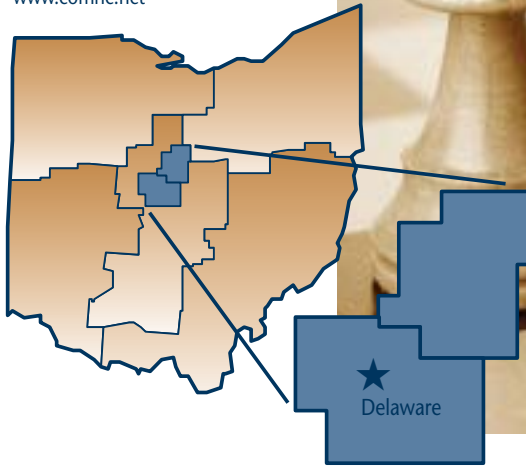


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THE NEXT RIGHT MOVE

Fidelity to IDDT inspires community buy-in, creative adaptation of integrated services, and rapport with consumers

—by Matthew K. Weiland and Paul M. Kubek

Located just down the road from historic Ohio Wesleyan University, the Central Ohio Mental Health Center (COMHC) in Delaware, Ohio has, over the past couple of years, become a destination for education in its own right when it comes to SAMI Integrated Dual Disorder Treatment (IDDT) team training. For providers of mental health and substance abuse services seeking to implement IDDT into their own organizations and communities, COMHC has become a recommended pilgrimage, a “how-to” seminar given by some of the best of the best-practices crowd.

The COMHC SAMI/ACT team began implementing IDDT five years ago. It currently serves 37 consumers who have co-occurring severe substance abuse and mental illness (SAMI) as well as 40 consumers who receive Assertive Community Treatment (ACT), an evidence-based practice designed for individuals who are most at-risk of psychiatric hospitalization. Since implementing IDDT, consumers have experienced some very positive outcomes. The frequency of hospitalizations is down. The frequency of involvement in the

criminal justice system is down. And people who were once homeless now have stable housing (see sidebar on page 9).

As one of the premier veteran voices of IDDT, COMHC has achieved and maintained high fidelity scores since its first year of implementation. As a result, the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE)—which provides consultation, training, and other forms of technical assistance like fidelity reviews for IDDT implementation throughout Ohio and beyond—has facilitated site visits from aspiring integrated treatment teams from Ohio, Michigan, and West Virginia. Last year, a team from Southeast Human Service Center in Fargo, North Dakota came for consultation from the SAMI CCOE that included a visit to COMHC.

The team of care providers at COMHC, at once confident and unassuming, has made training others in IDDT a practice that seems almost second nature. Their own process began with five COMHC staffers being trained in the integrated approach to mental health and substance abuse services. Those five, in turn, eventually provided

mentoring to another five who received training and so on, introducing the model and its methods around the organization and communities in Delaware and Morrow counties. Along the way, COMHC has made IDDT ambassadorship and education a part of its day-to-day routine clinical work with consumers.

“It’s an ideal way of doing things,” says Ohio SAMI CCOE Director of Consultation and Training Ric Kruszynski, MSSA, LISW, LICDC. “They extend their knowledge to those inside the organization who are not part of the SAMI team as well as to those outside of the organization who work with the SAMI clientele.”

Kruszynski adds that COMHC’s IDDT services thrive with partnerships among local police departments, probation officers, judges, hospital emergency rooms, and individual doctors. It has also received funding from the Delaware-Morrow Mental Health Recovery Services Board to collaborate with a local housing initiative to provide IDDT to their clients. COMHC has also begun plans to implement a second evidence-based practice, Supported Employment, into their service array for this fall.

PACKAGING EXISTING STRENGTHS

For COMHC’s Recovery Services Program Director *Stephanie Patrick, MSW, LISW, implementing the IDDT model into everyday practice was an opportunity to maximize the effectiveness of many care-providing principles already present in the organization’s professional routines. For instance, before IDDT, many staff members understood that they needed to approach people with co-occurring severe mental illness and substance use disorders a little differently. So, on their own, they engaged clients with a non-threatening stages-of-change approach, encouraged providers in other service systems in the community to do the same, and allowed for episodes of short-term regression and relapse as a probable experience toward the long-term goal of abstinence and recovery. Patrick explains that IDDT enabled COMHC’s implementation team to take these and other approaches and synthesize them into one coherent treatment package. In other words, IDDT has enabled them to formalize these principles and practices as a community-wide philosophy.

“What was unique about implementing IDDT was the ‘buy-in’ from multiple stakeholders and

the extent to which our mental health board was willing to fund IDDT and help us make it happen,” Patrick says. “We’ve had strong support from our ADAMH Board, and they have shown a very strong interest in the effectiveness of IDDT.”

INTERPERSONAL RAPPORT: BREATHING LIFE INTO THE IDDT MODEL

It would seem too easy to simply say that it is “the people” who make the SAMI/ACT team at COMHC special, yet while spending time with the group, there’s no denying the fact that on various levels it’s true. Whether it’s the casual atmosphere created by their communal office space, the genial and welcoming nature of the individual team members, or the understated insightfulness about how the IDDT model encourages them to make the most of their clinical

skills, you can see right away why their company is sought and valued by other fledgling teams from inside and outside the state. They are humble; they are caring; and they are smart. And, while learning about and becoming well-versed in IDDT can sometimes be a cerebral exercise in treatment philosophies and methodologies (replete, at times, with sentences consisting only of acronyms), being with the COMHC SAMI/ACT team quickly becomes a lesson in real-life experiences, how the importance of self-reflection and the utility of team-based innovations overcome the challenges of helping people with co-occurring disorders—a population often referred to in health care, behavioral health care, and criminal justice circles as among “the most difficult” to engage and sustain in treatment.

And as much as the team members may downplay anything particularly unique about themselves, using tepid words like “flexibility” and “cooperation” to explain their success, the passion with which they approach their work is palpable. When pressed to answer the question that is posed to the group, “What is the crux of your story; what is the unique hook that makes this team so successful,” the collective answer that finally emerges is, “The people . . . and their way of reaching out,” delivered with an almost self-deprecating shrug.

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Photo provided by S. Patrick

*Stephanie L. Patrick, MSW, LISW, recovery services program director

SAMPLE OF OUTCOMES

Consumers served by IDDT-based SAMI/ACT Team	2003	2006
Homeless	10%	5%
Psychiatric hospitalization rate	23%	10%

IDDT INTEGRATED DUAL DISORDER TREATMENT

IDDT is an evidence-based practice for people with severe co-occurring substance use and mental disorders (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, severe depression or anxiety disorders). Research shows that IDDT improves quality of life for consumers and other outcomes for service organizations and multiple service systems when organizations maintain fidelity to the original design of IDDT.

It is difficult to tell what exactly that shrug is about. Maybe it's simple humility. Maybe it's memories of the not-so-celebrated starts, stops, and stutter-step experiences with clients who have been ambivalent about and down-right resistant to treatment. Maybe the shrug is an unstated clinical astuteness, a defense against feelings of arrogance—the antithesis of being consumer-focused. But for an outsider looking to these service providers to explain *what* is behind their success, you may need to press a little further.

TRAINING OCCURS EVERY DAY

This team will tell you that it values training—a lot. Team members seek formal training opportunities at conferences and workshops and informal training opportunities in one-on-one supervision with their team leader as well as feedback from each other during team meetings. In addition, constructive feedback and support comes from senior managers of the organization via the team leader.

COMHC's IDDT team meets twice a week, Tuesdays and Thursdays 8:30 to 10:00 a.m., to discuss each client's progress and to evaluate if the treatments currently being used are in-line with his or her stage of change. Team members problem-solve together, brainstorming until they arrive at the right solution for that consumer given his or her stage of treatment. They also make sure to maximize the efficiency of their travel to and from appointments. For clients on the brink of relapse, someone from the SAMI team is in touch with them every day, nudging them to reconsider unhealthy behavior and to use the treatment as a means of achieving their personal goals for recovery.

"The team approach, being able to work more intensely with clients, is what makes IDDT successful for us," explains Kelly McCauley,

SAMI/ACT therapist. "It also provides for more opportunity to try new things, which translates into more learning opportunities for everyone involved."

MEDICAL PROFESSIONALS ARE ACTIVE TEAM MEMBERS

This working closely with clients becomes especially helpful when dealing with medication management. According to Ann Snyder, M.D., COMH SAMI/ACT team psychiatrist, physicians who prescribe medication generally see consumers every four to six weeks. So maintaining contact with the team helps physicians stay current with a consumer's daily or weekly condition.

"The feedback of team members is very important since they see individuals daily or throughout the week, in their homes and in social settings," Dr. Snyder says. "They have a better idea of how these individuals are functioning in regards to their medications. We can make changes in treatment or medication or bring a consumer in for a visit should a medical crisis occur. Through the SAMI team, we're able to manage clients more closely



COMHC's SAMI/ACT Team (see page 11 sidebar for names)

Photo by Matthew K. Weiland

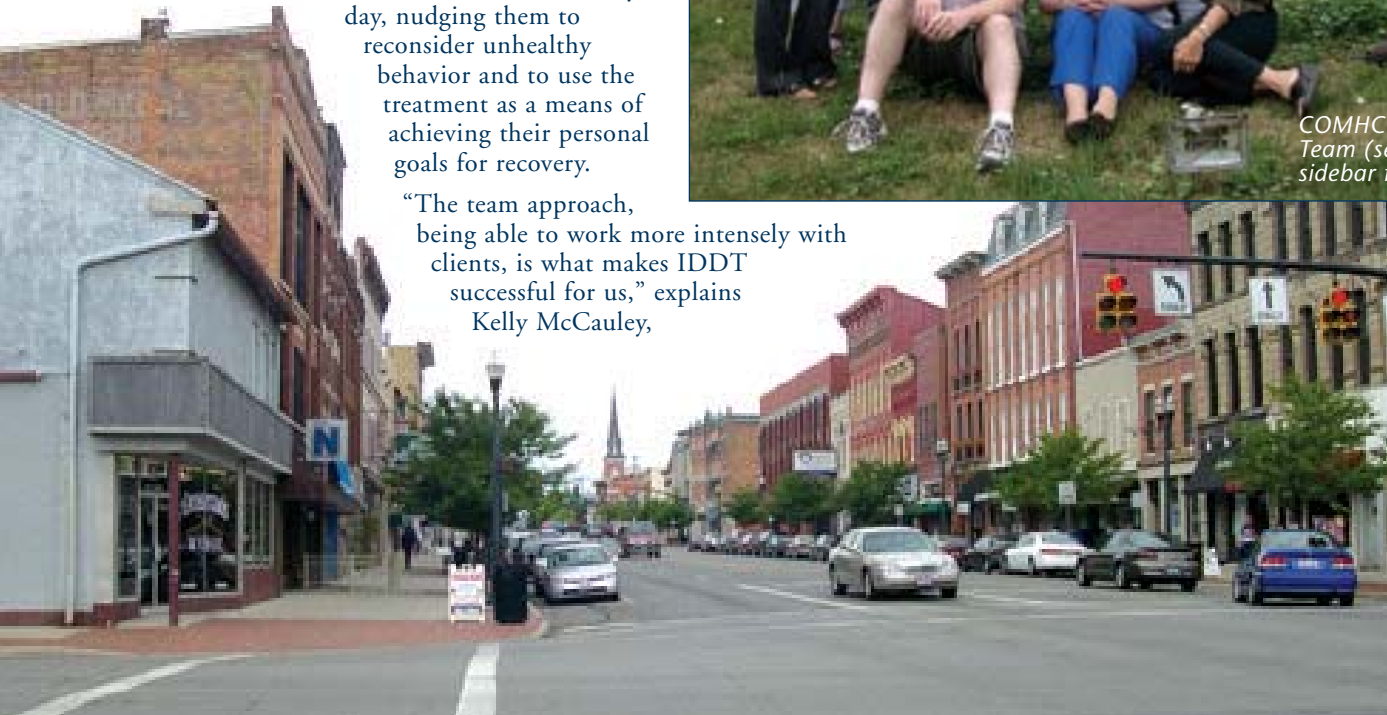


Photo by Matthew K. Weiland

and thus, hopefully, help them stay out of trouble and out of the hospital.”

This team dynamic has made a true believer out of the once-skeptical, says Jerry Driesen, M.D., COMHC SAMI/ACT psychiatric consultant. Having himself been educated in and having practiced what he calls “the old-school” approach, where the emphasis was on getting clients sober before attending to their mental health concerns, Dr. Driesen has found IDDT approaches like motivational interviewing have enabled care providers to focus more on the patient’s goals, not merely the doctor’s objectives.

“It has changed my view completely,” he says. “It’s true engagement. Being a part of twice-weekly [team] meetings and helping make decisions about clients, then watching clients move forward inch-by-inch and keep moving forward: the success is substantial. People who have been out on the streets for years and years are now functioning members of the community.”

CONSUMER NEEDS & GOALS DETERMINE EACH THERAPEUTIC MOVE

Ultimately, though, the team members all agree that it’s the consumers themselves who actually dictate what a team needs to do to support recovery. Team members listen carefully to what each person wants to achieve—whether it’s reducing the amount of alcohol and other drugs he or she uses, staying out of the hospital, reconnecting with family and friends who support recovery, or finding a safe and affordable place to live, while not being evicted for symptom recurrences. For some, the goal is to find a competitive part-time or full-time job.

According to Case Manager Paul Harraman, BA, responding to consumers’ desires for a better life is all about motivational interviewing: What do *you* want in your life? What steps are *you* taking to get it? And how can *we all* work to help you stay the course?

“There’s always this question in the back of your mind,” Harraman says. “Can your clients function successfully without your help? The goal is, after all, for our clients not to need the same intense level of services. And it seems like we’re succeeding as we see our clients becoming more independent.”

AN UNBREAKABLE ALLIANCE

Facilitating clinical successes among consumers is not simply about being “touchy-feely”; rather, it is about the ability to engage each consumer on an individual basis, sometimes by whatever means necessary. During the twice-weekly team meetings, consumers at risk of arrest or incarceration are discussed and courses of action determined. If a consumer gets in trouble with the law—if, for instance, he or she relapses and fails a urinalysis—the team discusses what might have caused the transgression and, thus, what might be the best course of action for avoiding it in the future. A probation officer and judge will often work with the team to determine the best approach.

If and when jail is determined the best option for a client’s short- and long-term recovery goals, it nonetheless doesn’t rupture the relationship established by the SAMI/ACT team, an important IDDT principle of *time-unlimited services*. With the integrated approach, no one is kicked out of treatment, since recovery frequently consists of a series of starts, stops, relapses, and sometimes just bad decision-making by consumers. The SAMI/ACT team makes every effort to maintain therapeutic alliances through each disruption. It’s a chance to further employ motivational interviewing approaches to help develop consumer discrepancy between his or her stated recovery goals and exhibited behavior.

“We go to where clients are incarcerated and still work with them to establish rapport, trust, and respect,” says McCauley. “We help them reevaluate the choices that landed them in jail and help them determine how to do things differently once they’re released.”

Continued on page 12



Ann D. Snyder, M.D.,
psychiatrist



Jerome E. Driesen,
M.D., consulting
psychiatrist

Photo provided by COMHC

Photo provided by COMHC

COMHC’S IDDT SAMI/ACT TEAM

Back row, left to right:

Diane M. Lancia, BA, community support provider
Kelly A. McCauley, MSW, LISW, therapist
Julie L. Gregg, BA, community support provider
Jim D. Vipperman, SHIP worker
Joanne T. Haycox, LPN, nurse
Nicole J. Newsome, MEd, PCC, team leader
Jim E. Little, MA, LSW, community psychiatric service provider

Front row, left to right:

Paul L. Harraman, BA, CT, case manager
Ann D. Snyder, M.D., psychiatrist
*Stephanie L. Patrick, MSW, LISW, recovery services program director

Pictured in sidebar on this page:

Jerome E. Driesen, M.D., consulting psychiatrist

Not pictured:

Tom R. Sefcik, MSW, MBA, ACSW, Executive Director



Photo provided by Ohio Wesleyan University.

ASSERTIVE OUTREACH: OPENING DOORS

At COMHC, successful implementation, high fidelity to IDDT, and improved outcomes took a few years to achieve. In the beginning, when team members made their first forays out to the homes of potential clients throughout Delaware and Morrow counties, no one knew what to expect. Team members weren't sure what they were getting into, and consumers weren't expecting this type of intensive outreach, specifically home visits from care providers.

A lot of people just never bothered opening their doors, says Joanne Haycox, LPN, SAMI/ACT team nurse. "They didn't know us. They weren't expecting us. And we weren't sure what to expect either. But we were attempting to do outreach and we needed to go out to the homes repeatedly in order to engage individuals."

For the SAMI/ACT team, this gesture to meet consumers on their own ground and invite them on the walk toward recovery often comes to fruition through simple acts of human bonding, of discovering mutual interests on whatever level consumers feel comfortable and best respond. For example, team members often ask clients how they like to spend their free time. This leads to conversations about hobbies, which leads to conversations about other aspects of daily living. Case Manager Harraman is a video gamer, for example, which instantly offers a common bridge of conversation for a lot of younger male clients. Likewise, SAMI/ACT Community Support Provider Jim Little, MA, LSW, is passionate about chess and has found many new clients eager to talk about their love of the game as well.

COMHC also hosts group meetings for clients as a way to establish connections and trust. The groups address a number of life issues. Topics range from the importance of good nutrition and exercise—and how to get healthy doses of each—to medication awareness and management.

FIDELITY: SUSTAINING AN ATMOSPHERE OF COLLABORATION

After all the talk about how this SAMI/ACT team transforms the IDDT model from ideas on paper to interactions with people that get results in daily practice, there is still a question that lingers in the minds of those who come to COMHC to observe and to learn: How can we replicate this sense of team cohesion and consumer rapport in the cause of recovery? After all, we cannot transplant these personalities from Delaware, Ohio to our community.

The answer exemplified by the COMHC team is to take fidelity to IDDT seriously and to make a conscious effort to find the right personalities for an intensive treatment team. Every community has them. Put the word out about the IDDT model and be specific about what it requires. When implemented correctly, IDDT provides an environment for these types of professionals to do what they do best, especially under team leaders and program managers who create an atmosphere not only for organizational success but for personal fulfillment and professional advancement as well. Then find routines that work best for those team members as individuals and as a group.

For instance, for all the intensive work that COMHC team members do with their clients and with each other, they have found a method for avoiding the burn-out that can often accompany the compassion trades.

"Billiards and burritos," says Kelly McCauley. "We shoot pool together. And we have nacho chips." She admits that this sounds simple, but these occasional team "outings" function also as informal team meetings that enable the crew to focus, momentarily, on something else, namely, each other. It is the reprieve and revitalization that not only helps them to continue reaching out to consumers, but which also reinvigorates the energy of a team worthy of emulation. ■

Matthew K. Weiland, MA, is senior writer and new-media specialist at the Ohio SAMI CCOE. Paul M. Kubek, MA, is director of communications. The Ohio SAMI CCOE has been providing consultation, training, fidelity reviews, and other forms of technical assistance to COMHC since 2003.

**Editor's Note: While this story was being prepared for print, COMHC's Recovery Services Program Director Stephanie L. Patrick, MSW, LISW, accepted a new job as Clinical Director for the ADAMH Board of Franklin County.*



Recipient of

The Lynn Goff Spirit of Integrated Treatment Award 2007

This annual award recognizes a team that embodies passion, dedication, and creativity when providing services to people with co-occurring severe mental and substance use disorders. The Central Ohio Mental Health Center SAMI/ACT Team consistently goes above and beyond the expectations of the Integrated Dual Disorder Treatment model.

It raises the standard for exceptional care.

This award is presented by the Ohio SAMI CCOE in memory of Lynn Goff whose life—and daily work in Fayette and Highland Counties—embodied the principles of integrated treatment.

The SAMI CCOE is presenting this award at its annual conference on October 2 in Columbus, Ohio.

This story first appeared in the Fall 2007 issue of SAMI Matters. Get the complete issue for free online:

www.ohiosamiccoe.case.edu/news/samimatters2007fall.pdf



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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.

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Pages 1, 6, 7, 14, 17, 18, 20 by Getty Images/Photodisc. Page 8 by iStockphoto.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.

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

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James J. Deuschle, Jr., Ph.D., LPCC

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HIGHLIGHTS

- 36 Workshops
- 2 Plenary Sessions
- Keynote Speakers: Fred Osher, MD, SAMHSA's COCE; Sandra Stephenson, MSW, LISW, Director of ODMH; Angela Cornelius, Director of ODADAS
- Ohio IDDT service team presentations: teams from rural communities, small cities, large cities that provide general IDDT services as well as specialized services for specific populations (homeless, criminal justice community re-entry, acute & forensic inpatient, multicultural)

REGISTRANTS

- 400 people
- 13 states
- Multiple disciplines (social workers, addictions counselors, mental health counselors, psychologists, vocational specialists, nurses, psychiatrists, among others)
- Administrators, program managers, team leaders, direct-service providers, researchers, policy makers, consumers, advocates