Preferred Practices Initiative

Office of the Medical Director
Department of Mental Health and Addiction Services

Phase II Planning Meeting
11/13/02

Background

- Recommendations of Blue Ribbon Commissions: Addictions and Mental Health

- Implementation of Mental Health Policy and Alcohol and Drug Policy Council plans

- Strategic planning focus on quality of care

- Shift in emphasis to focus on effectiveness and outcomes

- Introduction of "evidence-based" practice model into behavioral health

Purpose

In order to improve the quality of care provided by the Connecticut Department of Mental Health and Addiction Services, the Office of the Medical Director has undertaken a major new initiative to introduce the best clinical, rehabilitative, and recovery-oriented practices currently available into all areas of practice for which DMHAS is responsible.
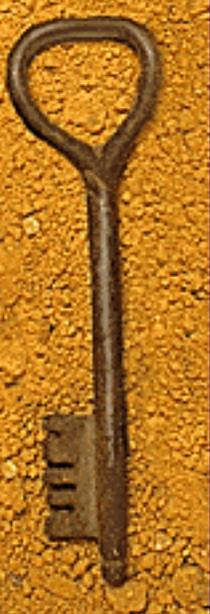
Categories of Available Practices

- <u>Evidence-Based</u>: validated or supported by empirical trials or program evaluations.

- <u>Consensus-Based</u>: endorsed by a panel of experts in a particular field as constituting the current state of the art in the absence of definitive data.

- <u>Preferred</u>: term adopted by DMHAS to include evidence- and consensus-based practices along with those that appear promising and/or value-based (e.g., culturally responsive).

- <u>Inherited</u>: practices traditionally employed irrespective of demonstrated quality.

Overview of Work Groups

- Co-Occurring Disorders
- Trauma
- Interface of Behavioral Health & Criminal Justice
- Rehabilitation & Recovery Supports
- Medication Algorithms & Disorder-Specific Practice Guidelines
- Disorder-Specific Psychosocial Treatments

- Interventions to Enhance Access & Adherence
- Practice Management & Outcomes Monitoring
- Cultural & Developmental Competence
- Knowledge Brokering & Staff Development
- Prevention & Early Intervention
- Psycho-Sexual Disturbances

Supplementary Work Groups

Patient-Centered Care; Women's Services; Lesbian/Gay/Bisexual/Transgender (LGBT) Services; Interface of Primary Care & Behavioral Health

Flow Chart for Work Groups

| Steering committee convened | → | 12 Work groups convened | → | Groups meet to review area of focus and develop recommendations |

| Steering committee sets priorities and decides on dispositions | ← | Groups present recommendations to steering committee |

Already underway

To be tracked

by Steering Committee

New practices to be developed

Referred elsewhere in Department
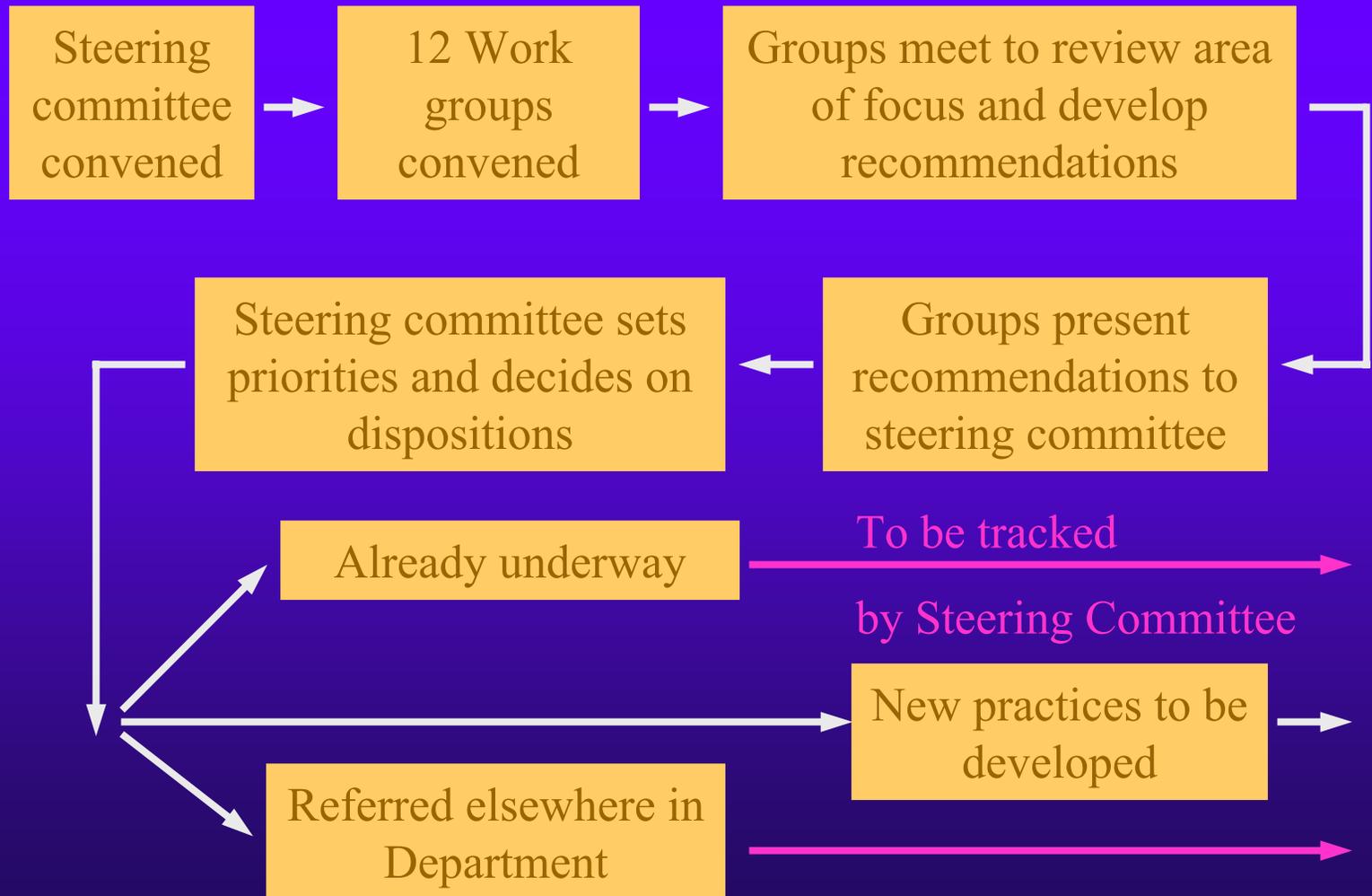
Disposition of Work Group Recommendations

- Practices already underway without need for additional focused attention from OMD at this time

- Practices to be referred elsewhere in Department, e.g., Training and Education Division/DMHAS Recovery Institute, Community Services and Hospitals, Young Adult Services, Clinical Chiefs, Forensic Division, or Institute on Culture and Healthcare Disparities

- Practices to be developed for implementation by Preferred Practices Work Groups:
  - Development of selected preferred practices
  - Development of core clinical tool kit for direct care providers

Practices Already Underway

- Patient-centered care planning
- Women's services
- Trauma initiative
- Expansion of self-help initiatives
- Facilitation of access to treatment beds
- Specialized drug and SPMI courts
- Prevention of substance use
- Strengthening families
- Adherence to detoxification protocols
- Program evaluation of behavioral health/criminal justice collaboration
- Integrated treatment for co-occurring psychiatric and substance use disorders and dual-diagnosis capability as per PPC-2R)

Practices Referred to DMHAS Recovery Institute

♦ Resource and asset mapping for clients and communities

Practices Referred to Community Services & Hospitals

♦ Comprehensive service integration at the local level (e.g., between clinical and rehabilitative staff, across agencies, between mental health and addiction)

♦ State-wide utilization management

Practices Referred to Young Adult Services

- Articulate model of care to inform program development
- Formulate recommendations based on model of care in regard to training to promote developmental competence
- Expand system linkages with DCF
- Continue community-based service development

Practices Referred to OMD Clinical Chiefs

◆ Assess and promote adherence to medication algorithms and professional practice guidelines

Practices Referred to Forensic Division

♦ Enhance inter-agency collaboration with DOC/CSSD through focused agreements and cross-training of staff

♦ Formalize and operationalize collaboration through inter- and intra-agency policies and procedures

♦ Collaborate in problem solving via local/ regional resource sharing and development

Practices Referred to Institute on Culture and Health Care Disparities

- ◆ Identify and redress treatment disparities at each phase of service planning and delivery, e.g., examine differential access/response to atypical antipsychotic medication
- ◆ Expand research re: efficacy of treatment with minorities
- ◆ Develop culturally-informed methods of engagement
- ◆ Recruit ethnically diverse service providers

Selected Preferred Practices to be Developed

- Supported community living (including supported housing, employment, education, socialization, and spirituality)
- Practice management
- Early identification and intervention in psychosis
- Assertive outreach and retention efforts with individuals with primary substance use disorders
- Problem sexual behaviors
- Gay/Lesbian/Bisexual/Transgender Issues
- Interface between Primary and Behavioral Health
- Core clinical tool kit
- Knowledge brokering and staff development

Core Clinical Toolkit

♦ Outreach and engagement techniques

♦ Working with family and other natural supports

♦ Individualizing recovery planning and care

♦ Motivation-based interviewing

♦ Relapse prevention and intervention

♦ Disorder-specific psychosocial skill-based interventions (e.g., dialectical behavior therapy for borderline personality, cognitive behavioral treatment for psychosis)

Proposed Future Steps

Steering Committee constitutes and charges implementation groups

Groups meet to develop implementation plans

Steering Committee tracks progress of other recommendations

Steering Committee synthesizes and prioritizes implementation plans

Groups present implementation plans to Steering Committee

Steering Committee presents implementation plan to CEG, Advisory Boards, People in Recovery, Providers, and Families

Implementation and evaluation !!