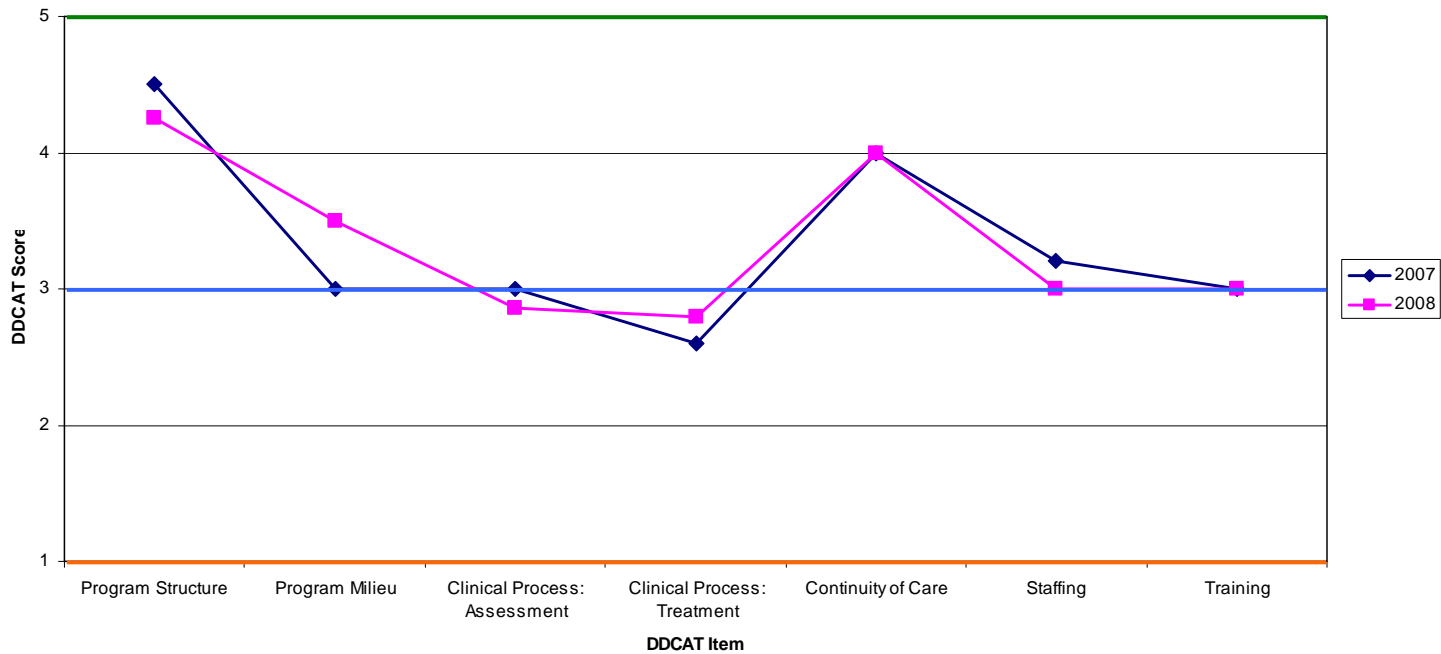
# Two Year Program Comparison

VISI Program 2007 Vs 2008 DDCAT Scores  
2007 = 2.91 2008 = 3.08



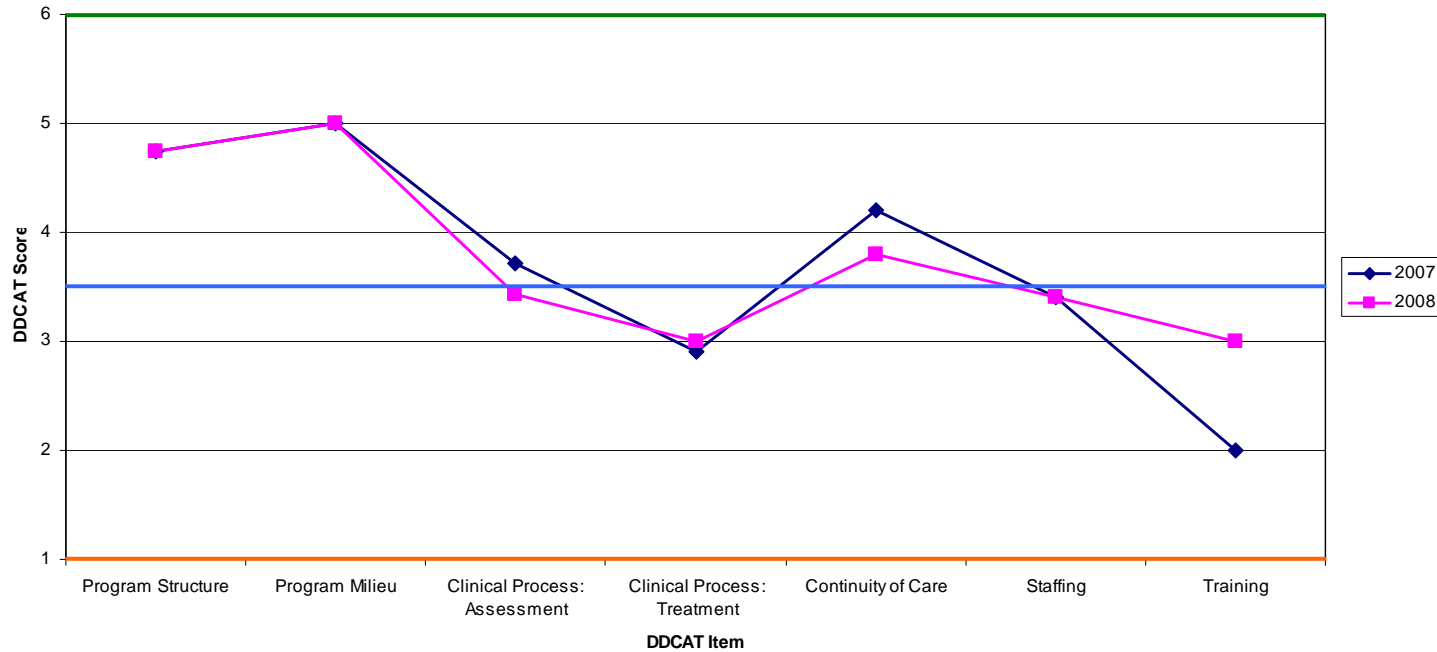
# Two Year Program Comparison

VISI Program 2007 Vs 2008 DDCAT Scores  
2007 = 3.33 2008 = 3.34



# Two Year Program Comparison

VISI Program 2007 vs 2008 DDCAT Scores  
2007 = 3.71 2008 = 3.77 DDC



- Two programs saw significant increase
- Two programs saw moderate increases
- Two programs saw very slight increases
- Three programs became DDC by 80% rule

# SUSTAINABILITY: WORKGROUPS

VISI Forum	BUSINESS and Operations	CLINICAL PRACTICE	WORK FORCE
State leadership	X	X	X
Treatment providers	X	X	X
Recovering persons & families	X	X	X
Related professional representatives	X	X	X
Others? (e.g. IT)	X	X	X

# **SUSTAINABILITY**

- Health Integration Initiative (Co-occurring and the Blueprint).
- AHS Policy Statement
- Program Standards
- Outcome Data
- Training and E-learning
- User's Guide and Toolkit
- Joint Funding \*
- Joint Information Systems\*