



June 2009

Crossroads for Women

Treatment of Co-Occurring Disorders Sustainability Statement

Crossroads for Women has completed its participation in an 18 month Co-Occurring Statewide Integration Initiative (COSII) grant to improve its ability to treat women with co-occurring disorders. The agency is more fully co-occurring capable and has affirmed its intent to remain so by revising its mission. The original mission was:

Crossroads for Women addresses substance abuse and behavioral health issues so that women and their families can live healthy and independent lives.

The mission has been revised as follows:

Crossroads for Women addresses substance abuse and mental health so that women and their families can lead healthy lives.

To date the agency has also revised applicable policies and protocols to incorporate COD treatment, implemented permanent process improvement structures to increase admission and retention, trained and educated staff on COD's, implemented medication management services and begun to use evaluation /measurement tools and data that help it better understand the women that enter its doors and the progress they make while they are in treatment. The grant has provided a valuable structure to improve the consistency of the agency's services from program to program.

Looking forward, the agency has developed annual goals to sustain its work as follows:

1. Primary Mental Health Diagnosis: Until this year, Crossroads required a client to have a primary substance abuse diagnosis to receive services. In line with the changes to the mission statement, the agency has recently begun seeing outpatient clients with a primary mental health diagnosis as well.
2. Clinical Practices Team: A team comprised of at least one clinical representative from each of the programs will continue to meet regularly to focus on improving clinical practices. As part of its work, the team will settle on outcome measurement tools (several are currently being piloted) that include a focus on clients with co-occurring disorders, implement use of the same, and incorporate a review of the data to inform

process improvement work. A particular focus will be retention both within and across agency programs.

3. In-service Training: The agency has implemented a program to provide in –service training 4 times a year, topics to be determined by the Clinical Practices Team. Currently the agency struggles with finding time to accomplish both paragraphs 1 and 2 given the small size of our workforce and increased pressures to use clinical time for direct service but there is an agency commitment to use this time to improve clinical practices and treatment of women with COD’s. Clinicians will continue to receive training on using the client’s strengths to develop an individualized treatment plan and stage of change language.
 - Competencies: New employees and current staff are expected to have or obtain competencies in treatment of co-occurring disorders and welcoming. This applies to both clinical and non-clinical staff.
4. Rebuild clinical record: As part of the agency’s conversion to an electronic clinical record, assessments, biopsychosocials and treatment plans need to be revised. The agency’s work on treatment of COD’s will inform this process.
5. Family Participation: The agency has struggled to include family participation, support and education as part of its programming. To date, a Friends and Family Education Series has been very successful and a new Family and Friends Outpatient Group is being added as part of the effort to improve this aspect of treatment. A focus on family and relationships should be a valuable support to clients with COD’s.
6. Quality Assurance and Performance Improvement: While the agency has a QA/PI structure, given its work on this grant as well as the state’s STAR-SI NIATx grant, the processes, members of the team, and data have changed. As a result, a different process is being put in place (the Clinical Practices team will play a crucial role), and will include the treatment of COD’s as one of several points of focus. The agency’s board will continue to receive a formal QA/PI report at least once a year that incorporates information regarding the agency’s treatment of clients with COD.
7. Increase Admissions: The agency has recently opened a satellite office to provide additional services. It will continue to explore opportunities to do more of this. In addition, it is exploring how clients are scheduled for appointments to maximize clinician availability and face-to-face time; this is expected to increase engagement as well as retention.
8. Explore Opportunities for Partnerships: The agency will continue to explore partnering opportunities to provide increased access to and improved services. Many initial conversations have taken place this year and the expectation is that some efforts will come to fruition soon.