COMMUNITY PARTNERSHIP

Neighboring puts premium on IDDT fidelity, innovative outreach to homeless
—by Paul M. Kubek and Matthew K. Weiland

Mentor, OH—A few years back, the City of Painesville had a problem: what to do about the homeless population hanging out in its picturesque town square. Painesville is the seat of Lake County and is a center of civic and commercial activity. Its storefronts, offices, and county courthouse make it a busy place. And while the homeless were mostly a non-threatening presence, they were known, at times, to be a little disruptive.

To find a solution that was both sensitive and helpful to all, including the homeless, the local United Way convened a group of community service organizations and other stakeholders. For NEIGHBORING, a mental-health and substance-abuse...
service agency headquartered in the City of Mentor, this was another chance to step up and help out. They knew from years of experience in Lake County that many homeless persons suffered from severe mental illness. Ultimately, the organization and its Integrated Dual Disorder Treatment (IDDT) team began collaborating with 12 other organizations in a new assertive-outreach initiative that illustrates one of the reasons why NEIGHBORING is the 2008 recipient of the Ohio SAMI CCOE’s third annual Lynn Goff Spirit of Integrated Treatment Award.

**STAGES OF TREATMENT & MOTIVATIONAL APPROACHES**

Here’s how the partnership took shape. The Salvation Army was already providing services to non-homeless populations in the evening just south of the town square, so it decided to open its doors during the daytime hours as well, giving its community partners a space to access and provide their services to the homeless—services such as meals, nursing care for acute medical needs, and transportation, among others. NEIGHBORING was already providing mental health outreach in other parts of Lake County, so it decided to make a case manager available at the Painesville facility twice a week, simply to provide homeless persons with a friendly face and a safe and trusted presence. This person would also provide counsel, facilitate educational peer-support groups, and help consumers navigate the various social service systems—if and when they expressed the need.

According to NEIGHBORING’s Chief Operating Officer Ken Gill, MSSA, LISW-S, LICDC, the mental health outreach was not initially designed as an IDDT initiative. However, the implementation team chose to utilize some of the core components of the IDDT model. For instance, the team decided to use the stages-of-treatment approach, which emphasizes that in the initial engagement stage, each service provider simply seeks to build trust with consumers. The team also chose to use motivational interviewing, a conversational therapeutic technique.
that equips service team members with skills to help people assess their own readiness, willingness, and ability to make meaningful personal changes in their lives.

“We felt that it would be a good opportunity for outreach in a way that we hadn’t been doing before, and not just for our IDDT program but for the behavioral healthcare system at large,” says Gill. “I think we’ve been able to engage a number of new folks in services, and that’s great.”

Gill adds that it wasn’t long before NEIGHBORING’s service team discovered that a significant portion of the homeless population exhibited symptoms of both severe mental illness and substance abuse. Therefore, it quickly made the outreach initiative at The Salvation Army an extension of its IDDT services.

(See “Warming hearts on a cold bench” on page 4 for more information.)

**ABOVE AND BEYOND THE FIDELITY SCALE**

Now in its third year, The Lynn Goff Spirit of Integrated Treatment Award has become an annual tribute to a service organization that consistently goes above and beyond the expectations of the IDDT model and, in doing so, raises the standard of exceptional care.

According to Ric Kruszynski, MSSA, LISW, LICDC, director of consultation and training at the Ohio SAMI CCOE, the Lynn Goff Award is designed to highlight a team that not only achieves high fidelity to IDDT but also finds innovative ways to implement the model’s core components.

For instance, the IDDT fidelity scale requires service organizations to provide assertive outreach in the community. However, it does not require an organization to collaborate with community partners to resolve a local problem like homelessness on the town square.

“NEIGHBORING has continued to pursue new innovations to enhance their services continually,” says Kruszynski. “They’ve created new initiatives such as their Salvation Army assertive outreach effort and an art-therapy approach to enhancing persuasion groups. They haven’t stopped there. They have also gone on to implement additional EBPs [evidence-based practices], developing excellence in Supported Employment and Wellness Management and Recovery.”

Kruszynski adds that NEIGHBORING is also very generous with other organizations interested in professional peer-networking. It has hosted other IDDT teams to teach them about the challenges faced and successes achieved during the implementation process. IDDT teams throughout the Buckeye State have made the trek to the Mentor agency, along with interested integrated-treatment pilgrims from Duke University and The Netherlands.

**AN INNOVATIVE FORCE FOR LAKE COUNTY**

NEIGHBORING began in the late 1960s as a small agency and has grown along with Lake County’s population. NEIGHBORING has become a full-service CARF-accredited outpatient mental health and substance-abuse services organization.

**IMPRESSIONS NUMBERS**

**Populations served**
- 1,800 total adult consumers
- 650 to 700 with severe mental illness
- 130 to 150 with co-occurring mental and substance use disorders eligible for IDDT services
- 75 receiving IDDT services (max. team capacity)

**IDDT service team**
- 3 therapists
- 3 case managers
- 1.5 Supported Employment specialists
- 1 nurse liaison
- 1 psychiatrist
- 1 team leader

**A sample of IDDT outcomes**
Numbers for May 2008 are as follows:
- 75 consumers served
- 52 have their own apartments
- 18 live with family members
- 48 are compliant with medication treatments (10 unknown)
- 11 have family members active in psychoeducational programs
- 25 employed competitively for at least 10 hours a week
- 6 are attending school, either toward technical training or college degrees
- 38 reported total abstinence from alcohol and other drugs
- 36 reported being involved in 12-step programs (e.g. AA, NA, or DRA)
- 4 reported some alcohol or drug use without impairment, hospitalization, or incarceration
- 6 reported being incarcerated for three days or fewer
THE IDDT TEAM
According to Dual Diagnosis Program Supervisor Deana Leber-George, MEd, PCC-S, the agency provides services for almost 1,800 adult consumers. Approximately 130 to 150 adults have been diagnosed with co-occurring severe mental and substance use disorders, and approximately 75 (the team’s current maximum capacity) receive IDDT services from a team consisting of the following:
• 3 therapists
• 3 case managers
• 1.5 Supported Employment specialists
• 1 nurse liaison
• 1 psychiatrist
• 1 team leader

The team has helped consumers achieve some impressive outcomes (see bottom of page 3).

“These women are not just here to do a job,” says Leber-George. “They completely believe that they can make a difference in the lives of people. I’m inspired by them.”

(See “A team-leader’s perspective” on page 5 for more information.)

COMMUNITY SUPPORT AND BOARD BUY-IN
According to COO Ken Gill, none of NEIGHBORING’s success would be possible without exceptional community support from local businesses, residents who continuously vote for the tax levies that help fund services, and the Lake County Alcohol Drug Addiction and Mental Health Service (ADAMHS) Board.

Gill has provided the leadership to nurture the important relationship with the board by making a conscious effort to keep its members informed and to solicit their input during the implementation process.

“You need to identify whose support you will need internally and externally to be successful with a project,” says Gill.

(See “An executive’s perspective” on page 5 for more information.)

Warming hearts on a cold bench
Rene Molzon went into social work to help emotionally-disturbed children, never anticipating that her professional journey would land her beside homeless adults dealing with severe mental illness.

“I don’t mind at all sitting in the cold with them just talking about the day,” says Molzon, dual diagnosis case manager at NEIGHBORING. “It provides me with an insight into the human heart and the human psyche. If people can trust and if people can see that they can be safe, they are likely to utilize that and make the most of it.”

It’s the perfect disposition for this work, and Molzon has, in a sense, become a gentle ambassador for the importance of human connection and integrated treatment among the homeless population frequenting The Salvation Army in the City of Painesville.

Molzon travels to the shelter twice a week to provide outreach services, which include a social-skills peer-support group, assessment of needs and symptoms, and referral—if and when individuals express the interest or demonstrate a need. Molzon uses the Integrated Dual Disorder Treatment (IDDT) model’s stage-wise approach in her work. For instance, in the initial engagement stage, when she is getting to know somebody, she does not say anything about mental health symptoms or substance abuse symptoms. She is quiet, non-intrusive, and allows people to gravitate to her over time.

“When I first started going to the shelter, there were people who’d get up as soon as I walked in,” Molzon recalls. “They’d say, ‘Oh, NEIGHBORING’s here, I gotta leave.’ And they would. I wouldn’t say anything. I’d just let it happen. And I wouldn’t say anything the next time I’d see them. Eventually, they would stop leaving. And eventually, they would start talking—about whatever was on their mind.”

Molzon is a licensed social worker and is trained to conduct assessments of mental health and substance abuse symptoms. As a result, she uses the outreach initiative as an opportunity for early identification and for early intervention.

Dual Diagnosis Supervisor Deana Leber-George, MEd, PCC-S, explains that Molzon’s style and skills have attracted homeless individuals who would have otherwise stayed away from services. Her presence has inspired many to transform distrust into contemplation of the possibilities for recovery.

Paul M. Kubek, MA, is director of communications and Matthew K. Weiland, MA, is senior writer, producer, and new-media specialist at the Center for Evidence-Based Practices at Case Western Reserve University.

Learn more and listen to this story online:
Board’s-eye view: an executive’s perspective

—by Matthew K. Weiland and Paul M. Kubek

When NEIGHBORING began implementing its Integrated Dual Disorder Treatment (IDDT) services earlier this decade, it faced challenges on many fronts, from staffing and financing to staff buy-in and community partnerships. In light of this, Chief Operating Officer Ken Gill, MSSA, LISW-S, LICDC, and his implementation team decided to take the cautious approach. They gradually adopted the core components of IDDT and chose not to unveil their efforts formally until every piece was in place. At the time, it seemed like a prudent approach.

WHAT I WOULD HAVE DONE DIFFERENTLY
Looking back, however, Gill says he would have solicited support and input sooner from the Lake County Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board. He also would have involved all community stakeholders in the implementation process, educating them along the way about IDDT, its methods, and its expected outcomes.

“We really didn’t bring our board into the process soon enough,” Gill says. “There was a perception at the board level that there was no Integrated Dual Disorder Treatment being done in the Lake County system, even though we were in the process of doing it. That happened because we didn’t communicate with them effectively about what we were doing and how we were doing it.”

It was a lesson well-learned by Gill and the NEIGHBORING team. When the agency had the opportunity to implement the evidence-based Supported Employment and Wellness Management and Recovery models, they contacted the board as one of the first steps in the process, encouraging board members to attend meetings, respond to ideas, and provide input.

“We’ve done a pretty good job of promoting evidence-based practices in the county,” Gill says. “And the board has become a strong advocate of the work that we’re doing.”

Team terrific: a supervisor’s perspective

Deana Leber-George, MEd, PCC-S, is the Dual Diagnosis Program Supervisor at NEIGHBORING. She helped usher in the agency’s implementation of the Integrated Dual Disorder Treatment (IDDT) model, beginning in 2002, and has been a guiding member of the service team ever since. One of the lessons Leber-George has learned centers on staff recruitment and team building.

WHAT I WOULD HAVE DONE DIFFERENTLY
In the beginning, she explains, NEIGHBORING’s IDDT implementation team sought out any staff member who expressed an interest in learning more about IDDT or who simply had some time in his or her schedule or a caseload of consumers who were eligible for the service.

“Some people worked out and some didn’t,” she says. “But I think, looking back, I would have been very specific and intentional about whom I put on the team. If you don’t have a heart for these consumers and this work, it won’t fit with you, and there is not going to be a successful implementation of the program.”

HUMILITY AND THE CAPACITY FOR HOPE
Leber-George does not believe there is a prototype for the perfect IDDT clinician, yet she does recognize some common traits among team members who have been most successful. It’s an observation she would like to share with other IDDT programs.

First, team leaders should look for people who have a genuine desire to help people who have co-occurring disorders. Secondly, potential team members should have a certain sense of humility—a willingness to confer with colleagues about the best possible solutions and to defer, from time to time, to the advice of others.

“I also think that there needs to be a sense of hope,” she adds. “As soon as one person loses hope for a consumer, it becomes harder for the team as a group to maintain hope and provide effective services. So, there needs to be a willingness to hang onto hope a little bit longer than usual.” Hope, she explains, is the foundation of the long-term perspective of recovery.

Learn more and listen to these stories online:
CCOE emphasizes focused clinical supervision, provides useful methods (Part 1)

—by Matthew K. Weiland and Paul M. Kubek

Cleveland, OH—In the fall 2007 issue of our SAMI Matters newsletter, we began an ongoing discussion about the organizational structure—known as the General Organizational Index (GOI)—of Integrated Dual Disorder Treatment (IDDT) services. This discussion is an effort to help service providers better understand the seamless relationship between the organizational characteristics and the treatment characteristics of the IDDT fidelity scale and the scale’s vital role in assisting consumer recovery.

We continue the discussion with an audio eConsult series focusing on supervision, which the consultants and trainers of the Ohio SAMI CCOE have identified as among the most important components of the fidelity scale’s GOI. In subsequent installments of this series, we’ll look at the importance of clinical supervision in behavioral healthcare and some practical, easily-implemented steps to begin enhancing the supervision of your clinical team.

This story has been selected as the centerpiece for this Ohio SAMI CCOE audio eConsult series on clinical supervision because it encapsulates much of the material covered in future installments. It is a point of reference that serves as a reinforcement of how crucial the role of real-time clinical supervision can be.

CLINICIANS BENEFIT FROM IMMEDIATE FEEDBACK IN THE COMMUNITY

One of the hallmarks of effective clinical supervision is real-time observation of service providers at work in the community with consumers. There is certainly value in sitting with team members in the office engaged in discussion on approaches and techniques. However, seeing an individual provider in action with a person who receives services reveals much more information. In real-time situations, there is the chance for a supervisor to observe her team member and offer rich feedback about body language, tone of voice, timing, and the various nuances of different interventions such as motivational interviewing.

SAMI CCOE Director of Consultation and Training Ric Kruszynski, MSSA, LISW, LICDC, tells a story that illustrates how 20 minutes of real-time clinical supervision in the community with immediate feedback helped one team member refine her approach and find the tools she needed to help one woman’s journey toward health, wellness, stable housing, and recovery.

WHAT IS IT YOU WANT?

Kruszynski’s story comes from his own experience as a consultant in which a service provider asked for his counsel on how to connect with a woman diagnosed with co-occurring severe mental and substance use disorders who was resistant to all outreach efforts and had otherwise remained unengaged in services.

Kruszynski joined the client and case manager for a conversation over iced-tea in a family restaurant, an encounter that turned out to be an instance of real-time supervision of motivational interviewing. Kruszynski emphasizes that this is a prime example of how the investment of no more than a half hour of time produced results that ultimately changed two lives: the professional life of the service provider and the personal life of the consumer.

A LEARNING ASSET FOR PROFESSIONALS AND STUDENTS

It is perhaps helpful to listen for how the clinician is guided to roll with resistance, to find the motivation that matters to the consumer, and the ways in which real-time supervisory feedback can have an immediate and lasting impact. Listen to this audio eConsult by visiting the web link at the bottom of this page.

WHAT IS THE GOI?

Consult the fall 2007 issue of SAMI Matters, pages 1-5:


Learn more and listen to this story online:

MINT initiative helps set agenda for future of motivational interviewing in Ohio

—by Matthew K. Weiland and Paul M. Kubek

Sherrodsville, OH—Three consultant-trainers from the Ohio SAMI CCOE participated in a three-day international Motivational Interviewing Network of Trainers (MINT) initiative at Atwood Lake Conference Center from April 29 through May 1. This “train-the-trainers” event was attended by some 40 behavioral healthcare professionals from all over the world, including approximately 20 from Ohio. The training was conducted by Motivational Interviewing (MI) co-creator and co-author William R. Miller, Ph.D. and Theresa Moyers, Ph.D. The event was coordinated by Ann Carden, Ph.D., a private-practice consultant and trainer from Ohio who has worked with Integrated Dual Disorder Treatment (IDDT) for many years. MI is one of the core components of IDDT, as well as of Supported Employment, the evidence-based practice, and Tobacco and Recovery, a stages-of-change model (For more information consult www.centerforebp.case.edu).

MI is an ongoing international initiative to promote the accurate and effective use of motivational interviewing, which, Miller and Moyers emphasized, is a method for helping people address their ambivalence to make personal, meaningful changes in their lives. Candidates for the MINT initiative must be experienced in the use of MI and must complete an application process, which includes the submission of audio recordings and a review of those tapes by MINT consultants. Acceptance to and participation in the MINT initiative gives individuals access to a national network of professionals and, thus, the opportunity to share ideas and best practices for training and consulting.

The following from the CCOE participated in the MINT event held in Ohio in April:
• Christina M. Delos Reyes, M.D.
• Jeremy Evenden, MSSA, LISW
• Deborah Myers, MEd, PCC

IMPROVING PRACTICE IN OHIO
According to Ohio SAMI CCOE Director of Implementation Services Patrick E. Boyle, MSSA, LISW, LICDC, the CCOE is participating in the MINT initiative as a way to add to the pool of advanced MI consultants and trainers in Ohio. The CCOE provides a regular schedule of MI training and provides ongoing consultation at state hospitals and community-based organizations. Participation in MINT helps the CCOE enhance its work and, thus, will help service organizations expand the pool of service providers and clinical supervisors who use this conversational technique competently and effectively. Having provided MI consultation for several years now, the CCOE has come to realize that as simple as some of the MI principles can be, it nonetheless can be complicated to do.

“The intention is to take this effort and really enhance our ability to train more people in a more effective way,” says Boyle, “and to help improve supervision of the practice.”

COMPETENCY-BASED SUPERVISION
Boyle notes that there seem to be several large needs relative to motivational interviewing in Ohio. One of the primary needs is for supervisors to be equipped to assess the competency of practitioners in delivering the practice and to help them enhance their skills. Therefore, the Ohio SAMI CCOE is emphasizing and encouraging the use of competency-based supervision and resources such as the “Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP)”. This resource provides a more systematic method of helping assess a person’s developing competence with specific MI skills.

A model for helping people address their ambivalence to make personal, meaningful changes in their lives.

Learn more and listen to this story online: www.ohiosamiccoe.case.edu/news/2008/05/mintinitiative.html
Family programs, staff retention challenge IDDT providers to explore innovations

—by Paul M. Kubek and Matthew K. Weiland

Akron, OH—At the Northeast IDDT Regional Stakeholders meeting in May, participants shared challenges and emerging solutions to implementing and sustaining family psychoeducational programs and enhancing the recruitment and retention of service team members. Family psychoeducation is a core component of the Integrated Dual Disorder Treatment (IDDT) model. The Ohio SAMI CCOE has observed that achieving and sustaining fidelity to this item on the IDDT fidelity scale has been particularly challenging throughout the country, even in the northeast region of Ohio where several long-standing IDDT programs have consistently achieved moderate to high overall fidelity to the model. The CCOE has observed that staff turnover continues to be a trend not only in Ohio but also throughout the nation. There are a variety of contributing factors, which sometimes include ineffective recruiting strategies and insufficient clinical supervision and professional development practices.

RE-BUILDING BRIDGES AMONG CONSUMERS, FAMILIES & SERVICE PROVIDERS

According to Ohio SAMI CCOE Consultant and Trainer Jeremy S. Evenden, MSSA, LISW, who co-chairs the northeast regional stakeholders meeting, some of the primary goals of family psychoeducational programs are to improve the relationship between consumers and their family members and to educate all about severe mental illness and addiction. The programs also provide strategies for consumers and family members to be partners in managing symptoms and advancing rehabilitation and recovery.

Barriers identified

Northeast regional stakeholders have acknowledged that engaging family members is challenging for several reasons:

• Family members may feel stigmatized by severe mental illness and are reluctant to participate in activities sponsored by service organizations.
• Family members and consumers often have strained relationships and have difficulty communicating and collaborating effectively in the process of recovery.
• Family members themselves may also be struggling with symptoms of mental illness and addiction.
• Identifying meeting days and times that accommodate a majority of those interested in the programs is difficult because family members have different schedules.
• Clinicians often struggle with how to discuss family involvement with consumers in a motivational way (i.e., using motivational-interviewing techniques).

Effective strategies

Stakeholders in the northeast region also discussed several strategies that have worked for them. They emphasized that events which provide free food to participants often draw interest. Two examples of successful programs include the following:

• Informal “family night” social events for consumers and their family members, which are designed simply to introduce and acquaint people with each other, to create peer-support networks and the feeling that they are not alone.
• Formal multiple family psychoeducational programs, which are designed to teach consumers and family members about severe mental illness and addiction as well as strategies for working together to manage symptoms and to advance recovery.

Sustaining the momentum

Evenden explains that several organizations have found that attendance at family programs often reaches a “ceiling”, with the same families attending. In addition, interest and attendance eventually diminishes and dissipates over time. The stakeholders are committed to experimenting with new strategies to increase interest in and the influence of family programs. Evenden adds that it will take patience, persistence, and creativity.

“A big focus of family programs is to help mend relationships and rebuild trust between consumers and family members,” he says. “Sometimes families are not particularly knowledgeable about mental illness. Many times they may feel guilty, as though they caused the condition or that it resulted from something they may have done. So we’re working through a lot of guilt feelings, a lot of anger. These are difficult feelings to work with.”
**STAFF RETENTION**

One of the challenges of sustaining IDDT services as a whole over time, Evenden says, is providing a continuity of care from a consistent team of service providers. He adds that many Ohio organizations continue to struggle with staff turnover. For instance, organizations in the northeast region are finding themselves in a one- to two-year cycle of hiring and training new team members, some of whom are recent graduates of schools of social work, counseling, and psychology that do not necessarily teach principles and practices of IDDT. (An exception is the Mandel School of Applied Social Sciences: see sidebar in right column.)

“The young graduates join the team, then in a couple of years they are moving on to other types of jobs,” Evenden says.

**Possible solutions**

Stakeholders in the northeast have shared potential solutions for improving recruitment and retention of dedicated service team members, including the following:

- Look for candidates who can not only articulate but who can also demonstrate a heartfelt desire to help people with co-occurring disorders through recovery.
- Utilize effective interview questions that help identify the most committed and qualified candidates (stakeholders are working to identify, acquire, and share effective interview instruments).
- Conduct group interviews that include the entire service team or the most experienced team members to see if the candidate “fits”—if he or she will contribute to cohesion, collaboration, and creative problem-solving.
- Have top candidates shadow a team member during his or her work with consumers in the community.

Other possible solutions recommended by the Ohio SAMI CCOE include the following:

- Provide weekly clinical supervision to all team members, including new hires.
- Provide other staff-development opportunities that encourage new team members to grow into different roles in the organization over time.
- Consider cross-team mentoring opportunities with other Northeast Ohio IDDT teams.

---

**PROFESSIONAL PEER SUPPORT**

The Ohio SAMI CCOE sponsors quarterly IDDT regional stakeholders meetings in Ohio. The purpose of these meetings is to create a network of professional peer-support that encourages honesty about challenges and barriers to implementation and creativity to explore and test possible solutions. The networks disseminate lessons-learned through practice.

Stakeholders typically include the following from inpatient and community-based organizations that provide services and from county boards that provide support for IDDT in their communities:

- Team leaders
- Program managers
- Quality assurance professionals
- Administrators
- Policymakers
- Direct-service staff
- Consumers and family advocates

---

**DUAL DISORDERS FELLOWSHIP & MASTER’S DEGREE**

For more information about a master’s degree program that does teach IDDT principles and practices, consult this article about the Mandel School of Applied Social Sciences.


---

**POST-RESIDENCY FELLOWSHIPS**

One-year post-residency fellowships are available in addiction psychiatry and community psychiatry from the Department of Psychiatry, Case School of Medicine.

216-844-3658

www.ohiosamiccoe. case.edu/library/ media/addiction psychiatryfellowship. pdf

---

Each region of Ohio has its own culture and characteristics. Jeremy Evenden of the Ohio SAMI CCOE explains how regional meetings address the facilitators and barriers to IDDT fidelity that are unique to each region of the state, including the northeast.

Learn more and listen to this story online: www.ohiosamiccoe.case.edu/news/2008/06/neregionalmtg.html

---

www.ohiosamiccoe.case.edu | SAMI MATTERS - Fall 2008
Affiliation code more efficiently tracks consumer outcomes, IDDT effectiveness

—by Paul M. Kubek and Matthew K. Weiland

Columbus, OH—The Ohio SAMI CCOE—in partnership with the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), and the Mental Health and Recovery Board of Ashland County—announces the commencement of the IDDT Affiliation Code Initiative.

The initiative gives agency providers, county boards, and State of Ohio stakeholders the capacity to collect data and to examine indicators and outcomes systematically for IDDT consumers and to use this knowledge to inform and advance public policy, community service plans, and day-to-day service delivery locally and across the State of Ohio. The IDDT Affiliation Code is assigned to consumers receiving IDDT services who are enrolled in the Multi-Agency Community Services Information System (MACSIS).

“The affiliation code enables community decision makers and researchers, among others, to draw together information that already exists in MACSIS to answer important questions in order to improve services and evaluate resource allocation,” says Deb Hrouda, MSSA, LISW, assistant director of research and evaluation at the Center for Evidence-Based Practices at Case Western Reserve University. “The affiliation code becomes the common denominator showing what types of integrated treatment services are utilized by consumers and the related outcomes.”

Hrouda emphasizes that use of the code will be rather simple, because the initiative is built upon MACSIS, which is a statewide database system that county boards are already using. The first phase of the initiative will focus on these three factors related to IDDT service:

- Service utilization
- Cost
- Quality of life

IMPLEMENTATION TOOLS

Hrouda explains that the Ohio SAMI CCOE, the Ashland Board, ODMH, and ODADAS formed a workgroup last winter to plan and implement a pilot test of the IDDT Affiliation Code. The project took several months and has culminated in the production of a number of free tools to help agency providers and boards integrate affiliation-code routines into their day-to-day work. These tools include the following:

- Step-by-step guide (booklet)
- Online message board for agency providers and county boards to post questions and get answers from the initiative’s partners
- Web page of additional free resources (e.g., IDDT consumer roster, SQL computer code, data table, report templates)

CONSULTATION SERVICES

Consultants, trainers, and evaluators from the Ohio SAMI CCOE are available to provide technical assistance for utilization of the IDDT Affiliation Code and interpreting data. Agency providers and county boards that are implementing IDDT are encouraged to contact the consultant and trainer from the SAMI CCOE with whom they work and/or to make contact through the online IDDT Affiliation Code web page and message board.

THE PILOT PROJECT

The Mental Health and Recovery Board of Ashland County volunteered to pilot test use of the IDDT Affiliation Code. In the process, it developed the computer code to generate reports from affiliation-code data. The board is using these tools to evaluate IDDT services in its county and to communicate with board members, agency providers, and advocates and stakeholders in its community.

We asked David C. Ross, MA, LPCC, director of planning and evaluation at the Ashland board, a few questions about his participation in the initiative.

WHAT IS THE IDDT AFFILIATION CODE?

DR: It is basically a code assigned to an individual within the service system that stays with the person regardless of the services he or she receives. For example, in the State of Ohio, there’s a database that’s strictly for reporting and recording outcomes information. There’s another system that is specific to capturing costs. The IDDT Affiliation Code is a bridge, if you will, between these different kinds of disparate databases.

WHY DID ASHLAND COUNTY GET INVOLVED IN THIS INITIATIVE?

DR: Our field is not one that is always easy to explain to folks—what we do, how we do it, why we do it this way and not another way. It’s a constant education to present reports about programming at a level of clarity that we really haven’t had before the affiliation code. Most board members want to know:

- What’s a program about and what’s it supposed to do?
- Do people get better because of this program?
- Does the program work and how much does it cost?
With the affiliation code, the tangible result [is that] we’re able to provide to our board members information that gives them a far better idea about what IDDT is and how it’s working in the county.

WHAT IS THE ADVANTAGE OF THE AFFILIATION CODE?
DR: If we know a consumer is in a specialized program like IDDT and we know the time frames of services, the boards and agencies can then access this data and evaluate service utilization, costs, and outcomes. In my mind, it’s a relatively pain-free way to track evidence-based practices, specifically Integrated Dual Disorder Treatment.

WHAT HAS YOUR DATA ANALYSIS FOUND?
DR: We looked at data for people in our county enrolled in IDDT during a six-year span—three years before they started IDDT services (pre-IDDT) and three years after they started (post-IDDT). The number of consumers varied. Sometimes there were 12, 19, or 20 consumers receiving services during the time span.

1.) Service utilization/ hospital bed-days
• 76 bed days (x $481 per day = $36,556): Pre-IDDT/2 to 3 years
• 52 bed days (x $481 per day = $25,012): Pre-IDDT/1 to 2 years
• 118 bed days (x $481 per day = $56,758): Pre-IDDT/1 year
• 16 bed days (x $481 per day = $7,696): Post-IDDT/1 year
• 19 bed days (x $481 per day = $9,139): Post-IDDT/1 to 2 years
• 1 bed day (x $481 = $481): Post-IDDT/2 to 3 years

Policy implications/decisions
DR: We are re-directing the dollars we receive from the Ohio Department of Mental Health to pay for hospital bed-day usage to support community-based IDDT services.

2.) Service utilization/ crisis services
• 23 hours = pre-IDDT/2 to 3 years
• 67 hours = pre-IDDT/1 to 2 years
• 87 hours = pre-IDDT/1 year
• 71 hours = post-IDDT/1 year
• 15 hours = post-IDDT/1 to 2 years
• 12 hours = post-IDDT/2 to 3 years

3.) Cost/ Total average cost per client per service
DR: Average costs were calculated for the following services: hospital bed-days; mental health assessment from a non-physician; mental health crisis intervention; employment/vocational support; group psychiatric support; group counseling; individual psychiatric support; individual counseling; pharmacological management.
• $23,693 = pre-IDDT/ 2 to 3 years
• $18,322 = pre-IDDT/1 to 2 years
• $18,194 = pre-IDDT/1 year
• $12,469 = post-IDDT/1 year
• $12,149 = post-IDDT/1 to 2 years
• $6,883 = post-IDDT/2 to 3 years

Policy implications/decisions
DR: This data may help those agency providers and boards that are on-the-fence about IDDT to tip their decision to start implementation.

4.) Outcomes/ Quality-of-life scale
DR: We are still writing the SQL code to examine outcomes data from affiliation-code extract files, so we don’t have a report for this yet. I am very interested in seeing the results. We know that IDDT is decreasing costs and that’s important. But it’s just as important to see an improvement in consumer outcomes, such as their quality of life. The goal of services is to improve lives.

SHARE YOUR RESULTS
County boards and agency providers are encouraged to use the free computer code available online and to create their own code and share it via the IDDT Affiliation Code web page.

Free Booklet & Web Resource
• Step-by-step guide
• 16 pages
• Free PDF
  www.ohiosamiccoe.case.edu/iddtaffiliationcode.pdf
  Web resource page and message board:
  www.ohiosamiccoe.case.edu/iddtaffiliationcode

Learn more and listen to this story online:

MENTAL HEALTH SERVICES IN ASHLAND COUNTY, 2007-2008
• 2,200 = total number of people receiving publicly supported services
• 1,500 = adults
• 700 = children
• 1,200 = adults with severe mental illness (SMI)
• 12 to 35 = adults with co-occurring SMI and substance use disorders receiving IDDT services

(Source: Mental Health and Recovery Board of Ashland County)
Advisory committee enthused by readiness assessments, integration of new service model with IDDT

—by Paul M. Kubek and Matthew K. Weiland

Columbus, OH—The advisory committee meeting of the Ohio Tobacco and Recovery Project was held at Twin Valley Behavioral Healthcare in Columbus this past spring. Topics of discussion included the results of readiness assessments conducted by consultants, trainers, and evaluators of the Project at mental health organizations around Ohio that are thinking about or actually implementing components of the new Tobacco and Recovery model. (www.ohiotobaccorecovery.case.edu).

The assessments were conducted over several months this past winter and spring with an evaluation instrument that examines the level of organizational readiness for implementation of the model. The instrument is built upon the five stages of change, which include precontemplation, contemplation, preparation, action, and maintenance.

To date, the Ohio Tobacco and Recovery Project has engaged 35 different organizations around the state, each having expressed some interest in participating in a tobacco-cessation initiative for both their service staff and consumers. With 12 readiness assessments completed at the time of the advisory committee meeting, the results were as follows:

• Two organizations in the action stage of implementation are already utilizing several components of the Tobacco and Recovery model.
• At least five organizations are in preparation, ready to start implementing the model within six months.
• Five organizations are in contemplation, planning for implementation with their management work teams.
• An additional 18 organizations expressed a definite interest in the Tobacco and Recovery model.

“I think Ohio is leading the country by developing a model for tobacco cessation that addresses the special needs of people recovering from severe mental illness who are also dealing with alcohol and other drug-addiction problems,” says Patrick E. Boyle, MSSA, LISW, LICDC, director of implementation services at the Center for Evidence-Based Practices at Case Western Reserve University.

Boyle notes that there are numerous tobacco-cessation services throughout the country, but most focus on people in the general population and/or people who are in the “action” stage of quitting tobacco use—i.e., they are not ambivalent about kicking the habit. Ohio’s Tobacco and Recovery model is designed specifically for people with severe mental illness and their service providers. It addresses the needs of people in all five stages of change, and it does not exclude those who are ambivalent about changing their habits—i.e., in the precontemplation and contemplation stages.
“I think Ohio is leading the country by developing a model for tobacco cessation that addresses the special needs of people recovering from severe mental illness who are also dealing with alcohol and drug-addiction problems.”

—Patrick E. Boyle, Center for EBPs at Case Western Reserve University

“A number of people who work in the mental health and substance abuse fields use tobacco products themselves, so this can become a barrier to staff buy-in,” says Boyle. “The other reality is that our providers have never really been trained to address tobacco addiction. We’ve held on to a strong belief, as a profession, that quitting tobacco is maybe too difficult to tackle or that tobacco is one last pleasure that we shouldn’t deny recovering consumers.”

To counter these old beliefs and practices, Boyle cites some important facts about tobacco use:

• It contributes to early deaths. Smokers with severe mental illness die 20 to 25 years earlier than those who do not smoke.
• It complicates the ability of consumers to quit drinking alcohol and using other drugs.
• It accounts for close to 27 percent of purchases made by consumers, a majority of whom are on limited incomes.

“So it has huge implications,” says Boyle. “Tobacco addiction has negative effects on health, personal recovery, medication, finances, and housing. This is information that service providers on integrated treatment teams need to make the decision to buy-into the tobacco initiative wholeheartedly and to support and promote it.”

Who is Inspector Gadget?

Flash Phipps of Portsmouth, Ohio has a few tricks up his sleeve to promote tobacco cessation and recovery for mental health consumers (see page 14).

Learn more and listen to this story online:
Flash Phipps fights centuries-old tobacco culture, helps consumers kick the habit

—by Matthew K. Weiland and Paul M. Kubek

Portsmouth, OH—The Shawnee Mental Health Center not only serves three of the poorest, most rural regions in Ohio—Lawrence, Scioto, and Adams counties—with mental health and tobacco recovery services, but it also lies in the heart of tobacco country, making the notion of kicking the habit seem less doable than flicking a cigarette butt across the Ohio River.

From political influence to business interests, tobacco has been a livelihood and a way of life for families and communities for generations.

“When you’re trying to promote an idea like tobacco cessation, it makes it very hard when you have all these major obstacles. It really creates a serious challenge,” says Flash Phipps, Ph.D., PCC-S, adult program supervisor for Lawrence County at the Shawnee Mental Health Center.

To illustrate his point, Phipps refers to an informal survey he conducted among colleagues and peers, reporting that approximately half of the staff in the area’s community mental health service system are smokers. In fact, there are staff members whose families own stores where cartons of cigarettes generate considerable weekly revenue.

“Most communities in Ohio have one or two of these obstacles—poverty, rural culture, tobacco industry,” he says. “To have all three, they combine to create a major challenge to promoting new and healthy ways of thinking.”

NO SOLO FLIGHTS: SMALL PILOT PROJECT A SUCCESS WITH FOLLOW-ALONG

In 2007, determined to beat the odds against tobacco recovery in his community, Phipps recruited some staff members to conduct a small pilot-cessation project. He found 19 interested mental health consumers. The results included the following:

• 6 people quit using tobacco altogether
• 9 people showed a significant decrease in tobacco use
• 2 people showed minor decreases in tobacco use
• 2 people showed little or no progress in decreasing tobacco use

He attributes the success of tobacco reduction and recovery to his staff members’ regular, continuous follow-up with consumers. The more consumers were contacted, asked about their progress, and encouraged and motivated to replace tobacco use with healthy habits, the more they reduced their smoking.
Group homes and the sweat regimen
Phipps has targeted consumers who live in group homes as one of the populations for tobacco recovery follow-along services, because they are somewhat of a captive audience: they are easy to contact; they are close to the Shawnee Mental Health Center offices; and more than one consumer can be seen at each visit.

While group-home residents tend to be among the heaviest smokers—lighting up together provides opportunities for social bonding—Phipps has nonetheless found that such social dynamics can also be used to create and maintain healthy habits and wellness rhythms. Phipps himself has helped transform the smoke regimen into a sweat regimen by coordinating fitness programs (or workout groups) of two and three people.

INSPECTOR GADGET
Phipps has found another way to pique interest in tobacco cessation—via the American obsession with electronics. He acquired a compact carbon monoxide monitor to capture some informal baseline data from consumers: the device measures the amount of carbon monoxide in someone’s lungs (see “Inspector Gadget’s Gadget” in the online version of this story). It is a disposable, hand-held device about the size of an adult fist with a thumb-sized tube. Phipps explains that most non-smokers who blow into the tube register a reading of two while those who smoke regularly register double-digits. The highest he’s seen is 82.

“Everyone loves gadgets,” says Phipps, “and everyone wants to take the test. People started reacting to me coming around with the carbon monoxide monitor, and it’s become a great way to get people involved.” He explains that those who expressed interest in the gadget and took the test are now on his list of potential people to contact for his cessation program.

Let Flash test you
Phipps further explains that the gadget has a fifteen-second countdown during which a consumer is instructed to hold his or her breath. When the countdown ends, the detector lights up and chimes, and the person being tested is instructed to exhale into the tube.

“It amazes me how some people will almost always try to beat the system, even with smoking,” Phipps laughs as he recalls discovering how several consumers sort of rigged the results of tests administered by staff members. The consumers were blowing into the detector so lightly that the device registered carbon monoxide with low, single-digit values, essentially fooling Phipps’ staff into a delight over the consumers’ seeming reduction in tobacco use. That’s when a skeptical Phipps stepped in.

“I’d say, ‘Let Flash test you,’” he smiles and shakes his head, remembering his disbelief and explaining that he knew the consumers well enough to suspect they hadn’t stopped smoking that much. So he would put his hand on the back of the detector and let the consumer know he was feeling for a full breath to exit the machine. The next breath often doubled the detector’s reading of carbon monoxide.

Phipps is the type of person who bonds with others through humor, and the incidents of “cheating” have become a good story to tell and to laugh about. It’s a lesson-learned from experience and he advises other service providers who want to use the detector to make certain that the person being tested is breathing through it with a full, regular breath.

MAKE SMOKING INCONVENIENT
Flash Phipps became a smoker at the age of 13 and smoked regularly for the next 20 years. He understands the smoking mentality and, thus, feels a rapport with smokers and feels connected to consumers trying to quit.

“Even when I smoked, I never thought it was a good thing,” he says. “By the time I found out how bad it was, it was too late. I was already addicted.”

Phipps reflects upon the turning point in his smoking career—the epiphany. Although he was a heavy smoker, he refused to light-up in front of his children. Sequestered with his smoking habit, the hiding became so inconvenient that a ‘why-bother’ attitude began ruining his ritual.

“That’s one of the better ways to help a person quit smoking,” he emphasizes. “Make it inconvenient.”

Phipps has accumulated a few practical tips for cessation. “I tell people, put your cigarettes where they’re not with you,” he says. “Don’t carry your cigarettes. Make yourself go through an active thing every time you need to get a cigarette. Don’t keep them in your pocket. Keep them up in your room or put them out in your car. Put them somewhere where you have to think about smoking. Because what we’re finding is, if people have to think about their smoking, they won’t smoke as much.”

Matthew K. Weiland, MA, is senior writer, producer, and new-media specialist and Paul M. Kubek, MA, is director of communications at the Center for Evidence-Based Practices at Case Western Reserve University.

Smokerlyzer™
http://www.bedfont.com/smokerlyzer

“One of the better ways to help a person quit smoking is to make it inconvenient. . . . Put your cigarettes somewhere where you have to think about them. What we’re finding is that if people have to think about their smoking, they won’t smoke as much.”

—Flash Phipps, Shawnee Mental Health Center
ABOUT THIS NEWSLETTER

SAMI Matters is produced by the Ohio SAMI CCOE. Additional copies of this publication may be obtained by contacting our office or by visiting our web site. We welcome and encourage your comments, questions, and suggestions. Please send address changes.

www.ohiosamiccoe.case.edu/samimatters2008fall.pdf

Editor
Paul M. Kubek, MA

Executive Editors
Lenore A. Kola, Ph.D. & Patrick E. Boyle, MSSA, LISW, LICDC

Contributing Editors
Ric Kruzymski, MSSA, LISW, CCDC III-E; Deb Hroud, MSSA, LISW

Writers
Matthew K. Weiland, MA & Paul M. Kubek, MA

Designed by
David Craveren, Cravener | Holmes Creative

www.chcreative.com

Photography
Pages 9, 16 by Getty Images/Photodisc. Page 1, 12, 14 by Stockphoto.com. Other photo contributions noted on each page.

ABOUT US
The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE) is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices for the treatment and recovery of people with severe mental and substance use disorders.

CONTACT US
Service systems and organizations that wish to implement or enhance Integrated Dual Disorder Treatment (IDDT) services are encouraged to contact us.

Ohio SAMI CCOE
C/o Northcoast Behavioral Healthcare
1708 Southpoint Drive, 2 Left
Cleveland, OH 44109
216-398-3933 (phone)
patrick.boyle@case.edu

www.ohiosamiccoe.case.edu

Join our mailing list:

www.ohiosamiccoe.case.edu/mailinglist