The Dual Diagnosis Capability in Addiction Treatment for Use in Mental Health Programs (DDCAT-MH) Index:

An Introductory Manual (Version 2.4)

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Accordingly, it is also important to recognize that the DDCAT-MH development was enhanced by in the work of the Integrated Dual Disorders Implementation Resource Kit developed through the Evidence Based Practices initiative with the Center of Mental Health Services, SAMHSA.

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Introduction:
The impetus for the development of this *introductory* manual for the Dual Diagnosis Capability in Mental Health Treatment (DDCAT-MH) Index was to provide a basic framework and definitions for the program changes involved within the Co-Occurring Disorders State Incentive Grant (COSIG) initiative. These program changes were initiated by the Louisiana Behavioral Healthcare Task Force, who advanced that all state operated addiction and mental health programs in the state, move toward becoming Co-Occurring Capable Systems (also known as Dual Diagnosis Capable (DDC)). This manual was developed in conjunction with adopting the DDCAT Index for addiction programs and adopting the mental health version of the DDCAT for mental health programs in order to better define what is actually required to be considered a co-occurring capable program or DDC in either system. The DDCAT and DDCAT-MH are thus far the only objective measure available to guide and quantify this systems change process. This manual is intended to assist anyone who seeks to use the DDCAT-MH to assess the dual diagnosis capability of addiction treatment services. These may include regional authorities (such as single state agencies), treatment program administrators, clinicians, consumers, and treatment services researchers.

What is a Fidelity Index?
A fidelity index for clinical programs is a measuring device that identifies whether the essential elements of a treatment intervention are being accurately implemented according to the pre-specified guidelines or model. A fidelity index also helps to arrange essential program elements in a concise and organized manner that allows treatment providers to acquire a basic understanding of the components and processes within a treatment program. The relatively simple structure of a fidelity index can be particularly useful to help guide implementation planning and used to monitor program changes over time. Fidelity measures have been used informally to help staff and program managers assess themselves, and can be used in conjunction with clinical outcomes as a measure of a program's progress.

What is the DDCAT and DDCAT-MH?
DDCAT: The DDCAT is an acronym for the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index, and is a fidelity instrument for measuring addiction treatment program services for persons with co-occurring (i.e., mental health and substance related) disorders. The DDCAT Index has been in development since 2003, and is based upon the fidelity assessment methodology described below. Fidelity scale methods have been used to ascertain adherence to and competence in the delivery of evidence-based practices, and in particular this methodology has been used to assess mental health programs' implementation of the Integrated Dual Disorder Treatment (IDDT). IDDT is an evidence-based practice for persons with co-occurring disorders in mental health settings, and who suffer from severe and persistent mental illnesses (Mueser et al, 2003). The DDCAT utilizes a similar methodology as the IDDT Fidelity Scale, but has been specifically developed for addiction treatment service settings. Further, at this juncture, addiction treatment services for co-occurring disorders are guided by an amalgam of evidence-based practices and consensus clinical guidelines. The IDDT model has been studied in effectiveness trials and has been designated an evidence-based practice.

Over the past 2-3 years, the term of "co-occurring disorder" (COD) has gradually come to replace the vernacular of "dual diagnosis." In this manual the terminology will be synonymous. In order to remain consistent with the DDCAT author, the dual diagnosis terminology will be used in discussing the specifics of the DDCAT items. When discussing issues broadly, however, the use of co-occurring disorders will be used.

The DDCAT evaluates 35 program elements that are subdivided into 7 domains. The first domain is ***Program Structure***; this domain focuses on general organizational factors which foster or inhibit the development of COD treatment. ***Program Milieu*** is the second domain, and this domain focuses on the culture of program and whether the staff and physical environment of the program are receptive and welcoming to persons with COD. The third and fourth domains are referred to as the ***Clinical Process*** domains (***Assessment*** and ***Treatment***), and these examine whether specific clinical activities achieve specific benchmarks for COD assessment and treatment. The fifth domain is ***Continuity of Care***, which examines the long-term treatment issues and external supportive care issues commonly associated with persons who have COD. The sixth domain is ***Staffing***, which examines staffing patterns and operations that support COD assessment and treatment. The seventh domain is ***Training***, which measures the appropriateness of training and supports that facilitate the capacity of staff to treat persons with COD.

These seven dimensions are components of an overall service structure for any given addiction treatment program.

The DDCAT Index draws heavily on the taxonomy of addiction treatment services outlined by the American Society of Addiction Medicine (ASAM) in the ASAM Patient Placement Criteria Second Edition Revised (ASAM-PPC-2R, 2001). This taxonomy provided brief definitions of Addiction Only Services (AOS), Dual Diagnosis Capable (DDC) and Dual Diagnosis Enhanced (DDE). The ASAM-PPC-2R provided brief descriptions of these services but did not advance operational definitions or pragmatic ways to assess program services. The DDCAT utilizes these categories and developed observational methods (fidelity assessment methodology) and objective metrics to ascertain the dual diagnosis capability of addiction treatment services for co-occurring disordered persons: AOS, DDC or DDE.

DDCAT-MH: The DDCAT-MH is a version of the DDCAT that has been edited to be appropriate for use in mental health service programs. Although the DDCAT had its origins in the addiction field, the domains and elements of the DDCAT Index are also applicable to mental health programs according the systems level model of integrated treatment developed by the 1996 Consensus Panel on Co-occurring Disorders, which was chaired by Kenneth Minkoff, MD, a nationally recognized experts in co-occurring treatment as well as contracted consultants for the state of Louisiana. In fact the DDCAT provided direct objective measurement of many of the applied system-level and program-level concepts manifest in many of the current models of co-occurring services.

The DDCAT-MH was originally developed and initially tested by Heather Gotham, PhD, an evaluator of the COSIG initiative in Missouri. Dr. Gotham altered wording within the DDCAT to reflect a scale that measured services that ranged from Mental Health Only (MHO) to Dual Diagnosis Capable to Dual Diagnosis Enhanced. The conversion of the

DDCAT to a mental health version did not remove items or domains from the original index and did not substantially alter the general concepts conveyed by the index. In its earliest development, the DDCAT-MH included elements of the Integrated Dual Disorders Treatment Fidelity Scale, which is based on an enhanced Assertive Community Treatment model for the delivery of dual disorders treatment to persons with severe mental illness and substance use disorders. While the IDDT is supported by research and has been forwarded as an evidence based practice (EBP), the IDDT model did not match the more generalized, systems level approach and clinic based model for co-occurring treatment as reflected by Ken Minkoff et al. Thus, in its final development, the number of items and general concepts reflected in the DDCAT were maintained in the mental health version of the index.

The methodology of the DDCAT and DDCAT-MH

The DDCAT and DDCAT-MH use observational methods. This involves a site visit of an addiction treatment agency by "objective" assessors. The assessors strive to collect data about the programs services from a variety of sources:

1) Ethnographic observations of the milieu and physical settings;
2) Focused but open-ended interviews of agency directors, clinical supervisors, clinicians, support personnel, and clients; and
3) Review of documentation such as medical records, program manuals, brochures, daily patient schedules, telephone intake screening forms, and other materials that may seem relevant.

Information from these sources is used as the data to rate the 35 DDCAT Index items.

Arranging and conducting the site visit

The scheduling of the site visit is done in advance of the actual visit. Generally the site visit will take up to a half day or a full day. The time period is contingent on the number of programs within an agency that are being assessed. The unit of DDCAT-MH assessment is at the level of the program not the entire agency. Therefore a site visit to an agency will need to pre-arrange what program or programs within that agency are to be assessed. Experience tells us that it may be possible to fully assess one program within one agency in approximately a half day. In a full day it may be possible to assess two to three programs within one agency. In a full day it may also be possible to assess one program in one agency and another one program in a different agency in the second part of the day. It is important to allocate sufficient time to do the DDCAT-MH assessment. This process typically becomes more efficient as the assessor gains experience.

The DDCAT-MH process begins with the advance scheduling, usually with the Agency Director or her/his designate. It is important at this interaction to define the scope (program vs. agency) of the assessment, and clarify the time allocation requirements. At this time it will also be important to convey the purpose of the assessment and relay any implications of the data being collected. This process has been found to be most effective if offered as a service to the agency, i.e. to help the agency learn about it's services to persons with co-occurring disorders, and to suggest practical strategies to enhance services if warranted. This sets an expectation of collaboration vs. evaluation and judgment.

The scheduling should include an initial meeting with the agency director, time for interviews with the program clinical leaders and supervisors, select clinicians, and client(s). Selected persons in these roles can be interviewed but not every supervisor, staff member or client must be interviewed. More is always better, but reasonableness and representativeness should be the overarching goal. During the visit a "tour" of the program's physical site is essential. Agencies have experience doing this for other purposes and this often serves not only as a way to observe the milieu, but also affords the assessor the opportunity to meet additional staff and have conversations along the way. There should also be some time allocated to review documents such as brochures, medical records, policy & procedure manuals, patient activity schedules and other pertinent materials.

It is important to allow time for the assessor to process and formulate the findings from the DDCAT-MH assessment at the end of the visit. This may be a period of 15 to 30 minutes. During this time, the assessor considers DDCAT-MH items that have not yet been addressed, and also considers how to provide preliminary feedback to the agency about the findings of the assessment. Missing information can most likely be gathered within the final meeting with the director or staff.

The preliminary feedback at the end of the DDCAT-MH assessment is typically positive and affirming and emphasizes program strengths and themes from the assessment. The assessor is encouraged to consider a motivational interviewing or stage of readiness for change model and focus on addressing issues that have already been raised as areas of concern or desired change.

After the visit, the assessor will score the DDCAT-MH index, and may choose to write a letter or summary report to the agency director. Again, emphasizing strengths is encouraged, and capitalizing on areas of readiness will likely be the most valuable change suggestion for the agency. The DDCAT-MH data can be aggregated for program planning, system planning, and serve as the basis for strategic training, resource allocation, service collaboration and change measurement, with repeated evaluations over time.

Scoring of the DDCAT-MH

Each program element of the DDCAT-MH is rated on a 1 to 5 scale. A score of 1 is commensurate with a program that is focused on providing services to persons with mental health disorders, referred to as "Mental Health Only Services" (MHOS). A score of 3 is meant to be indicative of a program that is capable of providing services to some individuals with co-occurring substance related and mental disorders but has greater capacity to serve individuals with mental health disorders. This level is referred to as being Dual Diagnosis Capable (DDC) on the DDCAT-MH, consistent with ASAM language from the DDCAT. A score of 5 is commensurate with a program that is capable of providing services to any individual with co-occurring substance related and mental disorders, and the program can address both types of disorders fully and equally. This level is referred to as being Dual Diagnosis Enhance (DDE) on the DDCAT and DDCAT-MH. Scores of 2 and 4 are reflective of intermediary levels between the standards established at the 1-MHOS, 3-DDC, and 5-DDE levels.

When rating a program on the DDCAT-MH, it is helpful to understand that the objective anchors on the scale for each program element are based on either:

(1) The *presence or absence* of specific hierarchical or ordinal benchmarks, i.e. 1-MHOS sets the most basic mark, a 3-DDC is set at a mid-level mark, and a 5-DDE is the most advanced benchmark to meet. For example, the first Index element regarding the program's mission statement requires specific standards to be met in order to meet the minimum requirements for scoring at each of the benchmark levels (MHOS, DDC, or DDE).

-or-

(2) The *relative frequency* of a single standard, i.e. based on having a certain frequency of an element in the program such as staff that are cross-trained in COD services. 1-MHOS sets a lower percentage of required cross-trained staff, 3-DDC requires a moderate percentage, and 5-DDE requires the maximum percentage. Another way frequency may be determined is the degree to which the process under assessment is *clinician driven and variable* or *systematic and standardized.* When processes are clinician driven they are less likely to occur on a consistent basis.

-or-

(3) A combination of the presence of hierarchical standard -<u>AND-</u> the frequency at which these standards occur.

In other words, in order to meet the criterion of 3 or 5 on a DDCAT-MH item, a program must meet a specific qualifying standard and the program must consistently maintain this standard for the majority of their clients (set at an 80% basis). For example, program elements regarding COD screening and assessment typically set a qualifying standard for the type of screen or assessment used –AND- specify that the standard is routinely applied (at least on 80% of the clients seen in that program).

The total score for the DDCAT-MH and rank of the program overall is arrived at by:

1. Tallying the number of 1's, 2's, 3's, 4's and 5's that a program obtained.
2. Calculating the following percentages:
    a) Percentage of 5's (DDE) obtained;
    b) Percentage of 3's, 4's, & 5's (scores of 3 or greater) obtained;
    c) Percentage of 1's obtained;
3. Apply the following cutoffs to determine the program's DDCAT-MH category:
    a) Programs are Dual Diagnosis Enhanced if 80% of scores are 5's;
    b) Programs are Dual Diagnosis Capable if 80% of scores are 3's or greater;
    c) Programs are Mental Health Only Services if 80% of scores are 1's;
4. Use the mean score of the individual items within each dimension to develop a program profile and target areas of relative strength and targets for potential enhancement efforts.

Organization of the Manual

The remainder of the manual reviews each scoring item on the DDCAT-MH in sequence according to the scale. For each item, a basic definition is provided. This is followed by a section entitled "Item Response Coding," which provides descriptive anchors to assist scoring this scale item using the DDCAT-MH rankings of 1-MHOS, 3-DDC, and 5-DDE. In some cases descriptive anchors are available for scores of 2 and 4, but this is not always the case and depends on the item definition. The option of scoring a 2 or 4 on any given item is designed to give the rater some flexibility in scoring when observations do not provide sufficient information to decide whether an item clearly meets the requirements for scoring a 1 or 3, or a 3 or 5, respectively.

Terminology and Acronyms

The term "co-occurring disorders" and its corresponding acronym (COD) are used in this text to denote the status of having a combination of substance related and other mental health disorders.

The DSM-IV specifies and defines substance related disorders, including for example dependence, abuse and substance induced disorders. All other mental health disorders, independent of substance-related disorders will be designated in this manual as either mental health disorders or psychiatric disorders.

In addition, it is important to denote that the term "dual diagnosis" also refers to the same status defined in COD and continues to be used in this manual at times in the fidelity index itself to retain the language initially established by ASAM and the DDCAT Index versions.

The term "substance related disorders" is used specifically to denote the broad range of substance disorders within the DSM-IV that include the broad categories of substance use and substance induced disorders.

The term "mental health disorder" is used to globally refer to other major mental health disorders besides the substance related disorders. Generally, this term refers to the mood disorders, anxiety disorders, thought disorders, adjustment disorders, and other disorders not substance related or induced.

The DDCAT-MH Index: Item Definitions, Source for Data, and Scoring

I. PROGRAM STRUCTURE

IA. Primary treatment focus as stated in mission statement.

Definition: Programs that offer treatment for individuals with COD should have this philosophy reflected in their mission statements.

Source: Program brochure, manuals, or in frames on walls of offices or waiting areas.

Item Response Coding:
Coding of this item requires an understanding and review of the program's mission statement, specifically as it reflects a COD orientation.

•***Mental Health Only Services = (SCORE-1):*** The program has a mission statement that outlines its mission to be the treatment of a primary target population who are defined as individuals with mental health disorders only.

•***Dual Diagnosis Capable = (SCORE-3):*** The program has a mission statement that identifies a primary target population as being individuals with mental health disorders but the statement also indicates an expectation and willingness to treat individuals with COD in addition to other anticipated co-morbid conditions.

An example of a mission statement that might meet the DDC level would be one similar to the following where a specific population is identified but it also incorporates a willingness to treat the person comprehensively and provide the necessary arrays of services.

> "The mission of the Mental Health Board is to improve the quality of life for adults with serious and persistent mental illness and children with serious mental illness or severe emotional disturbance. This is accomplished by ensuring access to an integrated network of effective and culturally competent behavioral health services that are matched to persons' needs and preferences; thus promoting consumer rights, responsibilities, rehabilitation, and recovery."

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program has a mission statement that identifies the program as being one that is designed to treat individuals with COD, in that the program has the capacity to treat both mental health and substance related disorders equally.

> "The Behavioral Health Unit is a private non-profit organization dedicated to supporting the recovery of families and individuals who experience co-occurring mental illness and substance use disorders."

1B. Organizational certification & licensure.

Definition: Organizations that provide integrated COD treatment are able to provide unrestricted services to individuals with COD without barriers that have traditionally divided the services for mental health disorders from the services for substance related disorders. The primary examples of organizational barriers include licenses or certifications of clinics or programs that restrict the types of services that can be delivered.

Source: Interview with Agency Director or prior knowledge of applicable rules and regulations.

Item Response Coding:
Coding of this item requires an understanding and review of the program's license or certification permit and specifically how this document might selectively restrict the delivery of services on a disorder-specific basis.

- ***Mental Health Only Services = (SCORE-1):*** The program's licensure agreement or state permit restricts services to individuals with mental health disorders only.
- ***(SCORE-2):*** The program's licensure agreement or state permit is the same as described at the DDC level in that there are no restrictions in treating individuals with substance related disorders that co-occur with mental health disorders. BUT the staff and administrators report and perceive there to be barriers in providing substance related services; and thus the program operates in a manner consistent with MHOS.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program's licensure agreement or state permit identifies the target population to be individuals with mental health disorders but does **not** restrict the program from treating individuals with co-occurring substance related disorders.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program's licensure agreement or state permit identifies the program as a facility that provides services for both mental health and substance related disorders.

IC. Coordination and collaboration with substance related services.

Definition: Programs that transform themselves from ones that only provide services for mental health disorders into ones that can provide integrated COD services typically follow a pattern of stepwise advances in their service systems. The steps indicate the degree of communication and shared responsibility between providers who offer services for mental health and substance related disorders. The following terms are used to denote the stepwise advances and were provided from SAMHSA (Drafted PPG Measures, SAMHSA, 2004). Within the PPG Measures document, the following reference is made: *The coordination, consultation, collaboration, and integration categories and definitions were developed by a Task Force known as the CMHS-CSAT-NASMHPD-NASADAD Workgroup comprised of Federal and State officials and representatives of the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol Drug Abuse Directors (NASADAD).*

Minimal coordination, consultation, collaboration, and **integration** are not discreet points but bands along a continuum of contact and coordination among service providers. "Minimal coordination" is the lowest band along the continuum, and integration the highest band. Please note that these bands refer to *behavior*, not to organizational structure or location. "Minimal coordination" may characterize provision of services by two persons in the same agency working in the same

building; "integration" may exist even if providers are in separate agencies in separate buildings.

Minimal coordination: "Minimal coordination" treatment exists if a service provider meets any of the following: (1) is aware of the condition or treatment but has no contact with other providers, or (2) has referred a person with a co-occurring condition to another provider with no or negligible follow up.

Consultation: Consultation is a relatively informal process for treating persons with co-occurring disorders, involving two or more service providers. Interaction between or among providers is informal, episodic, and limited. Consultation may involve transmission of medical/clinical information, or occasional exchange of information about the person's status and progress. *The threshold for "consultation" relative to "minimal coordination" is the occurrence of any interaction between providers after the initial referral, including active steps by the referring party to ensure that the referred person enters the recommended treatment service.*

Collaboration: Collaboration is a more formal process of sharing responsibility for treating a person with co-occurring conditions, involving regular and planned communication, sharing of progress reports, or memoranda of agreement. In a collaborative relationship, different disorders are treated by different providers, the roles and responsibilities of the providers are clear, and the responsibilities of all providers include formal and planned communication with other providers. *The threshold for "collaboration" relative to "consultation" is the existence of formal agreements and/or expectations for continuing contact between providers.*

Integration: Integration requires the participation of substance abuse and mental health services providers in the development of a single treatment plan addressing both sets of conditions, and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client. *The threshold for "integration" relative to "collaboration" is the shared responsibility for the development and implementation of a treatment plan that addresses the co-occurring disorder. Although integrated services may often be provided within a single program in a single location, this is not a requirement for an integrated system. Integration might be provided by a single individual, if s/he is qualified to provide services that are intended to address both co-occurring conditions.*

Source: Interviews with Agency Director, program clinical leaders, clinicians. Some documentation may also exist.

Item Response Coding: Coding of this item requires an understanding of the service system and structure of the program, specifically with regard to the provision of substance related as well as mental health services. An understanding of the SAMHSA defined terms regarding this issue is also necessary; these definitions of "minimally coordinated," "consultative," "collaborative," and "integrated services" are provided below.

- ***Mental Health Only Services = (SCORE-1):*** Programs which have a system of care that meets the definition of "Minimal Coordination" only.
- ***(SCORE-2):*** Programs which have a system of care that meets the definition of "Consultation."
- ***Dual Diagnosis Capable = (SCORE-3):*** Programs which have a system of care that meets the definition of "Collaboration."

- ***(SCORE-4):*** Programs which have a system of care that meets the definition of "Collaboration" AND demonstrate an increased frequency of integrated elements although these elements are informal and not part of the defined program structure. Typical examples of activities that occur at this level would be to have informal staff exchange processes or the use of case management on a prn basis to coordinate services.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** Programs which have a system of care that meets the definition for "Integration."

ID. Financial Incentives

Definition: Programs that are able to merge funding for the treatment of mental health disorders with funding for the treatment of substance related disorders have a greater capacity to provide integrated services for individuals with CODs.

Source: Interview with Agency Director, knowledge of regional rules and regulations.

Item Response Coding: Coding of this item requires an understanding of the program's current funding streams and the capacity to receive reimbursement for providing services for substance related disorders and mental health disorders.

- ***Mental Health Only Services = (SCORE-1):*** Programs can only get reimbursement for services provided to individuals with a primary mental health disorder. There is no mechanism for programs to be reimbursed for services provided to treat substance related disorders.
- ***(SCORE-2):*** The program's reimbursement codes allow for reimbursement as described in the DDC category BUT the staff and administrators report and perceive there to be barriers in getting reimbursed for substance related services; and thus the program operates in a manner consistent with MHOS.
- ***Dual Diagnosis Capable = (SCORE-3):*** Programs are able to be reimbursed for services provided to treat mental health and substance related disorders as long as the person being treated has a major mental health disorder.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** Programs are able to be reimbursed for services provided to treat both mental health and substance related services equally. There are no specific requirements for the individual to have a major mental health disorder.

II. PROGRAM MILIEU

IIA. <u>Routine expectation of and welcome to treatment for both disorders</u>
Definition: Persons with COD are welcomed by the program or facility, and this concept is communicated in supporting documents. Persons who present with co-occurring substance related disorders are not rejected from the program because of the presence of this disorder.

Source: Observation of milieu and physical environment, interview with clinical staff, support staff and clients.

Item Response Coding: Coding of this item requires a review of staff attitudes/ behaviors as well as the program's philosophy reflected in the organization's mission statement and values.

•***Mental Health Only Services = (SCORE-1):*** The program focuses on individuals with mental health disorders only AND deflects individuals who present with any type of substance related problem.
• ***(SCORE-2):*** The program generally expects to manage only individuals with mental health disorders but does not strictly enforce the refusal/ deflection of persons with substance related problems. The acceptance of substance related disorders likely varies according to the individual clinician's competency or preferences. There is no formalized documentation indicating acceptance of persons with substance related concerns.
•***Dual Diagnosis Capable = (SCORE-3):*** The program tends to primarily focus on individuals with mental health disorders but routinely expects and accepts persons with mild or stable forms of co-occurring substance related disorders. This is reflected in the program's documentation.
• ***(SCORE-4):*** The program expects and treats individuals with CODs regardless of severity BUT this program has evolved to this level informally and does NOT have the supporting documentation to reflect this service array.
•***Dual Diagnosis Enhanced = (SCORE-5):*** The program routinely accepts individuals with CODs regardless of severity and has formally mandated this aspect of its service array through its mission statement, philosophy, welcoming policy, and appropriate protocols.

IIB. <u>Display and distribution of literature and patient educational materials.</u>
Definition: Programs that treat persons with co-occurring disorders create an environment which displays and provides literature and educational materials that address both mental and substance use disorders.

Source: Observation of milieu and physical settings, review of documentation of patient handouts and/or materials for families.

Item Response Coding: Coding this item depends on examination of the clinic environment and waiting areas. Specifically, the different types and displays of educational materials and public notices are under consideration.

- ***Mental Health Only Services = (SCORE-1):*** Materials that address mental health disorders are the only type that are made routinely available.
- ***(SCORE 2):*** Materials are available for both substance related and mental disorders but they are not routinely accessible or displayed in an equitable fashion. The majority of materials and literature are focused on mental health disorders.
- ***Dual Diagnosis Capable = (SCORE-3):*** Materials for both substance related and mental disorders are made routinely available and are distributed equivalently.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** Materials and literature address both substance related and mental disorders and also attend to COD-specific concerns, such as interactions of co-occurring disorders on psychological function, health, ability to find and keep a job, etc.

III. CLINICAL PROCESS: ASSESSMENT

IIIA. Routine screening methods for substance related symptoms

Definition: Programs that provide services to individuals with COD routinely and systematically screen for both substance related and mental disorders. The following text box provides a standard definition of "screening" that originates from SAMHSA (Drafted PPG Measures, SAMHSA, 2004).

> **Screening**: The purpose of screening is to determine the *likelihood* that a person has a co-occurring substance use or mental disorder. The purpose is *not* to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services. There are three essential elements that characterize screening: intent, formal process, and early implementation.
>
> - Intent. Screening is intended to determine the possibility of a co-occurring disorder, not to establish definitively the presence, or absence, or specific type of such a disorder.
> - Formal process. The information gathered during screening is substantially the same no matter who collects it. Although a standardized scale or test need not be used, the same information must be gathered in a consistently applied process and interpreted or used in essentially the same way for everyone screened.
> - Early implementation. Screening is conducted early in a person's treatment episode. For the purpose of this questionnaire, screening would routinely be conducted within the first four (4) visits or within the first month following admission to treatment.

Source: Interviews, observations of medical record (or electronic medical record (EMR) system) or intake screening form packets.

Item Response Coding: Coding of this item requires the evaluation of screening methods routinely used in the program.

- ***Mental Health Only Services = (SCORE-1):*** The program has essentially no screening for substance related problems. On occasion, a program at this level offers a minimal screening for substance related disorders, which is based on the clinician's initial observations and/or impressions.
- ***(SCORE-2):*** The program conducts a basic screening for substance related problems prior to admission BUT is not a routine or standardized component of the evaluation procedures (occurs on a less than 80% of the time). At this level, the screen might include some symptom review, treatment history, current medications, and abstinence/relapse history. Considerable variability across clinicians occurs at this level.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program conducts a screening process with interview questions for substance related problems, is incorporated into a more comprehensive evaluation procedure, and occurs routinely (at least 80% of the time). This screening is standardized in that it consists of a standard set of questions or items. The

format of the screening questions may be open-ended or discrete but they are used consistently.

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program conducts a systematic screening process which uses standardized, reliable and valid instrument(s) for screening both substance related and mental disorders, AND this screening process is routinely (at least 80% of the time) incorporated into the comprehensive evaluation procedures; and is considered an essential component in directing the individual's care.

IIIB. Routine assessment if screened positive for substance related symptoms

Definition: Programs that provide services to persons with COD should routinely and systematically assess for substance related problems as indicated by a positive screen. The following text box provides a standard definition of "assessment" that originates from SAMHSA (Drafted PPG Measures, SAMHSA, 2004).

> **Assessment**: An assessment consists of gathering information and engaging in a process with the client that enables the provider to establish the presence or absence of a co-occurring disorder; determine the client's readiness for change; identify client strengths or problem areas that may affect the processes of treatment and recovery, and engage a person in the development of an appropriate treatment relationship. The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the client to develop a treatment and service plan. Although a diagnosis is often an outcome of an assessment, a formal diagnosis IS NOT required to meet the definition of assessment, as long as the assessment establishes (or rules out) the existence of *some* mental health or substance use disorder.
> Assessment is a formal process that may involve clinical interviews, administration of standardized instruments, and/or review of existing information. For instance, if reasonably current and credible assessment information is available at the time of program entry, the (full) process need not be repeated. There are two essential elements for the definition of assessment: establish or rule-out a co-occurring disorder (diagnosis) and results of assessment used in treatment plan.
>
> Establish (rule-out) Co-occurring Disorder. The assessment must establish justification for services and yield sufficient information to determine or rule-out the existence of co-occurring mental health and substance use disorders. [A specific diagnosis is NOT required.]
>
> Results used in treatment plan. The assessment results must routinely be included in the development of a treatment plan.

Source: Interview and medical record.

Item Response Coding: Coding of this item requires the evaluation of the assessment methodology routinely used in the program or facility.

Mental Health Only Services = (SCORE-1): There is no formal or standardized process that assesses for substance related disorders when such disorders are suspected. At most, a

program offers on-going monitoring for substance related disorders when suspected. In most cases, the ongoing monitoring is to determine appropriateness or exclusion from care.

•***(SCORE-2):*** The program does not offer a standardized process to assess for substance related disorders. –BUT- There are variable arrangements for an assessment of substance related disorders that are provided based upon clinician preference and expertise.

•***Dual Diagnosis Capable = (SCORE-3):*** The program has a regular mechanism for providing a formal substance related assessment on-site as is necessary based on a positive screen. A formal substance related assessment is defined as a standardized set of elements or interview questions that assesses substance abuse concerns (current symptoms and chief complaints, past substance abuse history and typical course and effectiveness of previous treatment, substance related risk, etc) in a comprehensive fashion. This level of substance related assessment requires the expertise of a provider trained in substance related disorders.

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program routinely provides a standardized and formal integrated assessment to all individuals. An integrated assessment entails comprehensive assessment for both substance related and mental health disorders, which are conducted in a systematic, integrated, and routine manner by a competent provider.

IIIC. Substance use and Mental health diagnoses made and documented.

Definition: Programs serving persons with co-occurring disorders have the capacity to routinely and systematically diagnose both mental disorders and substance related disorders.

Source: Interview, Medical record (or EMR).

Item Response Coding: Coding of this item requires the review of diagnostic practices within the program.

•***Mental Health Only Services = (SCORE-1):*** The program does not provide diagnoses for substance related disorders. In some cases, diagnoses of substance related disorders may be discouraged or not recorded.

•***(SCORE-2):*** The program is capable of providing substance related diagnoses but its diagnosticians perform this service infrequently or in an inconsistent manner. At most, this service is provided occasionally.

•***Dual Diagnosis Capable = (SCORE-3):*** A program has established a formal mechanism to prompt its diagnosticians to provide substance related diagnoses. There is some variability in the program's observable capacity to execute this fully but evidence supports that substance related diagnoses are offered with some regularity. There is likely some tendency for these programs to diagnose the more severe or acute substance related disorders.

•***Dual Diagnosis Enhanced = (SCORE-5):*** A program has a formal mechanism to ensure a comprehensive diagnostic assessment to each individual; thus, ensuring that substance related diagnoses are consistently made and documented. Evidence supports that the full range of substance related diagnoses are provided.

IIID. <u>Substance use and Mental health history reflected in medical record</u>
<u>Definition</u>: COD assessment and evaluative processes routinely assess and describe past history and the chronological or sequential relationship between substance related and mental health disorders or problems.

<u>Source</u>: Medical record.

<u>Item Response Coding</u>: Coding of this item requires the review of documentation, specifically the protocols or standards in the collection of the individual's substance use and mental health history.

- ***<u>Mental Health Only Services = (SCORE-1):</u>*** The program does not utilize or promote standardized collection of substance related history and only collects mental health history on a routine basis.
- ***<u>(SCORE-2):</u>*** In addition to the routine collection of mental health history, the program encourages the collection of substance related history but this history is neither structured nor incorporated into the standardized assessment process. The degree and variability in collecting this information varies considerably by clinician preference and competency. -<u>OR-</u> The program provides a means of collecting a formal substance related history (as set by the standard in DDC) but the program does so only variably (<80% of the time).
- ***<u>Dual Diagnosis Capable = (SCORE-3):</u>*** In the course of routine collection of mental health history, there is a routine narrative section in the record that discusses substance related history. -AND- This documentation occurs on at least 80% of the time. This would be evident in the records of the majority of individuals assessed which would document and discuss substance related histories; even for those individuals without substance related histories there would be a narrative section where the absence of substance related history is noted.
- ***<u>Dual Diagnosis Enhanced = (SCORE-5):</u>*** The program has established a specific standardized section of the assessment that is devoted to both mental health and substance abuse histories, and this section also provides historical information regarding the interactions between these two disorders. The substance related history section is more structured and has specific content or elements that are to be covered in this section of the assessment. -AND- This documentation is completed at least 80% of the time.

III E. <u>Service-matching based on substance related symptom acuity: low, moderate, high</u>.
<u>Definition</u>: Programs offering services to individuals with CODs use substance related symptom acuity or instability within the current presentation to assist with the determination of the individual's needs and appropriateness, and whether the program is capable of effectively addressing these needs.

<u>Source</u>: Interview, policy & procedure manual, initial contact and/or referral form.

- <u>Item Response Coding</u>: Coding of this item requires an understanding of clinical protocol for individuals who present with different levels of substance related symptom acuity (e.g. intoxication, withdrawal, dangerousness, risk to self, agitation, self-regulatory capacity). The

level of care capacities within the program must be taken into account when rating this item.

•***Mental Health Only Services = (SCORE-1):*** The program cannot care for individuals who present with any level of substance related symptom acuity.
•***Dual Diagnosis Capable = (SCORE-3):*** The program is capable of providing care to individuals who present with low to medium-acuity substance related symptoms; persons are primarily stable at present (i.e. not acutely intoxicated and some capacity for self-regulation). These programs are able to temporarily manage some crisis interventions with higher acuity substance related disorders but tend to rely on linkages/referrals to addiction service programs.
•***Dual Diagnosis Enhanced = (SCORE-5):*** The program is capable of providing services to individuals who present with all ranges of substance related symptom acuity including those with high-acuity, whose present substance use is severe and unstable. These programs have the capacity to provide comprehensive treatment in an integrated manner for these high acuity individuals and are not dependent on a referral system with addiction services.

III F. Service matching based on severity of the persistence of disability: low, moderate, high.
Definition: Programs offering services to individuals with CODs use severity as defined by the diagnosis, persistence, and disability as an indicator to assist with the determination of the individual's needs and whether the program is capable of effectively addressing these needs.

Source: Interviews, policy & procedure documentation, mission statement.

Item Response Coding: Coding of this item requires an understanding of clinical protocol for individuals who present with different levels of persistence of substance related disability.
•***Mental Health Only Services = (SCORE-1):*** The program can only provide care to individuals who present with no to low levels of persistence of substance related disability. Individuals with no to low persistence of disability are defined as those who have no or a very limited history of functional impairment (person's capacity to manage relationships, job, finances, and social interactions) as a result of a substance related disorder. Persons with a history of severe and persistent substance related disorders as well as persons with histories of substance related inpatient services or extended treatment episodes would be deflected from this type of program.
•***Dual Diagnosis Capable = (SCORE-3):*** The program can only provide care to individuals who present with low to moderate severity and persistence of substance related impairment and disability. Individuals with low to moderate persistence of disability are defined as those who have mild to moderate histories of functional impairment as a result of a substance related disorder. In this case, there may be some substantial history of recurrence in the substance related disorder, and/or there has been evidence of continued impairment in at least one functional area (person's capacity to manage relationships, job, finances, and social interactions). Individuals with higher persistency of problems and

higher relapse potential for substance related problems are directed toward services in an addiction program or maybe at risk for a premature discharge from this program.

- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program can provide care to individuals who present with moderate to high severity or persistence of substance related disability. Individuals with high persistence of disability are often characterized as having chronic, potentially lifelong, functional impairment as a result of a substance related disorder. In this case, there may be significant history of multiple recurrences in the substance related disorder, and/or there has been evidence of continued impairment in several functional areas (person's capacity to manage relationships, job, finances, and social interactions). DDE programs are able to comprehensively manage the complex treatment needs of these individuals.

III G. Stage-wise treatment initial.

Definition: For individuals with substance related and mental health disorders, the assessment of readiness for change is essential to the planning of appropriate services. Although stages of change model has been more traditionally associated with treatment for substance related disorders, assessment of motivational stages across the individual's identified areas of need (including both substance related and mental health) is a more comprehensive approach and helps to more strategically and efficiently match the individual to appropriate levels of service intensities.

Source: Interview, medical records (EMR).

Item Response Coding: Coding of this item requires an understanding the assessment procedures used in the determination of the stages of change or a similar model to systematically determine treatment readiness or motivation.

- ***Mental Health Only Services = (SCORE-1):*** The program does not have an established protocol within the evaluative procedures that assesses or documents the stages of motivation for change.
- ***(SCORE-2):*** The program has an informal, non-standardized process to assess for stages of change. –OR- The program has encouraged the use of a protocol that assesses the stages of change BUT the process is irregularly used (less than 80% of the time).
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has a routinely used assessment protocol that incorporates an assessment of motivational stages for treatment(s) and documents this consistently (at least 80% of the time).
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program has a routinely used assessment protocol for the stage of change that incorporates the use of a standardized instrument to assess and document stages of motivation for change. There is an effort at this level to measure differential motivation across the different areas of need for an individual.

IV. CLINICAL PROCESS: TREATMENT

IV A. <u>Treatment Plans</u>.
<u>Definition</u>: In the treatment of individuals with CODs, the treatment plans indicate that both the mental health disorder as well as the substance related disorder will be addressed.

<u>Source</u>: Medical record.

<u>Item Response Coding</u>: Coding of this item requires an understanding of the program's treatment planning process as well as any standardized procedures and formats used in treatment planning.
•***<u>Mental Health Only Services = (SCORE-1):</u>*** Within the program, the treatment plans focus exclusively on mental health disorders.
•***<u>(SCORE-2):</u>*** Within the program, the treatment plans for individuals with CODs vaguely or only sometimes address substance related disorders while the mental health disorders are more comprehensively targeted. The irregularity is likely due to individual clinician preferences/competencies or resource/time constraints.
•***<u>Dual Diagnosis Capable = (SCORE-3):</u>*** Within the program, the treatment plans of individuals with COD routinely (<u>at least</u> 80% of the time) address both the substance related and mental health disorders, although mental health treatment planning tends to be more specific and targeted, substance related concerns are regularly addressed albeit in a non-specific fashion.
•***<u>(SCORE-4):</u>*** Within the program, the treatment plans of individuals with CODs meet all the requirements for DDC. –AND- There is evidence that some treatment plans consider both the substance related and mental health disorders equivalently and in some individualized detail, although this is not done regularly (less than 80% of the time).
•***<u>Dual Diagnosis Enhanced = (SCORE-5):</u>*** Within the program, the treatment plans of individuals with CODs regularly ($\geq$ 80% of the time) and equivalently address both substance related and mental health disorders and in specific detail as indicated by clear, objective, measurable objectives for both substance use and mental disorders.

IV B. <u>Assess and monitor interactive courses of both disorders</u>.
<u>Definition</u>: In the treatment of persons with CODs, the continued assessment and monitoring of both substance related and mental health disorders as well as the interactive course of the disorders is necessary.

<u>Source</u>: Medical record.

<u>Item Response Coding</u>: Coding for this item requires an understanding of the program's process and procedures for monitoring co-occurring disorders.
•***<u>Mental Health Only Services = (SCORE-1):</u>*** Within the program, treatment monitoring and documentation reflect a focus on mental health disorders only.
•***<u>(SCORE-2):</u>*** Within the program, treatment monitoring of co-occurring substance related problems is conducted irregularly, largely depending on clinician preference/competence as well as staff resources.

•***Dual Diagnosis Capable = (SCORE-3):*** Within the program, treatment monitoring for individuals with CODs regularly (at least 80% of the time) reflect a clinical focus on changes in substance related problems –BUT- This monitoring tends to be a basic, generic or qualitative description within the record.

•***(SCORE-4)*:** Within the program, the DDC standard has been attained and there is also evidence that treatment monitoring and documentation reflect a more systematic and equally in-depth focus on both substance related and mental health disorders, although this is done on an irregular basis (less than 80% of the time).

•***Dual Diagnosis Enhanced = (SCORE-5):*** Within the program, treatment monitoring regularly (at least 80% of the time) reflect a detailed, systematic and in-depth focus on both mental health and substance related concerns. –AND- This continued monitoring is documented in a standardized fashion within the record.

IV C. Procedures for substance related emergencies and crisis management.

Definition: Programs that treat individuals with CODs use specific clinical guidelines to manage crisis and substance related emergencies, according to documented protocols.

Source: Interviews.

Item Response Coding: Coding of this item requires an understanding of a program's specific clinical protocols used to manage substance related crises or concerns.

•***Mental Health Only Services = (SCORE-1):*** The program has no written clinical guidelines for substance related emergencies, AND the majority of staff have no general understanding of any unwritten crisis/emergency management procedures for such situations.

•***(SCORE-2):*** The program staff is able to communicate a general understanding of emergency procedures for crisis situations associated with substance-related concerns, although there are no written guidelines. Calling 911 or emergency personnel would not be considered an acceptable general internal procedure for the management of such crises. A general understanding would include the concept that there is a need to globally assess the risk/ crisis and that there may be different options for intervention based on the assessment.

•***Dual Diagnosis Capable = (SCORE-3):*** The program has written guidelines for substance related crisis/emergency management that includes a standard risk assessment that captures substance related emergencies. The written guidelines also define the available intervention strategies that are matched to the assessed risk. Some of these strategies will include linkage with other providers or entities. An essential aspect of intervention strategies for this level often includes a formalized arrangement with collaborative entities like substance abuse clinics to assist in the management of these crisis situations.

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program has explicit and thoroughly written guidelines for a comprehensive substance related crisis/emergency management that outlines explicit guidelines that can be conducted in-house. These guidelines are designed to maintain individuals within the program, unless the severity of the circumstance warrants an alternative placement. This means that the program is capable of on-going risk assessment and management of persons with interacting and exacerbating symptoms.

IV D. Stage-wise treatment ongoing.

Definition: Within programs that treat individuals with COD, ongoing assessment of readiness to change contributes to the determination of continued services which appropriately fit that stage, in terms of treatment content, intensity, and utilization of outside agencies.

Source: Interviews, medical records.

Item Response Coding: Coding of this item requires an understanding of the program's protocol for the continued assessment and monitoring of the individual as well as whether the stages of change assessment is part of this continued follow-up.

- ***Mental Health Only Services = (SCORE-1):*** The program does not monitor motivational stages in an on-going fashion throughout treatment. Programs that do not regularly assess the stage of motivation in the initial assessment, will likely not consistently address this issue during the course of treatment.
- ***(SCORE-2):*** The program assesses and documents stages of motivation/ change on an irregular and informal basis throughout the course of treatment; this is largely driven by clinician preference or competence.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has endorsed the concept of regularly assessing stages of change and has inserted this into clinical procedures. The program regularly (at least 80% of the time) assesses and documents stages of change throughout the treatment course. BUT treatments may not regularly reflect these on-going stage-wise assessments. This mismatch is often due to the generic application of core services or the placement of individuals into service tracts as opposed to an individualized approach.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program regularly uses stage of change throughout treatment. Motivational stages are regularly re-assessed and documented. -AND- Specific stage–wise treatments are regularly provided to individuals based on these re-assessments i.e. The standards of DDC are met; and in addition, there is an effort to fully utilize this information to match the individual to the appropriate stage-specific services.

IV E. Policies and procedures for medication evaluation, management, monitoring, and compliance

Definition: Programs that treat individuals with COD are capable of evaluating medication needs, coordinating and managing medication regimens, monitoring for adherence to regimens, and responding to any challenges or difficulties with medication adherence, as documented in policy/procedure. In mental health settings, this includes policies and procedures regarding the use of medications for individuals who are actively using substances and regarding the use of medications regularly used in the treatment and management of substance related disorders.

Source: Interviews, policy & procedure manual.

Item Response Coding: Coding of this item requires an understanding of the program's medication management policies and procedures as well as an understanding of the prescribers' job description.

•***Mental Health Only Services = (SCORE-1):*** The program does not have procedures or guidelines for managing the use of medications for individuals with active substance use. The program does not have procedures for managing the use of prescribed medications used in the treatment of substance related disorders.

•***(SCORE-2):*** The program does NOT have the capacity or procedures in place to guide the prescribing of medications for management of substance related disorders. The program has the capacity to accept and monitor individuals who take such medications; will work in conjunction with the other providers who prescribe these medications BUT will not prescribe these medications as part of their service array.

•***Dual Diagnosis Capable = (SCORE-3):*** The program maintains policies and guidelines for prescribing medications for individuals with co-occurring substance related disorders who are admitted for treatment. –AND- The program has a formalized mechanism for accessing the services of a prescriber, who is competent in the pharmacotherapy of addiction. In some cases, this prescriber may serve a supervisory or consultative service to other prescribers who are less experienced in the pharmacotherapy of addiction.

•***(SCORE-4):*** The program maintains standards and guidelines for prescribing and monitoring medications to individuals with COD. –AND- The program retains staff person(s) who are prescribers and are competent in the pharmacotherapy of addiction. BUT these prescribing staff members are **not** fully integrated into the treatment team. These prescribing staff members are frequently perceived as providing an adjunctive service to the program and tend to function in an independent fashion.

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program maintains standards and guidelines for prescribing medications to individuals with COD. –AND- The program retains a staff person(s) who are prescribers competent in the pharmacotherapy of addiction and who are fully integrated into the program's treatment team. The prescriber does NOT provide services in an isolated or independent manner or as an external, add-on service. The prescriber is an active member of the treatment program, involved in treatment planning and administrative decisions.

IV F. Specialized interventions with substance related content.

Definition: Programs that treat individuals with COD utilize specific therapeutic interventions and practices that target co-occurring substance related symptoms and disorders. There is a broad array of interventions and practices that can be effectively integrated into the treatment of individuals with co-occurring disorders that target substance related disorders. Some interventions can be generically applied to programs; these interventions might include some process groups and individual counseling that focus on the barriers to recovery, relapse prevention strategies, triggers for use, etc. Other more specialized clinical interventions that have been described in the treatment of substance related disorders include the use of motivational interviewing techniques, cognitive behavioral interventions specific to substance abuse, and 12-step groups. Another level of specialized and more resource laden practices and interventions that target individuals with severe co-occurring substance related disorders include the use of assertive outreach strategies, intensive case management approaches, risk reduction strategies, etc.

Source: Interviews, review of treatment plans and progress notes

Item Response Coding: Coding of this item requires an understanding of the program's array of services and interventions that are available for treatment of co-occurring substance related disorders.

- ***Mental Health Only Services = (SCORE-1):*** The program services do NOT include the incorporation of therapeutic interventions intended to specifically address substance related concerns, symptoms, or disorders.
- ***(SCORE-2):*** The program irregularly offers interventions for substance related symptoms and disorders. The irregularity is secondary to the judgment or expertise of the individual clinician.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program is able to routinely incorporate (at least 80% of the time) substance related interventions to individuals with CODs. This is translated to mean that the COD individuals treated within the program almost always receive treatment interventions that specifically target substance related disorders –AND- The type of substance related interventions at this level tends to be of a more broadly applicable, generic type and less resource intensive.
- ***(SCORE-4):*** The program meets the standards set at DDC. -AND- The program shows some movement toward the DDE level by offering some components of more individualized interventions for substance related disorders that can be offered with some regularity.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program routinely (at least 80% of the time) provides targeted, individualized substance related interventions to individuals with CODs. –AND- These substance related interventions at this level are characterized as being comprised of a full array of services types including (1) more generic, broadly applicable services, (2) more individualized and skilled techniques, and (3) access to the more resource intensive services for individuals with the most severe disorders.

IV G. Education about substance related disorder and its treatment, and interaction with mental health disorders and its treatment.

Definition: Programs that offer treatment to individuals' with COD provide education about mental health and substance related disorders, including treatment information and the characteristics and features of both types of disorders as well as the interactive course of the disorders.

Source: Interviews with staff, schedules of psycho-educational groups

Item Response Coding: Coding of this item requires an understanding of the program's educational components that address substance related disorders in addition to mental health disorders.

- ***Mental Health Only Services = (SCORE-1):*** The program does not offer education about substance related disorders and treatment, or the interaction with mental health disorders.

•***(SCORE-2):*** The program may irregularly offer education about substance related disorders, treatment but such programming tends to focus on substance related issues as it relates to mental health disorders and concerns.

•***Dual Diagnosis Capable = (SCORE-3):*** The program routinely provides general education about substance related disorders, substance related treatment, and its interaction with mental health disorders and treatment. Examples include a general orientation to co-occurring disorders, lectures about substance abuse and dependence, and lectures about the connections between mental health symptoms and substance use, as well as the appropriate use of psychotropic medications (interaction of non-prescribed drugs with psychotropics). These are lectures designed to inform and are not designed to treat.

•***Dual Diagnosis Enhanced = (SCORE-5):*** The program regularly offers a combination of general education components as described at the DDC level and also has incorporated more individualized instruction that address specific issues within substance related disorders, substance related treatment, or its interaction with mental health disorders and treatment as they relate to specific needs of the persons in treatment. Examples might include topics such as interaction between alcohol and marijuana use and social anxiety. These instructional sets tend to be more in-depth and are designed to address specific needs and risks of individuals in treatment.

IV.H. Family education and support.

Definition: Programs that offer treatment to individuals' with COD provide education and support to the individuals' family members (or significant others) regarding mental health and substance related disorders, including treatment information and the characteristics and features of both types of disorders. This aspect of programming is designed to educate family members about realistic expectations for the individual and the interactive course of the disorders, and is also designed to provide some supportive environment for family members to address specific concerns and be involved in the individuals' treatment planning as necessary.

Source: Interview, schedule of group therapies and support groups

Item Response Coding:

Coding of this item requires an understanding of the program's educational and supportive components for the family or significant others of individuals with co-occurring disorders.

•***Mental Health Only Services = (SCORE-1):*** The program may provide education and support to family members and significant others but the focus tends to be only on mental health disorders.

•***(SCORE-2):*** The program irregularly provides educational groups or support to families regarding substance related disorders and may at times address substance related issues if raised. These services are informally conducted and provided on an as needed basis. These offerings usually depend on the competency and preference of the treating provider.

•***Dual Diagnosis Capable = (SCORE-3):*** The program offers a more formalized mechanism that routinely offers general educational groups and support to families of individuals with co-occurring disorders. While this service might be regularly accessed, this service would not be considered to be a part of the routine program format. Often this

service is provided through collaborative relationships with providers from the addiction agencies.

- ***(SCORE-4):*** The program meets the criteria for DDC in that it has established a core of routinely offered educational groups and support to families of individuals with co-occurring disorders; and in addition, this program has made efforts to insert this more regularly into the interventions and treatment planning process.

Dual Diagnosis Enhanced = (SCORE-5): The program routinely provides education and support groups to families of individuals with co-occurring disorders. –AND- The provision of this service is considered a standard part of the treatment intervention with families and members of support systems regularly participating in these activities. This means that approximately 80% of the families of individuals with COD participate in these activities.

IV.I. Specialized interventions to facilitate use of (COD) self-help group.

Definition: Mental health programs that offer treatment to individuals with COD provide assistance to individuals in developing a support system through self-help groups. Individuals with mental health symptoms and disorders often face additional barriers in linking with self-help groups and require additional assistance such as being referred/ accompanied/ introduced to self-help groups by clinical staff, designated liaisons, or mutual self-help group peer volunteers. Specific issues related to the use of pharmacotherapy by individuals with COD also require additional education and guidance with regard to linking with self help groups.

Source: Interview, schedule or calendar of available self-help groups, treatment plans

Item Response Coding:

Coding of this item requires an understanding of the mechanism through which individuals, specifically those with CODs, are linked with self-help groups.

- ***Mental Health Only Services = (SCORE-1):*** The program does not encourage and does not offer a mechanism to encourage or link individuals with co-occurring substance related disorders to self-help groups.
- ***(SCORE-2):*** The program irregularly offers assistance or support to individuals with a co-occurring substance related disorders in linking with appropriate self-help groups. This is usually the result of clinician's judgment or preference.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program supports that their providers routinely encourage the use of self-help groups for their clients with co-occurring substance related disorders. While the mechanisms to do this tend to be general and not specific to the individual, they are regularly used. Examples of this might be to provide the individuals with a schedule of self-help groups and some initial contacts made on behalf of the individual.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program systematically advocates for the use of self-help groups with their clients who have co-occurring substance related disorders. Treatment plans indicate that linkage with self-help groups is regularly discussed with clients. Specialized assistance in making this linkage attempts to proactively plan for potential barriers or difficulties that the client might experience in the self-help group

environment. Examples of individualized approaches to linking a client with a self-help group include the following: (i) identifying a liaison, who assists the individual in transitioning to the group, (ii) consultation with the self-help group on behalf of the individual regarding specialized mental health needs of the individual (iii) an onsite "transition group" with specific mutual self-help group members who have some willingness to discuss co-occurring mental health problems pertaining to use of the self-help group in the community.

IV.J. Peer recovery supports for patients.

Definition: Mental health programs that offer treatment to individuals with a co-occurring substance related disorder encourage and support the use of peer supports and role models that include consumer liaisons, alumni groups, etc.

Source: Interview, listing/ calendar of available peer recovery supports, understanding of on-site peer recovery supports, consumer liaisons, and alumni staff

Item Response Coding:

Coding of this item requires an understanding of the availability of COD-specific peer supports and role models.

- ***Mental Health Only Services = (SCORE-1):*** The program does not support or guide individuals with co-occurring substance related disorders toward peer supports or role models for COD individuals.
- ***(SCORE-2)***: The program may irregularly offer referrals to off-site peer support groups; this is largely dependent on the providers' preferences and knowledge of the available peer support groups in the area.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program routinely (at least 80% of the time) attempts to refer and link individuals with co-occurring substance related disorders to peer supports and role models located off-site. This is considered a standard support service that can be offered to individuals.
- ***(SCORE-4):*** The program routinely integrates off-site peer recovery supports into the treatment plan for individuals with co-occurring substance related disorders. Utilization of recovery supports is considered a part of standard programming and treatment plans consistently reflect the utilization of these peer recovery supports.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program routinely supports the use of peer supports and role models for individuals with co-occurring disorders through the development of these peer supports on-site. Treatment plans consistently document the utilization of these recovery supports.

V. CONTINUITY OF CARE

V.A. Co-occurring disorder addressed in discharge planning process.
Definition: Programs that offer treatment to individuals with a co-occurring substance related disorder develop discharge plans that include an equivalent focus on needed follow-up services for both mental health and substance related disorders.

Source: Medical record.

Item Response Coding:
Coding of this item requires an understanding of the key elements considered in the documented discharge plan of individuals with co-occurring substance related symptoms.

- ***Mental Health Only Services = (SCORE-1):*** Within the program, the discharge plans of individuals with CODs routinely focus on mental health disorders only and do not address substance related concerns.
- ***(SCORE-2):*** Within the program, the discharge plans of individuals with CODs irregularly address both the substance related and mental health disorders. The irregularity is typically due to individual clinician judgment or preference.
- ***Dual Diagnosis Enhanced = (SCORE-3):*** Within the program, the discharge plans of individuals with CODs routinely (at least 80% of the time) address both the substance related and mental health disorders BUT the mental health disorder takes priority and is likely to continue to be managed within the overall system of care while the follow-up substance related services are managed through an off-site linkage, or are generically addressed as part of the relapse (substance) prevention plan.
- ***(SCORE-4):*** Within the program, the discharge plans of individuals with CODs demonstrate some capacity, although it is irregular (less than 80% of the time), to plan for integrated follow-up as outlined in DDE (i.e., equivalently address both the substance related and mental health disorders as a priority).
- ***Dual Diagnosis Enhanced = (SCORE-5):*** Within the program, the discharge plans of individuals with CODs routinely (at least 80% of the time) address both the substance related and mental health disorders. –AND- Both disorders are considered a priority with equivalent emphasis placed on ensuring appropriate follow-up services for both disorders. This program may have the capacity to continue management and support of both disorders in-house or have a formalized agreement with substance related clinics to provide the needed services.

V.B. Capacity to maintain treatment continuity.
Definition: When programs address the continuum of treatment needs for individuals with COD, there should be a formal mechanism for providing on-going needed substance related follow-up. Best practice would indicate that substance related concerns are followed-up and monitored in a manner that is integrated with traditional mental health follow-up. The program emphasizes continuity of care within the program's scope of practice but if a linkage with another level of care is necessary it sets forth the expectation that treatment continues indefinitely with a goal of illness management

Source: Interview

Item Response Coding:
Coding of this item requires an understanding of the continuity of care available for the continued treatment and monitoring of substance related disorders in conjunction with mental health disorders

•***Mental Health Only Services = (SCORE-1):*** With regard to treatment continuity, the program's system of care offers follow-up care for mental health disorders only, and there is no internal mechanism for providing follow-up care, support or monitoring of substance related disorders. Follow-up substance related treatment is referred to an off-site provider without any formal consultation or collaboration. Programs at this level may discharge individuals (for substance related symptoms or non-compliance) with minimal expectation or preparation for returning for services.

•***(SCORE-2):*** With regard to treatment continuity, the program's system of care is similar to that of an MHOS system BUT there are individual clinicians who are competent and willing to provide follow-up care and monitoring of co-occurring substance related disorders.

•***Dual Diagnosis Capable = (SCORE-3):*** With regard to treatment continuity, the program's system of care has the capacity to provide continued monitoring/ support for substance related disorders in addition to the regularly provided follow-up care for mental health disorders or is able to systematically link the individual to substance related services off-site through collaborative efforts and thus insures a rapid return for program services when indicated.

•***Dual Diagnosis Enhanced = (SCORE-5):*** With regard to treatment continuity, the program's system of care has the capacity to monitor AND treat both substance related disorders and mental health disorders over an extended or indefinite period. Recovery check-ups may be an annual option in this type of program.

V.C. Focus on ongoing recovery issues for both disorders.

Definition: Programs that offer a continuum of services to individuals with COD support the use of a recovery philosophy (vs. symptom remission only) for both substance related as well as mental health disorders.

Source: Interview, document review (mission statement, brochure, policy & procedure manual).

Item Response Coding:
Coding of this item requires an understanding the program's philosophy and how the concept of recovery (vs. remission) is used in the treatment and planning of both substance related and mental health disorders.

•***Mental Health Only Services = (SCORE-1):*** The program embraces the philosophy of the recovery for mental health disorders only, substance related recovery is not incorporated.

- ***(SCORE-2):*** The program embraces the philosophy of recovery for mental health disorders similar to that of an MHOS system. BUT there are individual clinicians who use recovery when planning services for substance related disorders as well
- ***Dual Diagnosis Capable = (SCORE-3):*** The program systematically embraces the philosophy of recovery for mental health disorders but also includes a recovery philosophy for co-occurring substance related disorders, but primarily as it impacts the recovery from the mental health disorder. For example, substance related concerns are perceived as a recovery issue in terms of its probability of leading to recurrence/exacerbation of the mental health disorder if not appropriately treated, or substance related issues may be conceptualized as part of generic wellness and positive lifestyle change.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program embraces the philosophy of recovery equivalently for both substance related and mental health disorders, and articulates specific goals for persons to achieve and maintain recovery that includes both mental health and substance use objectives.

V.D. Facilitation of self-help support groups for COD is documented

Definition: Programs that offer a continuum of services to individuals with COD anticipate difficulties that the individuals with COD might experience when linking or continuing with self-help support groups and thus provide the needed assistance to support this transition beyond active treatment.

Source: Interview.

Item Response Coding:
Coding of this item requires an understanding of self-help support groups within the program's continuum of services and the systems for facilitating the connection with mutual self-help groups in the community.
Note: Programs having difficulty with the facilitation of self-help groups while the individual was in treatment, will also likely have difficulty meeting this when the individual is discharged.

- ***Mental Health Only Services = (SCORE-1):*** Within the continuum of services, the program does not advocate or assist with linking individuals with COD to self-help support groups beyond recommendations, assignments, meetings lists, and suggestions to "work the steps' and/or "find a temporary sponsor."
- ***(SCORE-2):*** Within the continuum of services, the program does not advocate or generally assist with linking COD persons with self help recovery groups or documents any such attempts. However, there is some indication that it may happen as a result of clinician judgment or preference. A COD specific connection may be variably developed.
- ***Dual Diagnosis Capable = (SCORE-3):*** Within the continuum of services, the program facilitates the process of linking individuals with COD to self-help recovery groups at discharge. This is not a systematic part of standard discharge planning but occurs with some frequency. For example, 1) women with PTSD are linked to women's AA meetings; or 2) a thorough discussion of medications vs. drugs takes place, including how to talk at NA meetings about medications and how to find a receptive sponsor.

•***(SCORE-4):*** Within the continuum of services, the program irregularly facilitates the process of matching individuals with COD to self-help recovery groups at discharge. This is not a part of standard discharge planning but occurs with increasing frequency (at least 50% of the time).

•***Dual Diagnosis Enhanced = (SCORE-5):*** Within the continuum of services, the program routinely recognizes the difficulties of individuals with COD in linking or continuing with self-help support groups; and thus, routinely (at 80% of the time) facilitates this process at discharge. This may be a component of the program's continuity of care policy, and may include directed introductions to recovering individuals from the community, accompanying patients to meetings in the community, or enabling patients to attend in house mutual self-help meetings on site indefinitely.

V. E. Sufficient supply and compliance plan for medications is documented.

Definition: Programs that offer a continuum of care to individuals with COD have the capacity to assist these individuals with the continuation of needed pharmacotherapy for addictive disorders in addition to psychotropic medication for mental health disorders.

Source: Interview, discharge procedures

Item Response Coding:

Coding of this item requires an understanding the program's prescribing guidelines for individuals with COD at discharge.

Note: Programs that have difficulty providing pharmacotherapy for substance related disorders while the individual was in treatment will likely have difficulty in providing this service at discharge.

•***Mental Health Only Services = (SCORE-1):*** When an individual with a co-occurring substance related disorder is discharged, the program does not offer any accommodations with regard to medication planning for the substance related disorder other than recommending the individual consult with a prescriber or making an appointment on her/his behalf.

•***Dual Diagnosis Capable = (SCORE-3):*** When an individual with a co-occurring substance related disorder is discharged, the program has the capacity to provide for medications used in treating the substance related disorder for 30 days until the individual can be linked (appointment arranged by the program with some exchange of information to referral site) for follow-up prescriptions at an external site).

•***Dual Diagnosis Enhanced = (SCORE-5):*** When an individual with a co-occurring substance related disorder is discharged, the program has the capacity to provide continued medication management including prescribing within the program structure for an indefinite period, or at least until the individual has successfully transitioned to the new care provider. Collaboration in the transition between providers is evident.

VI. STAFFING.

VIA. Psychiatrist or other physician

Definition: Programs that offer treatment to individuals with COD offer pharmacotherapy for both the mental health disorder as well as the substance related disorder through the services of prescribing professionals. These programs may have a formal relationship with a psychiatrist, physician, or nurse practitioner (or other licensed prescriber) who works with the clinical team to increase medication adherence, to decrease the use of potentially addictive medications such as benzodiazepines, and to offer medications such as disulfiram, naltrexone, or acamprosate that may help to reduce addictive behavior.

Source: Interview

Item Response Coding:
Coding of this item requires an understanding of the specific competencies of the prescribing professional and the level of involvement of the licensed prescriber with the clinical treatment team.

- ***Mental Health Only Services = (SCORE-1):*** The program has no formal relationship with a prescriber who is competent to provide medications to individuals with co-occurring substance related disorders.
- ***(SCORE-2):*** The program has an arrangement with a prescriber, who is competent to provide medications to individuals with co-occurring substance related disorders, as a consultant or as an off-site provider,
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has an arrangement with a prescriber, who is competent to provide medications to individuals with co-occurring substance related disorders, as either a consultant or contractor who renders services on site but who is NOT a member of the program's clinical staff (i.e. is only available for direct patient care).
- ***(SCORE-4):*** The program has a prescriber, who is competent to provide medications to individuals with co-occurring substance related disorders, as an on-site staff member to provide specific clinical duties but does NOT routinely participate in the organized activities of a clinical team. At this level, this prescriber may be accessed on a limited basis but this is not routine.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program has a prescriber, who is competent to provide medications to individuals with co-occurring substance related disorders, as an on-site staff member. –AND- This prescribing staff member is also an active participant in the full range of the program's clinical activities and is an integral member of the clinical team, and may serve in a key clinical decision-making or supervisory role.

VI.B. On site staff with MH licensure (doctoral or masters level).

Definition: Mental health programs that offer treatment to individuals with COD employ persons with expertise in substance related disorders to enhance their capacity to treat the complexities that accompany individuals with co-occurring disorders.

<u>Source</u>: Interview, review of staff composition

<u>Item Response Coding:</u>
Coding of this item requires an understanding of the program's staff composition, particularly the number of licensed, certified and/or competent addiction staff.

- ***<u>Mental Health Only Services = (SCORE-1):</u>*** The program has <u>no</u> staff members who have specific expertise or competencies in the provision of services to individuals with substance related disorders.
- ***<u>(SCORE-2):</u>*** The program has <u>less than 25%</u> of staff who have specific expertise or competencies in the provision of services to individuals with substance related disorders.

<u>Dual Diagnosis Capable = (SCORE-3):</u> The program has <u>at least 25%</u> of staff who have specific expertise or competencies in the provision of services to individuals with substance related disorders.

<u>Dual Diagnosis Enhanced = (SCORE-5):</u> The program has <u>at least 50%</u> of staff who have specific expertise or competencies in the provision of services to individuals with substance related disorders.

<u>VIC. Access to supervision or consultation for substance related disorders</u>

<u>Definition:</u> Programs that offer treatment to individuals with co-occurring substance related disorders provide formal supervision for addiction services to trained providers of substance related services but who are unlicensed or who have insufficient competence or experience in the treatment setting.

<u>Source</u>: Interview with clinical supervisors, staff composition

<u>Item Response Coding</u>: Coding of this item requires an understanding of the program's supervision structure, specifically those individuals who provide supervision for addiction services.

- ***<u>Mental Health Only Services = (SCORE-1):</u>*** The program does not have the capacity to provide supervision of addiction services.
- ***<u>(SCORE-2):</u>*** The program provides a limited form of supervision for addiction services that is informal, irregular, and largely undocumented. This service is typically offered through an off-site consultant or only in emergent situations on-site.
- ***<u>Dual Diagnosis Capable = (SCORE-3):</u>*** The program has the capacity to offer supervision for addiction services to staff on-site on a semi-structured basis. Supervision at this level tends to be focused primarily on case disposition or crisis management issues.
- ***<u>(SCORE-4):</u>*** The program offers regular supervision for addiction services through an on-site supervisor BUT this arrangement is NOT formally or consistently documented.

<u>Dual Diagnosis Enhanced = (SCORE-5):</u> The program has the capacity to offer a structured and regular supervision for addiction services on-site and there is evidence that the supervision is focused on assessment and/or treatment skill development. –AND-

Documentation is available that demonstrates this arrangement, including regularly scheduled supervision periods.

VID. <u>Supervision, case management or utilization review procedures emphasize and support COD treatment</u>

<u>Definition:</u> Programs that offer treatment to individuals with co-occurring substance related disorders conduct COD-specific case reviews or engage in a formal utilization review process of COD cases in order to continually monitor the appropriateness and effectiveness of services for this population.

<u>Source</u>: Interview, agency documents.

<u>Item Response Coding:</u> Coding of this item requires an understanding of the program's formal process for reviewing co-occurring substance related issues, specifically the cases of individuals with COD.

<u>Mental Health Only Services = (SCORE-1):</u> The program has no protocols to review the co-occurring substance related cases through a formal review process such as supervision or utilization review.

- ***<u>(SCORE-2):</u>*** The program has an off-site consultant who occasionally conducts reviews of COD cases. Documentation may not be available and appears to be a largely unstructured and informal process.
- ***<u>Dual Diagnosis Capable = (SCORE-3):</u>*** The program has a regular procedure for reviewing co-occurring substance related cases through supervision or utilization review by an on-site person. This process is not routine or systematically focused on only COD cases but is a regular procedure within the program that allows for the review of COD cases on an as needed basis. There is some minimal documentation that supports the consideration of COD services within this process (e.g. weekly staffings).
- ***<u>Dual Diagnosis Enhanced = (SCORE-5):</u>*** The program has a routine, formalized protocol that consistently reviews and focuses on co-occurring substance related disorders, This process allows for a systematic and critical review of targeted interventions for COD cases in order to determine appropriateness or effectiveness. Documentation of this formalized process is available.

<u>VIE. Peer/Alumni supports are available with COD</u>

<u>Definition:</u> Programs that offer treatment to individuals with co-occurring substance related disorders maintain staff or enlist volunteers who can serve as COD peer/alumni supports.

<u>Source</u>: Interview, Staff and volunteer composition

<u>Item Response Coding:</u> Coding of this item requires an understanding the program's staff composition and the availability of staff as peer/ alumni supports, specifically the presence of individuals in recovery from a co-occurring disorder.

- ***Mental Health Only Services = (SCORE-1):*** The program offers neither on-site staff or volunteers or off-site linkages with COD alumni or peer recovery supports
- ***Dual Diagnosis Capable = (SCORE-3):*** The program provides off-site linkages with COD peer/ alumni supports on a consistent basis.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program maintains staff or volunteers on-site who can provide COD peer/ alumni support and serve to bridge individuals to self-help support groups.

VII. TRAINING

VIIA. Basic training in prevalence, common signs and symptoms, screening and assessment for substance related symptoms and disorders.

Definition: Programs that provide treatment to individuals with co-occurring substance related disorders have staff with basic skills and/or training in the prevalence of CODs, the screening & assessment of CODs, the signs & symptoms of CODs, and in triage and treatment decision-making.

Source: Interview, Review of strategic training plans

Item Response Coding: Coding of this item requires an understanding the program's requirements for basic skills and training with regard to CODs.

- ***Mental Health Only Services = (SCORE-1):*** The program's staff have no training and are not required to be trained in basic COD issues.
- ***(SCORE-2):*** The program encourages COD training but has not made this a part of their strategic training plan. –OR- A portion of the program's staff are trained in basic COD knowledge and skills.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program's strategic training plan requires basic training in COD issues for all staff -AND- The majority of program staff are trained in these basic COD issues including the prevalence of CODs, screening & assessment of CODs, the signs & symptoms of CODs, and triage and treatment decision-making for CODs.
- ***(SCORE-4):*** The program meets the DDC requirements AND has some staff trained in advanced COD issues and specifically targeted treatments, although this aspect of advanced COD training has NOT been formally incorporated into the strategic training plan.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program's strategic training plan requires basic training in COD issues for all staff and requires advanced training in COD issues for select staff. -AND- All program staff has received this basic COD training (screening & assessment of CODs, the signs & symptoms of CODs, and the prevalence of CODs) and select staff has been trained in advanced COD skills.

VIIB. Staff is cross-trained in mental health and substance use disorders, including pharmacotherapies.

Definition: Programs that offer treatment to individuals with COD support cross-training of their staff to increase the needed capacity to provide COD treatment within the program and this aspect of training is incorporated into the program's strategic training plan.

Source: Interview, Review of strategic training plan

Item Response Coding: Coding of this item requires an understanding of the program's training plan, the utilization of cross-training within this plan, and knowledge of the numbers

of staff who have completed cross-training. Coding of this item also requires an understanding of how the program has defined cross-training for COD.

•***Mental Health Only Services = (SCORE-1):*** The program has no staff that are cross-trained in COD services and has not incorporated the concept of cross-training into the program's training plan.
•***(SCORE-2):*** The program has at least 33% of staff but not more than 50% who are cross-trained in COD services. Cross-training has not necessarily been incorporated into the overall training plan for the program.
•***Dual Diagnosis Capable = (SCORE-3):*** The program has at least 50% but not more than 75% of staff who are cross-trained in COD services. Cross-training has been incorporated into the overall training plan for the program but not fully implemented.
•***(SCORE-4):*** The program has at least 75% of staff but not more than 90% who are cross-trained in COD services. Cross-training has been incorporated into the overall training plan for this program but not fully implemented.
•***Dual Diagnosis Enhanced = (SCORE-5):*** The program has at least 90% of staff who are cross-trained in COD services. Cross-training has been incorporated into the overall training plan for the program and has been largely implemented.

DDCAT-MH Interpretation, Feedback, and Reports

The conduct and scoring of the DDCAT-MH will produce scores on the seven dimensions and categorize the program as MHOS, DDC or DDE.

With respect to interpretation, programs are urged not to make too much of the categorization option (since details of this assignment are still being refined). However, many will insist on this label to define in a simple way the co-occurring capacity of their agency's programs.

The dimension scores are the average scores of the items within the dimension. The scores on these dimensions can be examined for relative highs and lows and may be connected with the agency's own readiness to address specific if not all areas. These averages can also be depicted on a chart (line graph) and presented as the program's profile. Horizontal lines can indicate points above or below the benchmark criteria (e.g. DDC) and this can serve as a visual aid in focusing the assessor and program leadership on those dimensions that are both strengths and areas for potential development. Lastly, the visual depiction can be enlightening if DDCAT-MH assessments are conducted at two or more points in time. As a process or continuous quality improvement measure, the profile depicts change or stabilization by dimension.

A qualitative interpretation of the DDCAT-MH profile and items has proven to be the most useful way to engage clinicians and providers in a dialogue and change process. Conversation about dimensions, as well as themes across dimensions is often the most useful way for providers to consider where they are and where they want to go.

Feedback is typically provided in two formats.

First, just after the DDCAT-MH site visit, agency directors and leadership may expect some preliminary verbal feedback. This can be offered as the person conducting the visit becomes more experienced. A suggestion is to focus on the strengths of the agency, and where possible join with those issues that have already been identified as quality improvement issues by the agency staff members themselves. This could be seen as a parallel to motivational interviewing technique.

The second format is via written report. This has been accomplished via a summary letter to the agency director. The organization of the feedback letter will vary but essentially consists of a communication of appreciation, a review of what programs and sources of data were assessed, an acknowledgment of relative strengths in existing services, and review of potential areas that can be targeted for enhancement. The reports may vary by how much of an emphasis is placed on specific recommendations (e.g. listing and describing specific screening measures to systematize screening for co-occurring disorders) or to make mention only of thematic areas of potential improvements.

DDCAT-MH assessments for a region, a state or as change indices can be aggregated and analyzed, or simply used to map a territory of the dual diagnosis capacity of mental health treatment providers.

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