



NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
1450 WESTERN AVENUE, ALBANY, NY 12203-3526

**SCREENING FOR CO-OCCURRING DISORDERS USING THE
MODIFIED MINI SCREEN (MMS)**

PROVIDER IMPLEMENTATION PLAN

(Rev. 6/05)

Screening for Co-Occurring Disorders using the Modified Mini Screen (MMS)

PROVIDER IMPLEMENTATION PLAN

- ❑ Purpose
- ❑ Description of the Modified Mini Screen (MMS)
- ❑ Issues to be Resolved Prior to Implementation

Purpose

The absence of simple screening tools for mental health problems in chemical dependency treatment settings is a barrier to planning effective treatment services. OASAS seeks to improve the identification of mental health conditions among its chemical dependency patients in order to obtain and/or provide appropriate mental health assessment and treatment services. Such services will improve treatment and recovery outcomes for patients with co-occurring disorders.

Description of Evidence-based Practice (EBP)

The Modified Mini Screen (MMS) is a 22 item scale designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders and Psychotic Disorders. The questions are based on gateway questions and threshold criteria found in the Diagnostic and Statistical Manual IV (DSM-IV)¹, the Structured Clinical Interview for Diagnosis (SCID)² and the Mini International Neuropsychiatric Interview (M.I.N.I.)³.

In 2003, with support from OASAS and OMH, the Nathan Kline Institute for Psychiatric Research validated the utility of the MMS to identify persons in need of further assessment of their mental health. The validation study involved a culturally heterogeneous patient population (N=338) receiving treatment services at 17 OASAS-certified sites across the state. OASAS field tested the screening tool and required each provider to develop a written implementation plan that would address the multitude of issues inherent in the introduction of a new mental health screening practice. The plan was subsequently revised based upon feedback from the participating providers in implementing the MMS.

Issues to be Resolved Prior to Implementation

OASAS has identified three distinct phases of activity in the adoption of any new clinical or administrative practice: readiness; implementation and institutionalization. The following questions are all components of the readiness phase and should help guide the development of an implementation plan. Please respond to each area as best as possible. Once implementation begins, you may find the need to modify your initial plan.

Please use the attached cover sheet to transmit your plan to your OASAS program manager for review *prior* to the implementation of the screening tool.

- a. Which program units (sites and service types) will implement the Modified Mini Screening tool?
- b. Which patients will be screened using the tool? (All persons admitted not known to be currently under psychiatric care?)
- c. When in the clinical process will the screening tool be administered? (At intake? Two weeks after admission? Two weeks after abstinence or stabilization?) Will the screening protocol be integrated into the comprehensive evaluation and treatment planning process? Will the tools be re-administered later during the course of treatment?
- d. Who will administer the screening tool to the patient? (An intake counselor? A CASAC? The clinician assigned to the patient? A psychologist? Nursing staff?)
- e. How will the screening tool be presented to the patient? (As part of a standard practice to assure the best possible care? As part of the treatment planning process?) Is there a sample script? Are persons administering the screening tool expected to adapt the script, not just read it to the patient?
- f. How will the screening tool be administered to the patient? Will it be read to the patient in all cases—not self-administered?
- g. Will the screening tool be available in languages other than English? Who will administer non-English versions?
- h. What score (i.e., “cut point”) will be used to indicate a definite need for a mental health diagnostic assessment? For what range of scores, if any, will a diagnostic assessment interview be considered discretionary, but supported, based on patient and/or clinician concerns.
- i. How will the patient be advised of the results? Who will interpret the results for the patient?
- j. What resources, internal or external, will be used to conduct mental health diagnostic assessments?
- k. What procedures, including consent forms, will be used in obtaining mental health assessment services?
- l. What supervisory or other procedures will be used to monitor the provision of mental health screening services, including assuring that the protocol is followed? (Will clinical supervisors observe delivery of the procedure?) What provisions are there for training new staff and/or providing “refreshers” for existing staff?

- m. What quality improvement procedures will used to assess the adequacy and utility of the evidence-based practice and identify any problems with the procedures during implementation and on an ongoing basis?
- n. How will barriers such as time delays in access to assessment services be identified and resolved?
- o. How will patients that screen over 5, but under the program's chosen "cut-point" be monitored?
- p. What is the target date(s) for implementation of the evidence-based practice (EBP)?
- q. Will outside resources be used for consultation and/or training in the EBP? (Training provided by OASAS, Dual Recovery Coordinator, or other?)
- r. Who will receive training from outside resources, if any? (Clinical Supervisors?) Where will they be trained? (On-site?) When will this training be provided? Will supervisory staff (e.g., psychiatrist, psychiatric social worker) attend the training to facilitate organizational buy-in? If so, please identify those staff.
- s. How will procedures and techniques be communicated to staff responsible for delivering the service? (Group training by supervisors with role playing? Individual training and coaching? Observation by supervisor?) When will training take place?
- t. Are there any agency policies that need to be revised or updated in order to implement the evidence-based practice?
- u. Are there services agreements, including consent forms, in place for obtaining mental health assessment services?
- v. Are there service agreements, including consent forms, in place for obtaining mental health treatment, consultation, or case management services?
- w. What is the target date for the development and implementation of WRITTEN policies and procedures specific to patient screening for co-occurring disorders?
- x. Who will coordinate the development and submission to OASAS of the implementation plan and serve as a contact person for follow up?

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington DC, American Psychiatric Association, 2000.
2. Spitzer, R.L., Williams, J.B.W., Gibbon, M. & First, M.B. Structured Clinical Interview for DSM-III-R-Patient Version. New York: New York State Psychiatric Institute, Biometrics Research Department, 1988.
3. Sheehan, D.V., Lecrubier, Y., Sheehan, K.H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R., & Dunbar, G.C. *The mini-international neuropsychiatric interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10*. Journal of Clinical Psychiatry, 59 (suppl. 20), 1998.

MODIFIED MINI SCREEN (MMS) IMPLEMENTATION PLAN

Cover Sheet

Provider Name: _____

PRU # (Please list all PRUs implementing the MMS): _____

Date of Implementation Plan Submission to OASAS: _____

Contact Liaison to OASAS

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____