



CASE WESTERN RESERVE
UNIVERSITY

MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
& DEPT. OF PSYCHIATRY, SCHOOL OF MEDICINE

SAMI

Ohio Substance Abuse and Mental Illness
Coordinating Center of Excellence
OHIO SAMI CCOE



AFFILIATION CODE

*DEMONSTRATING THE IMPACT OF
INTEGRATED DUAL DISORDER TREATMENT
IN THE STATE OF OHIO*



www.ohiosamiccoe.case.edu/iddtaffiliationcode

Letter from the Directors

Since FY 2001, ODMH, ODADAS, Boards, Agencies, and national stakeholders have committed resources to implement IDDT throughout Ohio. That commitment has resulted in the provision of IDDT services in 32 agencies and 25 Board areas. Based on our progress, the Governor has asked to be advised on implementation progress as one of ODMH's performance measures.

Though the national evidence concerning the effectiveness of IDDT has been well-established, the evidence that IDDT services in Ohio have reduced costs and improved consumer outcomes, is more limited. Thus far, there has not been a method to provide local and statewide evaluation on a consistent basis.

We would like to inform you and ask for your support for an initiative which will help measure the impact of Ohio's IDDT activity through the use of a MACSIS enrollment affiliation code. This initiative will provide Boards, Agencies, and other stakeholders with better tools for evaluation, compliance, and funding decisions.

In collaboration with the Ashland County ADAMH Board, the SAMI Coordinating Center of Excellence, and our two Agencies, we have pilot tested the use of the affiliation code to track persons receiving IDDT services. We are also developing a set of analytic tools to aid in evaluating the impact of IDDT on outpatient and inpatient (BHO) service utilization, cost, and outcomes. This will be provided to local systems at no cost.

The SAMI Coordinating Center of Excellence will be providing additional information about this project to board areas and agencies where IDDT activity is taking place. We will also be in touch with other stakeholders to apprise them of this initiative. If this pilot effort is successful, it may be possible to measure the impact of other evidence-based services that also do not have direct billing codes.

Thank you for your support. If you have questions, please contact ODMH team representatives Lon Herman (hermanl@mh.state.oh.us; 614-752-9703) and Dushka Crane Ross (crane-rossd@mh.state.oh.us; 614-644-2182) or Drew Palmiter at ODADAS (palmiter@ada.ohio.gov; 614-752-8851).

Sandy Stephenson, Director, ODMH

Angela Cornelius Dawson, Director, ODADAS



OHIO
DEPARTMENT OF
MENTAL HEALTH

Ohio

Department of Alcohol &
Drug Addiction Services

TWO DISORDERS

Research shows that over 50 percent of people in the United States who have been diagnosed with a severe mental illness have also been diagnosed with a co-occurring substance use disorder (alcohol or other drugs) during their lifetimes.

IMPROVED OUTCOMES

Research suggests that IDDT has the following effects:

IDDT Decreases

- Duration, frequency, and intensity of mental and substance use disorder symptoms
- Hospitalization
- Arrest and incarceration
- Duplication of services
- Treatment drop-out
- Utilization of high-cost service

IDDT Increases

- Abstinence from use of alcohol and other drugs
- Continuity of care
- Improved relationships
- Consumer quality-of-life
- Stable housing
- Independent living

(For more information, see Mueser in Resources on back panel.)



IDDT AFFILIATION CODE WEB PAGE

www.ohiosamickey.case.edu/iddtaffiliationcode

Use this resource for non-MACSYS related questions:

- Download resources
- Join the mailing list, get free news
- Post questions and get answers on the message board, for example:
 - Working with affiliation extract files (also on page 9)
 - Using free SQL code (also on page 9)
 - Using free sample reports (also on page 9)



MACSYS SUPPORT

MULTI-AGENCY COMMUNITY SERVICES INFORMATION SYSTEM (MACSYS)

www.mh.state.oh.us/ois/macsis/macsis.index.html

877-462-2747

MacsisSupport@mh.state.oh.us

Contact MACSYS support for help with the following:

- Enrolling consumers in MACSYS (also on page 8)
- Working with MACSYS screens (also on pages 8-9)
- Requesting the affiliation extract files (also on page 9)

WHAT IS IT?

The Integrated Dual Disorder Treatment (IDDT) Affiliation Code is assigned to consumers receiving IDDT services who are enrolled in the State of Ohio's Multi-Agency Community Services Information System (MACSYS).

The IDDT Affiliation Code Initiative gives us the capacity to collect data and to examine indicators and outcomes systematically for IDDT consumers and to use this knowledge to inform and advance public policy, community service plans, and day-to-day service delivery locally and across the state.

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PROVE IT

AN INTRODUCTION

People in your community who have been diagnosed with co-occurring severe mental illness and substance use disorders can and do recover—especially if behavioral healthcare providers achieve and maintain fidelity to Integrated Dual Disorder Treatment (IDDT), the evidence-based practice.

Research has demonstrated the effectiveness of IDDT when it is implemented as intended—with *fidelity*. This is why the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), and many county boards and agency providers choose to invest in the implementation of IDDT.

WHO & WHAT? | THE PURPOSE

Many service organizations and county boards have witnessed first-hand the positive effects of IDDT upon outcomes for consumers, service organizations, and service systems. Yet, there has not been an established method to conduct local and statewide evaluation on a consistent basis.

The IDDT Affiliation Code Initiative gives us the capacity to collect data and to examine indicators and outcomes systematically for IDDT consumers and to use this knowledge to inform and advance public policy, community service plans, and day-to-day service delivery locally and across the state. This booklet is a practical guide to support this effort. The success of this initiative depends upon many people in Ohio's behavioral healthcare systems and, therefore, is written primarily for the following:

- Agency providers
- County boards
- State of Ohio stakeholders

WHY? | ACCOUNTABILITY

With this initiative, we are developing a formal mechanism to study the return on our investment in IDDT.

Research shows that IDDT has a significant impact upon several indicators and outcomes of mental health and addictions services. The initiative will enable agency providers in collaboration with county and state policy makers to track both via the State of Ohio's MACSIS database—the Multi-Agency Community Services Information System (MACSIS). The first phase of this initiative will focus on these three factors:

- Service utilization
- Cost
- Quality of life

This is an important first step because it will help agency providers, county boards, and State of Ohio stakeholders easily evaluate several aspects related to the effectiveness of IDDT. In the future, the list of questions may be expanded to include others

specific to IDDT as well as other evidence-based practices (e.g., Supported Employment) and other service models (e.g., Tobacco and Recovery).

Indicators vs. outcomes

What is the difference between an outcome and indicator? For the IDDT Affiliation Code Initiative, we use the following definitions:

- An outcome is the effect of a service upon a consumer’s life (see “Quality of life” in the table below).
- An indicator is a measure of the success of a service or program that may influence an outcome (e.g., number of hospital admissions, length of stay in the hospital, number of interactions with a case manager, cost).

Fidelity and outcomes

Research has shown that positive outcomes are closely linked with high fidelity to IDDT. ODMH and ODADAS partner with the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE) to provide fidelity assessments and other forms of technical assistance to service organizations. The CCOE helps determine which service organizations are implementing the IDDT model.

WHY? | MAKING INFORMED DECISIONS

This process will help service organizations, county boards, state departments, and taxpayers in local communities make informed decisions about investments in evidence-based service models.

The data obtained from the IDDT Affiliation Code will enable everyone to step back from their day-to-day work and ask some important questions, such as “How are we doing?” It is essential that service organizations, county boards, and state departments invest in a mechanism for collecting, evaluating, and reporting indicators and

outcomes to everyone involved with IDDT, including the following:

- Direct-service providers
- Agency administrators
- Consumers
- Family members
- Community stakeholders
- Policy makers
- Foundations

HOW? | MACSIS INFORMATION SYSTEM

The Multi-Agency Community Services Information System (MACSIS) is an information system used by ODMH and ODADAS for enrollment and claims processing.

The Unique Client Identifier (UCI)

Each resident of your community who receives services funded in whole or part with public funds administered through county boards will be enrolled in MACSIS and assigned a Unique Client Identifier (UCI). This UCI number links information from multiple databases to that consumer.

The Affiliation Code

MACSIS has a feature called the *affiliation code*, which enables service organizations and county boards to *affiliate* specific consumers (via their UCI numbers) to specific services in which they are *enrolled*, such as IDDT. It is the affiliation code that will enable county boards and state departments to generate reports. The IDDT affiliation code is assigned to consumers receiving IDDT services who are already enrolled in MACSIS.

WHERE & WHEN? | YOUR DAILY ROUTINE

Because MACSIS is already in use by county boards, there is not much to do to get Ohio’s IDDT Affiliation Code and outcomes initiatives operating in high gear. Begin today! ■

TRACKING INDICATORS & OUTCOMES			
Question	Description	Example from ODMH/ODADAS	Indicator or outcome
Service utilization	<ul style="list-style-type: none"> ■ Use of community-based outpatient services ■ *Use of inpatient mental health care via the State of Ohio’s Behavioral Healthcare Organizations (BHOs) 	<ul style="list-style-type: none"> ■ Amount, frequency, and duration of service: <ul style="list-style-type: none"> • Pharmacologic management/medical somatic services • Crisis stabilization/intervention • Community psychiatric service treatment (CPST) • Inpatient care ■ Other ODMH/ODADAS service categories 	Indicator
Cost	<ul style="list-style-type: none"> ■ Calculated expenses of each service 	<ul style="list-style-type: none"> ■ See above 	Indicator
Quality of life	<ul style="list-style-type: none"> ■ Ohio consumer outcomes quality-of-life subscale. ■ ODMH has identified questions that make up a quality-of-life scale: how satisfactory a person’s life is, how well his or her needs are being met, and how much control each person has over the events in his or her life. 	ODMH’s quality-of-life subscale includes questions that ask about the following: <ul style="list-style-type: none"> ■ Relationships with family and friends ■ Financial status ■ Amount of meaningful activity (e.g., work, school, volunteer, leisure) ■ Amount of freedom ■ Personal safety ■ Housing/living arrangements ■ Health in general 	Outcome

* Inpatient service utilization represents non-forensic and/or forensic state hospital bed days only. It does not include private hospital bed-days.



AGENCY PROVIDERS

The success of this initiative to demonstrate the impact of IDDT begins with the people in service organizations who provide the day-to-day care to people with co-occurring disorders. This section of the booklet outlines the steps for keeping track of consumers enrolled in your IDDT services and for submitting the roster regularly to your county board. The IDDT Affiliation Code process outlined below is separate from and, therefore, should not be confused with the MACSIS billing process.

1 CREATE A ROSTER OF CONSUMERS

Most IDDT programs keep a current roster of consumers who receive these services, so this step should represent a routine that is already in place. It is important to update the roster *regularly* and submit it to the county board *monthly*. Here are four basic pieces of information that should be included on the roster:

- Agency name and/or Unique Provider Identification (UPID) number, which may be obtained from your organization's fiscal department
- UCI # of each consumer
- Date IDDT services started
- Date IDDT services ended

(A sample of the consumer roster is pictured in Figure 1 on page 7. A free template may be obtained online. See the Help Directory on page 3).

2 SUBMIT ROSTER UPDATES EVERY MONTH TO COUNTY BOARD

Your county mental health/addiction services board should have a clinical liaison (e.g., director of

clinical services, director of adult services) who communicates regularly with the clinical leadership of your organization. If not, it will be helpful to have the board assign a liaison. He or she will ensure that all confidentiality guidelines are followed. Submit your consumer roster monthly to this person. Remember that county boards have access to the State of Ohio's MACSIS information system (see page 5), so it is they who should update the system with the information you provide on the IDDT consumer roster.

3 KEEP THE ROSTER CURRENT

Your agency will update the IDDT consumer roster to reflect any changes if warranted (see #1 above). Keep this step simple! Do not recreate your roster every month. Just fill in the columns and use some means to show/highlight any changes. If there are no changes, your monthly submission may be a note that simply reads "no new admissions or terminations this month." ■



COUNTY BOARDS

This section is intended to introduce county board staff members to the process of accessing IDDT affiliation enrollment data, evaluating the data, interpreting it, and reporting it. The process outlined below is separate from and, therefore, should not be confused with the MACSIS billing process.

For a brief overview of MACSIS, see page 5. To better understand the role of agency providers in this initiative, consult page 6.

Know who is implementing IDDT

Research shows that the performance of indicators and outcomes data are closely linked with fidelity to IDDT. Therefore, it is recommended that the IDDT Affiliation Code be used for those agency providers in your community that have been identified by the Ohio SAMI CCOE as implementing the model with fidelity. (For more information, see “Fidelity and Outcomes” on page 5.)

1 COLLECT ROSTER OF CONSUMERS FROM ORGANIZATIONS EVERY MONTH

The board’s liaison should work with each service organization to develop a monthly routine for collecting the updated IDDT consumer roster. It is county boards that have the authority to update the State of Ohio’s MACSIS database system (see page 5) with the information that is provided on the roster.

(A sample consumer roster is pictured in Figure 1 on page 7. This may be obtained online. See the Help Directory on page 3).

2 IDENTIFY IDDT PARTICIPANTS IN MACSIS VIA THE AFFILIATION CODE

If a consumer on the roster is not already enrolled, you will have to complete the enrollment process to assign the consumer a unique client identification (UCI) number. Follow the guidelines for enrollment that are outlined in the MACSIS enrollment guide.

Affiliation codes can be used to link groups of individuals who have common MACSIS-membership characteristics (e.g., persons enrolled in the IDDT services). The affiliation code is attached to the member record (via the UCI #) and does not impact claims submission, pricing, or processing. The affiliation code for individuals enrolled in IDDT is “IDDT”.

(If you are not familiar with the use of affiliation codes, consult this section of the MACSIS website: www.mh.state.oh.us/ois/macsis/member/affiliation.explanation.pdf).

! Warning

- Every consumer in the state who receives IDDT services must have **only 1** opened “IDDT Affiliation Code” record (i.e., with a blank “termination/end date”) in the MACSIS database.

- Multiple opened “affiliation code” records will confuse MACSIS and create system errors. If an IDDT-affiliation-code record was created by another county board, contact that board and clarify if the consumer has, in fact, terminated his/her IDDT affiliation in that county. If so, ask that board to enter data in the “termination date” field to close that record.

(For help, contact MACSIS support or consult this web page: www.mh.state.oh.us/ois/macsis/mac.pol.index.html)

Save the data, exit MACSIS

Do not exit MACSIS without selecting “save”. The IDDT Affiliation Code data is automatically saved to/updated in the MACSIS database.

3 REQUEST AN IDDT AFFILIATION EXTRACT FILE

An *affiliation extract file* contains data about each consumer in your county-board area who is enrolled in IDDT services and who has been assigned an affiliation code, including the following:

- UCI number (of consumer)
- IDDT affiliation code
- Date IDDT services started
- Date IDDT services ended (when services have been terminated)

It is this *IDDT affiliation extract file* that will be linked to other extract data files to answer questions about service utilization, cost, and quality of life. If your board is not currently receiving an affiliation code extract file, contact MACSIS support to request one (see Help Directory on page 3).

! Warning

Be sure to include your board’s *security code*: this will ensure that the data is delivered to and accessible by you.

(The *affiliation-extract process* is described in this resource: www.mh.state.oh.us/ois/macsis/technical/affil.extract.pdf)

4 REQUEST OTHER EXTRACT FILES

There are other extract files that county boards receive regularly from ODMH (e.g., outcomes, claims, Patient Care System (PCS)). These extract files contain a lot of different data. Yet, for now, during this initial phase of the IDDT Affiliation Code Initiative, you will be extracting, evaluating, interpreting, and reporting data for these three questions:

- Service utilization (of community-based outpatient and state hospital-based inpatient care)
- Cost
- Quality of life

5 LINK THE EXTRACT FILES

After you receive the IDDT affiliation extract file and the other extract files (e.g., claims, outcomes, PCS), you will need to link them together (i.e., create the logic to combine the various data files). The partnering organizations of Ohio’s IDDT Affiliation Code Initiative have provided a free Structured Query Language (SQL) script. This will help you start to answer the target questions for the initiative.

(For free SQL script, consult the Help Directory on page 3.)

6 GENERATE & SHARE REPORTS

It is helpful to develop reports with each audience in mind and to use a style that is most effective for the presentation (e.g., bar graphs, pie charts, etc.) Arrange the data to address the concerns and objectives of each audience. For instance, some stakeholders might be most interested in service utilization and hospital bed-day reductions, while others might be most interested in quality of life. For all audiences, be sure to show consumer service utilization prior to and after enrollment in IDDT services.

(See sample report Figures 5-7 on page 13. To download free report samples, consult the Help Directory on page 3.) ■

Figure 2: MACSIS Member I.D. Screen

The screenshot displays the MACSIS Member I.D. Screen with the following information:

- MEMBR Members**
- Member Identification**
 - *Sub ID : 7777777
 - *Person No : 00
 - Sub : 00
- General Information**
 - Last Nm : LASTNAME
 - DOB : 01/01/1950
 - Addr 1 : 123 State St.
 - City : COLUMBUS
 - Zip : 43215
 - County : County :
 - Country : Country :
 - St : OH
 - Hom Ph : Hom Ph :
 - Bus Ph : Bus Ph :
 - Mar : COB
- Other Identification ID's**
 - MedCare : Medcaid :
 - Emp : Emp :
 - SocSec : 123456789
 - Security : Security :
- Latest Coverage**
 - Start : 01/01/2004
 - Group : FRAN
 - FRANKLIN ADAMH
 - PCP ID :
 - Term : / /
 - Plan : DFMCD255
 - LOB=MCD
 - Prov2 :
 - Elig Sts : E
 - Riders :
 - Panel : 25B
 - IPA :
 - Hire Dt : / /
 - Term Rsn :
 - Salary : 0.00
 - USERDEF : / /
 - DEF3 : DEF3 :
 - OvrrAmt : 0.00
 - Privacy : N
 - Sales Rep : Sales Rep :
 - OvrrTyp : 0
 - OStep : 0
- Footer: F1=Help, F2=Delete, F3=Overview scrn, F4=Notes, F6=SpecFuncnts, F7=Ltrs
- Save, save->aAffiliation, Abandon? (S,F,A) - F7=Ltrs :



COLLABORATION & QUALITY IMPROVEMENT

The IDDT Affiliation Code Initiative gives us the capacity to collect data and to examine indicators and outcomes systematically for IDDT consumers and to use this knowledge to inform and advance public policy, community service plans, and day-to-day service delivery locally and across the state.

The collaboration inspired by this initiative is creating an ongoing state-wide quality-improvement process.

1 INTERPRET DATA AND SHARE RESULTS

It is essential that you understand the significance of the data on the reports you are reviewing. Be patient and do not react too quickly to the numbers. If you need help with interpretations, post your questions on the Affiliation Code message board (see the Help Directory on page 3). Review the reports and your interpretations of the data regularly with agency providers in your community.

Good news emerging in Ohio

Several IDDT service teams in Ohio have seen dramatic improvements in outcomes for people with co-occurring disorders within six to 12 months from the onset of IDDT services. Some teams have experienced improved outcomes over a longer period of time, for instance, from two to three years. There are many contributing factors to these results. However, the Ohio SAMI CCOE has observed that service teams that implement with fidelity to the original design of IDDT achieve some of the most effective short-term and long-term results.

Positive results take time

It could take from six months to three years or longer for individual consumers in IDDT services

to start showing improvement (see sidebar on page 2). Similarly, service organizations and IDDT service teams may take two to three years to achieve fidelity to the model.

In addition, outpatient service utilization and cost indicators may increase initially for several reasons, including but not limited to the following:

- People with co-occurring severe mental and substance use disorders are among the most difficult to engage in treatment and sustain relationships over time.
- The assertive outreach component of IDDT is designed to enable service team members to engage consumers continuously, especially those who are not receiving or accepting services.
- Assertive outreach encourages team members to help consumers meet basic needs like food, clothing, housing, and safe and trusting social interaction, which might not meet criteria for “billable” therapeutic interaction. This is in contrast to other service approaches that may be quick to label consumers as “disinterested”, “difficult”, or “non-compliant”, among others and encourage service providers to “close the case” and, thus, leave consumers out on the streets.

(For help interpreting your data, post a request on the Affiliation Code message board. See the Help Directory on page 3. For more information about the core components of the IDDT model, consult this resource: www.ohiosamickey.case.edu/library/resource.cfm?resourceid=87)

2 USE EVIDENCE FOR COMMUNITY-SERVICE PLANNING

Many communities have regular stakeholder meetings or steering committee meetings to examine facilitators and barriers to implementation, to review progress, and to plan and implement next steps. Share the results of your outcomes reports and analyses and infuse the evidence as part of the committee's ongoing work. Use this routine of generating reports, evaluating the data, interpreting the data, and sharing the data to create a continuous quality-improvement process for your community.

Examples of questions and answers from the data might include the following:

Q: The data show that there has been a decrease in hospitalizations among IDDT consumers. What's contributing to this?

A: We see that CPST services increased with the consumers who are the highest users of hospital bed days. This seems to be keeping them out of the hospital. Therefore, hospital bed-day costs are decreasing. How can we continue this trend? Let's reinforce with the team the advantage of assertive outreach. Let's calculate the cost savings associated with the decreased hospital usage and

do a cost analysis to see the benefit of IDDT services.

Q: Service utilization and, thus, costs have spiked in the last six months. Why?

A: We added two new service team members who have increased our assertive-outreach services. This has enabled us to engage 15 more residents with co-occurring disorders who previously did not receive services, were not engaged in services, or refused help.

Q: Why are we not seeing a change in outcomes yet?

A: Maybe we are not implementing the model with fidelity. Maybe consumers have not been in treatment long enough. Maybe we haven't been implementing the model long enough.

Fidelity and outcomes

Pay close attention to data in the context of IDDT fidelity. Hypothetically, a decrease in desired outcomes might indicate a drop in fidelity or may be the result of challenging clients, staff turnover, or the lack of experience of new staff. Likewise, an increase in desired outcomes may indicate an improvement in fidelity. Evaluate the relationship between outcomes and fidelity at IDDT steering committee meetings and/or stakeholder meetings.

(For technical assistance about fidelity and outcomes, contact the Ohio SAMI CCOE by posting a message on the Affiliation Code message board, see the Help Directory on page 3.) ■

Several IDDT service teams in Ohio have seen dramatic improvements in outcomes for people with co-occurring disorders within six to 12 months from the onset of IDDT services.

The Ohio SAMI CCOE has observed that service teams that implement with fidelity to the original design of IDDT achieve some of the most effective short-term and long-term results.

GENERATING YOUR REPORTS

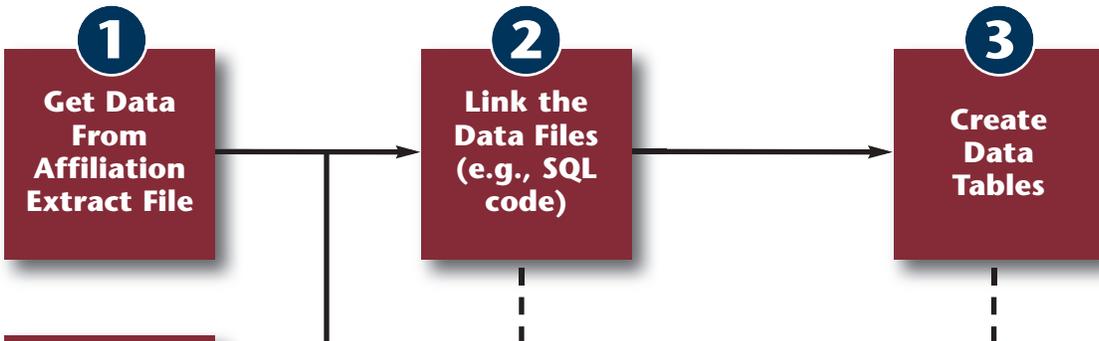


Figure 3: SQL Code Sample

```

IF OBJECT_ID('dbo.tbldata_IDDTServiceUtilization') IS NOT NULL
    DROP TABLE
    dbo.tbldata_IDDTServiceUtilization
GO

CREATE TABLE dbo.tbldata_IDDTServiceUtilization
(
    PROCDESC VARCHAR(50) PRIMARY KEY,
    Pre1095Qty INT,
    Pre1095Cost DECIMAL(10,2),
    Pre1095ClientCnt INT,
    Pre1095CostPerClient DECIMAL(7,2),
    Pre730Qty INT,
    Pre730Cost DECIMAL(10,2),
    Pre730ClientCnt INT,
    Pre730CostPerClient DECIMAL(7,2),
    Pre365Qty INT,
    Pre365Cost DECIMAL(10,2),
    Pre365ClientCnt INT,
    Pre365CostPerClient DECIMAL(7,2),
    Post365Qty INT,
    Post365Cost DECIMAL(10,2),
    Post365ClientCnt INT,
    Post365CostPerClient DECIMAL(7,2),
    Post730Qty INT,
    Post730Cost DECIMAL(10,2),
    Post730ClientCnt INT,
    Post730CostPerClient DECIMAL(7,2),
    Post1095Qty INT,
    Post1095Cost DECIMAL(10,2),
    Post1095ClientCnt INT,
    Post1095CostPerClient DECIMAL(7,2)
)
GO

--1c) Create table to store Hospital PerDiem rates
-- This is necessary to add Fiscal Year and
PerDiem rate information to PCS data

IF OBJECT_ID('dbo.tbldata_HospitalPerDiemRates') IS NOT NULL
    DROP TABLE
    dbo.tbldata_HospitalPerDiemRates
GO

CREATE TABLE dbo.tbldata_HospitalPerDiemRates
(
    FiscalYear CHAR(6) PRIMARY KEY,
    BegDate DATETIME,
    EndDate DATETIME,
    PerDiemRate DECIMAL(5,2)
)
GO

-- Populate with values

INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2000', '19990701', '20000630', 00.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2001', '20000701', '20010630', 327.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2002', '20010701', '20020630', 351.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2003', '20020701', '20030630', 353.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2004', '20030701', '20040630', 441.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2005', '20040701', '20050630', 446.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2006', '20050701', '20060630', 470.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2007', '20060701', '20070630', 481.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2008', '20070701', '20080630', 481.00)
INSERT INTO dbo.tbldata_HospitalPerDiemRates
VALUES ('2009', '20080701', '20090630', 481.00)
GO
    
```

Figure 4: Data Table Sample

Pre1095Qty	Pre1095Cost	Pre1095ClientCnt	Pre1095CostPerClient	Pre730Qty	Pre730Cost
76	\$ 31,316.00	2	\$ 15,658.00	58	\$ 25,993.00
7	\$ 761.67	7	\$ 108.81	11	\$ 1,364.99
23	\$ 2,910.61	11	\$ 264.60	67	\$ 10,101.30
0	\$ -	0	\$ -	0	\$ -
0	\$ -	0	\$ -	10	\$ 98.10
27	\$ 563.60	1	\$ 563.60	0	\$ -
1595	\$ 66,333.33	13	\$ 5,102.56	4457	\$ 94,623.80
105	\$ 5,760.03	7	\$ 822.86	335	\$ 7,172.48
103	\$ 21,101.72	18	\$ 1,172.32	150	\$ 30,671.23
1936	\$ 128,746.96		\$ 23,692.75	5088	\$ 170,024.90

Post365Qty	Post365Cost	Post365ClientCnt	Post365CostPerClient	Post730Qty	Post730Cost
16	\$ 7,696.00	2	\$ 3,848.00	19	\$ 9,139.00
11	\$ 1,459.15	10	\$ 145.92	9	\$ 1,188.20
71	\$ 10,811.53	14	\$ 772.25	15	\$ 2,361.68
4	\$ 401.05	3	\$ 133.68	6	\$ 571.68
140	\$ 1,342.04	6	\$ 223.67	165	\$ 1,582.38
374	\$ 3,695.73	4	\$ 916.43	234	\$ 2,306.62
1007	\$ 145,218.75	34	\$ 4,271.14	4972	\$ 104,001.85
1488	\$ 31,936.16	32	\$ 998.01	853	\$ 18,474.74
196	\$ 40,613.17	35	\$ 1,160.38	95	\$ 18,963.23
9307	\$ 243,143.58		\$ 12,469.48	6368	\$ 168,559.28

TO OBTAIN HELP WITH REQUESTING AND RECEIVING DATA FROM MACSIS, CONTACT MACSIS SUPPORT (SEE PAGE 3).

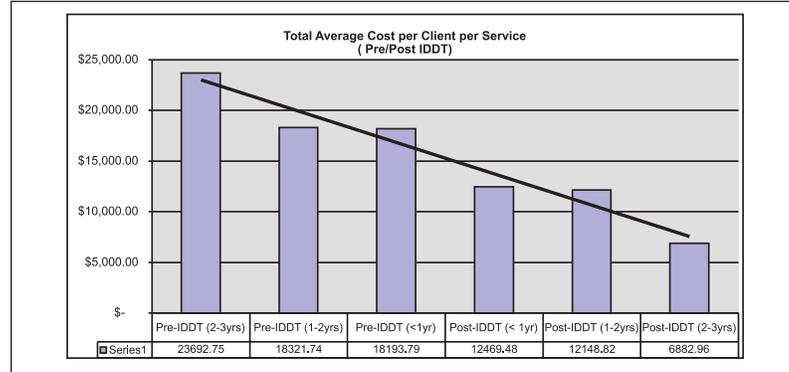
To obtain samples of the SQL code, data tables, and reports (graphs) pictured on these two pages and to get help using them, post a message on this web page: www.ohiosamimcoe.case.edu/iddtaffiliationcode

4

Generate Reports

Figure 5: Total Average Cost Per Client Per Service

30Client	Pre730CostPerClient	Pre365Qty	Pre365Cost	Pre365ClientCnt	Pre365CostPerClient
3	\$ 8,664.33	118	\$ 53,538.00	5	\$ 10,707.60
12	\$ 113.75	24	\$ 3,144.48	20	\$ 157.22
10	\$ 1,010.13	87	\$ 13,329.75	19	\$ 701.57
0	\$ -	4	\$ 401.01	1	\$ 401.01
1	\$ 98.10	52	\$ 508.65	4	\$ 127.16
0	\$ -	44	\$ 423.43	2	\$ 211.72
16	\$ 5,913.99	4894	\$ 103,684.05	25	\$ 4,147.36
10	\$ 717.25	816	\$ 16,295.54	23	\$ 708.50
17	\$ 1,804.19	172	\$ 36,107.64	35	\$ 1,031.65
	\$ 18,321.74	6211	\$ 227,432.55		\$ 18,193.79



ClientCnt	Post730CostPerClient	Post1095Qty	Post1095Cost	Post1095ClientCnt	Post1095CostPerClient
	\$ 4,569.50	1	\$ 481.00	1	\$ 481.00
	\$ 128.69	0	\$ -	0	\$ -
	\$ 590.40	12	\$ 1,898.51	2	\$ 949.26
	\$ 142.92	2	\$ 247.45	2	\$ 123.73
	\$ 316.48	0	\$ -	0	\$ -
	\$ 329.52	53	\$ 523.11	1	\$ 523.11
	\$ 4,160.07	2573	\$ 52,049.44	17	\$ 3,061.73
	\$ 1,086.75	273	\$ 6,034.50	8	\$ 754.31
	\$ 824.49	51	\$ 9,898.17	10	\$ 989.82
	\$ 12,148.82	2965	\$ 71,132.18		\$ 6,882.96

Figure 6: Crisis Services (Pre/Post IDDT)

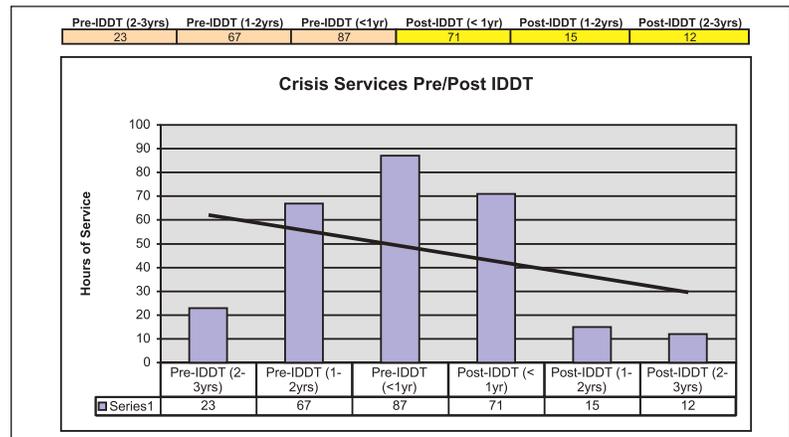
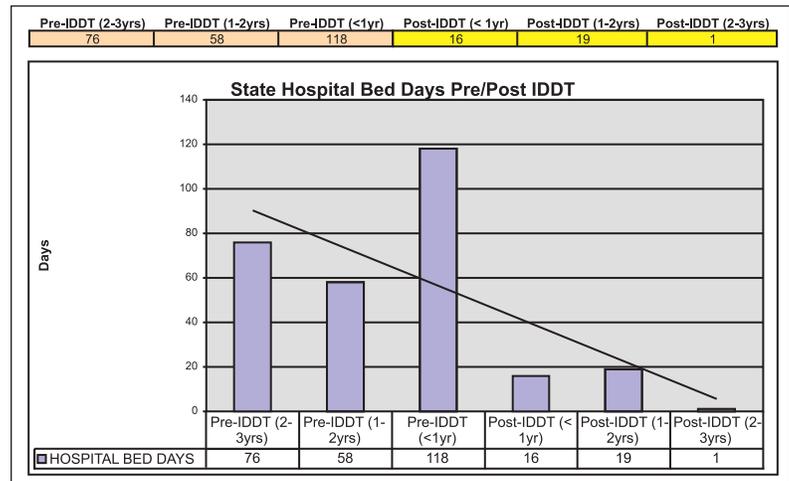
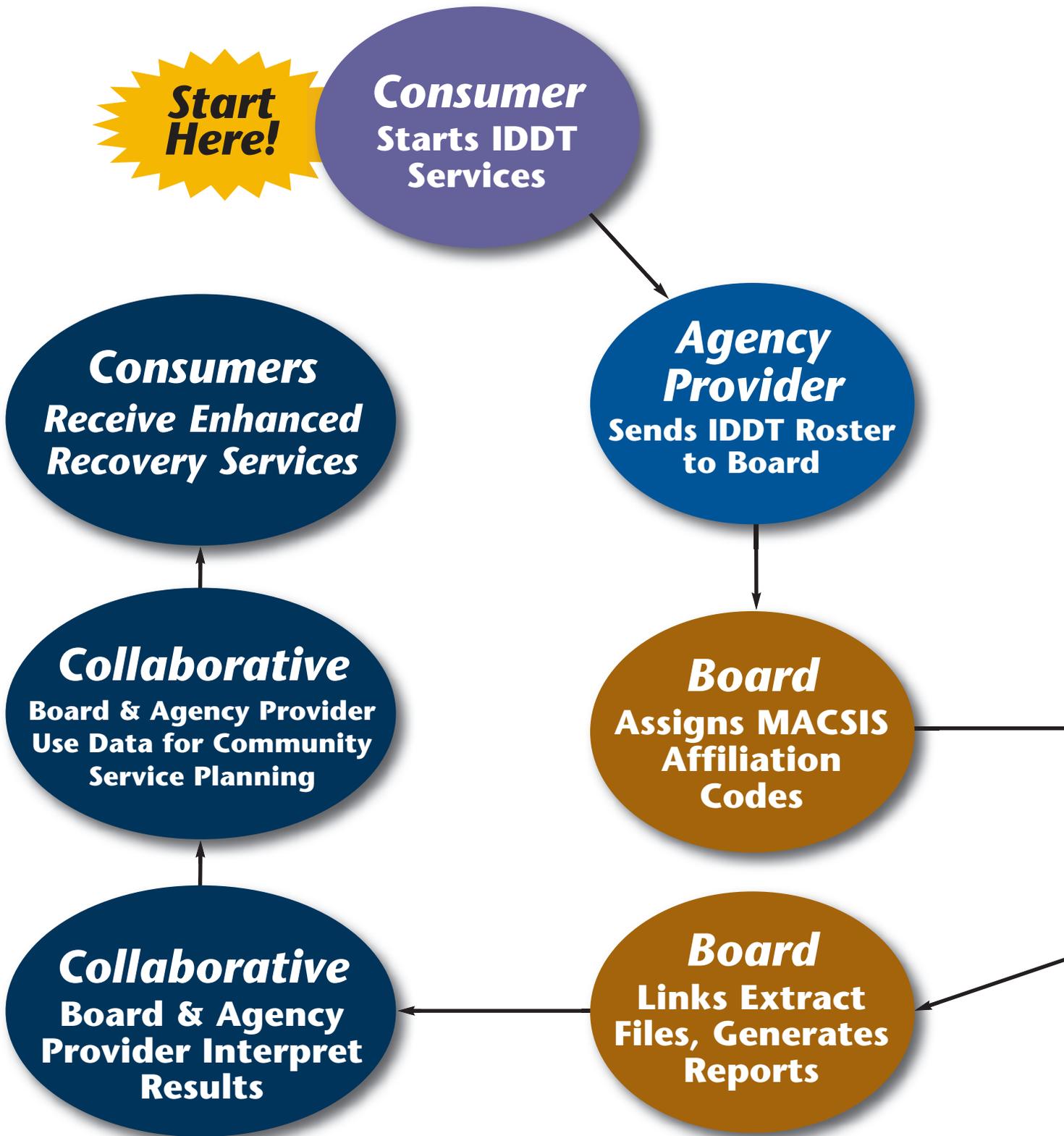


Figure 7: State Hospital Bed Days (Pre/Post IDDT)



The materials displayed on this page were created by David C. Ross and Jody McCluggage of the Mental Health and Recovery Board of Ashland County.





ODMH/ODADAS
Send Affiliation
Code & Data Extract
Files to Board

**Block Grant
Reporting**

**Federal
Government
and SAMHSA**

NATIONAL OUTCOMES MEASURES (NOMs)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed National Outcomes Measures (NOMs). These are data that SAMHSA expects agency providers, communities, and state health authorities to collect and report so it may evaluate the impact of its investment in evidence-based practices and other service innovations across the country. The IDDT Affiliation Code will help the State of Ohio meet the Federal expectations.

For more information about the SAMHSA NOMs, consult this web site:
www.nationaloutcomemeasures.samhsa.gov/outcome/index.asp

ABOUT US

IDDT AFFILIATION CODE WORKGROUP

A Public-Academic Partnership

The following partners convened an IDDT Affiliation Code Workgroup to pilot the use of the IDDT Affiliation Code and to develop the process outlined in this booklet:



Ohio Department of Mental Health (ODMH)

- Lon Herman, MA
- Dushka Crane Ross, Ph.D.
- Jody Lynch
- Terry Jones, MSW, LISW
- Dana Harlow, MSSA, LISW

Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

- Drew Palmiter, LICDC, LSW

Mental Health and Recovery Board of Ashland County

- David C. Ross, MA, LPCC
- Jody McCluggage, MSCS, CISSP, CCNA, Network, CHP, CHSS

Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE)

- Deb Hrouda, MSSA, LISW
- Ric Kruszynski, MSSA, LISW, LICDC
- Patrick E. Boyle, MSSA, LISW-S, LICDC
- Paul M. Kubek, MA

This initiative and publication were made possible with funding from the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services.

HELP DIRECTORY

AFFILIATION CODE WEB PAGE www.ohiosamiccoe.case.edu/iddtaffiliationcode

MACSIS

MULTI-AGENCY COMMUNITY SERVICES INFORMATION SYSTEM

www.mh.state.oh.us/ois/macsis/macsis.index.html
877-462-2747

MacsisSupport@mh.state.oh.us

(For more information, see page 3.)

ABOUT THE PUBLISHER

The Ohio SAMI CCOE is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people with co-occurring severe mental and substance use disorders. The SAMI CCOE helps service systems, organizations, and direct-service providers implement and sustain the Integrated Dual Disorder Treatment (IDDT) model, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The SAMI CCOE provides these services:

- Service systems consultation
- Program consultation
- Clinical consultation
- Training
- Program evaluation (fidelity and outcomes)
- Research

EVIDENCE-BASED

EBPs are service models that research has demonstrated to generate improved consumer outcomes, program outcomes, and systems outcomes. Research shows that organizations which maintain fidelity to the original design of each EBP achieve and sustain the best outcomes.

The Integrated Dual Disorder Treatment (IDDT) model was originally designed by Robert E. Drake, M.D., and his colleagues at the Psychiatric Research Center of Dartmouth Medical School.

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE) is a program of the Center for Evidence-Based Practices at Case Western Reserve University, which is a partnership between the **Mandel School of Applied Social Sciences** at Case and the **Department of Psychiatry at the Case School of Medicine**. The partnership is in collaboration with and supported by the **Ohio Department of Mental Health** and the **Ohio Department of Alcohol and Drug Addiction Services**.



Resources

- IDDT Fidelity Scale
www.ohiosamiccoe.case.edu/research
- Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox (2003). *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Publications, Inc.

For more information about how to implement the IDDT model with success:

- *Implementing IDDT: A step-by-step guide to stages of organizational change* (2006). Cleveland: Ohio SAMI CCOE, Case Western Reserve University.



<http://www.ohiosamiccoe.case.edu/library/resource.cfm?resourceid=136>



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Build trust
Improve outcomes
Promote recovery

www.ohiosamiccoe.case.edu