

WORKING TOWARDS SUSTAINABILITY

IMPLEMENTING INTEGRATED CO-OCCURRING DISORDERS TREATMENT PRACTICES IN VERMONT'S COMMUNITY REHABILITATION AND TREATMENT PROGRAMS

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Lessons Learned: Embedding EBP's in Statewide Transformation

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OVERVIEW

- **Who we are**
- **Where we've been**
- **Where we're at**
- **Where we're going**

THE VERMONT CONTEXT

- Ten regional designated agencies providing community mental health care
- Adults with SPMI served by Community Rehabilitation and Treatment (CRT) Program within each agency
- Funding through a Medicaid Waiver Case Rate system
- Small CRT Programs (130-600 clients)
- Dispersed population: rural or in small towns
- 'EBP friendly' CRT expectations

THE VERMONT CONTEXT

The Integrated Treatment Inheritance

- 2000 Mueser & Fox IDDT Fidelity Evaluation
- 2001-2003 Consensus building grants – CRT buy-in
- 2003 Minkoff and Cline CCISC framework
 - Provider self-assessment COMPASS/CODECAT
 - Training of trainers model
 - Initiation of consensus Charter process
 - Development of DMH and provider action plans
 - Incentive grants

Initiating IDDT

Continuous Quality Improvement framework

A revolving feedback loop across providers, state and consumers:

- Consultation with Provider Steering Committee
- Trainer town meetings and info sharing sessions
- Yearly site visits using IDDT Fidelity Tool and Dartmouth's Global Organizational Index (GOI)
- DMH Project Steering Committee
- Involve the Recovery and Inpatient communities
- CRT Monthly Reports
- Charter and Action Plans



IMPLEMENT

- Trainings
- Consultation

EVALUATE

- Yearly Site Review Reports
- Town Meetings

PLAN

- Consensus Charter Document
- Action Plans

IDDT: THE FIRST LESSONS

Defining the Job to be Done

- Extension of the eligible population beyond Quadrant 4
- Revision of the measurement tools
- The need for systems change to support the practice
- A shared provider, consumer and state level effort
- This really is about sustaining good practice

EVOLUTION OF THE LEARNING COMMUNITY

THE COORDINATOR AND EVALUATOR ROLES *(It's all about relationships)*

- Strength-based, non-audit approach
- Include everybody (provider, consumer and state level)
- Action research: the revolving feedback loop
- Listening, sharing and extending the learning community

YEAR 1 SITE VISITS

Commitment to:

- Trainer Cohort
- Welcoming
- Screening

Lessons:

- Free-flow site visits: make sure you see the agency at work
- Ten different places, ten different cultures
 - Client identification: the data quality issue
 - Chart consistency
 - Focus on different implementation aspects
- Paperwork issues
- Billing Issues

YEAR 2 SITE VISITS

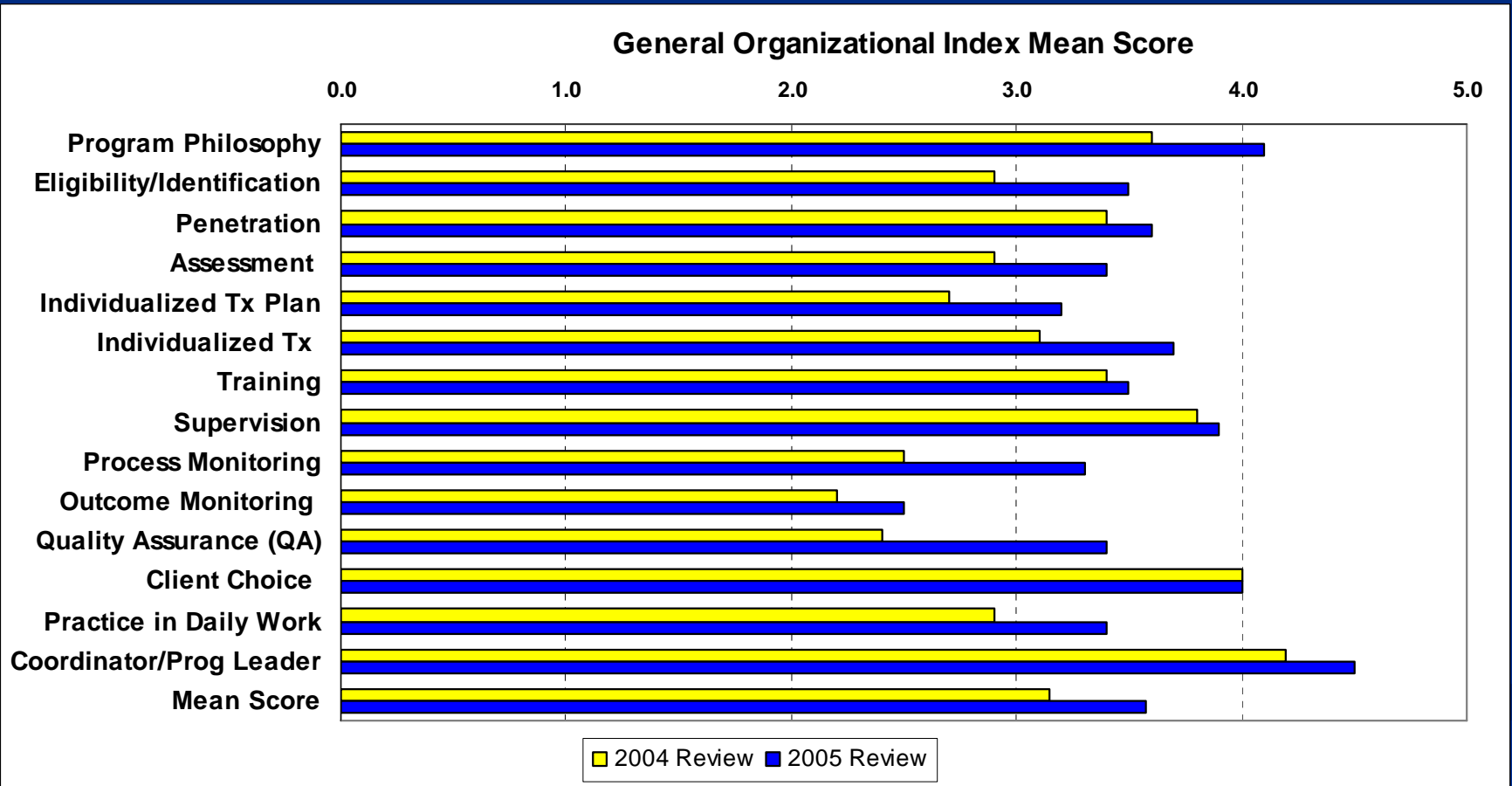
Commitment to:

- Increasing identification
- Substance use assessment protocols
- Training on co-occurring disorders treatment

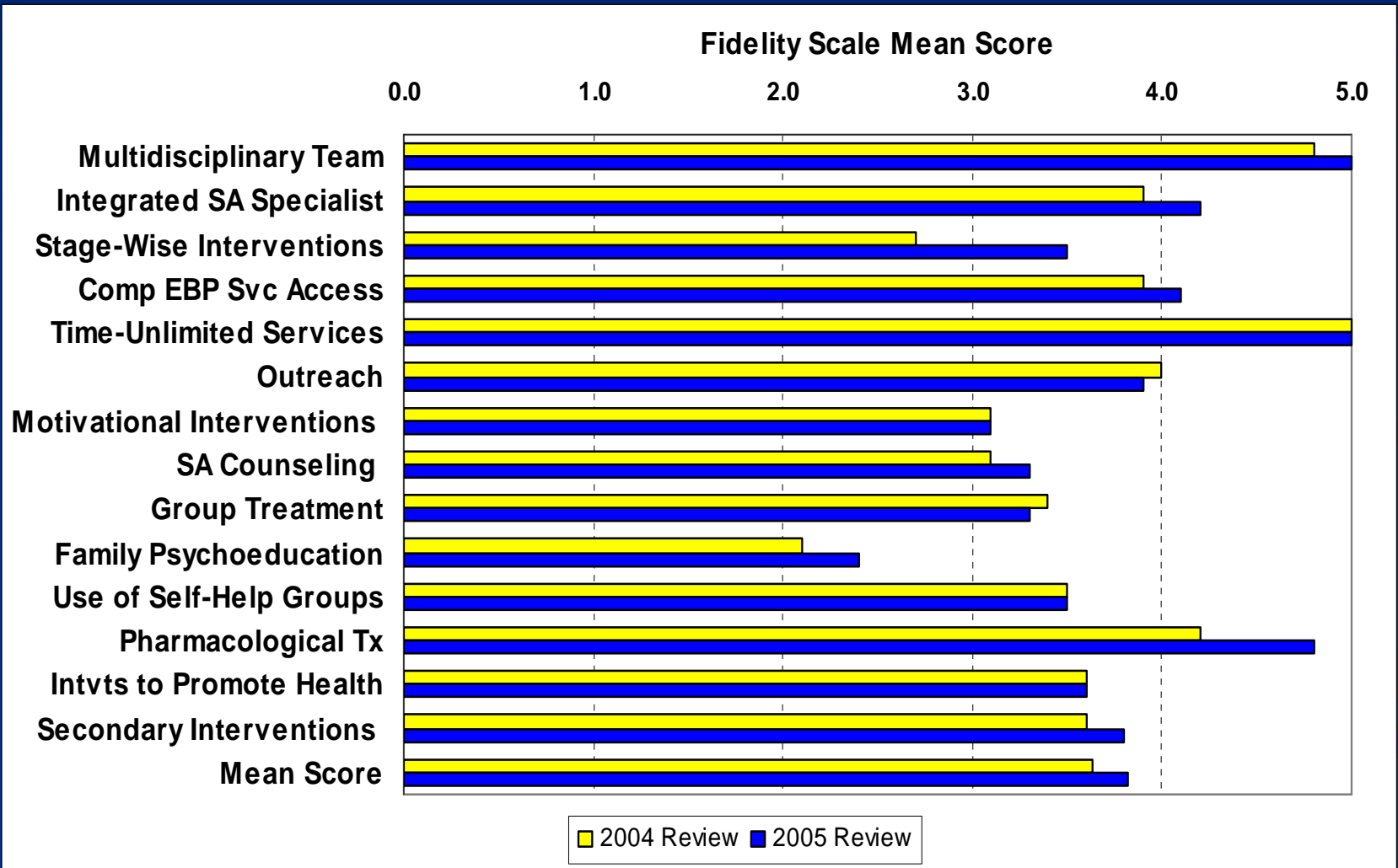
Lessons:

- Limitations of the toolkit training curriculum
- Confidentiality and release of information
- Clinical practice challenges:
 - Interagency relations
 - Establishing groups
 - Family contact/involvement
 - Residential policies

HOW CLOSE ARE WE TO SYSTEM PREPAREDNESS?



HOW CLOSE ARE WE TO IDDT?



YEAR 3 SITE VISITS

Commitment to:

- In-house training to consolidate core competencies
- Stage-specific treatment plans
- Supervision
- Information sharing among providers

Only 2 visits but adding to learning community knowledge

- Clarification of damp housing
- Training to sustain
- Strategies for self-assessment
- The consumer/family role

HOW TO SUSTAIN PROGRESS

(and Continue to Move Forward)

INTERNAL CQI

- Welcoming
- Identification
- Workforce development
- Integrated clinical practices
- Documentation
- Outcomes
- Self assessment of ongoing capability

HOW TO SUSTAIN PROGRESS

(and Continue to Move Forward)

EXTERNAL CQI

- Annual trainings on core topics
- Regular oversight procedures: Designation/Clinical Review
- Statewide clinical consultation group
- Paperwork Committee recommendations
- COSIG
 - learn from the CRT learning community
 - build relationship with VT Drug and Alcohol Agency
 - billing procedures
 - common contracting
 - release of information
 - certification/licensing
 - database issues (outcome monitoring)

FINAL THOUGHTS

Continuous Quality Improvement Means

- **Keep things simple and observable**
- **Implement incrementally**
- **Consolidate and backfill**
- **Expect new questions and accept you're never done**

CONTACT INFORMATION

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