Improving Co-occurring Services Across 40 Mental Health and Alcohol/Drug Programs

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• Population- 1,081,726
• 395 square miles
• Growing population 2000-2010: +11.5%
• Diverse population - 7 primary languages, with 100+ languages spoken in homes
Fairfax-Falls Church Community Services Board

• Provide MH, SA, and ID services
• Largest of 40 CSB’s in state
• Served 19,572 individuals (unduplicated count) in FY10
• 1100 CSB staff
• Broad continuum of services

http://www.fairfaxcounty.gov/csb/
Fairfax-Falls Church CSB Transformation

• Beeman Commission
• CSB Transformation
  – Eliminate disability silos
  – Cluster service areas to be clustered by level of care
  – Improve access to services
  – Support consumer choice
  – Facilitate movement through system
  – Empower staff & consumers to effect change
  – Support decision-making with data and enhanced technology
• Co-occurring foundational efforts
DDCAT/DDCMHT Adoption

• Agency leadership
  – System Champions
  – Vision

concurrently…

• Best Practices
  – COD
  – Training
Assembled Steering Committee and Assessment Team

Formally began baseline assessments in May 2011
Assess all adult/youth outpatient, day treatment and residential programs by end of year
Programs submit implementation plans within 30 days of assessment
Follow up in learning community format
CSB Programs Assessed to Date

n = 27
- Addiction Only Services - 9 (33%)
- Mental Health Only Services - 4 (15%)
- Dual Diagnosis Capable - 14 (52%)
Factors Potentially Impacting Baseline Scores

- Foundational work prior to DDCAT/DDCMHT
- Ongoing system transformation efforts
- Integrated EHR
- No licensure restrictions
- Reinvestment strategies for revenue generation
Programs Assessed to Date (by Dimension)
Dimensional Scores and Potential Variables

Highest scores in Assessment, Continuity of Care, Staffing
- Standardized dimensional assessment, ASAM-based
- Medication, aftercare continuum
- Number of Master’s level/licensed staff, experienced staff

Lowest Score in Treatment, Training
- Interventions matching stage of treatment not routine
- Inconsistent documentation
- Training plan not systemic until recently
Dimensional Scores by Level of Care
Quality Improvement

• Program Implementation Plans

• Integrated Dual Diagnosis Treatment and Co-Occurring Disorders treatment manuals

• Organizational Implementation Plan

• Outcome Data
Outcome Measures
Patient Level Data

3 months before/3 months after DDCAT/DDCMHT

- SA programs- MH Dx; MH programs- SA Dx
- SA Questions of SMI Qualifying Sections
- Engagement
- Discharge category
- Linkage
- Outcomes (NOMS)

Functional Outcomes- Level of Care instruments
Organizational Implementation Plan

• Integrated protocols for admission criteria and transfer
• Standardized COD literature
• Standardized screening tools
• Require tox screens
• Policies and implementation plan for peer specialists
• Develop web-based training
• Supervisor/Master training in MI, CBT, integrated trauma approach, DBT
Next Steps

- Follow up assessment with every site
- Data feedback loops to sites- outcomes
- Continue Learning Communities
- As system transformation efforts become more standard in practice, we will become more enhanced in our approach