

Integrated Dual Disorder Treatment (IDDT)

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Commission on Alternatives to Incarceration
9-13-2012

*Source: Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence

What are dual disorders?

- Mental illness and substance abuse co-occurring together in one person

Why focus on dual disorders?

- Substance use disorders are common in people with severe mental illness
- Mental illness is common in people with substance use disorders
- Dual disorders lead to worse outcomes and higher costs than single disorders

Prevalence and incidence of dual disorders

- 25-35% of people with serious mental illness have an active substance abuse problem
- Substance abuse among people with serious mental illness is three times greater than that of the general population

*Substance Abuse and Mental Health Services Administration. (2005). *Overview of the findings from National Household Survey on Drug Use and Health*. (Office of Applied Studies, NSDUH Series H-27, DHHS Publication No. 05-4061). Rockville, MD.

Dual disorders = worse outcomes

Increased risk of:

- Relapse of mental illness
- Relapse of substance use disorder
- Hospitalization
- Violence, victimization, and suicidal behavior
- Homelessness and incarceration
- Medical problems, HIV & hepatitis
- Family problems
- Employment problems
- Service use and cost

RECOVERY

Recovery

- Dual disorders are treatable
- Stable remission of substance use disorders and mental illness symptoms occur over time
- Recovery requires other areas of adjustment:
 - health, work, housing, relationships

* Mead et al, 2000

Recovery model

- Consumer driven
- Unconditional respect and compassion
- Clinician responsible for helping client with motivation for treatment
- Focus on client goals and function, not on “compliance” to treatment
- Client choice and shared decision making are important

How do people enter recovery from dual disorders?

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

*Alverson et al, Comm HJ, 2000

Why integrated treatment of dual disorders?

- More effective than separate treatment
- 26 studies show integrated treatment is more effective than traditional separate treatment

(Drake, et al, 2005, Drake et al, Schiz Bulletin 1998;
Drake et al, Psych Services 2001 for summaries)

Integrated Dual Disorders Treatment

What is IDDT?

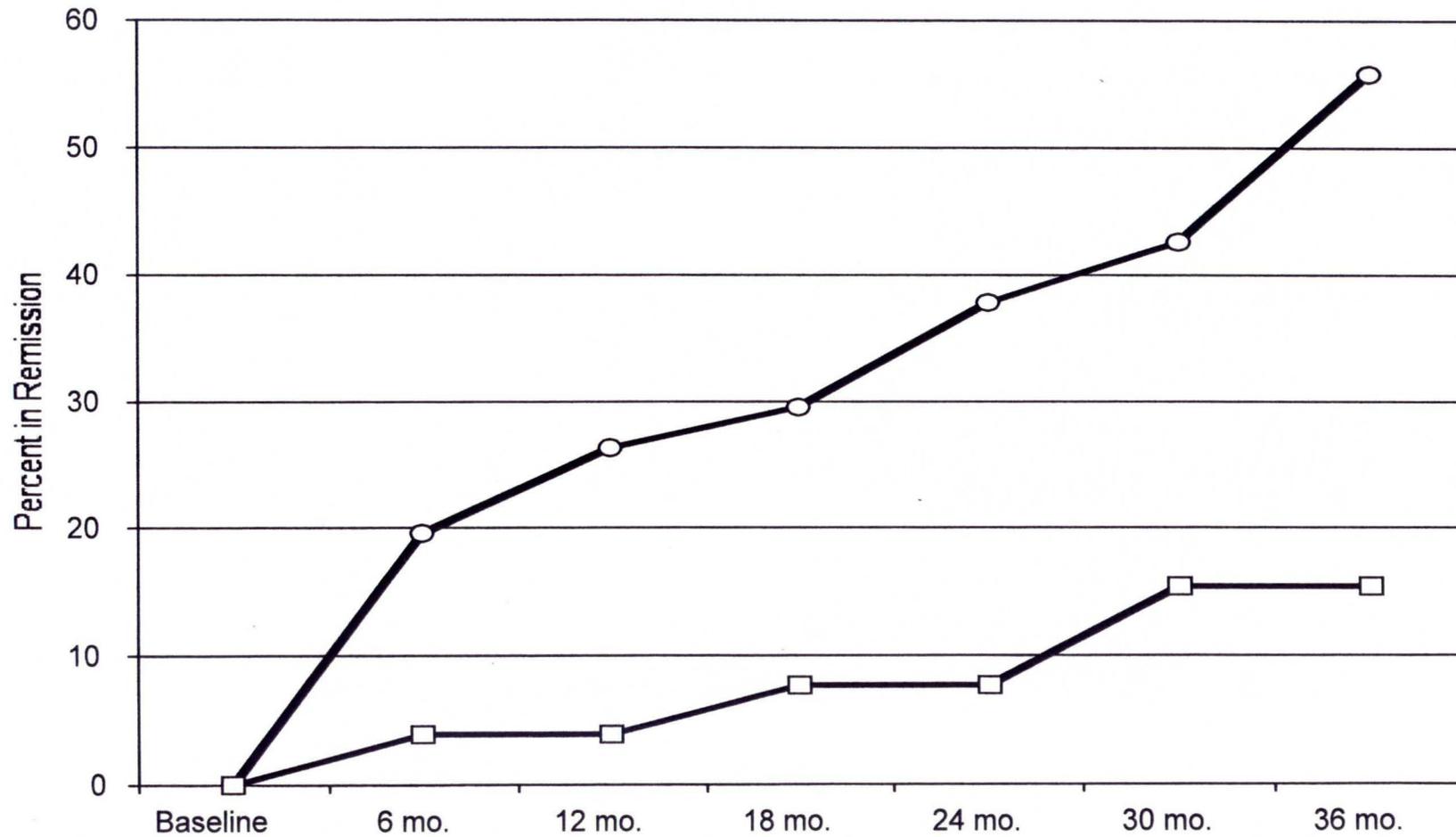
- Treatment of substance use disorder and severe and persistent mental illness together
 - Same team
 - Same location
 - Same time

What is “fidelity to the model”?

- Program adheres to core components of the evidence based model
- These clinical and organizational components allow us to predict positive outcomes

Fidelity improves abstinence

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E ; n=61) vs. Low-Fidelity ACT Programs (G ; n=26).



Program implementation

- 15 years in several states
- 60% of programs attain successful implementation
- High fidelity leads to good outcomes
- Without focus, fidelity erodes over time

4 Combinations and levels of illness

Mild to moderate **I**
Mental illness symptoms
Low to moderate
substance use disorder

Mild to moderate **III**
Mental illness symptoms
Severe substance use
disorder

Severe **II**
mental illness symptoms
Low to moderate
Substance use disorder

Severe **IV**
mental illness symptoms
Severe substance use
disorder

Integrated Dual Diagnosis Treatment Multidisciplinary Team Structure

- Team Leader
- Case manager(s)
- Psychiatrist
- Nurse
- Case Aide
- Licensed Addiction Counselor
- Mental Health Counselor
- Vocational, Housing, Criminal Justice specialists

All Work collaboratively on the team with evidence of excellent communication

IDDT :Guiding Treatment Principles

- Flexibility & specialization of clinicians
 - ← cross-trained staff
- Assertive outreach

IDDT: Guiding Treatment Principles

- Recognition of client preferences
 - ✓ client centeredness
 - ✓ cultural competence
- Close monitoring
- Comprehensive services

IDDT :Guiding Treatment Principles

- Range of stable living situations
- The Long-term perspective
- Motivational interviewing
- Stage-wise treatment
- Optimism

Course of dual disorders

- Both substance use disorders and severe mental illness are chronic, waxing and waning

Course of dual disorders

- Recovery from mental illness or substance abuse occurs in stages over time
 - Precontemplation (Engagement)
 - Contemplation (Persuasion)
 - Preparation
 - Action (Active Treatment)
 - Relapse prevention (Maintenance)

*Prochaska and DeClementi, Miller and Rollnick 1991

The Major Difference

- Treatment emphasizes symptom reduction of:
 - Duration
 - Intensity
 - Frequency

SEHSC Pilot Project

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SEHSC – Preparation

- Division initiative (2005) regional involvement in monthly presentations
- Part of state evidence-based review committee
- Engage consultation with Indiana and Ohio projects

Array of Services Needed

- Contract with Centre Inc. for social detox -\$6,363
- Contract with Meritcare for medical detox/psychiatric stabilization (70% of actual day rate)- \$213,613.29

Potential Clients Reviewed

- Prescreened 160 individuals to the North Dakota State Hospital
 - Of those 160, 106 were dual/chronic CD clients (66%)
- Cass County Jail housed 11 repeat offenders (dual disordered and chronically ill)
 - A total of 885 days at a cost of \$48,675.00 [1077 total sentences imposed]

Related Costs

- Case management time
- SEHSC emergency service staff - on-call time
- Emergency room visits/time

SEHSC – Pilot Process

- Training/consultation contract with Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE) (Early 2006)
- Site visit – Columbus Ohio (May 2006)

SEHSC – Pilot Process

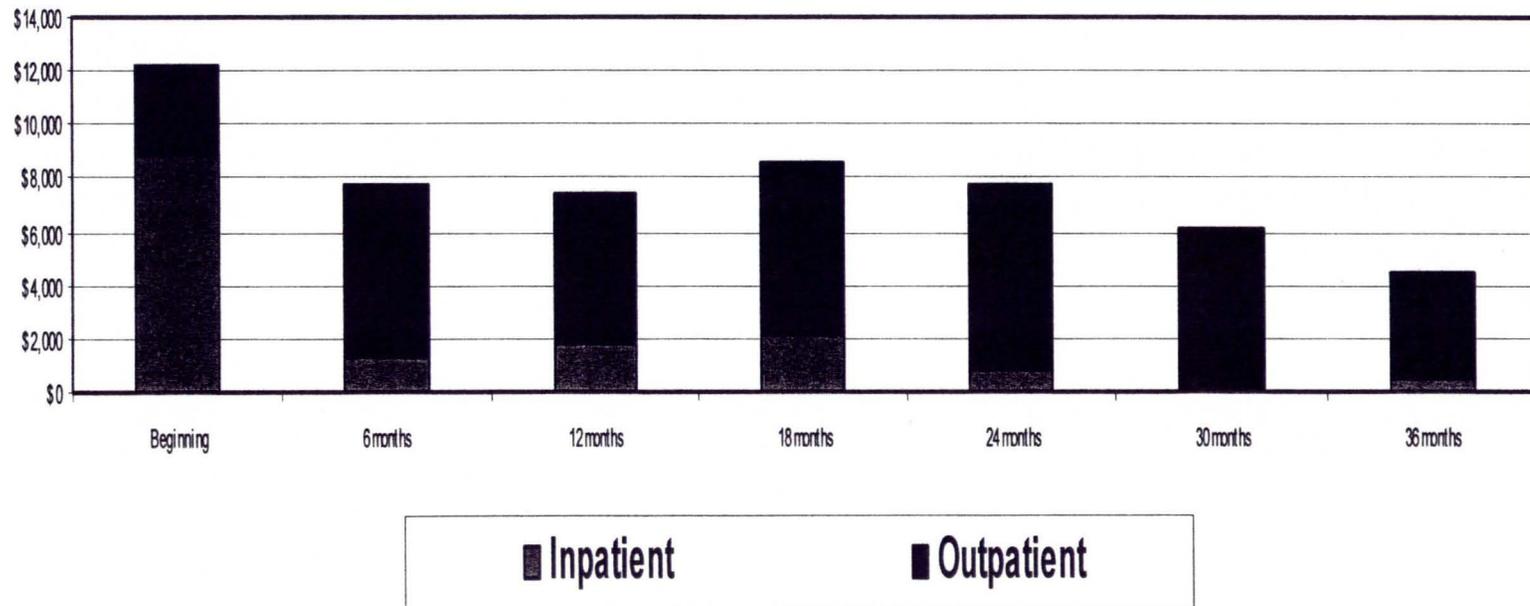
- Presentations to stakeholders
- IDDT Kickoff held October 2006
- Baseline Fidelity Review completed October 2006
- Team training completed December 2006
- Implementation of IDDT started January 2007

Improvements in Many Areas

- Reduced institutionalization
- Reduced symptoms, suicide
- Reduced violence, victimization, legal problems
- Better physical health
- Improved function, work
- Improved relationships and family

NH Dual Diagnosis Study (1989-1994)

Median Treatment Costs: Patients in Recovery (N=54)



1. Median treatment costs decline more for persons in recovery.
2. Inpatient costs decrease.
3. There is a shift to community based treatment.
4. Those who are most successful often begin with higher than average treatment costs.

NH Dual Diagnosis Study (1989-1994)

Number of Arrests and Incarcerations (N=203)

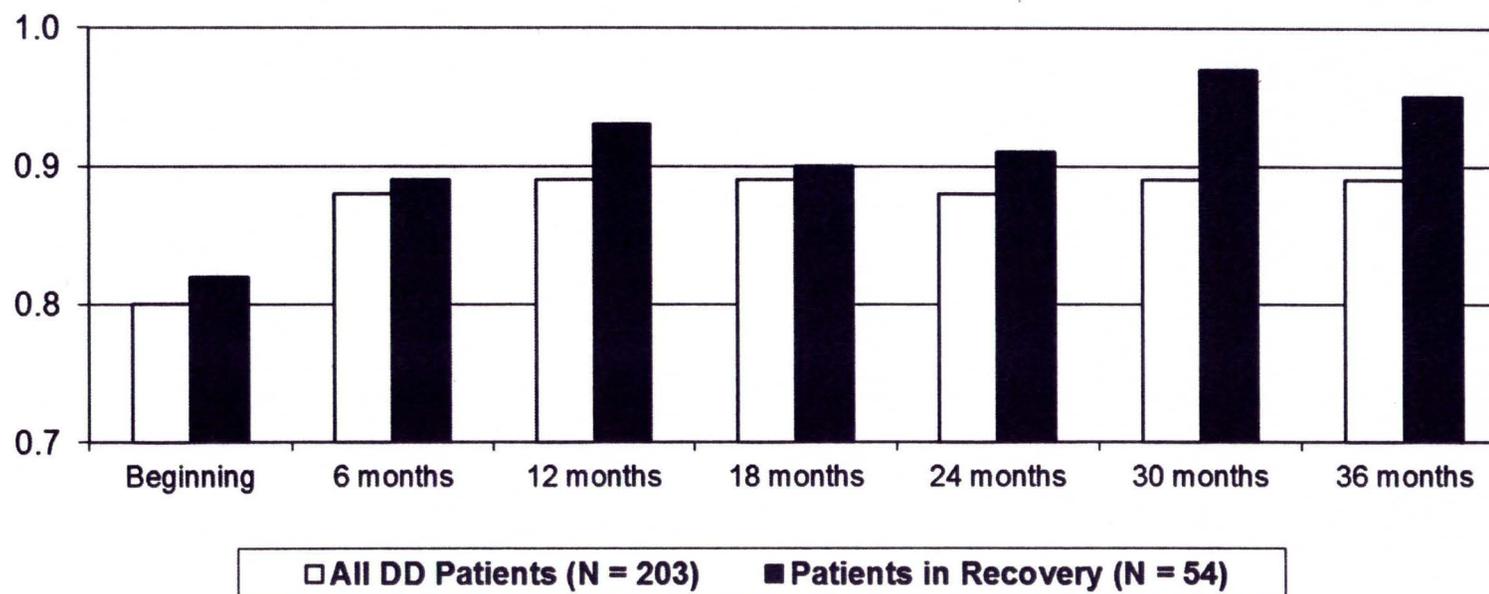


Arrests and Incarcerations decline as persons treated for dual disorders recover from substance abuse.

Clark R.E., Rickettes, S.K., & McHugo, G.J. (1999). Legal System Involvement and Costs for Persons in Treatment for Severe Mental Illness and Substance Use Disorders. *Psychiatric Services*, 50, 5, . 641-647.

NH Dual Diagnosis Study (1989-1994)

Proportion of Days in Stable Community Housing



1. Proportion of days in stable community housing (regular apartment or house, not in hospital, jail, homeless setting or doubling with friends or family) increased for all dual diagnosis clients.
2. They increased more rapidly for persons in recovery (no substance abuse for at least 6 months)

SEHSC Outcomes – Cohort #1

First 12 consumers over 48 months

Years 1 – 4-Comparison

- **29% drop in ER admissions (24-17)**
- **40% drop in crisis bed days (83-50)**
- **70% drop in long term Hospitalization (908-268)**
- **87% drop in respite bed days (94-12)**
- **90% drop in acute psychiatric hospital days (97-10)**
- **98% drop in days incarcerated (199-3)**

Cost Comparison 2007 & 2010

2007				2010			
Level of Care	Number of Days	Rate *	Total	Level of Care	Number of Days	Rate *	Total
ER admissions	24	\$772.00	\$18,528.00	ER admissions	17	950.00	16,150.00
Local/Acute Hospitalizations	97	\$1,238.00	\$120,086.00	Local/Acute Hospitalizations	10	2,294.00	22,940.00
North Dakota State Hospital**	908	\$344.29	\$312,615.32	North Dakota State Hospital	268	407.84	109,301.12
Crisis Beds	83	\$480.25	\$39,860.75	Crisis Beds	50	158.25	7,912.50
Respite Beds	94	\$69.00	\$6,486.00	Respite Beds***	12	69.00	828.00
Incarceration	199	\$86.14	\$17,141.86	Incarceration	3	105.15	315.45
GRAND TOTAL	1405		\$514,717.93	GRAND TOTAL	360		157,447.07

* Rate is inclusive of actual or estimated bed day rate for that period of time. This rate does not include any other charges associated with that particular level of care.

**NDSH rate reflects an average rate of L-100, L-600, L-400 for the identified year.

*** Respite bed service code was discontinued in 2008, so 2007 rate is being used for comparison purposed only

2007	\$514,717.93
2010	\$157,447.07
Difference	\$357,270.86

Systems Issues

- Changes at 5 levels
 - (1) DHS
 - (2) Program leadership
 - (3) Clinician/supervisor
 - (4) Family
 - (5) Consumer

Statewide Rollout Efforts

- South Central Human Service Center
 - (3-2011) Baseline fidelity review
 - (3-2012) Team implementation
- Lake Region Human Service Center
 - (6-2012) Baseline fidelity review
- All Other Regions
 - Have had overview presentations and are completing site visit

CHALLENGES/BENEFITS

Challenges

- Ongoing staff training vs. one-time courses.
- Staff participating in new roles/team based approach vs traditional or medical model.
- Achieving/maintaining good program fidelity.
- Agency capacity and/or restructuring

Benefits

Agency

- Compared with other evidence-based practices, IDDT is not expensive
- Does not require major agency restructuring to implement
- Helps clinicians become more systematic, organized, and effective
- Service is targeted to those individuals that utilize the majority of staff time and resources

Benefits

Participant

- Improved knowledge about mental illness/chemical dependency
- Reduced number of relapses and re-hospitalizations
- Increased ability to cope with symptoms and reduced reports of distress
- More effective/consistent use of medications
- Takes an active role and is responsible for their care

Summary

- People with serious mental illness and substance abuse disorders can and do recover
- Any Questions?

References

Integrated Treatment for Dual Disorders: A Comprehensive Guide to Effective Practice (2003). Mueser, Noordsy, Drake, Fox. NY: Guilford Press

Implementing IDDT: A step-by-step guide to stages of organizational change (2006). Ohio SAMI CCOE.

Websites:

- www.mentalhealthpractices.org
- www.samhsa.gov
- www.ohiosamiccoe.case.edu
- www.nirn.fmhi.usf.edu
- www.tacinc.org/index/viewPage.cfm?pageId=114