

CCISC Steering Committee Meeting Minutes
April 10, 2009
8:30 to 9:25 AM

In attendance: Falope Fatunmise, Renee Harris, Peg Morris, Lea Goldstein, Joe Macedo, Judy Davilia, Kristin Dempsey, Lucinda Dei Rossi, Angel, Cassidy, Christine O'Kelley, Keith Lewis, Gloria Macedo, Linda Gunn, Ellen Goldstein, Janeen Smith, Clarise Blanchard, Louise Rogers, Misha Sky, Steve Kaplan

This year looking at partnering, screening/assessment and integration.

Lea Goldstein is our expert in this area and chair of the AOD Standards of Care Committee and the following is her presentation regarding screening in a behavioral health setting.

- This summer and fall the SOC committee worked on reviewing and revising AOD standards of care in order to obtain best practice.
- Goal was to create a set of standards of care for COD clients that could be negotiated with all AOD providers within the system.
- Standard screening followed by integrated assessment and integrated treatment would be the fundamental focus.
- Looked at best practice for treatment, but today will focus on assessment and screening.
- The AOD Standards of Care recommendations are currently in draft and going through revisions. These standards focus on screening and Core Treatment components. Currently these is a group of core providers looking at these issues.
- **Handouts distributed:**
 1. Latest draft of screening and assessment document
 2. Second document, more detailed description of these steps.
- Regarding the 12 Step Co-Occurring Assessment document: First five items and number nine are used in first step of "screening" to make sure client is in the program which can best provide care.
- Screening pre-admission: substance abuse, mental health and trauma .

- Screening – Brief – less than 30 minutes, screening in or out – “yes”/”no” responses
- Looked at several screening tools. There is great variability in information programs are collecting. Some have in house questionnaires, some are standard, some long, some short. Group wanted to address core areas with a screening tool.
- Settled on COJAC – 9 questions, including MH and suicidality, AOD and trauma. Tool is appealing because tool addresses main issues, is easy to administer, could potentially be used county-wide. Is currently continuing to be tested state-wide. Pilot already in several counties. UCSF is doing a two year validity study.

Steering Committee Discussion:

Immediate questions regarding validity of tool, MH questions, and their usefulness.

Age of first experience of interpersonal abuse (IPA) – need other forms of trauma listed on screen. Multiple types of trauma not accounted for on this form. Other assessments have better trauma questions.

Needed to find a balance between developing a basic screening protocol, and the individual assessment needs for the program.

Per Vivian Brown, who helped develop COJAC, clients aren’t always able to be accurate in their responses. COJAC appears to be open enough to provide some screening benefit without the set up for defensiveness.

Training around screening is essential. Ex of approach: “I am going to ask you a few questions, and you may not be able to answer these.”

We will need to investigate how to most appropriately clarify questions. It does provide an opportunity to start a conversation, and get client engaged, and give clinician’s some basic screening info.

Currently, COJAC has not been administered in other languages. Will need to see what other languages tool is tested in, and find results.

Screening – minimally intrusive. Any door is the right door, but ultimately might not be the best fit. The assessment helps people get to the right place. We have “false placements” in our system. People get there, and it’s not the right place, but they end up stuck there.

In regards to screening, less is more as clients are asked many questions repeatedly. Need to determine how much discretion does each provider has in application of tools.

How might this impact transfers between programs? Will clients need to re do the COJAC if they move?

Could also code the COJAC for system-wide information and data collection.

Some programs, if they are only getting referrals from entry points, might not need to do this screening (reduce repetitiveness).

As the client enters and becomes more comfortable with system and can open up more, they have at least been given permission to talk about these difficult topics.

We do need to decide whether we want people to be first contact, or receive the handoff. Do we want the direct access, or a more centralized assessment process?

Clients will likely feel overwhelmed with too many questions. Gives a chance for engagement and education regarding what to expect in the system.

Should seriously consider that each provider have the same screening tool. This way, when someone enters the system, we can say we know what they are going to receive in terms of screening. If a place is getting a handoff within the system, we can assume there has been a screen and the proper level of care was determined. If they come from outside the system, we can't make such an assumption.

First meeting: want to go the best engagement possible, and get some basic information, so we can build a bridge to a more honest assessment and connection. We want a tool for each door to ask these questions.

Recommend working on language – some is limiting. For instance, remove “partner” and put “anyone”; combine two before 13 and add have you ever experienced or witnessed a traumatic event.

Health issues – need to ask if they have health concerns. Client might have a referral need for primary care. Clients can have mental health issues develop as the result of physical issues.

Questions regarding abuse will potentially bring up reporting issues. Differentiation at age 13 was created in response to developmental issues. Per Vivian, the feedback on asking the questions did not pose problems for those who tested.

For mental health consumers, hospitalization is often with in their experience of the system and/or emergency care. Will need to have broader definition of trauma.

Consider a policy to define screening, clarifies referral, reviews how linkage is determined, and recommends a single screening tool.

Screen can be added to a pre-assessment group.

For women coming into AOD system, 2/3 would answer positive to trauma questions, do always get this on the phone. About a third of the men would test positive for trauma.

Assessment tools have helped with open access in EPA. Experiment with training tools, and it has assisted in getting clients to the right place – very important when you have open door access.

Take word “trauma” and “extremely” out of MINI (second question on back).

Nine questions on COJAC are Step 1; there is a Step 2 – which could include other screening tools, eg the MINI.

Would like to take this back to staff and have them review. More they talk, and buy-in, the better outcome we can anticipate.

Need fewer questions, and questions that are non-threatening and welcoming. Everyone has reaction to questions based on their experience. We can find something wrong with each question.

Need different screening tools for younger people. Standards of Care Committee in general limited discussion to adults.

Need to consider if this tool would be used for parents of youth who are not the primary client.

It could be used at other points of service as well.

Next Steps

2. Standards of Care group is going toward using a standardized screening. Will need to broaden the discussion before we make a policy/protocol determination.
3. Some agencies to pilot the tool. Redwood House a possible pilot site.
4. Go back to AOD SOC group and re-consider questions, add some health questions.
5. Involve the pilot groups and discuss how we could make these changes. Another meeting of the SOC group will need to be organized.
6. Judy to talk with Vivian Brown about what training and validation existed around the COJAC.
7. Obtain validation results for the COJAC
8. Could other trauma questions be substituted on the form?
9. Have each provider see for themselves, how they differentiate screening and assessment? Look at the COJAC forms and see if programs are using any of these questions.

Next COD Steering Committee Meeting:

May 8, 2009 from 8:30 to 10 AM

**400 Harbor Boulevard Building B
Notre Dame Room
Belmont**