

## Executive Overview of Recommended COSIG Fidelity Tool

### What is a Fidelity Tool?

A fidelity tool for clinical programs provides a mechanism for identifying whether the essential elements of a treatment intervention are being accurately implemented according to the treatment guidelines. A fidelity tool also helps to arrange essential program elements in a concise and organized manner that allows providers to acquire a basic understanding of a treatment intervention. The relatively simple structure of a fidelity tool can be particularly useful to help guide implementation planning. Fidelity tools have been used informally to help staff assess themselves and can be used in conjunction with clinical outcomes as a measure of program progress.

### What is the DDCAT?

DDCAT stands for Dual Diagnosis Capability in Addiction Treatment (DDCAT), in reference to the treatment of co-occurring mental health and substance use disorders. The DDCAT is a nationally recognized fidelity instrument for measuring the essential program elements for a co-occurring capable and co-occurring enhanced systems. It was developed by Mark McGovern, PhD, who is on the faculty at Dartmouth Medical School, and he has worked in conjunction with other well recognized experts in co-occurring disorders including Kim Meuser, PhD and Robert Drake, MD. In essence, the DDCAT consists of programs items that can be ranked along a 1 to 5 scale, where 1 represents an “addiction only” level of intervention, 3 represents co-occurring capability, and 5 represents co-occurring enhanced level. An example of an item and scoring structure can be seen below.

	1 AOS	2	3 DDC	4	5 DDE
<b>II. PROGRAM MILIEU</b>					
IIA. Routine expectation of and welcome to treatment for both disorders	Expect SUDs only, refer or deflect MH. CODs not expected, nor plans documented.	Documented to expect SUDs only, but will not deflect MH disorders.	Expect SUDs, and accept MH by routine and if relatively stable.	Clinicians and program expects and treats both disorders, not well documented.	Documented in mission statement, or program philosophy.

In all, the DDCAT contains 35 items which are classified into 7 domains: Program Structure, Program Milieu, Clinical Assessment, Clinical Treatment, Continuity of Care, Staffing, and Training. The full listing of DDCAT items can be reviewed within the table on the next page. If a clinic scores a 3 or higher on at least 80% of program items, then the clinic would meet the standard for co-occurring capable.

## **ITEM CONTENT: DUAL DIAGNOSIS CAPABILITY in ADDICTION TREATMENT**

### **I. PROGRAM STRUCTURE**

- IA. Primary treatment focus as stated in mission statement
- IB. Organizational certification & licensure
- IC. Coordination and collaboration with mental health services
- ID. Financial incentives

### **II. PROGRAM MILIEU**

- IIA. Routine expectation of and welcome to treatment for both disorders
- IIB. Display and distribution of literature and patient educational materials

### **III. CLINICAL PROCESS: ASSESSMENT**

- IIIA. Routine screening methods for psychiatric symptoms
- IIIB. Routine assessment if screened positive for psychiatric symptoms
- IIIC. Psychiatric and substance use diagnoses made and documented
- IIID. Psychiatric and substance use history reflected in medical record
- IIIE. Service matching based on psychiatric symptom acuity: low, moderate, high
- IIIF. Service matching based on severity of persistence and disability: low, moderate, high
- IIIG. Stage-wise treatment-initial

### **IV. CLINICAL PROCESS: TREATMENT**

- IVA. Treatment plans
- IVB. Assess and monitor interactive courses of both disorders
- IVC. Procedures for psychiatric emergencies and crisis management
- IVD. Stage-wise treatment-ongoing
- IVE. Policies and procedures for medication evaluation, management, monitoring and compliance
- IVF. Specialized interventions with mental health content
- IVG. Education about psychiatric disorder & its treatment, and interaction with substance use & its treatment
- IVH. Family education and support
- IVI. Specialized interventions to facilitate use of self-help groups
- IVJ. Peer recovery supports for patients with CODs

### **V. CONTINUITY OF CARE**

- VA. Co-occurring disorder addressed in discharge planning process
- VB. Capacity to maintain treatment continuity
- VC. Focus on ongoing recovery issues for both disorders
- VD. Facilitation of self-help support groups for COD is documented
- VE. Sufficient supply and compliance plan for medications is documented

### **VI. STAFFING**

- VIA. Psychiatrist or other physician
- VIB. On site staff with mental health licensure (doctoral or masters level)
- VIC. Access to mental health supervision or consultation
- VID. Supervision, case management or utilization review procedures emphasize and support COD treatment
- VIE. Peer/Alumni supports are available with COD

### **VII. TRAINING**

- VIIA. Basic training in prevalence, common signs & symptoms, screening and assessment for psychiatric symptoms and disorders
- VIIIB. Staff are cross-trained in mental health and substance use disorders including pharmacotherapies

**What about a mental health version?**

While the DDCAT, as the name suggests, was developed with addiction clinics in mind; Heather Gotham, PhD, has developed, in conjunction with Dr. McGovern, a mental health version of the DDCAT. In large part, the mental health version of the DDCAT has been reformatted to be applicable to mental health clinics. In addition, however, some mental health specific elements from Drake's and Meuser's co-occurring model, which was based on a mental health clinic, have been incorporated into this tool. The mental health version of the DDCAT has been used in the Missouri COSIG evaluation and results of these studies have been presented at the NRI conference in Baltimore, MD of February 2005.