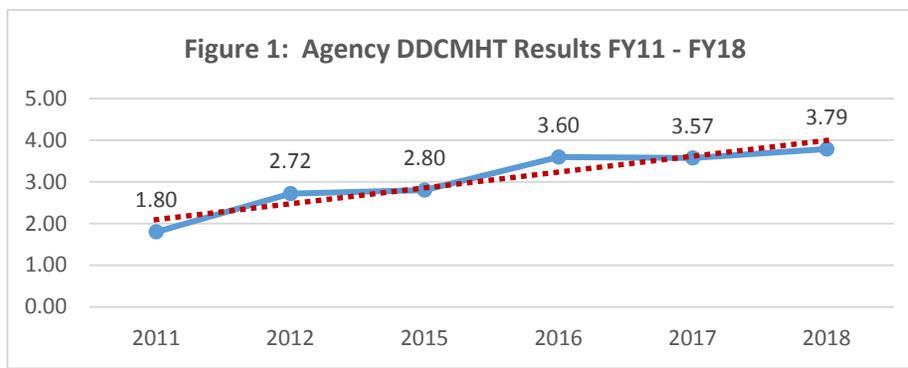


UBCSS Annual Survey on Co-Occurring Disorder Treatment Services 2018 DDCMHT Summary of the Results

Background: Beginning in fiscal year 2011, UBCSS made an organizational commitment to the integrated care model for the treatment of clients with co-occurring mental illness and substance use disorders. This model states that clients who struggle with co-occurring disorders (CoD) can maximally benefit when treatment is provided by a single therapist who is well trained in both mental health and substance use disorder treatments, and can then treat both of the client's disorders simultaneously.

UBCSS annually assesses its skills in providing CoD services via the use of a psychometrically valid and reliable assessment tool, the Dual Diagnosis Capability in Mental Health Treatment survey (DDCMHT). Below is a summary of the results of the FY 2018 survey, conducted 9/2018.



Results: Overall Average Year by Year: Figure 1 shows the single overall agency summary score for each of the 6 years where data was collected. The data shows annual score increases in five of the six years, with the most recent year showing the highest score so far, at 3.79. This is solidly in the Dual Diagnosis Capable / Enhanced category. The trend line (dotted red) also demonstrates the upward growth in the 8 years of agency commitment to the integrated care model.

Interpretation: Based on the above scoring for individual items, the interpretation of the averaged ratings is as follows:

- A rating of 1.0 - 1.99 reflects mental health care only, no substance use disorder treatment
- A rating of 2.0 – 2.99 reflects mental health treatment with some dual diagnosis capability.
- A rating of 3.0 – 3.49 is considered “dual diagnosis capable,” indicating that many staff co-occurring treatment skills and the agency has some integrated care policies and practices. model
- **A rating of 3.5 – 4.49 is considered “dual diagnosis capable / enhanced,” indicating that most of the staff have organizationally supported training in co-occurring diagnosis and treatment, and the agency has substantial policy and practice and documentation of such, regarding the treatment of clients with co-occurring mental health and substance use disorders.**
- A rating of 4.5 – 5.00 is “dual diagnosis enhanced,” and indicates no differentiation between the treatment services of clients with mental illness and clients with co-occurring disorders.

There was not a large variation across the programs and categories, implying that there is good organizational consistency in implementing the Integrated Care CoD clinical model.

Plan: The DDCMHT is used by the agency on an annual basis to learn more about our strengths as well as areas for improvement. Although our results reflect strong implementation of the integrated care model, we were able to identify specific strategies to further enhance our programs. Throughout the next fiscal year (2018-2019), several initiatives will be made and it is expected that our score will be even higher when this evaluation tool is used again next year.

Some examples of improvement initiatives include:

- adding more client education material to the waiting rooms,
- improving clinical documentation to more specifically and consistently address certain elements of co-occurring treatment, and
- updating certain UBCSS policies that advise staff about how to deal with certain infrequent but serious clinical aspects of co-occurring treatment.