

8. Measurements of Co-Occurring Enhanced and Co-Occurring Enhanced Services

One of the first and ongoing important steps for improvement in integrated service provision, whether involving behavioral, primary health care, or both, is to formally assess the organization's readiness, capacity, and resources for change or progress. It is vital to Understand the depth and variety of changes needed, such as what is necessary for staffing, training, and other resources. Even organizations that have already begun to offer integrated care can benefit from taking a measured look at how well key aspects such as clinical practices, organizational culture, mechanisms for communication, and policies align with the principles of integrated care (SAMHSA/HRSA).

Skill	Knowledge	Resources/Sources of Information
<p>8.1. Able to identify level of service integration for programs that serve individuals with co-occurring disorders.</p>	<ul style="list-style-type: none"> ● Familiar with program types that serve people with COD: <ul style="list-style-type: none"> ○ Substance Use Disorder Services only or Mental Health Only Services. ○ Co-Occurring or Dual Diagnosis Capable-programs are geared primarily to treat either substance use disorders or mental health disorders, but program staff are able to address the interaction between mental and substance-related disorders ○ Co-Occurring or Dual diagnosis Enhanced programs have a higher level of integration of substance abuse and mental health treatment services. 	<p>Substance Abuse Treatment for Persons With Co-Occurring Disorders.- Chapter 2 Program Types https://www.ncbi.nlm.nih.gov/books/NBK64184/ Definitions and Terms Relating to Co-Occurring Disorders page 6 https://atforum.com/documents/OP1-DefinitionsandTerms-8-13-07.pdf</p>
<p>8.2. Able to conduct assessments of Co-Occurring Capable (COC), Co-Occurring Enhanced (COE), and integrated healthcare across primary health and behavioral health as needed or required whether at the system, program, or clinical practice levels.</p>	<ul style="list-style-type: none"> ● Knowledge regarding the benefits and importance of quality measures toward the development and improvement of the capacity to provide integrated care in addressing the complex service needs of individuals with Co-occurring disorders. ● Understand that tools can measure and improve co-occurring performance in systems programs and staff competency. ● Knowledge of tools and resources that are readily available for quality measurement and planning in various settings: 	<p>Integrated Treatment Disorders -Evaluating your Program- Why Evaluate Your Program pages 1-2 https://store.samhsa.gov/system/files/ebp-kit-evaluating-your-program-10112019.pdf Guide to Creating Your Program's Implementation Plan to Increase Co-Occurring Capability https://portal.ct.gov/-/media/DMHAS/COSIG/implementationplanguidepdf.pdf?la=en The DDCAT and DDCMHT http://www.bhevolution.org/public/ddcat.page ZIA tools http://www.ziapartners.com/tools/</p>

	<p><u>Dual Diagnosis Enhanced Instruments:</u></p> <ul style="list-style-type: none"> ○ Integrated Dual Disorders Treatment (ITCOD, formerly IDDT) Fidelity Scale <p><u>Program Assessments:</u></p> <ul style="list-style-type: none"> ○ Dual Diagnosis Capability in Healthcare Settings (DDCHCS) ○ Dual Diagnosis Capability in Youth Treatment (DDCYT) ○ Dual Diagnosis Physician-infrastructure Assessment Tool (DDPAT) ○ Dual Diagnosis Capability in Medically Integrative Care (DDMICe) ○ Dual Diagnosis Capability in Behavioral Health Treatment (DDCBHT) <p><u>Program Assessments (CCISC):</u></p> <ul style="list-style-type: none"> ○ COMPASS-EZ, COMPASS-PREVENTION, COMPASS-ID, COMPASS-EXEC, COMPASS-PH/BH, SOCAT ○ Co-Occurring Capability Development Program Report (brief checklist) <p><u>System Instruments:</u></p> <ul style="list-style-type: none"> ○ CCISC Fidelity and Implementation Tool (CO-FIT100) ○ System Tool for Evaluation Progress to Integration (STEP to Integration) <p><u>Clinician Assessment:</u></p> <ul style="list-style-type: none"> ○ Co-occurring disorders Educational Competency and Assessment Tool (CODECAT) 	<p>IDDT Fidelity Tool</p> <p>https://www.centerforebp.case.edu/resources/tools/iddt-fidelity-scale</p>
<p>8.3. Able to create a plan of action from assessment results.</p>	<ul style="list-style-type: none"> ● Knowledge regarding readily available resources not only for the conduct of quality improvement measurement of COC and COE, but also upon completion for scoring and interpretation, and action planning. 	<p>See above resources</p> <p>Evaluating Your Program</p> <p>https://store.samhsa.gov/system/files/evaluatingyourprogram-itc.pdf</p>

<p>8.4. Within the context of an action plan able to measurably track progress in an ongoing basis, and make revisions or updates as needed.</p>	<ul style="list-style-type: none"> ● Knowledge in the area of “Continuous Quality Improvement” (CQI) processes and measures, along with program planning and data tracking. 	<p>Continuous Quality Improvement: Principles and Practice https://www.integration.samhsa.gov/pbhci-learning-community/CQI.pdf</p> <p>Quality Improvement Toolkit https://www.thenationalcouncil.org/wp-content/uploads/2019/01/Quality-Improvement-Toolkit.pdf</p> <p>Operationalizing Continuous Quality Improvement (CQI) https://www.nationalcouncildocs.net/wp-content/uploads/2019/03/Continuous-Quality-Improvement-Making-it-Real-to-Promote-Positive-Change.pdf</p> <p>Network for Improvement of Addiction Treatment (NIATx) http://www.niatx.net/Home/Home.aspx</p>

<p>8.5. Able to measure the effectiveness of treatment and services being provided.</p>	<ul style="list-style-type: none"> ● Understand that measurement-based care allows the organization and individual practitioners to determine if what they're doing is having a positive and significant impact on the individual served, and to detect patients who are not improving as early as possible. (Joint Commission) ● Understand that employing measurement and feedback processes can lead to improvement in the implementation of services. ● Familiar with outcome measures utilized in the behavioral health field. 	<p>Joint Commission - Revised outcome measures standard for behavioral health care https://www.jointcommission.org/assets/1/18/R3_Outcome_measures_1_30_18_FINAL.pdf</p> <p>Measuring Quality of Care for Co-Occurring Conditions http://www.cqaimh.org/DPC%20Presentation.ppt</p> <p>Using the DLA-20 For Better Outcomes https://static1.squarespace.com/static/59c005cd8a02c7dae8cd5e80/t/5ae34c73562fa7a5febfb703/1524845687429/NATCON+18+PowerPoint-Using+the+DLA-20+for+Better+Outcomes.pdf</p> <p>Outcome Measures https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/Outcome_Measures_Manual_7_1_18.pdf</p> <p>SAMHSA'S National Outcome Measure Domains https://dhs.iowa.gov/sites/default/files/SAMHSA-National-Outcome-Measures_09-01-2011.pdf?010320201516</p> <p>A Core Set of Outcome Measures for Behavioral Health Across Service Settings https://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf</p> <p>Integration with Physical Health http://www.ibhpartners.org/wp-content/uploads/2015/12/outcome-process-measure-for-integrated-systems-Lurie-1.pdf</p> <p>10 Tools for Progress Monitoring in Psychotherapy https://www.scottdmiller.com/wp-content/uploads/2014/06/Integrating-Science-and-Practice-Miller-Bargmann.pdf</p>
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