Comprehensive Integrated Diagnostic Assessment: One Agency’s Success Story

Facilitator:
Deborah Myers, M.Ed., PCC-S

Panel Members:
Stephanie A. Calmes, Ph.D., PCC-S, LICDC
Marilyn Rule, MSW, LISW-S, LICDC
Learning Objectives

1. Identify common deficiencies in diagnostic assessments of individuals with severe and persistent mental illness and/or substance use disorders.

2. Discuss the role of a supervisory and quality improvement process to enhance and monitor the quality of diagnostic assessments.
How Did You Recognize There Was a Problem with Diagnostic Assessments at Your Organization?

- A 2007 review of records identified deficiencies
- Content of assessments, ISP’s and progress notes
- Diagnostic criteria wasn’t well supported
- Quality of writing needed improvement
- Lack of consistency between counselors and sites
- Inconsistent licensure among assessment staff
- Agency began to identify the core certification requirements for mental health services
What Were Your Concerns at That Point?

- Insufficient supervision
- Diagnostic criteria not well reflected in the record
- Timeliness of documentation
- Quality improvement process
- Staff education, licensure, training and skills
  - Many staff were eager for supervision and to improve their skill sets
What Steps Did You Take to Address These Concerns?

- Leadership promoted culture of and opportunity for growth
- Added clinical supervisors and supervision
- Implemented a QI process
- External consultant to review organizational capability to address co-occurring disorders (DDCAT)
- Developed plan of action based on results of DDCAT assessment
- Developed an assessment template
- Provided additional training for staff
- Obtained CARF accreditation
How Do You Know You Have Made These Changes?

- QI process with quarterly audits
- Quality of documentation & regulatory compliance
- Results provided to all supervisors who then review the results with all clinical staff
- Clinical managers review all assessments for completeness and quality
- Improvement over time as supported by external audits, accreditations and certifications
- Quality of feedback
What Obstacles Did You Encounter in Making These Changes?

- Transitioning from AOD only assessments to comprehensive, integrated assessments
- Varying levels of licensure among management
  - Identifying best fit for each leader’s strength
- Varying levels of readiness, licensure and skills among staff
- “Building the car while driving down the road”
- The limited value staff placed on documentation
What Were The Unintended Consequences You Encountered?

- Some staff self-selected out of agency
- Identified additional milestones throughout process
- Awareness of inconsistent practices and protocols across the agency
- Temporary impact on productivity
- Shift in how staff viewed documentation
- Staff reported increased sense of pride and job satisfaction
What Processes Do You Have in Place to Sustain These Changes?

- Ongoing training and supervision
- Continue to review all assessments
- Weekly supervision/training regarding assessment and other clinical issues that support quality of assessment
- Training manual for new staff with assessment template
- Review, development and revision of policies and procedures
- Ongoing QI process
- Continued review of QI document
Questions?

Thank you for your participation!
Contact Us

Deborah Myers, M.Ed., PCC-S
Consultant & Trainer

Center for Evidence-Based Practices (CEBP)
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7169
216-368-0808
Deborah.a.myers@case.edu