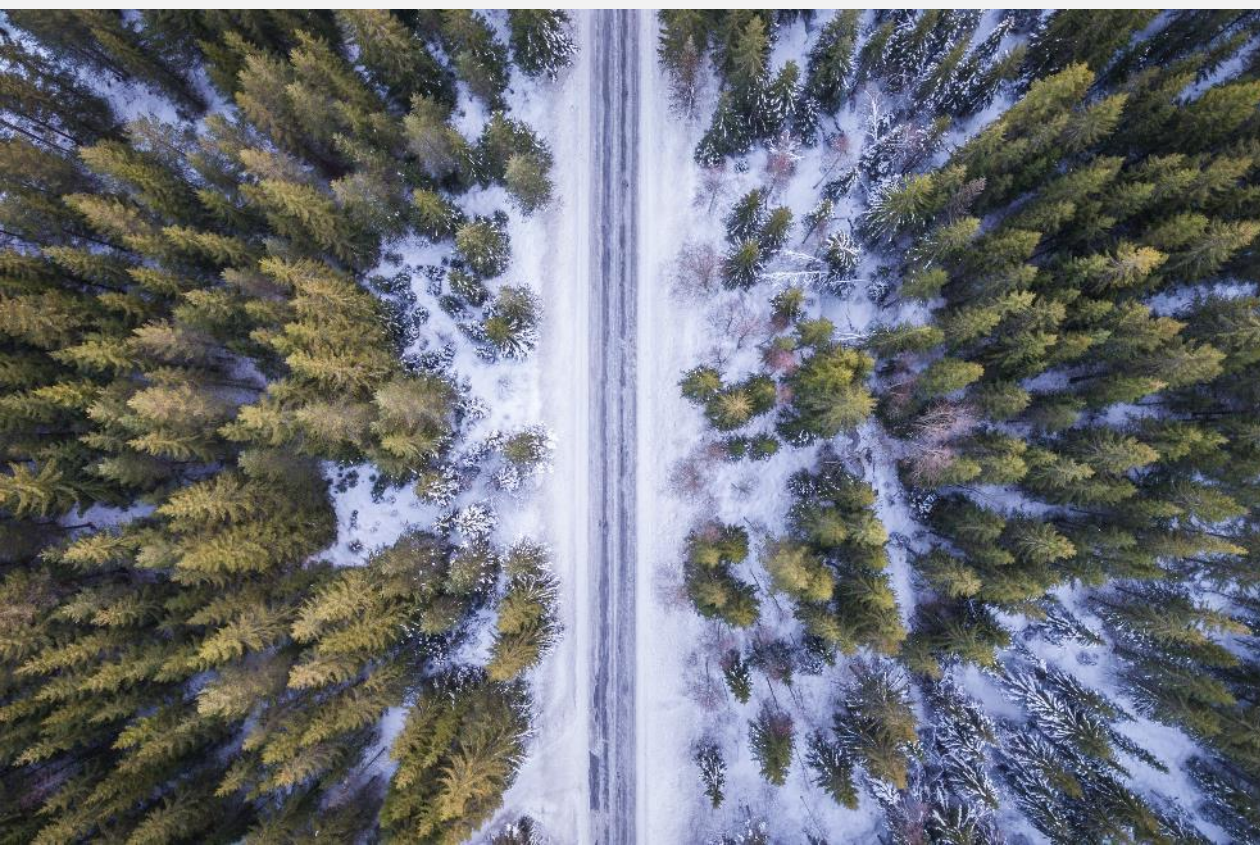




STRATEGIES FOR OPERATIONALIZING NEW STANDARDS

Mona L. Sumner, MHA LAC CAS Presenter
Addictions Consulting Group

msumner406@gmail.com



MEASUREMENT-INFORMED CARE

Part 1.

TYPES OF EVALUATION/MEASUREMENT:



A. Program Evaluation

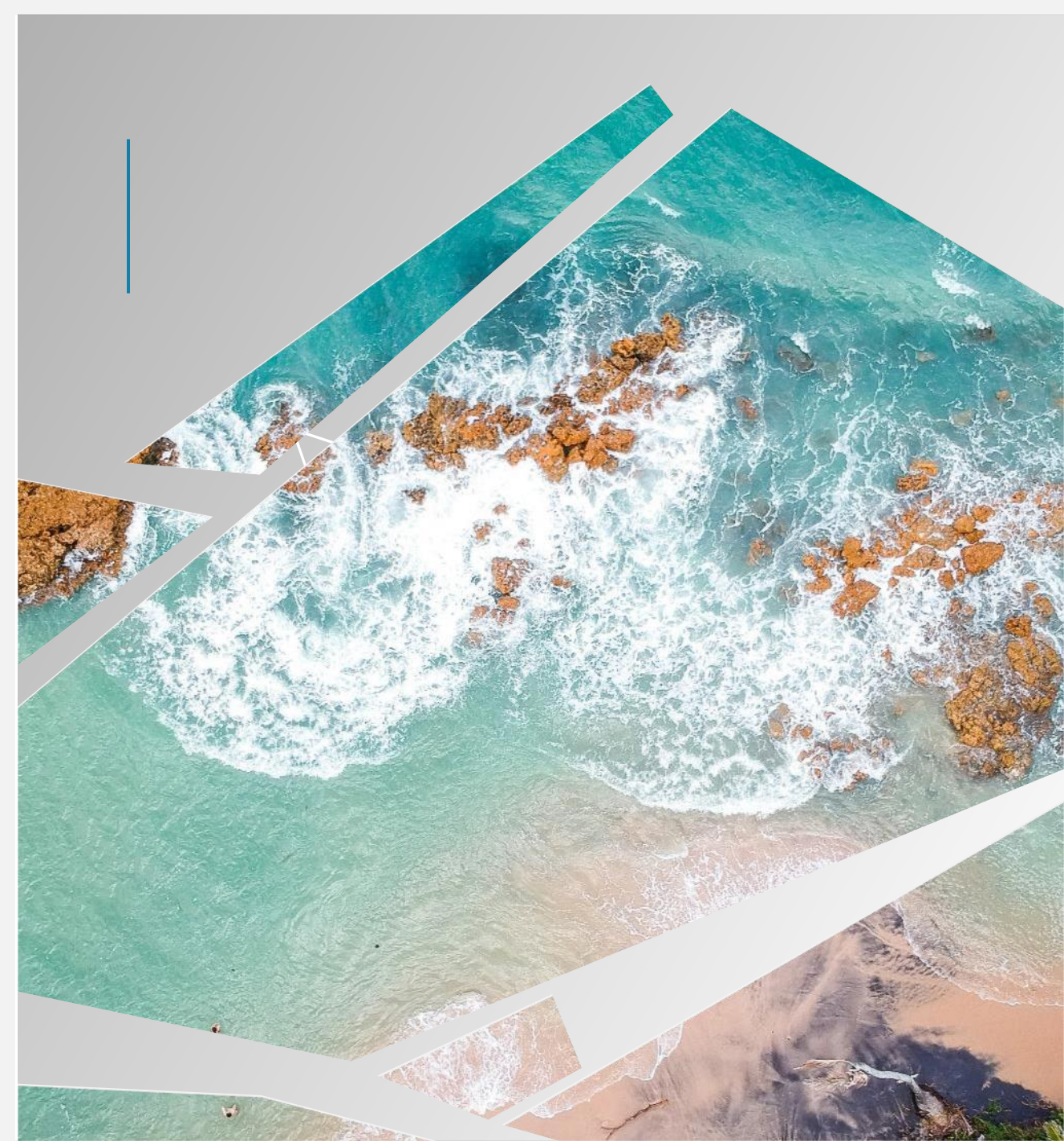
Answers the question “How effective are the services being provided to clients?”

B. Outcome Evaluation:

Answers the question “How well do clients do as a result of our services?”

C. Measurement-based Evaluation

Answers the question “Is the client progressing in terms of reduction of symptoms?”



MEASUREMENT-INFORMED CARE IS A CLINICAL PRACTICE THAT INVOLVES THE SYSTEMATIC USE OF STANDARDIZED TOOLS/MEASURES TO TRACK SYMPTOMS AND THE FUNCTIONAL STATUS OF CLIENTS OVER TIME.



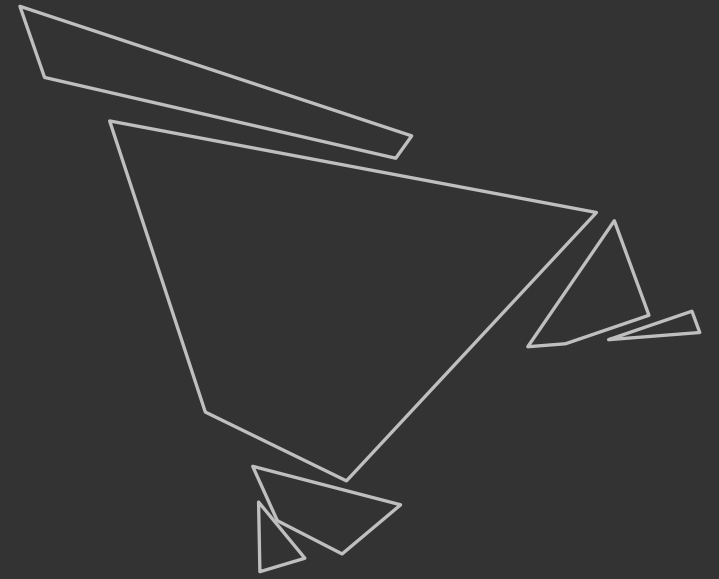
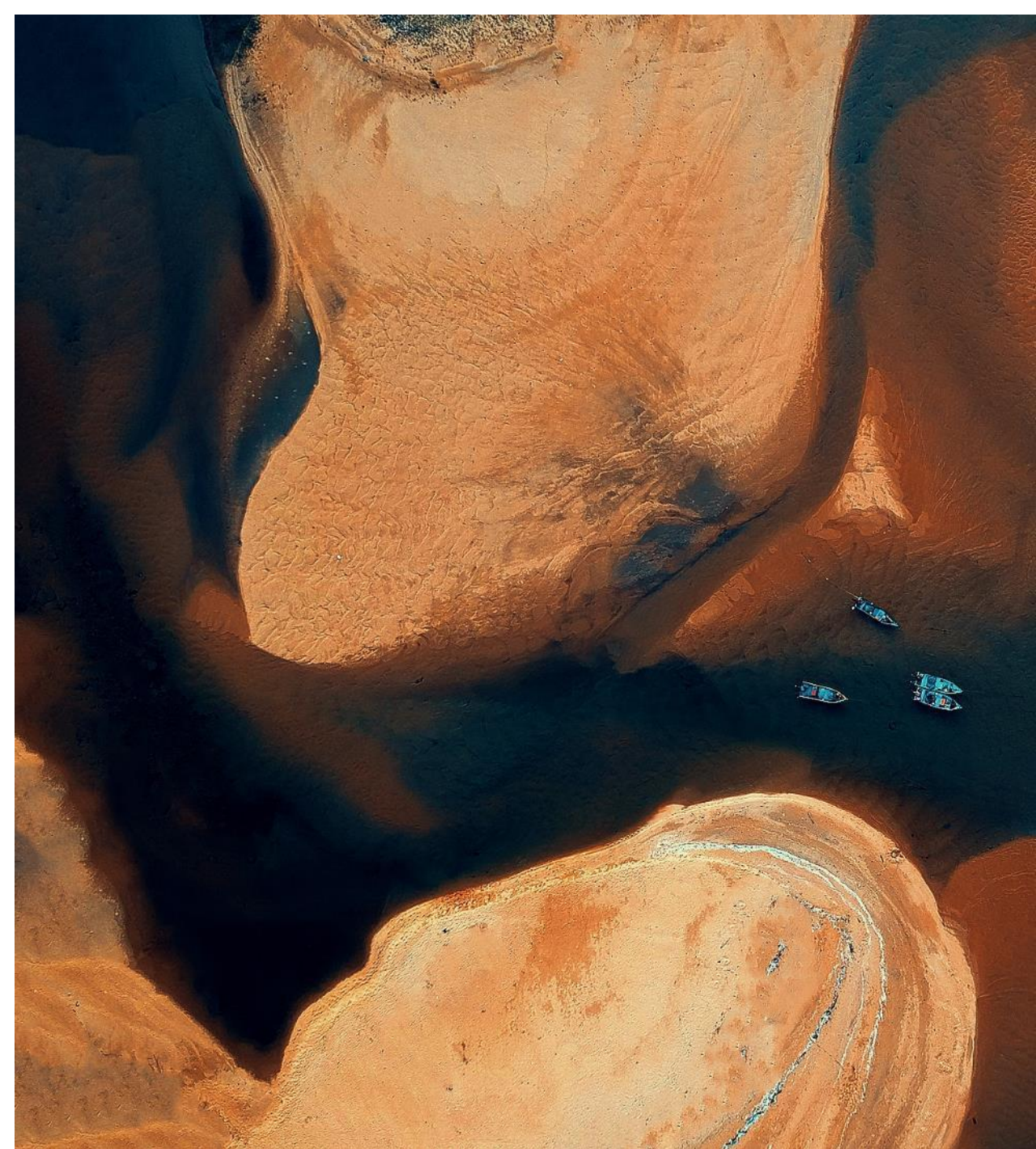
SOURCES FOR THIS NEW STANDARD

CARF

Commission on Accreditation
of
Rehabilitation Facilities

American Society of
Addiction Medicine
Fourth Edition





WHY IS THIS NEW STANDARD NEEDED?

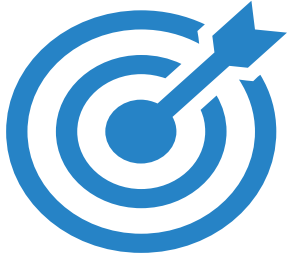
By regularly assessing progress, clinicians can make more informed treatment decisions

Client's priority needs and issues do not slip through the cracks

Client retention, outcomes are improved

Your Logo or Name Here





The type of tool used should be appropriate to the client being served and should be based on their identified needs and goals.

Consideration should also be given to the cultural and linguistic backgrounds of the client and to their reading level.

Some common examples of tools being used in behavioral health:

Patient Health Questionnaire-(9 PHQ-9)

- Assess severity of Depression Symptoms

Generalized Anxiety Disorder-7

- Assesses severity of anxiety symptoms

Quids, Short form

- Depression screen [severity]

Clinical Outcomes-CORE-OM

- Measures over-all health and well-being

Brief Symptom Inventory

- General measure of psychological distress

Brief Addiction Monitor (BAM)

- Tracks changes in substance use and recovery

Beck Depression Inventory

- Assesses severity of depression



STANDARDIZED TOOLS APPLIED TO THE ASAM DIMENSIONS

**Dimension 1. Clinical Institute of
Withdrawal Scales**

**Dimension 2: 12 Item Short Form Health
Survey - SF-12**

**Pittsburg Sleep Quality
Index**

Dimension 3. PHQ –PHQ-9

GAD-7 Quid

**Montreal Cognitive
Assessment –MoCA**

**Columbia Suicide Severity Rating
Scale- CSSRS**

**Dimension 4. Brief Addiction
Monitor –BAM**

**Substance Craving-
Visual Analog Scale**

**Dimension 5. Brief Assessment
of Recovery
Capital -10**

**BAM Treatment
Effectiveness
Assessment –TEA**

**Dimension 6. SOCRATES-Stages
of change readiness
and treatment
eagerness**



THE FOURTH EDITION DIMENSIONS

Dimension

Dimension 1

Dimension 2

Dimension 3

Dimension 4

Dimension 5

Dimension 6

Definition

Intoxication, Withdrawal and **Addiction Medications**

Bio-medical Conditions

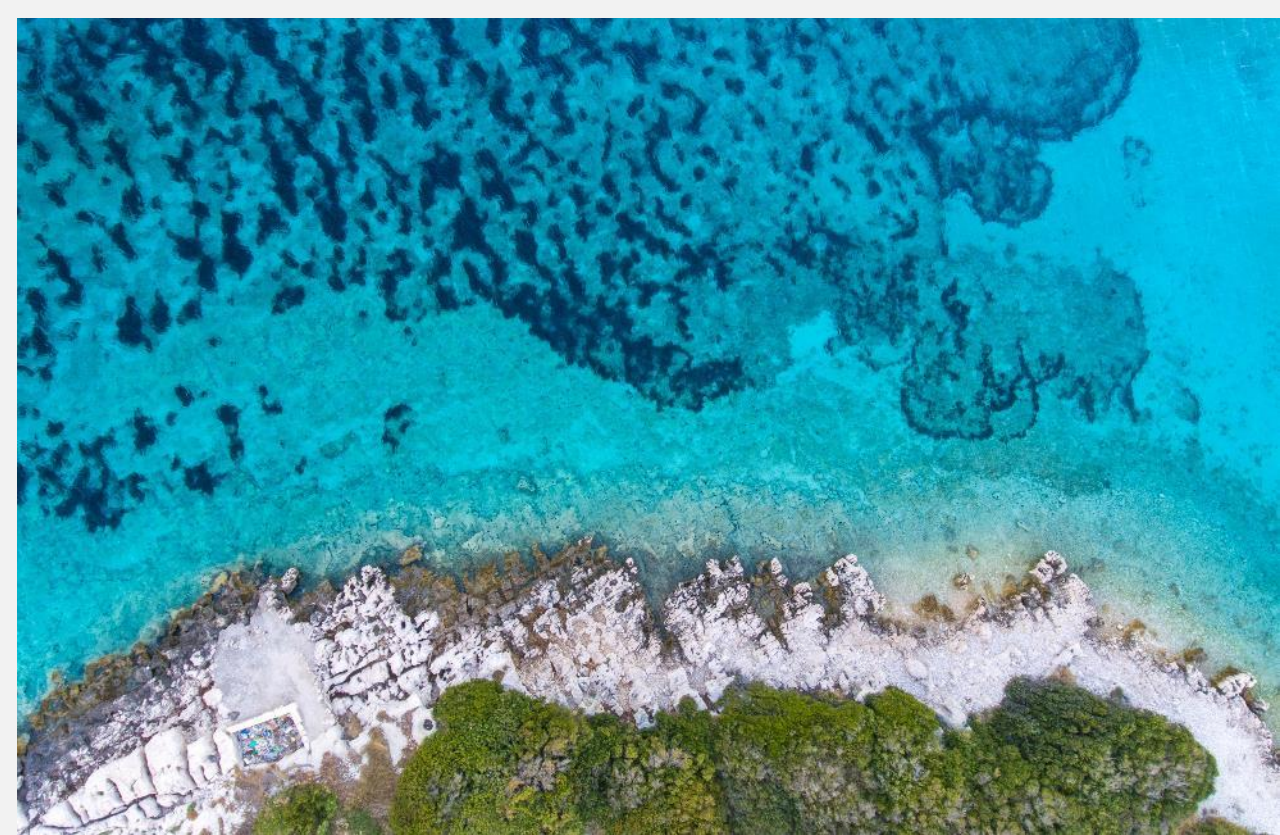
Psychiatric and **Cognitive Conditions**

Substance Use Related Risks [used to be
Readiness to Change]

Recovery Environment Interactions

Barriers to Care





STEPS IN IMPLEMENTING MEASUREMENT-BASED CARE

Select Measures that reflect the most important/highest risk Clinical problems or dimensions identified from the biopsychosocial.

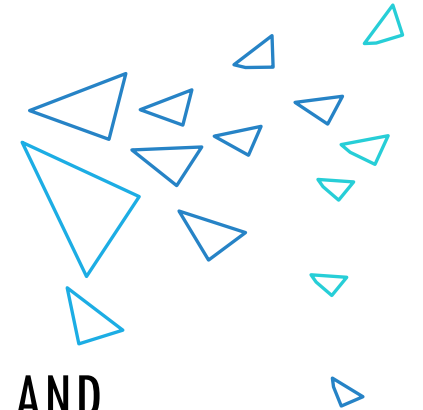
If you plan to use more than 1 tool for the client, ensure that they are brief tools.

To ensure you are not missing an important symptom, use these assessment tools for initial screening of the client. E.g. Screen for co-occurring disorders and monitor them for reduction of symptoms.

The most common co-occurring disorders [D-3] are the mood disorders Depression

Your Logo or Name Here

THE APPLICATION OF THESE TOOLS...



- A. PERMITS YOU TO FOCUS ON THE PERSON'S INDIVIDUAL EXPERIENCES, FEELINGS AND THOUGHTS
- B. PROVIDES A STARTING POINT FOR DISCUSSION WITH CLIENT ABOUT WHAT HAS BEEN GOING WELL AND WHAT THE CHALLENGES HAVE BEEN.
- C. FACILITATES THE NEXT STEP-TREATMENT PLANNING
- D. ALLOWS FOR "PROOF" OF PROGRESS AND ENHANCES CLIENT SELF-EFFICACY



STEPS IN IMPLEMENTING MBC



Preparation: Select the tool[s] to be used for MBC

Determine the intervals for administration of tool[s] after initial administration upon screening or admission.

1. Screening, using selected tools plus a life use history to establish provisional diagnosis of a substance Use Disorder- [Level of Care Placement Tool]
2. Comprehensive Biopsychosocial Assessment – To delineate histories and detailed issues for the treatment plan [Diagnostic Summary]
3. Discuss findings with Client and obtain input for treatment plan priorities
3. Develop Treatment Plan based on the diagnostic summary and dimensional analysis
4. Conduct monthly[outpatient] or weekly [residential] updates and re-administer tool[s] according to your policy.
5. Incorporate in the aggregate, the findings from the tool[s] into your annual Quality Improvement report. [state standard]



SAMPLE QI PLAN INCLUSIVE OF MBC TOOLS

TOOL ADMINISTERED	ADMIT SCORE	Disch arge	% CHANGE	COMMENTS
Phq-9 PT HEALTH – Depression Screen				
MoCA- Montreal Cognitive Assessment				
BAM Brief Addiction Monitor				





THANK YOU

+1 23 987 6554

kalle@email.com

www.fabrikam.com

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Template Editing Instructions and Feedback

