

Title of Presentation: Adapting the Integrated Dual Diagnosis Treatment Fidelity Scale for Inpatient Implementation

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Integrated Dual Diagnosis Treatment (IDDT), an Evidence-Based Practice (EBP) designed for persons with co-occurring mental illness and substance use disorders, was developed for delivery in outpatient settings and has been implemented widely throughout the United States (Drake, et al., 1990). Inpatient treatment for those with co-occurring disorders has historically not been integrated nor delivered by staff with expertise in both disorders. For these clients, the lack of continuity in service delivery across treatment settings presents major barriers. Adapting evidenced based practices with demonstrated effectiveness in outpatient services systems to the inpatient environment is essential in a comprehensive, recovery-based service delivery system.

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE) provides consultation and training to systems and provider organizations supporting the implementation of EBPs such as IDDT and monitors fidelity to these practices. A key ingredient in the implementation of an EBP is the process of evaluating whether the implementation matches the model on which the evidence was derived. The measurement of fidelity is especially important in the implementation of EBPs since the published positive outcomes are based on the complete package provided in a proscribed way. The Integrated Dual Diagnosis Treatment Fidelity Scale was developed to assess fidelity to the original community-based IDDT model. This presentation will present a new measure developed for the adaptation of the outpatient IDDT Fidelity Scale to be used in measuring inpatient implementation. Pilot data, including both implementation and patient outcomes, will be presented.

Investigators employed the methods Carol Mowbray and her colleagues outlined as necessary in developing fidelity criteria and measures (2003). First, the investigators used the IDDT Fidelity Scale developed by Drake and his colleagues in the outpatient studies (Torrey, et. al., 2001). This scale contained the elements identified in the IDDT model with criteria and scoring anchors to measure level of fidelity to the model. Next, the team examined the literature associated with implementation of the outpatient model. Finally, the investigators used qualitative research methods combining data gathered during the SAMI CCOE's fidelity implementation training and monitoring process with outpatient providers and expert opinions of practitioners adapting the outpatient model to inpatient services. The model adaptations led to the development of the *IDDT Fidelity Scale: Inpatient Adaptation*, which includes eleven organizational items and thirteen treatment items.

The adapted model and fidelity scale were piloted over two years within Ohio's state psychiatric hospital system, or Integrated Behavioral Healthcare Systems (IBHS). The system includes five Behavioral Healthcare Organizations (BHOs), having a total of nine hospitals. The SAMI CCOE has provided technical support that included staff training, conduct of yearly fidelity evaluations, and consultation around organizational change. Process and outcomes data were collected to monitor the effectiveness of both the implementation (fidelity) and the adapted intervention (patient and systems) outcomes. The IDDT *Inpatient Adaptation* Fidelity Scale will be presented and results from the pilot implementations will be reviewed. Outcomes will include the following list of QI indicators collected at the various BHOs: Assessment (# of assessments completed, % of admissions diagnosed with DD, # of referrals for treatment, length of time from referral to assessment, stage of treatment); Group Treatment (% of groups held, # of patients attending a minimum of 1 SAMI group during hospitalization, # of referrals for groups vs. # of patients attending groups); Discharge (# of discharged patients with DD diagnosis, # of patients discharged prior to completion of assessment, # of discharged patients with DD diagnosis who received community referral for DD services, conditional release violations due to Substance Use, with resulting LOS).

References

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