Evidence-based Services Provided and Outcomes

By JoAnne Hoesel, Director
Division Mental Health and Substance Abuse
Service Delivery Defined

Services Delivery Form

- **Form** (structure, configuration)
  - Individual, group, family, residential

Evidence-based Practices (EBP)

- **Method** (how) services are delivered within the form
  - Individual therapy (form) is provided using motivational interviewing (practice)
  - Group therapy (form) is provided using MATRIX model (practice)
DHS approach to EBP Implementation

- Staff Training
- Services Delivered
- Supervision
- Fidelity—applying practice as designed
- Client Outcomes – Individual
- Program Outcomes
- Review and adjust

Client Outcomes – Individual

Program Outcomes

Review and adjust

Supervision

Fidelity—applying practice as designed
Theory & Best Practice

Multi - Faceted Approach

Multiple Options lead to better client outcomes

Service Array or Menu

Multiple Options lead to better client outcomes
Core Services (Individual, group, family, day treatment, residential)

- Individualized
- Best Practices
- Evidence Based Practices
- Promising practices
Evidence-Based Practices Provided

- Motivation Interviewing
- Integrated Dual Disorder Treatment
- MATRIX
- Trauma Practices – Trauma-Focused-Cognitive Behavioral Therapy/Structured Psychotherapy for Adolescents Responding to Chronic Stress
- Supported Employment Program
- Sex Offender High Risk Sex Offender Treatment – RULE CPC
- Dialectical Behavioral Treatment

- Supported Employment Program
- Wraparound case management-Partnerships
- Mental Health First Aide – provided funding for First Link to Provide three trainings per year
PRACTICES AND OUTCOMES
MOTIVATIONAL INTERVIEWING
Motivational Interviewing

Technique to help motivate people and guide them to manage their illness and behavioral health issues.
Motivational Interviewing

2009
- 239 clinicians trained
- 40 supervisors trained

2013
- 137 clinicians trained
- 34 supervisors trained
- 4 private provider staff trained
WRAPAROUND CASE MANAGEMENT-PARTNERSHIPS
Child & Adolescent Functional Assessment Scale

**SCHOOL**
- CAFAS
- 59% improved on 1 or more outcomes

**HOME**
- 54% improved more than 20 points
- 79% improved that are considered pervasively behaviorally impaired

**COMMUNITY**
RESIDENTIAL SERVICES – CHILDREN
Mental Health
Percent of youths released with assessments that included family and/or guardian involvement
Security
Number of unplanned discharges.
INTEGRATED DUAL DISORDER TREATMENT (IDDT)
January 2007 – August 2013
Outcomes

• 70.7% decrease in average number of days homeless from month 1 to month 24.
• 63.1% decrease for the average number of days in acute psychiatric hospital from month 1 to month 36.
• 85.9% decrease for the average number of days in the NDSH from month 1 to month 36.
• 89.6% decrease for the average number of days in crisis residential from month 1 to month 36.
SEX OFFENDER TREATMENT – HIGH RISK
Program Assessment

• Underwent a Correctional Program Assessment Inventory in 2008.
• Assessed against empirically derived principles of effective programs using tools in current best practice.
• Results scored in the ‘Very Satisfactory’ range.
301 • Referrals

1.99% • CPC clients have sexually reoffended in 6.25 years

20-29 • Age of almost 50% of clients in the program
MATRIX
• 7 regional human service centers currently nationally certification from the Matrix Institute on Addictions.

• Meet and exceed an established set of standards.

• Onsite fidelity review completed fall of 2012.
  – Progress notes, materials, attendance, client and staff interviews, and tape review of an actual Matrix sessions were completed.
EXTENDED SERVICES
Extended Services

• Group Served- serious mental illness (SMI)
• GOAL— Person in program earns more from employment than the cost of the job support
  • 1.00 = earnings equal to cost of support
• Outcome: All earned more than cost of the support
• Ranges 1.41 to 2.20
Percent of adults in North Dakota who receive public mental health services, are diagnosed with a serious mental illness (SMI), and are employed.
TRAUMA SERVICES
Substance Abuse Treatment Discharge Data

- Abstinent from use of alcohol: 90.5%
- Clients without arrests in last 30 days: 92.5%
- Abstinent from drugs: 93.4%
- Attending self-help groups: 19.7%
- Outpatient clients were in stable living arrangements: 97.5%
NIATx

• Process Improvement Model
• Improve **access** to and **retention** in treatment
  – Reduce wait times
  – Reduce No-shows
  – Increase continuation in treatment
NIATx #1

- Lake Region Human Service Center-Devils Lake
- Northeast Human Service Center-Grand Forks
- Southeast Human Service Center-Fargo
Reduction in Wait Time Answering the Phone

Bar chart showing the reduction in wait time for answering the phone. The chart compares baseline and post conditions for different wait time categories:
- No Wait
- Under 30 Sec Wait
- .5 - 1 min wait
- 1-2 min wait
- Over 2 min wait

The chart indicates a significant reduction in wait times post-implementation.
NIATx #2

- Badlands Human Service Center-Dickinson
- West Central Human Service Center - Bismarck
- South East Human Service Center-Fargo
- South Central Human Service Center - Jamestown
SUPPORTED EMPLOYMENT
PROGRAM - SEP
SEP

- Used in 3 regions for those in the IDDT program.
- 125 individuals served in the Fargo region since 2009.
- Fargo region- of the 43 currently in the program, 22 are competitively employed.

- In Jamestown, since April 2013, of the 7 involved, 3 are competitively employed.
- In Bismarck, of the 14 involved, 2 are competitively employed.
Future Rollout Plans

• CISM-Critical Incident Stress Management (DOCR-DOH-DHS-National Guard)
• CBISA – Cognitive Behavioral Intervention for Substance Abuse (DOCR)
• DBT – Dialectic Behavioral Therapy
• Trauma – Informed System of Care
• Medication Assisted Treatments -Vivitrol