

**The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index:  
An Introductory manual (Version 2.4)**

Jessica Brown<sup>1</sup>, Joseph Comaty<sup>1</sup>, Mark P. McGovern<sup>2</sup>, & Kirsten Riise<sup>3</sup>

<sup>1</sup>Department of Health and Hospitals, Office of Mental Health, State of Louisiana,  
Baton Rouge, Louisiana.

<sup>2</sup>Department of Psychiatry, Dartmouth Medical School,  
Lebanon, New Hampshire

<sup>1</sup>Department of Health and Hospitals, Office of Addictive Disorders, State of Louisiana,  
Baton Rouge, Louisiana.

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## TABLE OF CONTENTS

SECTION	PAGE
Introduction	3
What is a Fidelity Index?	3
What is the DDCAT?	3
The methodology of the DDCAT	4
Arranging and conducting the site visit	5
Scoring of the DDCAT	6
Organization of the Manual	7
The DDCAT Index: Definition, Source for Data, and Scoring	
I. Program Structure	9
II. Program Milieu	13
III. Clinical Process: Assessment	15
IV. Clinical Process: Treatment	21
V. Continuity of Care	29
VI. Staffing	33
VII. Training	37
DDCAT Interpretation, Feedback, and Reports	39
References	40

**Introduction:**

The impetus for the development of this *introductory* manual for the DDCAT was to provide a basic framework and definitions for the program changes involved within the Co-Occurring Disorders State Incentive Grant (COSIG) initiative. These programs 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 Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index in order to better define what is actually required to be considered a co-occurring capable program or DDC. The DDCAT is 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 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?**

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 and 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 dimensions. The first dimension is **Program Structure**, this dimension focuses on general organizational factors that foster or inhibit the development of COD treatment. **Program Milieu** is the second dimension, and this dimension 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 dimensions are referred to as the **Clinical Process** dimensions (**Assessment** and **Treatment**), and these examine whether specific clinical activities achieve specific benchmarks for COD assessment and treatment. The fifth dimension 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 dimension is **Staffing**, which examines staffing patterns and operations that support COD assessment and treatment. The seventh dimension 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.

### **The methodology of the DDCAT**

The DDCAT uses 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 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 assessment. This process typically becomes more efficient as the assessor gains experience.

The DDCAT 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 assessment at the end of the visit. This may be a period of 15 to 30 minutes. During this time, the assessor considers DDCAT 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 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 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 use of graphic figures that plot the 7 dimension scores (with horizontal lines indicating the benchmarks for AOS, DDC or DDE services) has been very useful to guide feedback, conversation and target program enhancement efforts. The DDCAT 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**

Each program element of the DDCAT 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 substance related disorders, referred to by ASAM and in the DDCAT as “Addiction Only Services” (AOS). 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 substance related disorders. This level is referred to as being Dual Diagnosis Capable (DDC) by ASAM and on 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. Scores of 2 and 4 are reflective of intermediary levels between the standards established at the 1-AOS, 3-DDC, and 5-DDE levels.

When rating a program on the DDCAT, 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-AOS sets the most basic mark, a 3-DDC sets at a mid-level mark, and a 5-DDE sets 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-AOS 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 -AND- the frequency at which these standards occur.

In other words, in order to meet the criterion of 3 or 5 on a DDCAT 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 an 80% of the time).

The total score for the DDCAT 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 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 Addiction Only Services if 80% of scores are 1's
4. Use the mean scores of the individual items within each dimensions 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 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 rankings of 1-AOS, 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 psychiatric disorders.

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

- ***Addiction 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 substance-related disorders only.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has a mission statement that identifies a primary target population as being individuals with substance related 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 Addiction Board is to improve the quality of life for adults and adolescent with addictive disorders. 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 combined 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.

- ***Addiction Only Services = (SCORE-1):*** The program's licensure agreement or state permit restricts services to individuals with substance related 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 mental health disorders that co-occur with substance related disorders. BUT the staff and administrators report and perceive there to be barriers in providing mental health services; and thus the program operates in a manner consistent with AOS.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program's licensure agreement or state permit identifies the target population to be individuals with substance related disorders but does **not** restrict the program from treating individuals with co-occurring mental health 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 mental health services.**

**Definition:** Programs that transform themselves from ones that only provide for substance related 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 mental health as well as substance related 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.

- ***Addiction 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 substance related disorders with funding for the treatment of mental health 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.

- **Addiction Only Services = (SCORE-1):** Programs can only get reimbursement for services provided to individuals with a primary substance related disorder. There is no mechanism for programs to be reimbursed for services provided to treat mental health 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 mental health services; and thus the program operates in a manner consistent with AOS.
- **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 substance related 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 substance related disorder.

## II. PROGRAM MILIEU

### **IIA. Routine expectation of and welcome to treatment for both disorders**

**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 mental 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.

- **Addiction Only Services = (SCORE-1):** The program focuses on individuals with substance related disorders only AND deflects individuals who present with any type of mental health problem.
- **(SCORE-2):** The program generally expects to manage only individuals with substance related disorders but does not strictly enforce the refusal/ deflection of persons with mental health problems. The acceptance of mental health disorders likely varies according to the individual clinician's competency or preferences. There is not a formalized documentation indicating acceptance of persons with mental health concerns.
- **Dual Diagnosis Capable = (SCORE-3):** The program tends to primarily focus on individuals with substance related disorders but routinely expects and accepts persons with mild or stable forms of co-occurring mental 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. Display and distribution of literature and patient educational materials.**

**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.

- **Addiction Only Services = (SCORE-1):** Materials that address substance related 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 substance related 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

#### III.A. Routine screening methods for psychiatric 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” and 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.

- **Addiction Only Services = (SCORE-1):** The program has essentially no screening for psychiatric problems. On occasion, a program at this level offers a minimal screening for mental disorders, which is based on the clinician’s initial observations and/or impressions.
- **(SCORE-2):** The program conducts a basic screening for psychiatric 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/or suicide/homicide history. Considerable variability across clinicians occurs at this level.
- **Dual Diagnosis Capable = (SCORE-3):** The program conducts a screening process with interview questions for psychiatric 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 validated instrument(s) for screening both

substance related and mental disorders, AND this screening process is routinely (at least an 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 psychiatric symptoms**

**Definition:** Programs that provide services to persons with COD should routinely and systematically assess for psychiatric problems as indicated by a positive screen. The following text box provides a standard definition of “assessment” and 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.

**•Addiction Only Services = (SCORE-1):** There is no formal or standardized process that assesses for psychiatric disorders when such disorders are suspected within the program. At most, a program offers on-going monitoring for mental disorders when mental disorders are 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 mental disorders. –BUT– There are variable arrangements for a mental health assessment that are provided based upon clinician preference and expertise.
- ***Dual Diagnosis Capable = (SCORE-3)***: The program has a regular mechanism for providing a formal mental health assessment on-site as is necessary based on a positive screen. A formal mental health assessment is defined as a standardized set of elements or interview questions that assesses mental health concerns (current symptoms and chief complaints, past MH history and typical course and effectiveness of previous treatment, mental health risk, etc) in a comprehensive fashion. This level of mental health assessment requires the expertise of a mental health provider.
- ***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. Psychiatric and substance use 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:** Medical record (or EMR).

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

- ***Addiction Only Services = (SCORE-1)***: The program does not provide diagnoses for psychiatric disorders. In some cases, diagnoses of mental health disorders may be discouraged or not recorded.
- ***(SCORE-2)***: The program has a limited capacity to provide mental health diagnoses in an inconsistent capacity. At most, this service is provided occasionally or on an as needed basis.
- ***Dual Diagnosis Capable = (SCORE-3)***: A program has established a formal mechanism for the provision of mental health diagnoses to be provided and documented. There is some variability in the program's capacity to do this, but these diagnostic services are provided with enough regularity to meet the needs of individuals with severe or acute mental health disorders.
- ***Dual Diagnosis Enhanced = (SCORE-5)***: A program has a formal mechanism to ensure a comprehensive diagnostic assessment to each individual; thus, ensuring that mental health diagnoses are consistently made and documented. Evidence supports that the full range of mental health diagnoses are provided.

### **IIID. Psychiatric and substance use history reflected in medical record**

**Definition:** COD assessment and evaluative processes routinely assess and describe past history and the chronological or sequential relationship between substance related and psychiatric disorders or problems.

Source: Medical record

Item Response Coding: 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.

- **Addiction Only Services = (SCORE-1):** The program does not utilize or promote standardized collection of mental health history and only collects substance use history on a routine basis.
- **(SCORE-2):** In addition to the routine collection of substance use history, the program encourages the collection mental health history but this history is neither structured nor incorporated into the standardized assessment process. The degree and variability in collection methods varies considerably by clinician preference and competency. OR- The program provides a means of collecting a formal mental health history (as set by the standard in DDC) but the program does so only variably (<80% of the time).
- **Dual Diagnosis Capable = (SCORE-3):** In the course of routine collection of substance use history, there is a routine narrative section in the record that discusses mental health history within the record. -AND- This documentation occurs on at least an 80% of the time. This would be evident in the records of the majority of individuals assessed which would document and discuss mental health histories; even for those individuals without mental health histories there would be a narrative section where the absence of substance related history is noted.
- **Dual Diagnosis Enhanced = (SCORE-5):** 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 mental health 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.

### **IIIE. Service-matching based on psychiatric symptom acuity: low, moderate, high.**

Definition: Programs offering services to individuals with CODs use psychiatric 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.

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

- Item Response Coding: Coding of this item requires an understanding of clinical protocol for individuals who present with different levels of psychiatric symptom acuity (e.g. suicidality, dangerousness, agitation, self-regulatory capacity). The level of care capacities within the program must be taken into account when rating this item.
- **Addiction Only Services = (SCORE-1):** The program cannot care for individuals who present with any level of psychiatric symptom acuity.

•**Dual Diagnosis Capable = (SCORE-3):** The program is capable of providing care to individuals who present with low to medium-acuity psychiatric symptoms; persons are primarily stable at present, i.e. no active suicidality, homicidality, and some capacity for self-regulation. These programs are able to temporarily manage some crisis interventions with higher acuity mental health disorders but tend to rely on linkages/referrals to mental health programs.

•**Dual Diagnosis Enhanced = (SCORE-5):** The program is capable of providing services to individuals who present with all ranges of psychiatric symptom acuity including those with high-acuity, whose present mental status may be severe or psychiatrically 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 mental health services.

### **IIIF. 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 mental health disability.

•**Addiction Only Services = (SCORE-1):** The program can only provide care to individuals who present with no to low levels of persistence of mental health disability. Individuals with moderate to high 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 mental health disorder. Persons with a history of severe and persistent mental illnesses as well as persons with histories of psychiatric hospitalization or extended ambulatory treatments 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 psychiatric 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 psychiatric disorder. In this case, there may be some substantial history of recurrence in the psychiatric 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). Persons with Axis I mood, anxiety or posttraumatic stress disorders, or Axis II disorders might be more typically served by this program. Individuals with higher persistency of mental health problems are directed toward services in a mental health service 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 mental health disability.

Individuals with high persistence of disability are often characterized as having chronic, potentially lifelong, functional impairment as a result of a mental disorder, including persons with severe and persistent mental illnesses. In this case, there may be a significant history of multiple recurrences in the mental 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.

### **IIIG. Stage-wise treatment initial.**

**Definition:** For individuals with substance related and mental health disorders, the assessment of readiness for change for both disorders is essential to the planning of appropriate services. The stages of change model has its origin in fostering intentional behavior changes and has therefore been used readily in the addiction field; 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 of the assessment procedures used in the determination of the stages of change or a similar model to systematically determine treatment readiness or motivation.

- **Addiction 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. Treatment Plans.

Definition: In the treatment of individuals with CODs, the treatment plans indicate that both the psychiatric disorder as well as the substance related disorder will be addressed.

Source: Medical record.

Item Response Coding: 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.

- **Addiction Only Services = (SCORE-1):** Within the program, the treatment plans focus exclusively on substance related disorders.
- **(SCORE-2):** Within the program, the treatment plans for individuals with CODs vaguely or only sometimes address co-occurring mental health disorders while the substance related disorders are more comprehensively targeted. The irregularity is likely due to individual clinician preferences/competencies or resource/time constraints.
- **Dual Diagnosis Capable = (SCORE-3):** Within the program, the treatment plans of individuals with COD routinely (at least 80% of the time) address both the substance related and mental health disorders, although the treatment planning for the substance related disorders tends to be more specific and targeted, mental health concerns are regularly addressed albeit in a somewhat non-specific fashion.
- **(SCORE-4):** 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 an 80% of the time).
- **Dual Diagnosis Enhanced = (SCORE-5):** Within the program, the treatment plans of individuals with CODs regularly (at least 80% of the time) and equivalently address both substance related and mental health disorders equivalently and in specific detail as indicated by clear, objective, measurable objectives for both substance use and mental disorders.

### IV B. Assess and monitor interactive courses of both disorders.

Definition: 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.

Source: Medical record.

Item Response Coding: Coding for this item requires an understanding of the program's process and procedures for monitoring co-occurring disorders.

- **Addiction Only Services = (SCORE-1):** Within the program, treatment monitoring and documentation reflect a focus on substance related disorders only.
- **(SCORE-2):** Within the program, treatment monitoring of co-occurring mental health 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 an 80% of the time) reflect a clinical focus on changes in mental health 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 mental health and substance related 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) reflects 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 psychiatric emergencies and crisis management.**

**Definition:** Programs that treat individuals with CODs use specific clinical guidelines to manage crisis and mental health 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 mental health crises or concerns.

- ***Addiction Only Services = (SCORE-1):*** The program has no written clinical guidelines for mental health 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 are able to communicate a good general understanding of emergency procedures for crisis situations associated with mental health 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 a basic understanding of available options for intervention based on the assessment.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has some written guidelines for mental health crisis/emergency management that includes a standard risk assessment that captures mental health 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 mental health 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 mental health 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 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.

- ***Addiction 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 treatments. 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.

**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.

- ***Addiction Only Services = (SCORE-1):*** The program does not admit individuals who have been prescribed medications. The program has no capacity to manage, monitor, or prescribe medications to individuals.
- ***(SCORE-2):*** The program does NOT have the capacity to prescribe. The program has a very limited capacity to accept and monitor individuals who take medications. Frequently, the program has restrictions on the type of medications that it can manage, or the program requires the individual to have a sufficient supply of their medications in order to be accepted into the program.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program maintains policies and guidelines for prescribing medications for individuals with COD in treatment. –AND- The program has a formalized mechanism for accessing the services of a prescriber, who is at least a consultant to the program.
- ***(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 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 is a prescriber and is 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 mental health content.**

**Definition:** Programs that treat individuals with COD utilize specific therapeutic interventions and practices that target specific mental health 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 mental health symptoms and disorders. Some interventions can be generically applied to programs; these interventions might include stress management, relaxation training, anger management, coping skills, assertiveness training, and problem solving, etc. [In some cases, addiction treatment programs may already use some of these techniques in the treatment of substance related disorders.] Other more advanced mental health interventions that could be applied to persons with CODs include therapies that target specific disorders such as: desensitization therapy for PTSD, Interpersonal therapy for depression, cognitive behavioral interventions specific to anxiety disorders, etc.

**Source:** Interviews, review of treatment plans and progress notes

**Item Response Coding:** Coding of this item requires an understanding of the program's interventions for individuals with COD that focus on mental health concerns, symptoms, and disorders.

- ***Addiction Only Services = (SCORE-1):*** The program services do NOT include the incorporation of therapeutic interventions intended to specifically address mental health concerns, symptoms, or disorders.
- ***(SCORE-2):*** The program irregularly provides generic interventions for psychiatric concerns. 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) mental health 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 mental health problems. –AND- The type of 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 mental health disorders that can be offered with some regularity.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program routinely (at least 80% of the time) provides targeted mental health interventions that are individualized to the disorder. –AND- These mental health interventions at this level are characterized as being comprised of a full array of services types including (1) more generic, broadly applicable services in addition to (2) more individualized and skilled interventions that target specific mental health disorders.

#### **IV G. Education about psychiatric disorder and its treatment, and interaction with substance use 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 mental health disorders.

- ***Addiction Only Services = (SCORE-1):*** The program does not offer education about mental health disorders and treatment, or the interaction with substance related disorders.
- ***(SCORE-2):*** The program may irregularly offer education about mental health disorders, mental health treatment, but such programming tends to focus on these issues as it relates to substance related disorders and concerns.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program routinely (at least 80% of the time) provides general education about mental health disorders, mental health treatment, and its interaction with substance related disorders and treatment. Examples include a general orientation to CODs, educational lectures about mental disorders, mental health symptoms, and educational lectures about the connections between mental health symptoms and substance use, as well as the appropriate use of psychotropic medications

(medications are not drugs). 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 mental health disorders, mental health treatment, or its interaction with substance related 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 CODs, including treatment information and the characteristics and features of both types of disorders in order to educate collaterals about realistic expectations and the interactive course of the disorders.

**Source:** Interview.

#### **Item Response Coding:**

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

•***Addiction 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 substance related disorders.

•***(SCORE-2):*** The program irregularly provides educational groups or support to families regarding mental health disorders and may at times address psychiatric 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 mental health disorders. While this service might be regularly accessed, this service would not be considered to be a standard part of the routine program format.

•***(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 mental health disorders; and in addition, this program has made efforts to incorporate 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 a majority of the families of individuals with COD participate in these activities.

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

**Definition:** Substance abuse 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.

- ***Addiction Only Services = (SCORE-1):*** The program does not encourage and does not offer a mechanism to encourage or link individuals with co-occurring mental health disorders to self-help groups. .
- ***(SCORE-2):*** The program irregularly offers assistance or support to individuals with a co-occurring mental health 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 mental health 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. This is considered to be a standard aspect of the program and occurs on at least an 80% of the time.
- ***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. This specialized support to the individual is a standard part of program activities and occurs regularly (at least 80% of the time).

#### **IV.J. Peer recovery supports for patients with MH.**

**Definition:** Substance abuse programs that offer treatment to individuals with a co-occurring mental 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.

- **Addiction Only Services = (SCORE-1):** The program does not support or guide individuals with co-occurring mental health 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 mental health 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 mental health 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 mental health disorder develop discharge plans that include an equivalent focus on needed follow-up services for both psychiatric 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 psychiatric symptoms.

- **Addiction Only Services = (SCORE-1):** Within the program, the discharge plans of individuals with CODs routinely focus on substance related disorders only and do not address mental health 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 substance related disorder takes priority and is likely to continue to be managed within the overall system of care while the follow-up mental health 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 psychiatric 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 mental health clinics to provide the needed services.

### V.B. Capacity to maintain treatment continuity.

Definition: Within the programs that offer a continuum of treatment to individuals' with COD, there should be a formal mechanism for providing on-going needed 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 mental health disorders in conjunction with substance related disorders.

- **Addiction Only Services = (SCORE-1):** With regard to treatment continuity, the program's system of care offers follow-up care for substance related disorders only, and there is no internal mechanism for providing any follow-up care, support or monitoring of mental health disorders. Follow-up mental health treatment is referred to an off-site provider without any formal consultation or collaboration. Programs at this level may discharge individuals (for psychiatric 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 AOS system BUT there are individual clinicians who are competent and willing to provide some increased follow-up care for co-occurring mental health 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 mental health disorders in addition to the regularly provided follow-up care for substance related disorders or is able to systematically link the individual to mental health 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 mental health disorders and substance related 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 psychiatric disorders.

- **Addiction Only Services = (SCORE-1):** The program embraces the philosophy of the recovery for substance related disorders only, mental health recovery is not incorporated.
- **(SCORE-2):** The program embraces the philosophy of recovery for substance related disorders only, similar to that of an AOS system. BUT there are individual clinicians who use recovery philosophy when planning services for substance related disorders as well.

- ***Dual Diagnosis Capable = (SCORE-3):*** The program systematically embraces the philosophy of recovery for substance related disorders but also includes a recovery philosophy for co-occurring mental health disorders, but primarily as it impacts the recovery from the substance related disorder. For example, mental health concerns are perceived as a recovery issue in terms of its probability of leading to relapse of the substance related disorder if not appropriately treated, or mental health 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.

- ***Addiction 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; 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 on a 50% basis).

•***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 least on 80% basis) 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 co-occurring mental health disorder have the capacity to assist these individuals with psychotropic medication planning, prescription and medication access and monitoring, and providing sufficient supplies of medications at discharge.

**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 co-occurring mental health disorders while the individual was in treatment will likely have difficulty in providing this service at discharge.

•***Addiction Only Services = (SCORE-1):*** When an individual with co-occurring mental health disorder is discharged, the program does not offer any accommodations with regard to medication planning or supplies 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 co-occurring mental health disorder is discharged, the program has the capacity to provide for medication planning and offers a 30 day supply 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 co-occurring mental health 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.

- **Addiction Only Services = (SCORE-1):** The program has no formal relationship with a prescriber and cannot prescribe or provide medication services to individuals.
- **(SCORE-2):** The program has an arrangement with a prescriber as a consultant or as an off-site provider, or has an on-site medical consultant who can diagnose but does not prescribe.
- **Dual Diagnosis Capable = (SCORE-3):** The program has an arrangement with a prescriber who is either a consultant or contractor who provides prescribing 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 staff member who is a prescriber who is available on-site 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 prescribing staff member who is available on-site to provide prescribing services to individuals. –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: Substance abuse programs that offer treatment to individuals with COD employ persons with expertise in mental health to enhance their capacity to treat the complexities of mental disorders that co-occur with substance related disorders.

Source: Interview, review of staff composition.

Item Response Coding:

Coding of this item requires an understanding of the program's staff composition, particularly the number of licensed, certified and/or competent mental health staff.

- ***Addiction Only Services = (SCORE-1):*** The program has no staff members who have specific expertise or competencies in the provision of services to individuals with mental health disorders.
- ***(SCORE-2):*** The program has less than 25% of staff who have specific expertise or competencies in the provision of services to individuals with mental health disorders.
- ***Dual Diagnosis Capable = (SCORE-3):*** The addiction program has at least 25% of staff who have specific expertise or competencies in the provision of services to individuals with mental health disorders.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The addiction program has at least 50% of staff who have specific expertise or competencies in the provision of services to individuals with mental health disorders.

**VIC. Access to mental health supervision or consultation**

Definition: Programs that offer treatment to individuals with co-occurring mental health disorder provide formal mental health supervision for trained providers of mental health services who are unlicensed or who have insufficient competence or experience in the treatment setting.

Source: Interview with clinical supervisors, staff composition.

Item Response Coding: Coding of this item requires an understanding of the program's supervision structure, specifically those individuals who provide supervision for mental health services.

- ***Addiction Only Services = (SCORE-1):*** The program does not have the capacity to provide supervision for mental health services.
- ***(SCORE-2):*** The program provides a very limited form of mental health supervision that is informal, irregular, and largely undocumented. This service is typically offered through an off-site consultant or only in emergent situations on-site.
- ***Dual Diagnosis Capable = (SCORE-3):*** The program has the capacity to offer mental health supervision on-site to staff on a semi-structured basis. Supervision at this level tends to be focused primarily on case disposition or crisis management issues.
- ***(SCORE-4):*** The program offers regular supervision for mental health services through an on-site supervisor BUT this arrangement is NOT formally or consistently documented.
- ***Dual Diagnosis Enhanced = (SCORE-5):*** The program has the capacity to offer a structured and regular supervision for mental health structure 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, which including regularly scheduled supervision periods.

**VID. Supervision, case management or utilization review procedures emphasize and support COD treatment**

Definition: Programs that offer treatment to individuals with co-occurring mental health 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.

Source: Interview, agency documents.

Item Response Coding: Coding of this item requires an understanding of the program's formal process for reviewing psychiatric issues, specifically the cases of individuals with COD.

**Addiction Only Services = (SCORE-1):** The program has no protocols to review the co-occurring mental health cases through a formal review process such as supervision or utilization review.

•**(SCORE-2):** 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.

•**Dual Diagnosis Capable = (SCORE-3):** The program has a regular procedure for reviewing co-occurring mental health cases through supervision or utilization review by an on-site supervisor. This process is not routine or systematically on only COD cases but is a regular procedure within the program that allows for the review of COD cases. There is some minimal documentation that supports the consideration of COD services within this process (e.g. weekly staffings).

•**Dual Diagnosis Enhanced = (SCORE-5):** The program has a routine, formalized protocol that consistently reviews and focuses on co-occurring mental health 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.

**VIE. Peer/Alumni supports are available with COD**

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

Source: Interview, Staff and volunteer composition

Item Response Coding: Coding of this item requires an understanding of 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.

•**Addiction 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 psychiatric symptoms and disorders.**

Definition: Programs that provide treatment to individuals with co-occurring mental health 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.

- **Addiction 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 their 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 have received this basic COD training (screening & assessment of CODs, the signs & symptoms of CODs, and the prevalence of CODs) and select staff have been trained in advanced COD skills.

### **VIIIB. Staff are cross-trained in mental health and substance use disorders, including pharmacotherapies.**

Definition: Programs that offer treatment to individuals with CODs support cross-training of their staff to increase the needed capacity to provide COD treatment within the program. 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

- **Addiction Only Services = (SCORE-1):** The program has no staff who are cross-trained and 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 Interpretation, Feedback, and Reports**

The conduct and scoring of the DDCAT will produce scores on the seven dimensions and categorize the program as AOS, 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 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 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 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 targets. 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 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 addiction treatment providers.

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