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Measuring and Implementing Integrated Substance Use and Mental Health Services

Randi Tolliver Moberly, PhD

Director, Clinical Solutions
Hazelden Betty Ford Foundation

VISION

Empowering recovery and well-being for all.

MISSION

Harnessing **science**, **love** and the **wisdom** of **lived experience**, we are a force of healing and hope for families and communities affected by substance use and mental health conditions.

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- Be yourself.
- Honor your thoughts, feelings and behaviors and those of others.
- Consider the notion that we are all learners, and we are all teachers.

Objectives

1) Describe the value of utilizing objective measures to assist with program development.

2) Examine specific benchmarks in measuring the ability of a substance use treatment program to offer integrated treatment services for co-occurring disorders.

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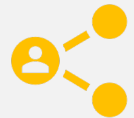
Overview of Co-occurring Disorders

Co-occurring disorders is a term used to describe the existence of both a mental health disorder and a substance use disorder in the same individual



These disorders do not have to occur simultaneously for a person to be considered to have a co-occurring disorder

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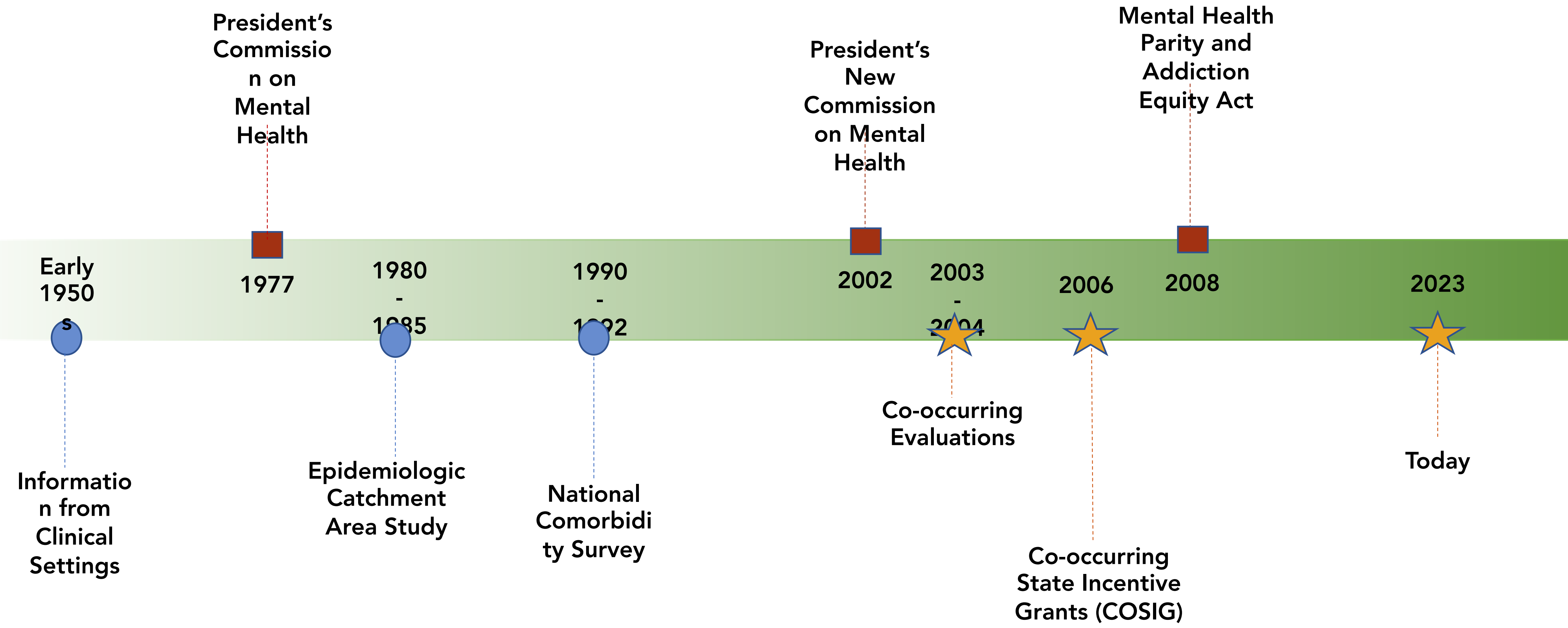
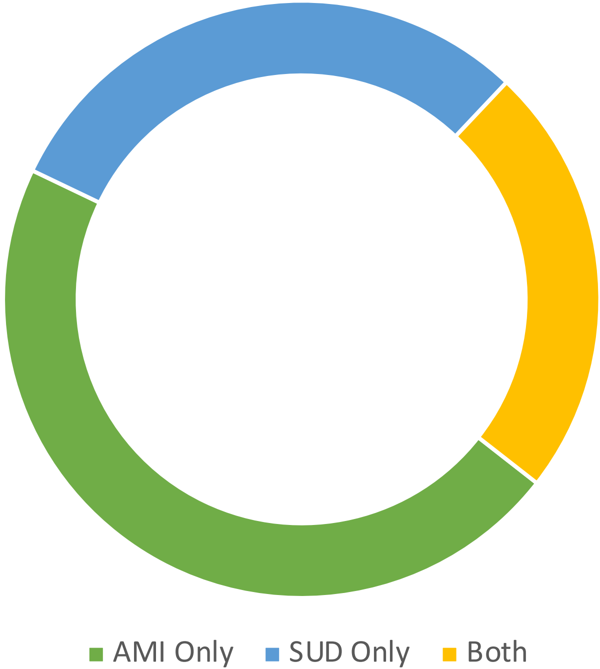
Milestones in the World of Co-occurring Disorders



Co-occurring Disorders: Prevalence, 2021

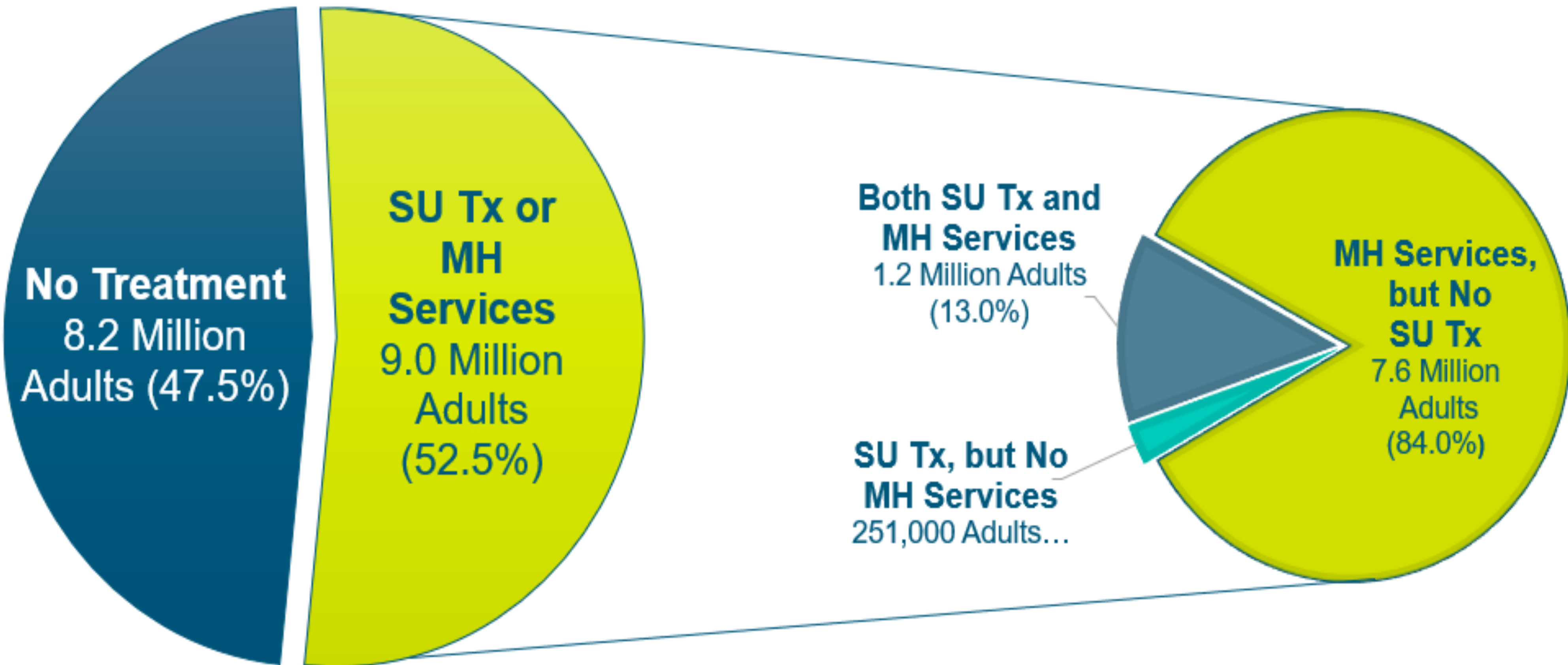
Adults with Past-Year Substance Use and Any Mental Illness (AMI)



Source: Substance Abuse and Mental Health Services Administration (2022).

Receipt of Substance Use Treatment

At a Specialty Facility and Mental Heath Services in the Past Year: Among Adults Aged 18 or Older with Past Year Illicit Drug or Alcohol Use Disorder and Any Mental Illness; 2021

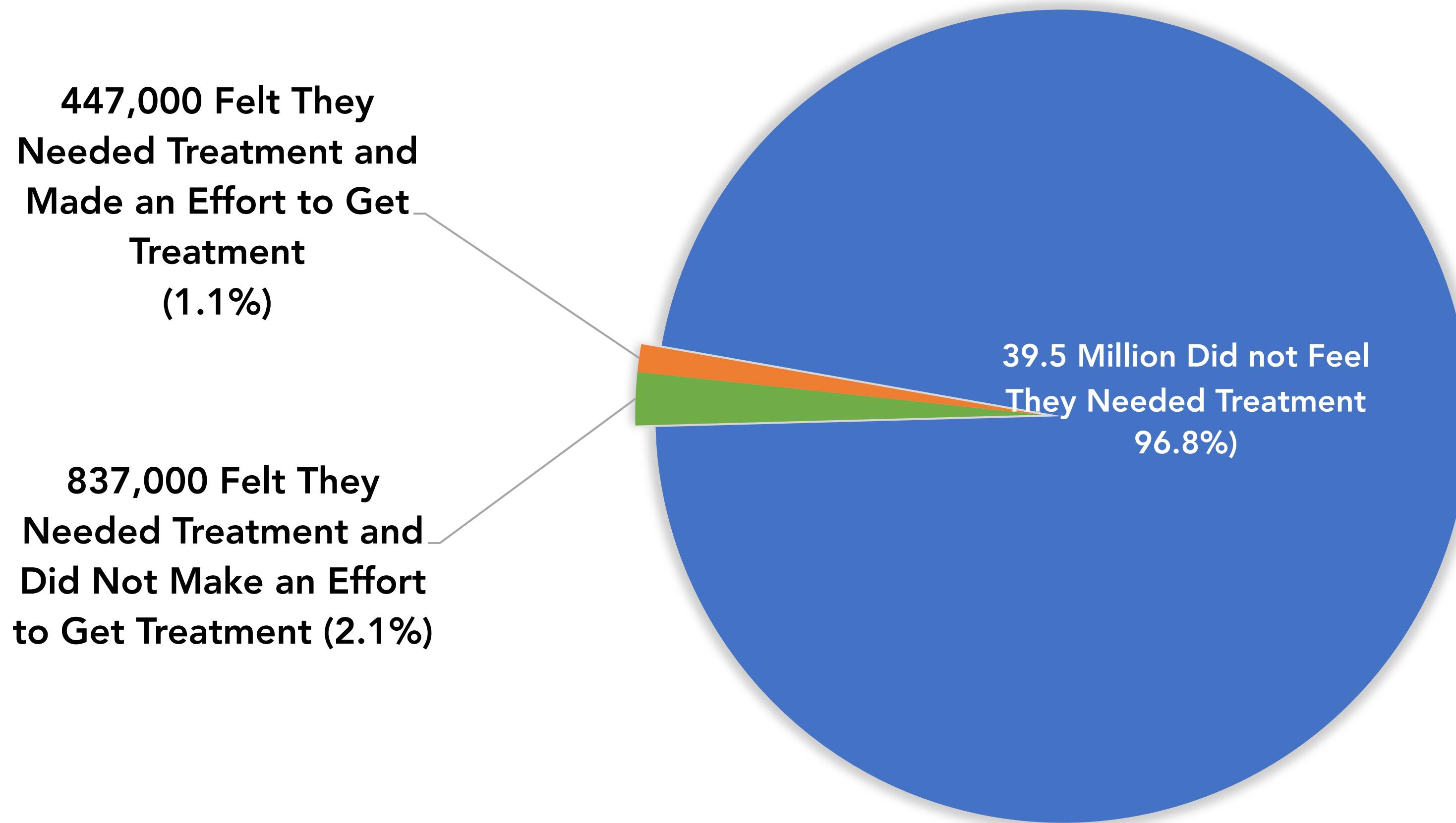


MH = mental health; SU Tx = substance use treatment.
Note: The percentages may not add to 100 percent due to rounding.

Source: Substance Abuse and Mental Health Services Administration (2022).

Perceived Need for Substance Use Treatment

Among People Aged 12 or Older with a Past Year Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility In The Past Year; 2021

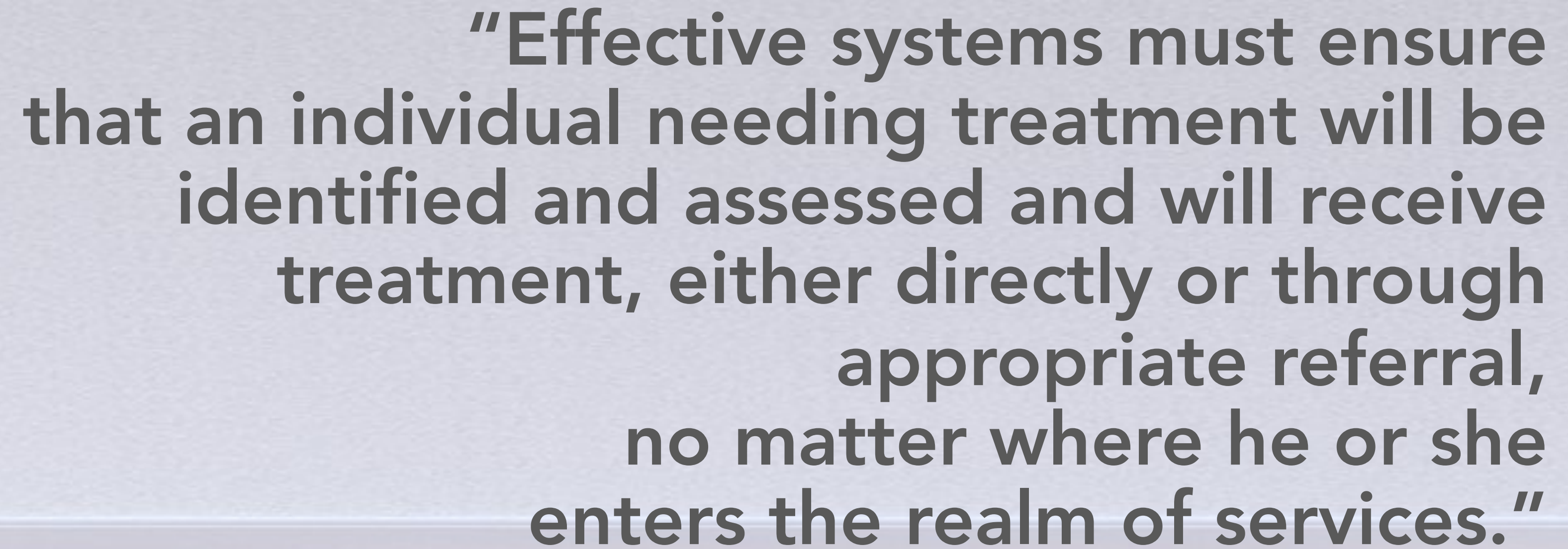


40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an illicit drug or alcohol use disorder were classified as needing substance use treatment.

Source: Substance Abuse and Mental Health Services Administration (2022).

Making "No Wrong Door" A Reality



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Adapted and referenced from TIP 42 (2020)

Guiding Principles

Working with Individuals Diagnosed with Co-Occurring Disorders

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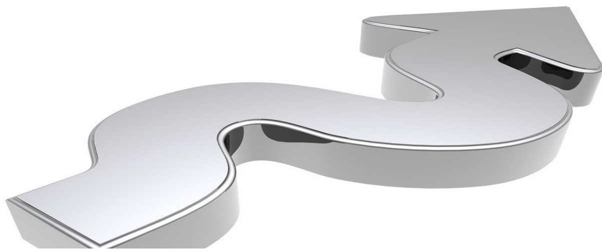


1. Leaders and clinical staff effectively and ethically meet clients' comprehensive needs

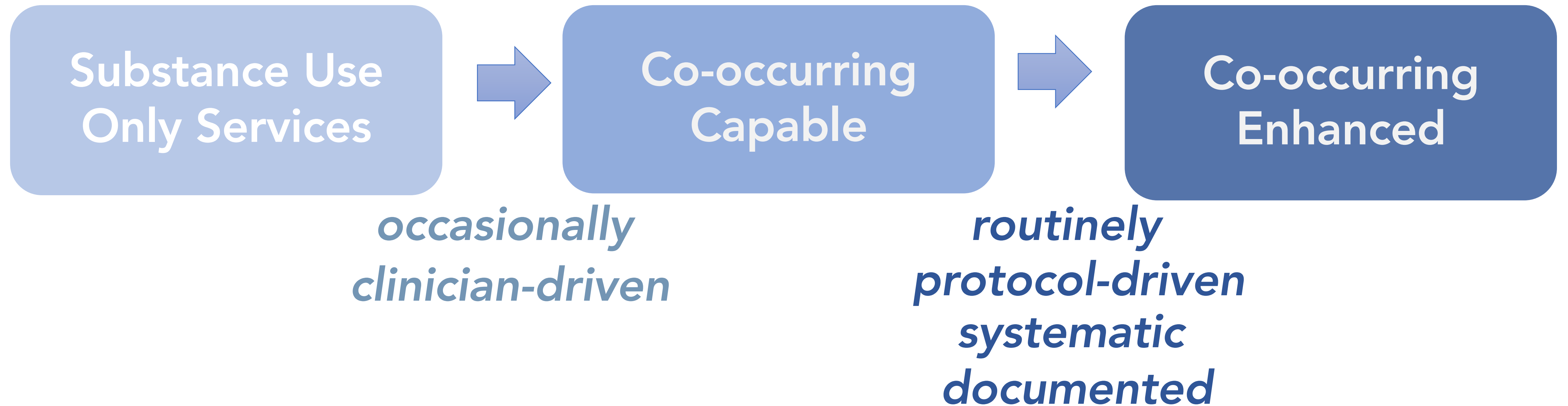
2. Clients are offered full access to a range of integrated services through the continuum of recovery

3. Leaders are responsible for training, professional development, recruitment and retention of qualified staff

4. Core and essential services exist for clients and leadership regularly assesses program capacity, performance and effectiveness in providing the services

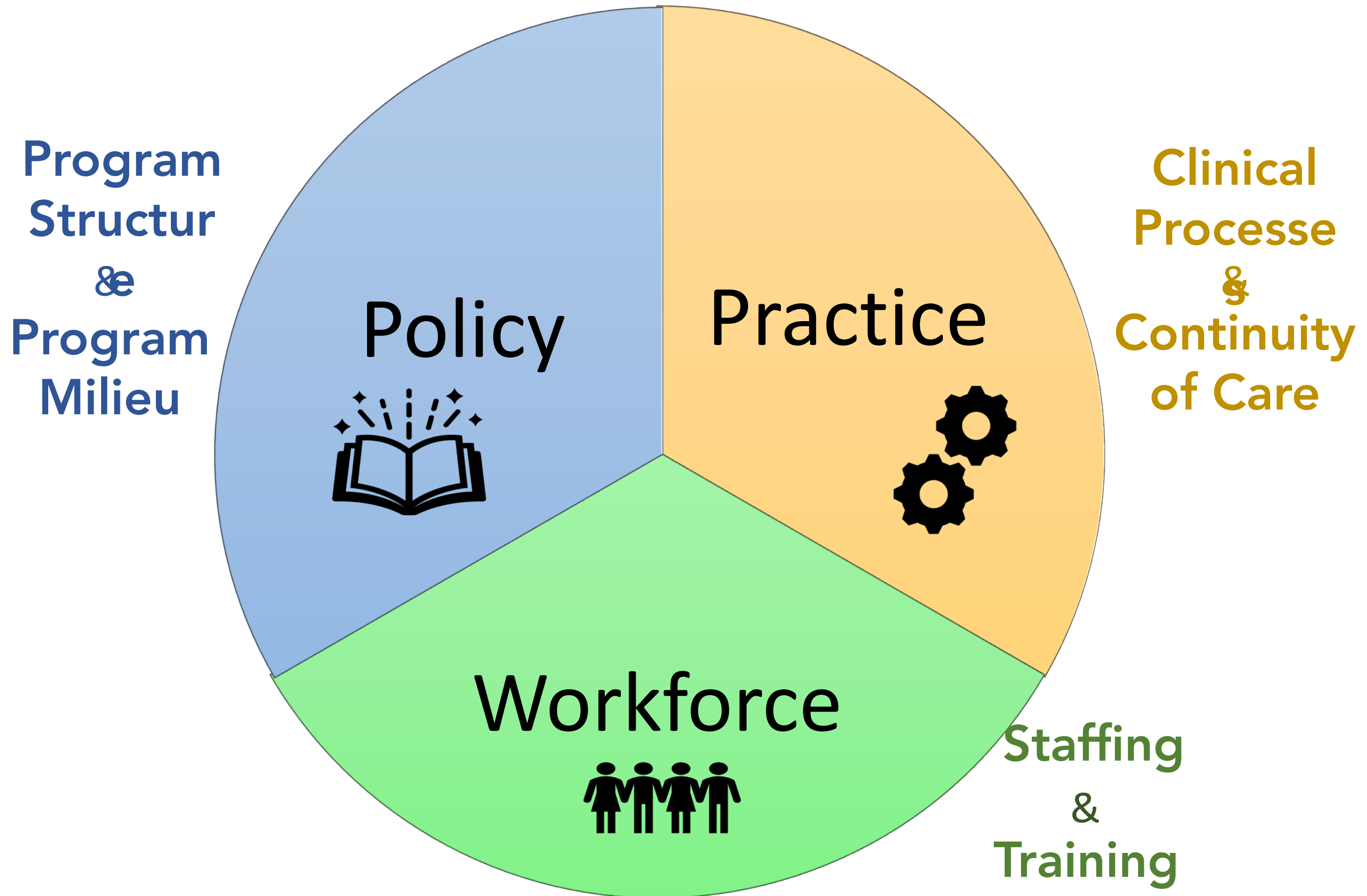
Adapted and referenced from TIP 42 (2020)

Defining Co-Occurring Disorder Capability



McGovern, M. et al. (2008).

Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index Categories



McGovern, M. et al. (2008).

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Policy Category: Program Structure

Categorization according to nature and quality of relationship between service providers:

- Minimal coordination
- Consultation
- Collaboration
- Integration

Provider relationships make a difference

McGovern, M. et al. (2008).

Policy Category: Program Milieu

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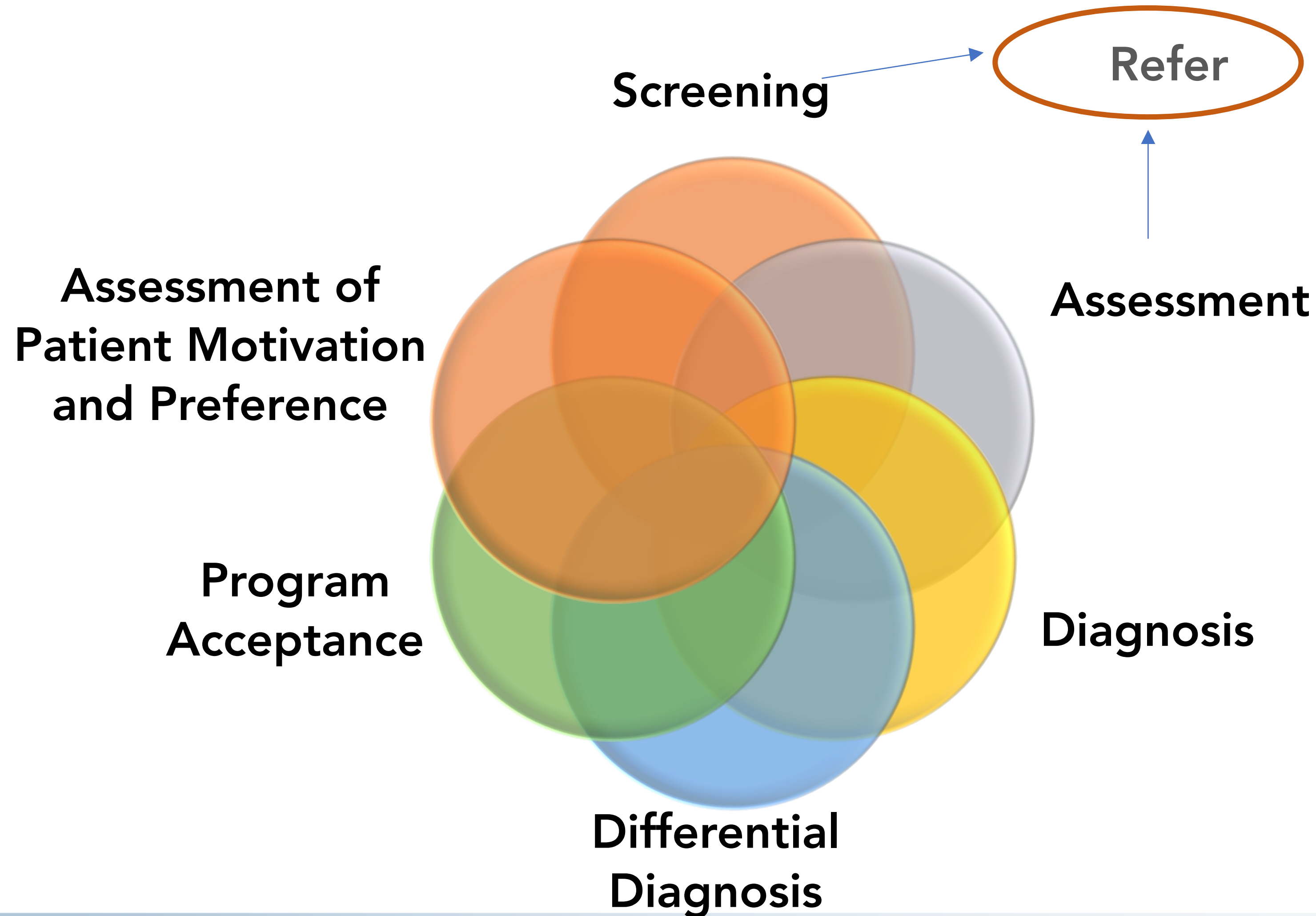
Practice Category: Clinical Process Assessment



McGovern, M. et al. (2008).

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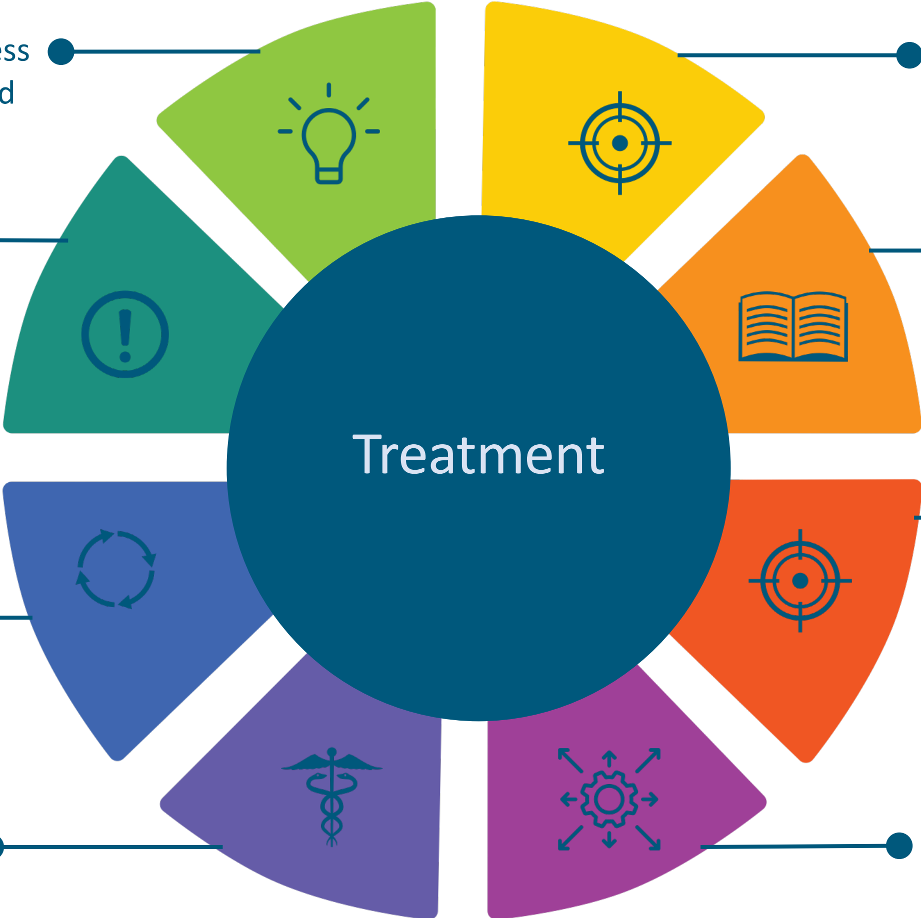
Practice Category: Clinical Process Treatment

Treatment plan focus and Monitoring of co-occurring disorders
Do treatment or recovery plans address both psychiatric and substance-related disorders?

Procedures for emergencies and crises
Are there standard practices for psychiatric and substance-related emergencies?

Stage-wise treatment
Is the stage of motivation considered when determining interventions?

Medication management
What policies and procedures are in place for medication evaluation, management and monitoring?



Specialized psychosocial interventions
What types of therapeutic interventions are offered to address both substance use and mental health concerns?

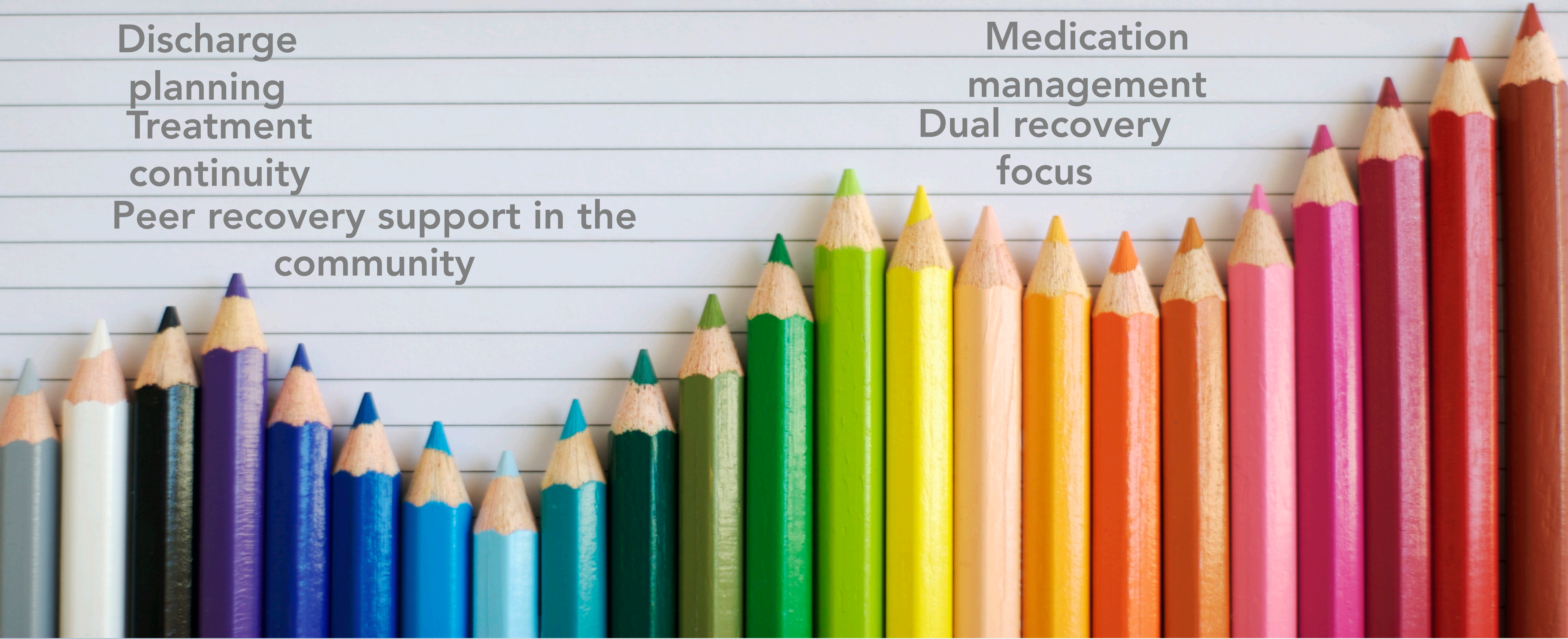
Education
Are there patient education and family education services for co-occurring disorders?

Specialized interventions for peer support
Does the program use specialized interventions to facilitate use of peer recovery support groups?

Access to peer recovery role models
Does the program offer peer recovery supports for patients with co-occurring substance use and mental health concerns?

McGovern, M. et al. (2008).

Practice Category: Continuity of Care



McGovern, M. et al. (2008).

Workforce Category: Staffing

Prescribing of medication

Formal case review or staffing

Staff expertise

Clinical supervision

On-site peer recovery support

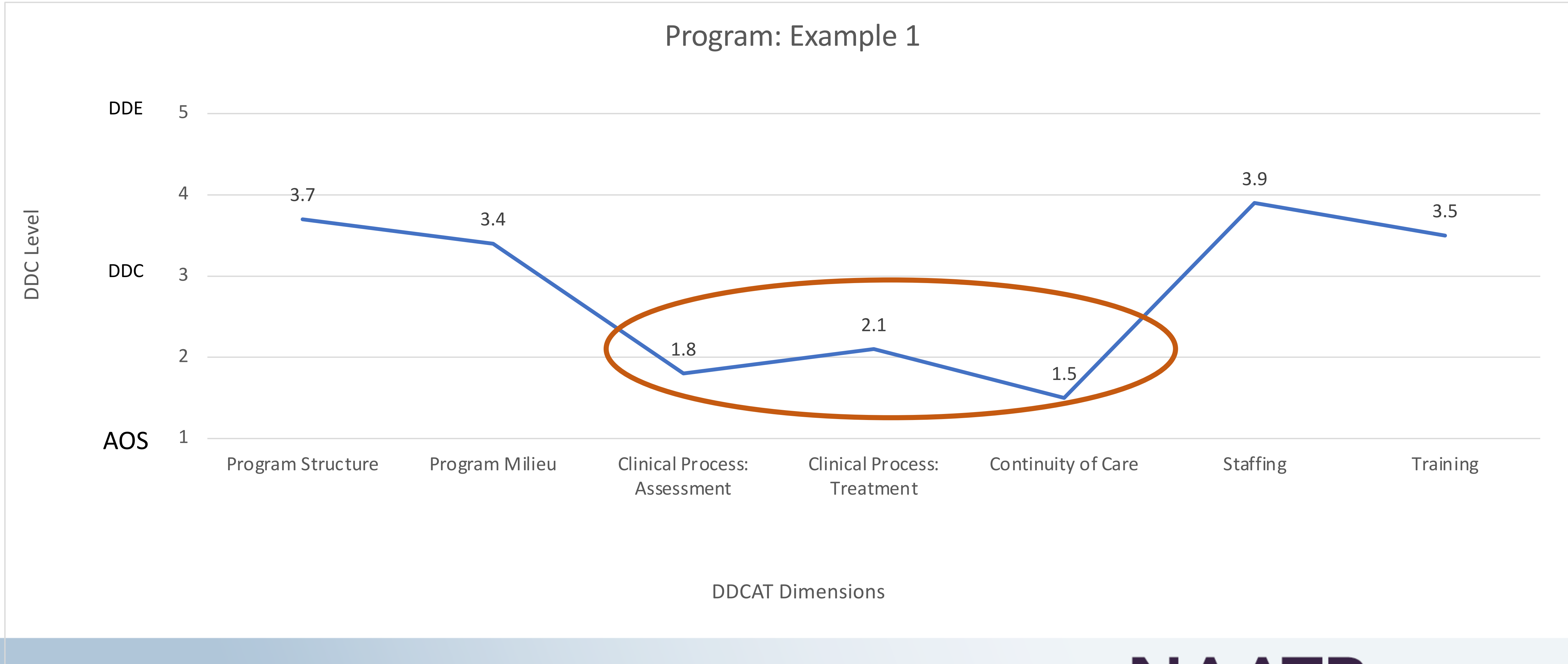
McGovern, M. et al. (2008).

Workforce Category: Training

- The first or second step in a systematic plan to change your practice.
- Development of a working knowledge
- Cross-training of staff

https://imgflip.com/memegenerator
McGovern, M. et al. (2008).

DDCAT Profile



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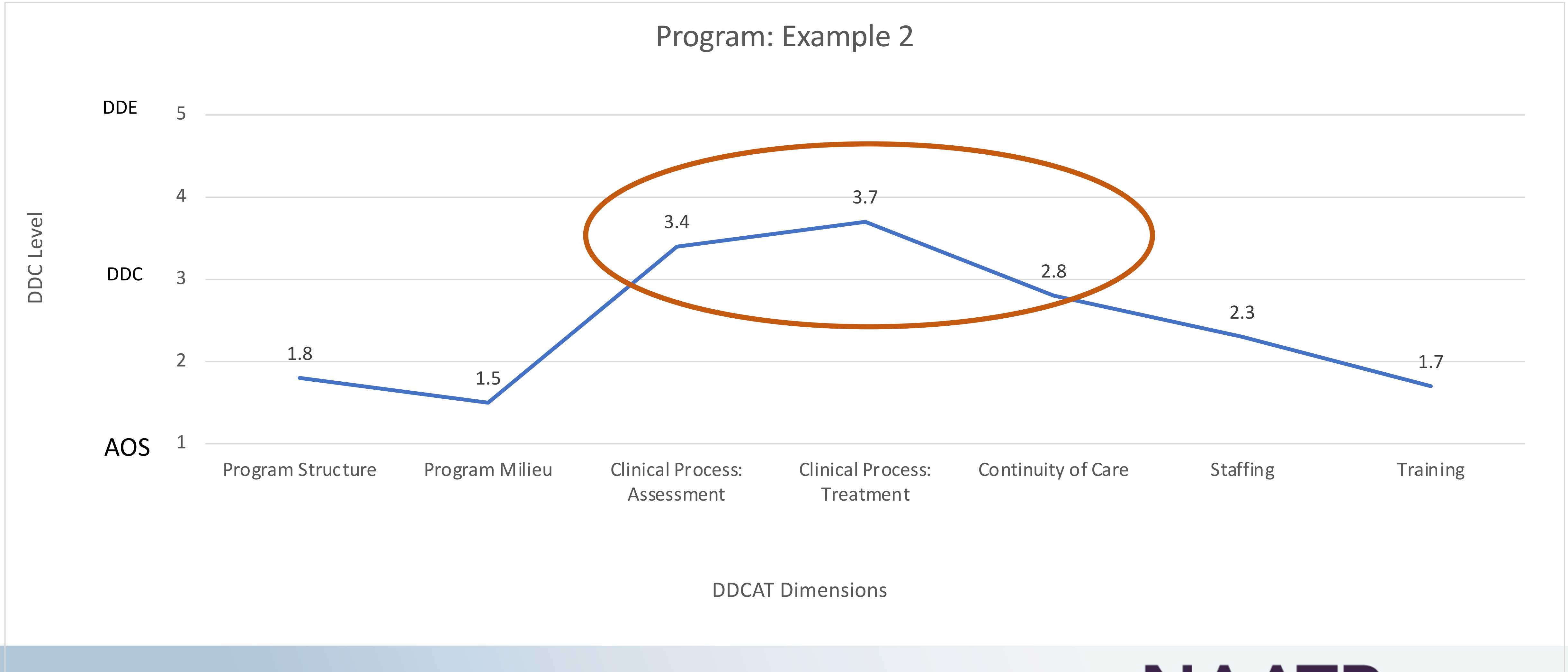
DDCAT Profile



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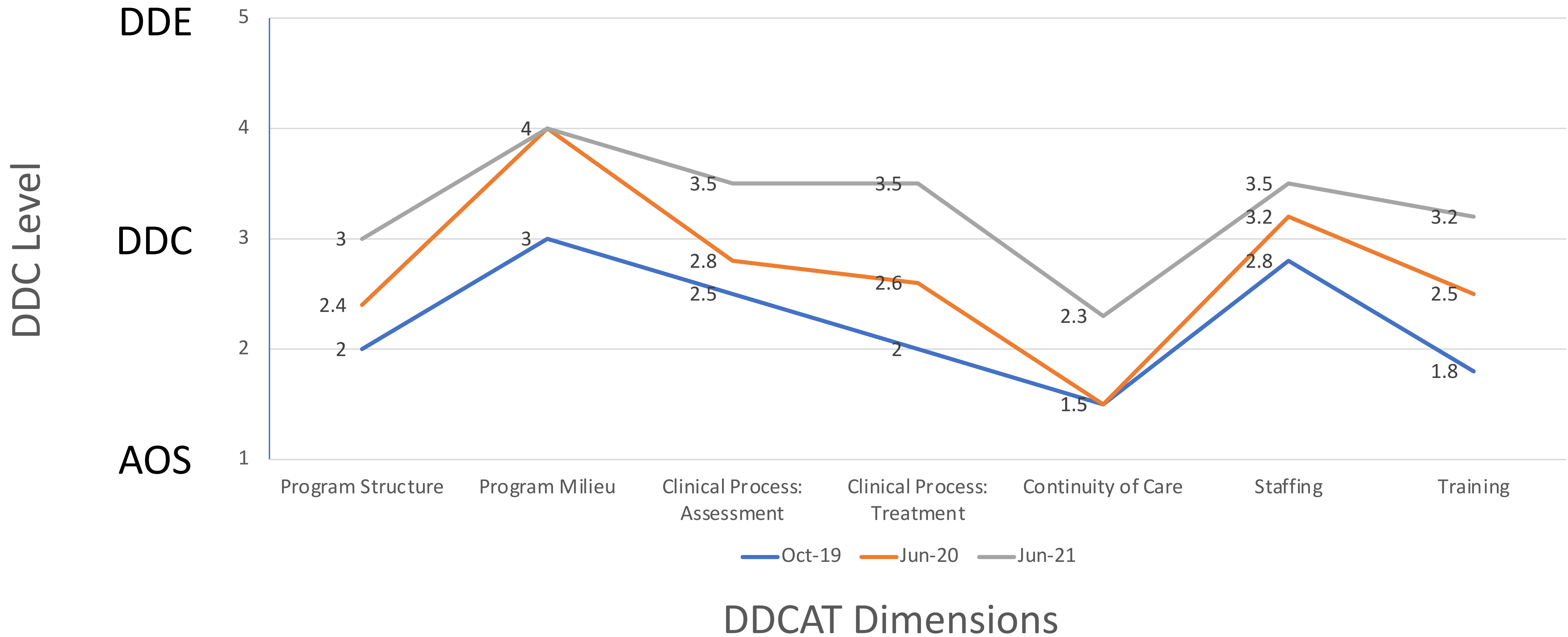
DDCAT Profile Over Time



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DDCAT Category: Policy

Item and Estimated Cost Range

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Benchmark Item	Estimated Cost Range
Program Structure	
Mission statement	$ - $$
Licensure/certification	$$$
Program Milieu	
Social environment	$
Physical environment	$

McGovern, M. et al. (2008).

DDCAT Category: Practice
Item and Estimated Cost Range

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Benchmark Item	Estimated Cost Range
Assessment	
Standardized screening	$
Mental health and substance use history	$
Treatment	
Integrated treatment plans	$
Medication management	$$$$
Psychosocial interventions	$

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McGovern, M. et al. (2008).

DDCAT Category: Workforce

Item and Estimated Cost Range

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Benchmark Item	Estimated Cost Range
Continuity of Care	
Discharge plan and Co-occurring recovery focus	$
Staffing	
Mental health license or expertise	$$$
Training	
Basic	$-$$
Cross-training/advanced	$ - $$$

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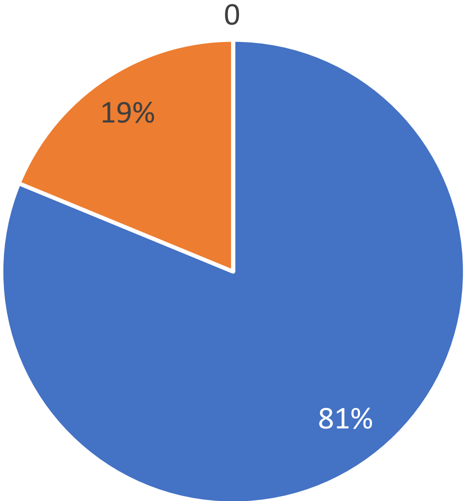
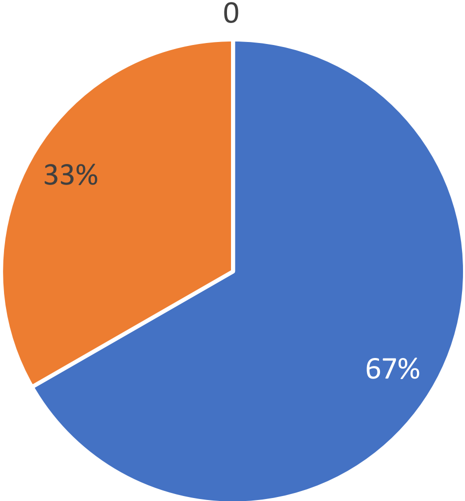
McGovern, M. et al. (2008).

Change in Co-occurring Capability
Baseline and 9-12 Month Follow Up





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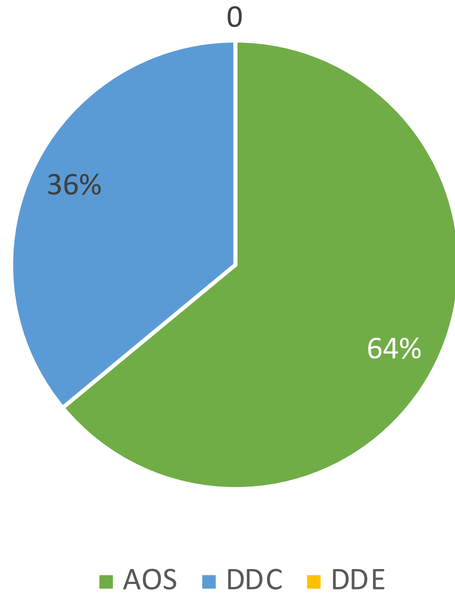
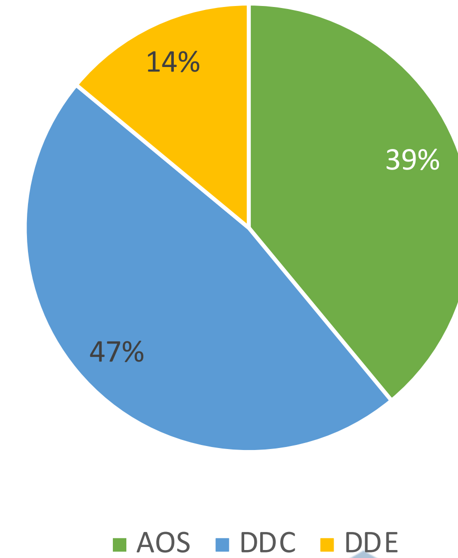
Change in Co-Occurring Capability

Baseline and Follow Up





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COORDINATED CARE
KEY ELEMENT: COMMUNICATION

LEVEL 1 Minimum Collaboration	LEVEL 2 Basic Collaboration at a Distance
Behavioral health, primary care and other healthcare providers work:	
In separate facilities, where they:	
Have separate systems	Have separate systems
Communicate about clients *only rarely* and under compelling circumstances	Communicate *periodically* about shared clients
Communicate, driven by provider need	Communicate, driven by specific client needs
May never meet in person	*May* meet as part of larger community
Have limited understanding of each other's roles	Appreciate each other's roles as resources

Adapted from Standard Framework for Levels of Integrated Healthcare. (2019, August 2).

COLOCATED CARE
KEY ELEMENT: PHYSICAL PROXIMITY

LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration with Some System Integration
Behavioral health, primary care and other healthcare providers work:	
In same facility, not necessarily same offices, where they:	In same space within the same facility, where they:
Have separate systems	Share some systems
Communicate *regularly* about shared clients, by phone or e-mail	Communicate in person as needed
Collaborate, driven by need for each other's services and more reliable referral	Collaborate, driven by need for consultation and coordinated plans for specific client needs
Meet *occasionally* to discuss clients due to proximity	Have *regular* face-to-face interactions about some clients
Feel part of a larger yet non-formal team	Have a basic understanding or roles and culture

Adapted from Standard Framework for Levels of Integrated Healthcare. (2019, August 2).

INTEGRATED CARE
KEY ELEMENT: PRACTICE CHANGE

LEVEL 5 Close Collaboration Approaching Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:	
In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
Actively seek system solutions together	Have resolved most or all system issues
Communicate *frequently* in person	Communicate *consistently* at the system, team and individual levels
Collaborate, driven by desire to be a member of the care team	Collaborate, driven by shared concept of team care
Have regular team meetings to discuss overall client care and specific issues	Have formal and informal meetings to support integrated model of care
Have an *in-depth* understanding of roles and culture	Have roles and cultures that blur or blend

Adapted from Standard Framework for Levels of Integrated Healthcare. (2019, August 2).

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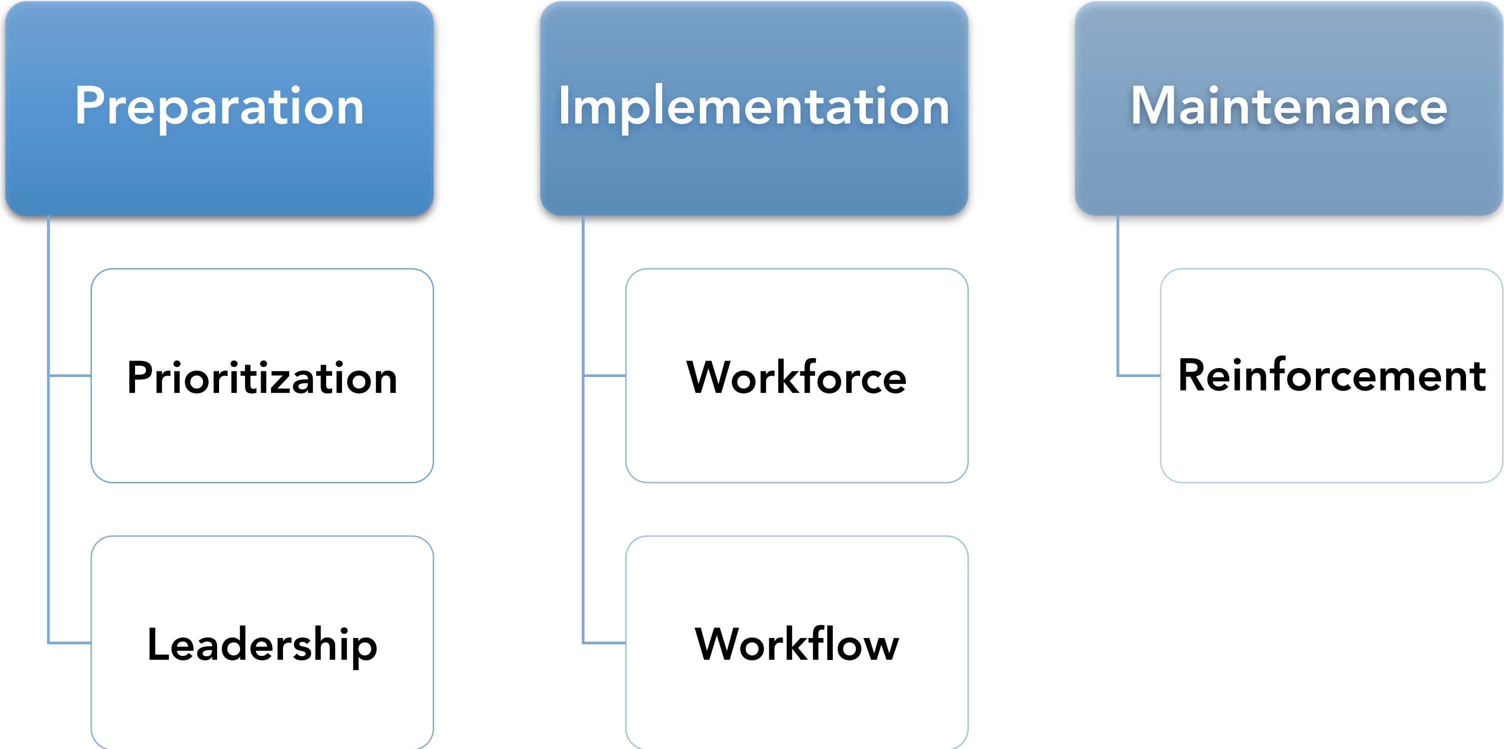
TRADEOFFS AND ADVANTAGES

Minimal Collaboration	Integrated
Practices can make autonomous, more timely decisions	All or almost all system barriers resolved, allowing providers to practice as high functioning team
Each provider has autonomy	Opportunity to truly serve the whole person
Maintains each practice's basic operating structure, so change is not a disruptive factor	Shared knowledge base of providers increases and allows each professional to respond more broadly and adequately
Readily understood as a practice model by clients and providers	All patient needs addressed as they occur

Adapted from Standard Framework for Levels of Integrated Healthcare. (2019, August 2).

Implementation Practices



Adapted from Mcgovern, M., McHugo, G., Drake, R., Bond, G., & Merrens, M. (2013).

Roles During Preparation Stage

Role Area: Executive Leadership

- Go on record supporting the practice
- Identify potential barriers to implementation and strategies to overcome them
- Identify a change team to guide the process
- Establish reporting pathways
- Focus on ways to support accountability
- Align funding and policies with the evidence-based practice

Role Area: Director or Supervisor

- Know about the evidence for the practice and the realities of implementation
- Form and support the change team or implementation work group and meet on a regular basis
- Plan and oversee training and consultation support
- Locate a professional learning community that can provide support for the implementation

Adapted from Mcgovern, M., McHugo, G., Drake, R., Bond, G., & Merrens, M. (2013).

Roles During Implementation Stage

Role: Executive Leadership

- Empower and support the ongoing work of the implementation work group
- Oversee problem solving with active and regular monitoring
- Recognize and affirm success
- Connect with other agency CEOs implementing the evidence-based practice
- Attend learning community sessions for senior leadership

Role: Director or Supervisor

- Make use of a training or consultation centers to work on organizational changes
- Ensure that fidelity, benchmark, or adherence and competence monitoring is in place and linked with client and process outcomes
- Support new practice leaders with staff and workflow changes
- Meet with work groups to troubleshoot challenges
- Align policy with practice and minimize any additional paperwork or workload

Adapted from Mcgovern, M., McHugo, G., Drake, R., Bond, G., & Merrens, M. (2013).

Roles During Maintenance Stage

Role: Executive Leadership

- Reiterate, in public and agency meetings, the agency's long-term commitment to sustaining the evidence-based practice
- Empower clinical leaders to make decisions and take action
- Ensure financial and policy support for the practice
- Acknowledge and reward successful teams and staff
- Support participation of leaders in professional learning communities

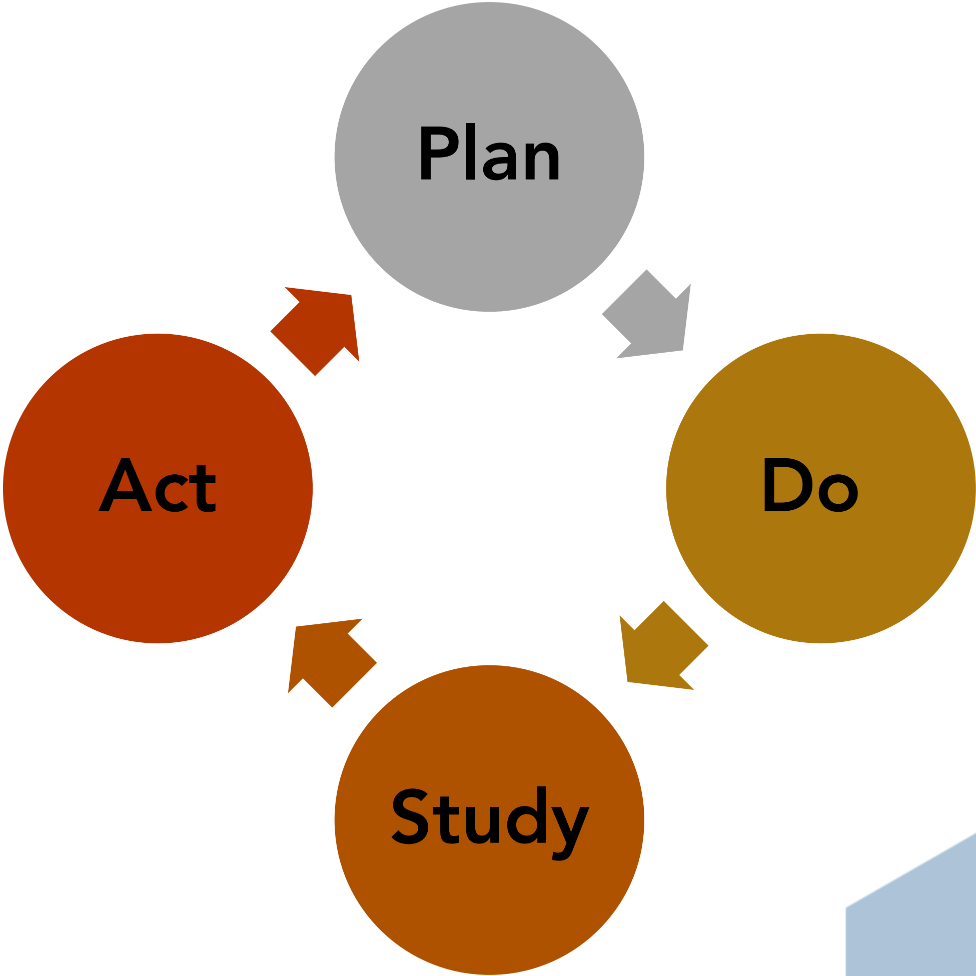
Role: Director and Supervisor

- Secure the place of the evidence-based practice on the program schedule and workflow
- Integrate fidelity, benchmark, or adherence and competence monitoring into routine operations
- Recognize and reward high achievers in the implementation
- Improve the consistency with which the practice is implemented across the agency
- Focus meeting discussions on sustaining the practice
- Continue to participate in professional learning communities and implementation groups

Adapted from Mcgovern, M., McHugo, G., Drake, R., Bond, G., & Merrens, M. (2013).

Implementing and Supporting Change

The NIATx Model



Reynard, S. (2007).

Connection and Meaning…

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- Make An Impact - Inspirational Video - YouTube

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Upcoming Event:

4:30 – 5:30 Member Reception: The Value of Membership: Maximizing you Member Benefits

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