Integrated Dual Disorder Treatment (IDDT)

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Department of Human Services

Commission on Alternatives to Incarceration
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*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

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

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

<table>
<thead>
<tr>
<th>Mild to moderate I</th>
<th>Severe mental illness symptoms II</th>
</tr>
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<tbody>
<tr>
<td>Mental illness symptoms</td>
<td>Low to moderate substance use disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mild to moderate III</th>
<th>Severe mental illness symptoms IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illness symptoms</td>
<td>Severe substance use disorder</td>
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</table>

*Mild to moderate* indicates a lesser severity, while *severe* indicates a higher severity level. *Substance use disorder* refers to the presence of substance misuse or abuse as part of the condition.
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
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.

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

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Number of Days</th>
<th>Rate *</th>
<th>Total</th>
<th>Level of Care</th>
<th>Number of Days</th>
<th>Rate *</th>
<th>Total</th>
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<tr>
<td>ER admissions</td>
<td>24</td>
<td>$772.00</td>
<td>$18,528.00</td>
<td>ER admissions</td>
<td>17</td>
<td>950.00</td>
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<td>Local/Acute Hospitalizations</td>
<td>97</td>
<td>$1,238.00</td>
<td>$120,086.00</td>
<td>Local/Acute Hospitalizations</td>
<td>10</td>
<td>2,294.00</td>
<td>22,940.00</td>
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<td>North Dakota State Hospital**</td>
<td>908</td>
<td>$344.29</td>
<td>$312,615.32</td>
<td>North Dakota State Hospital</td>
<td>268</td>
<td>407.84</td>
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<td>Crisis Beds</td>
<td>83</td>
<td>$480.25</td>
<td>$39,860.75</td>
<td>Crisis Beds</td>
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<td>Respite Beds</td>
<td>94</td>
<td>$69.00</td>
<td>$6,486.00</td>
<td>Respite Beds***</td>
<td>12</td>
<td>69.00</td>
<td>828.00</td>
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<td>Incarceration</td>
<td>199</td>
<td>$86.14</td>
<td>$17,141.86</td>
<td>Incarceration</td>
<td>3</td>
<td>105.15</td>
<td>315.45</td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>1405</td>
<td></td>
<td><strong>$514,717.93</strong></td>
<td><strong>GRAND TOTAL</strong></td>
<td>360</td>
<td></td>
<td><strong>157,447.07</strong></td>
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</table>

* 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 purposes only.

<table>
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<tr>
<th>Year</th>
<th>Total Cost</th>
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<tr>
<td>2007</td>
<td>$514,717.93</td>
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<tr>
<td>2010</td>
<td>$157,447.07</td>
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<tr>
<td><strong>Difference</strong></td>
<td>$357,270.86</td>
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</table>
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

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