

The DDCAT-NIATx Project- A Promising Practice for Improving Integrated Care

While differences of opinion and approach remain, mental and addictive disorders professionals increasingly recognize an urgent need to create more responsive systems of care. Without more effective care, individuals with co-occurring mental and addictive disorders will continue to cycle repeatedly through service systems, enter jails and judicial systems and generally go without the services and supports they need to relieve and resolve their disorders.(Alexandria, Va. and Washington, D.C.: NASMHPD and NASADAD, November 2002).

Addictions and mental health agencies increasingly understand the need to integrate services but face the daunting task of knowing where to start and how to work within limited resources. The DDCAT/NIATX project piloted a model for evaluating and improving the level of integrated services in addiction treatment agencies. At the project's center is the DDCAT fidelity tool (McGovern, et al. 2010) used to establish a baseline measure of integration and provide a foundation for strategic planning. DDCAT stands for the Dual Diagnosis Capability in Addictions Treatment and is an EBP tool developed by Dartmouth to measure the level of integrated mental health and addiction services. The NIATx process improvement model was used to guide change efforts.

Project Overview

Two project phases were conducted. Both began with a baseline measure of agency integration using the DDCAT index. These were conducted by professionals familiar with the DDCAT and having significant experience in COD treatment. Following this initial review, the DDCAT results were reviewed with the agency and a plan was developed identifying targets and objectives for improving integration.

The NIATx process improvement model was then used by staff to implement changes and measure the benefit of change ideas. The planned level or scope of the change project was influenced by the resources and attributes of the agency. Consistent with the NIATx model, the project provided agency based training, technical assistance, coaching and the opportunity to participate in a learning session to share and learn from peer change efforts.

At the end of both projects, the evaluation team conducted a final DDCAT review to evaluate whether the goals of the strategic plan were met and whether the level of integration increased. One key objective was for each agency to demonstrate improvement in a minimum of two DDCAT benchmark measures.

The State of Washington Division of Behavioral Health and Recovery Services partnered with Northwest Frontier Addiction Transfer and Technology Center (NFATTC) and the Network for the Improvement of Addiction Treatment (NIATx) to pilot two projects to increase integrated services at the program level. Janet Bardossi, LCSW served as the Project Coordinator in close partnership with Denna Vandersloot, M.Ed., L.A.C. – NFATTC Director.

Results

Both projects exceeded expectations.

PHASE I

In February 2009 Phase I began work with three agencies. All three agencies met the project goal of improving two DDCAT measures at the end of the project in July 2009. Two of the agencies exceeded this goal, one agency improved seven measures and one impressively improved seventeen measures. In March 2010 a follow-up confirmed that not only did the project trigger organizational change but that changes were sustained and additional improvements made. Regrettably, one agency was no longer in business.

PHASE II

This project began with baseline measures conducted in January and February 2010. Final reviews were conducted in May 2010. All five agencies were able to conduct a NIATx process improvement project and improve a minimum of two DDCAT measures. Improvements ranged from six to twenty-five measures with an average of 15 measures changed. The large impact with a short timeline was impressive.

Summary

The DDCAT-NIATx project has developed a promising model for implementing evidenced based care. The model is innovative in its use of measures combined with the understanding and ownership of the change process by direct care staff and leadership.

This project has been presented at the 2009 National NIATx Conference as well as an October 2010 national webinar sponsored by the University of Wisconsin. The October 2010 webinar PowerPoint is attached for those interested in learning more about this project. You may also contact Janet Bardossi at ph# 503-380-1730 if you would like more information.