

Evidence-Based Practices for Co-Occurring Mental Health and Substance Use Disorders: Treatment Outcomes and Policy Implications

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Dual Diagnosis Management & Foundations Associates

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Background

- CSAT's TCE Grant Program, Grant #TI 11571
- TDMHDD, TN Bureau of Alcohol and Drug Abuse Services, and a community agency, Foundations Associates
- Foundations was established in 1995 as a fully-integrated program for treatment of co-occurring mental health and substance-related disorders
- Grant allowed expansion of residential services for dually-diagnosed women.
- Formal data collection began February 21, 1999; data collection completed October 2001

Principles of Practice with Co-Occurring Disorders (Drake et al., 2001)

- Staged Interventions
- Assertive Outreach
- Motivational Interventions
- Counseling (cognitive/behavioral skills)
- Social Support Interventions (social network)
- Long-term Perspective
- Comprehensiveness
- Cultural Sensitivity and Competence

Integrated Treatment



Foundations' Integrated Continuum of Care

Outpatient

- Intensive Outpatient
- Psychiatric Evaluation
- Vocational Rehabilitation
- Case Management
- Aftercare Support Program

Residential

- Crisis Stabilization
- Therapeutic Community
- Halfway House
- Independent Living
- Drug Court Program

Prevention & Education

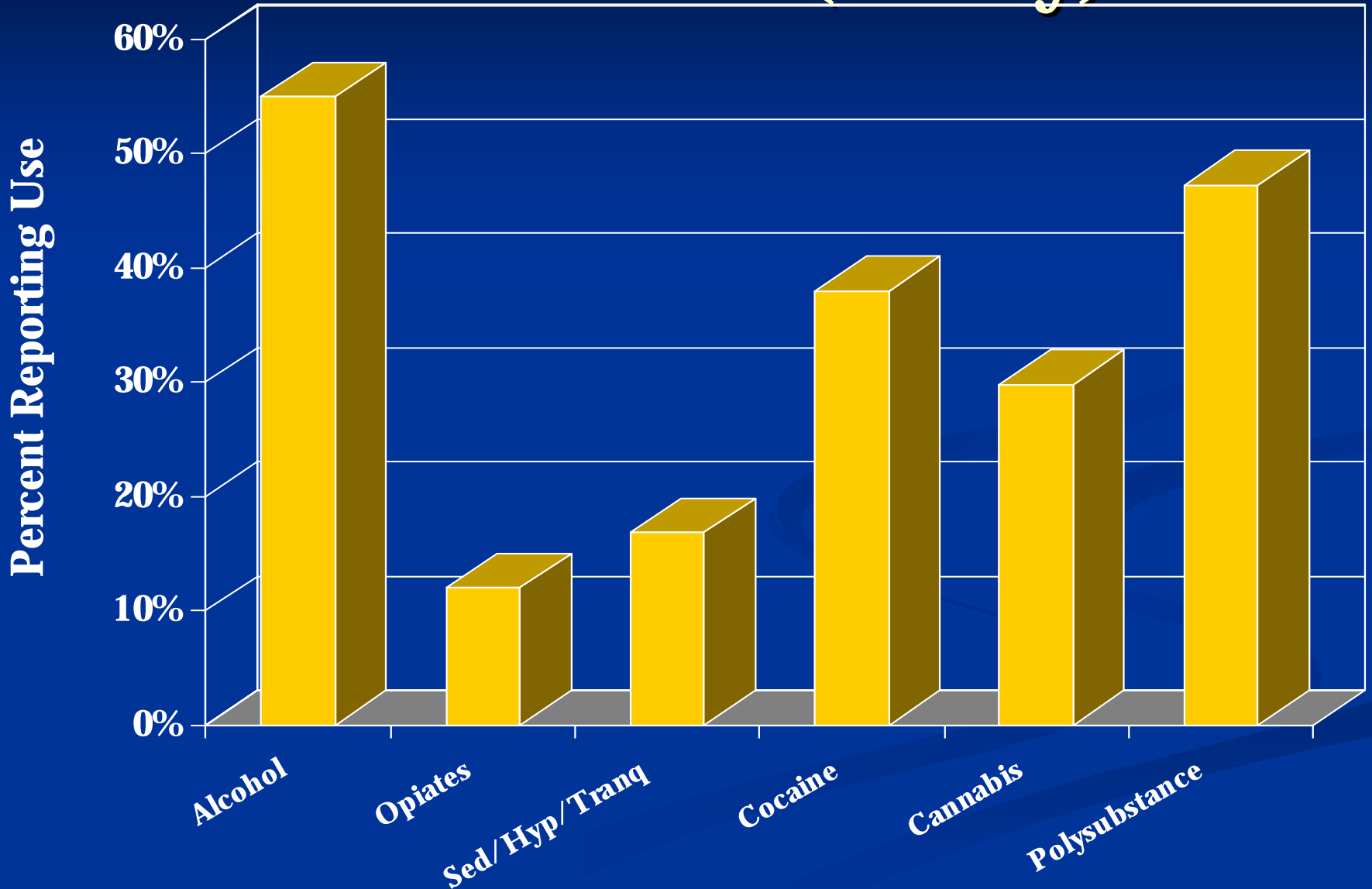
- Strengthening Families
- Dual Diagnosis Recovery Network



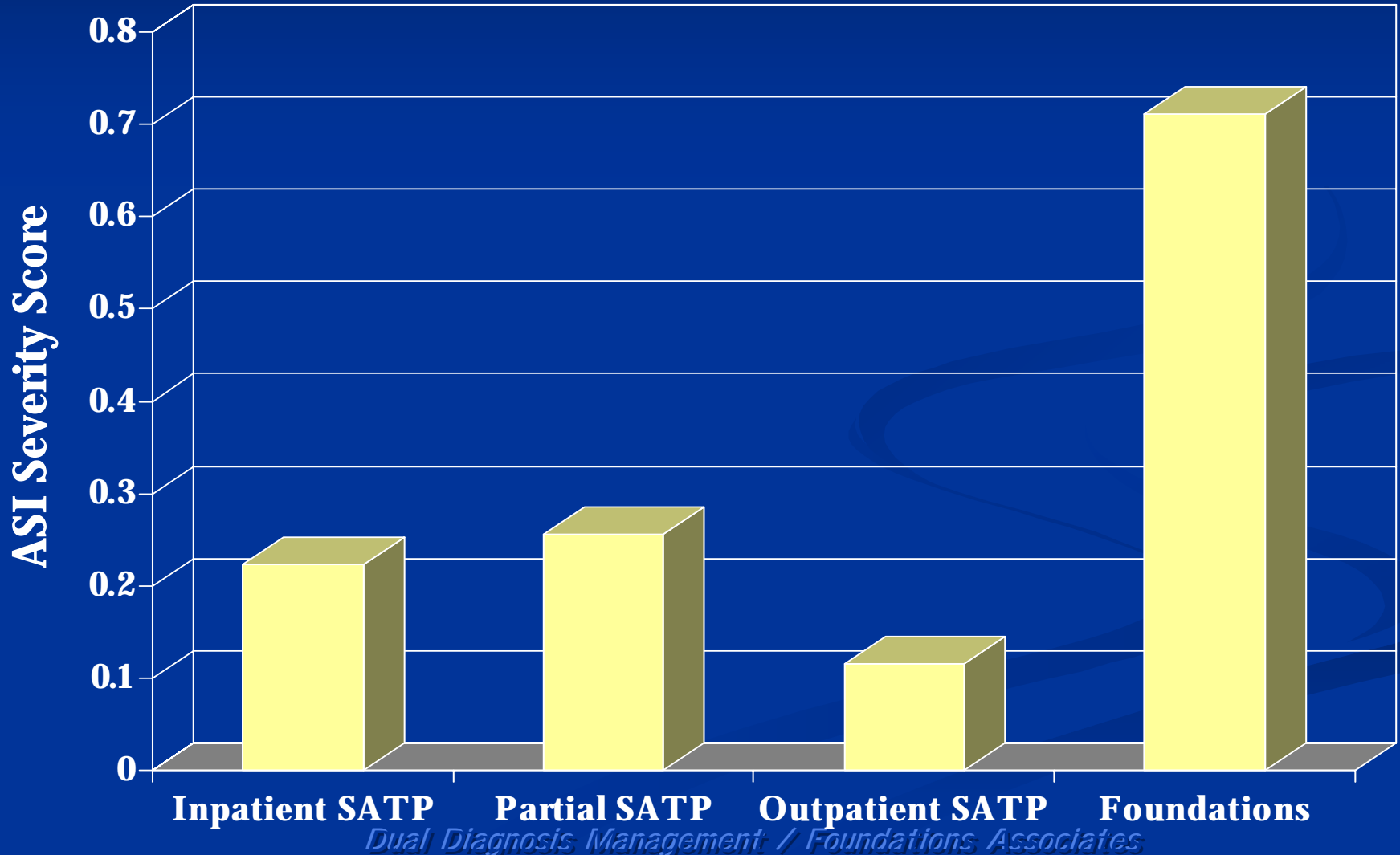
TCE Grant Project

- 214 consumers served. 145 eligible for follow-up.
- 6-month follow-up = 76%; 12-month = 83%
- 55% alcohol, 38% cocaine/crack, 28% marijuana
- 85% Previous psych dx
- Average 12.5 previous MH/SA treatment episodes
- New data
 - 59% head injury; 37% pain
 - 82% use to relieve depression, stress, or anxiety
 - 80% physical, emotional, sexual abuse

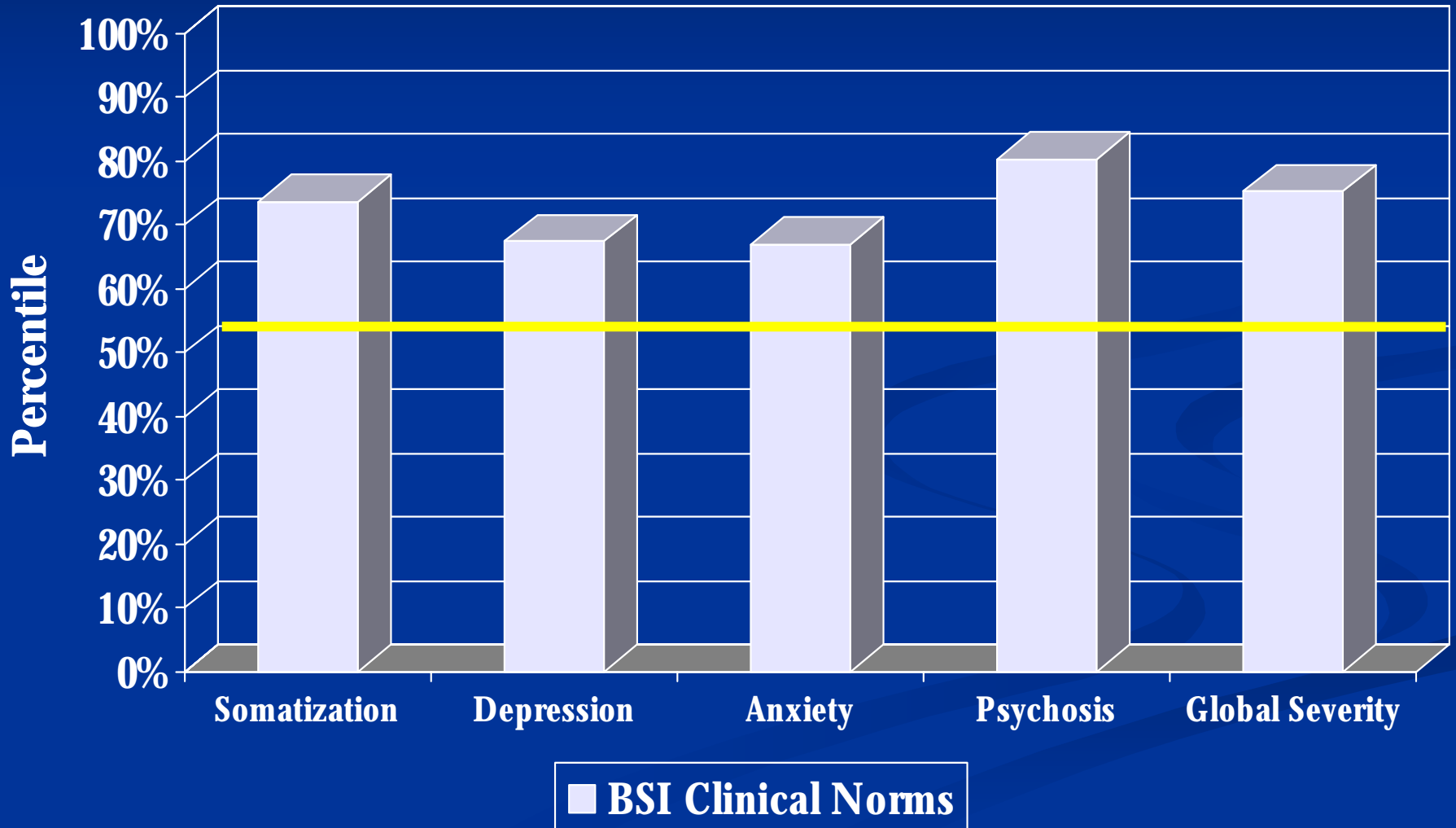
Substance Use (30 day)



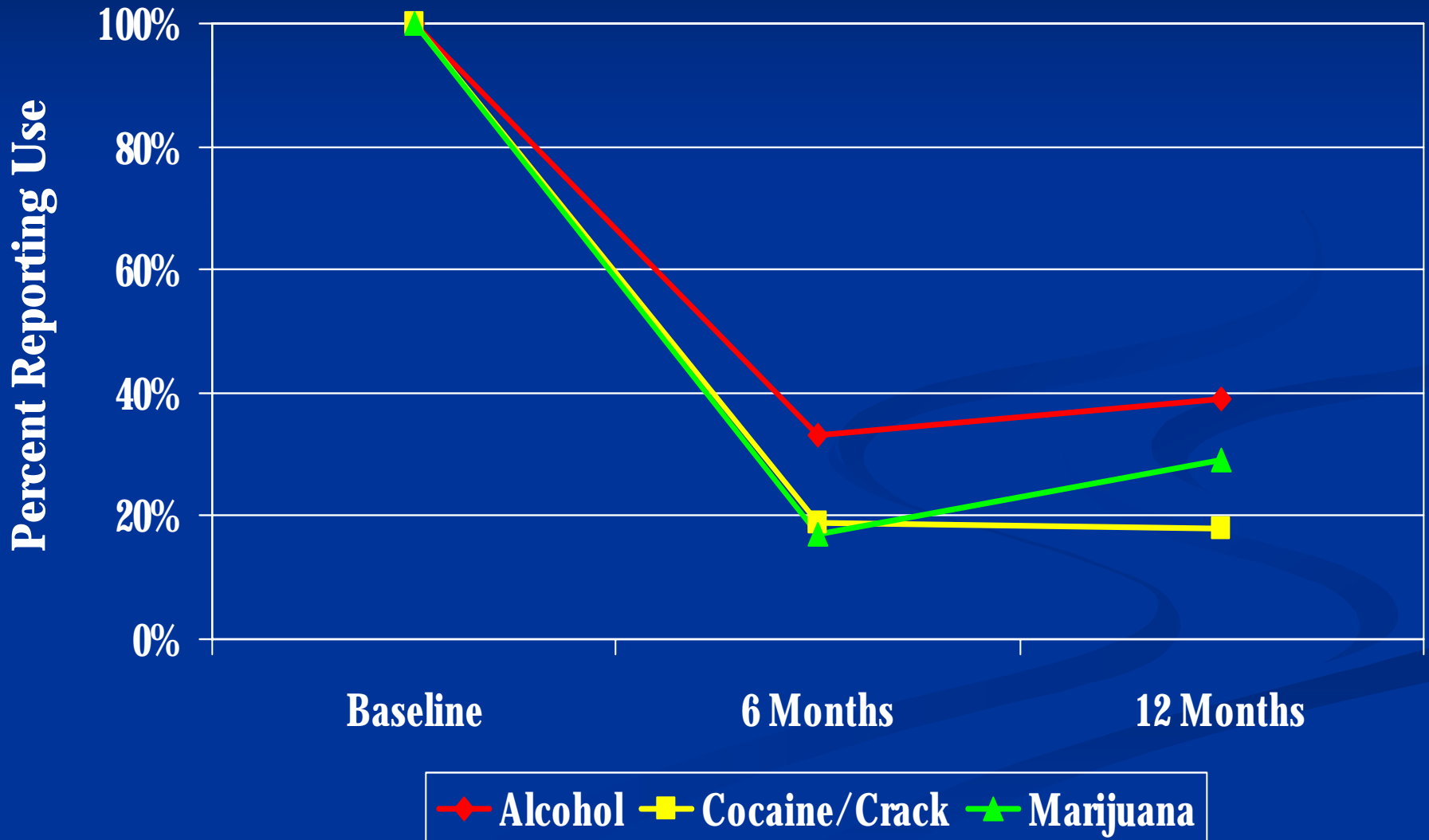
Psychiatric Severity (ASI Psychiatric Composite Score)



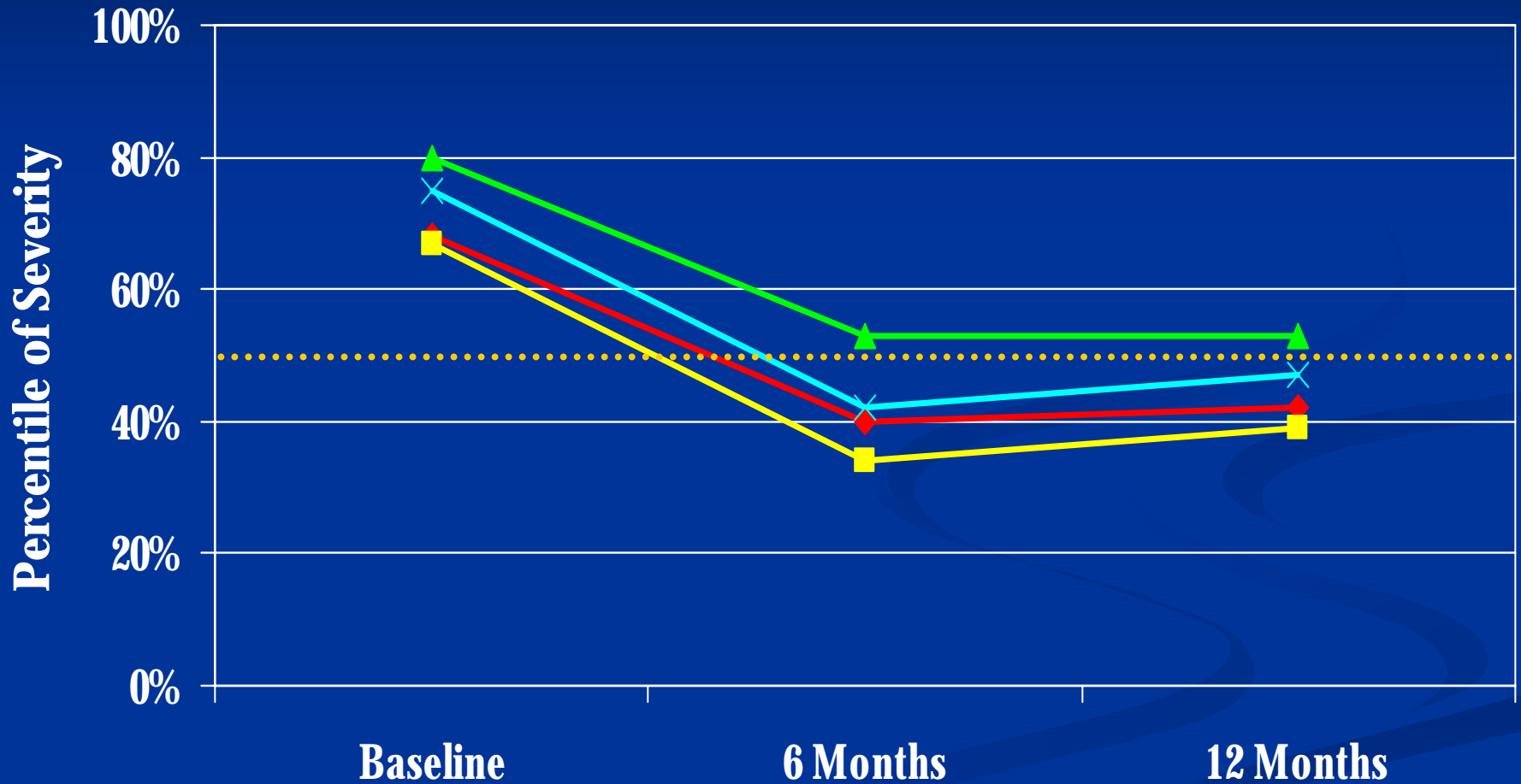
Psychiatric Severity (Brief Symptom Inventory Scale Scores)



Substance Use Outcomes (30 day)



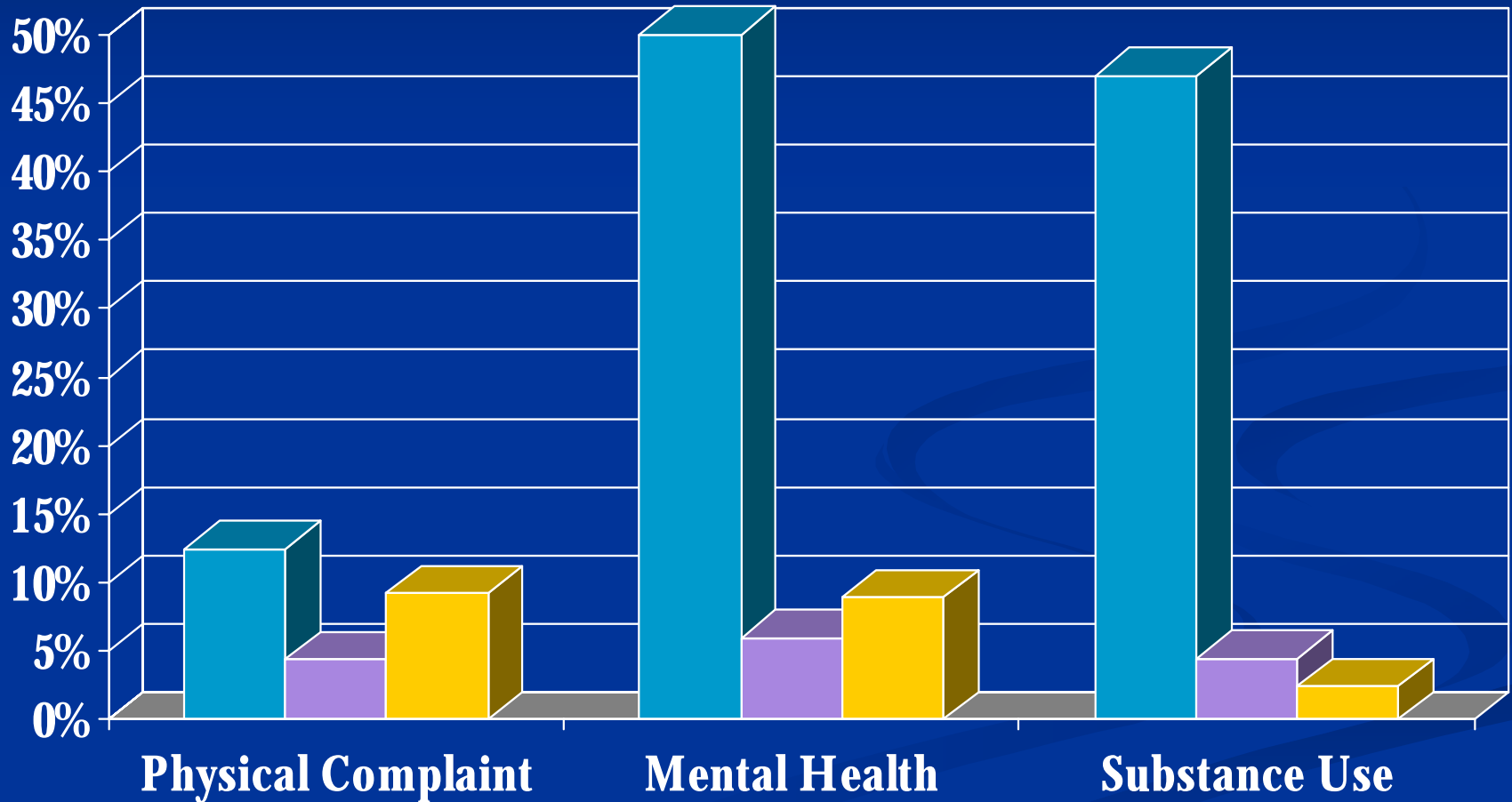
Psychiatric Outcomes (BSI)



◆ Depression ■ Anxiety ▲ Psychosis ✕ Global Severity

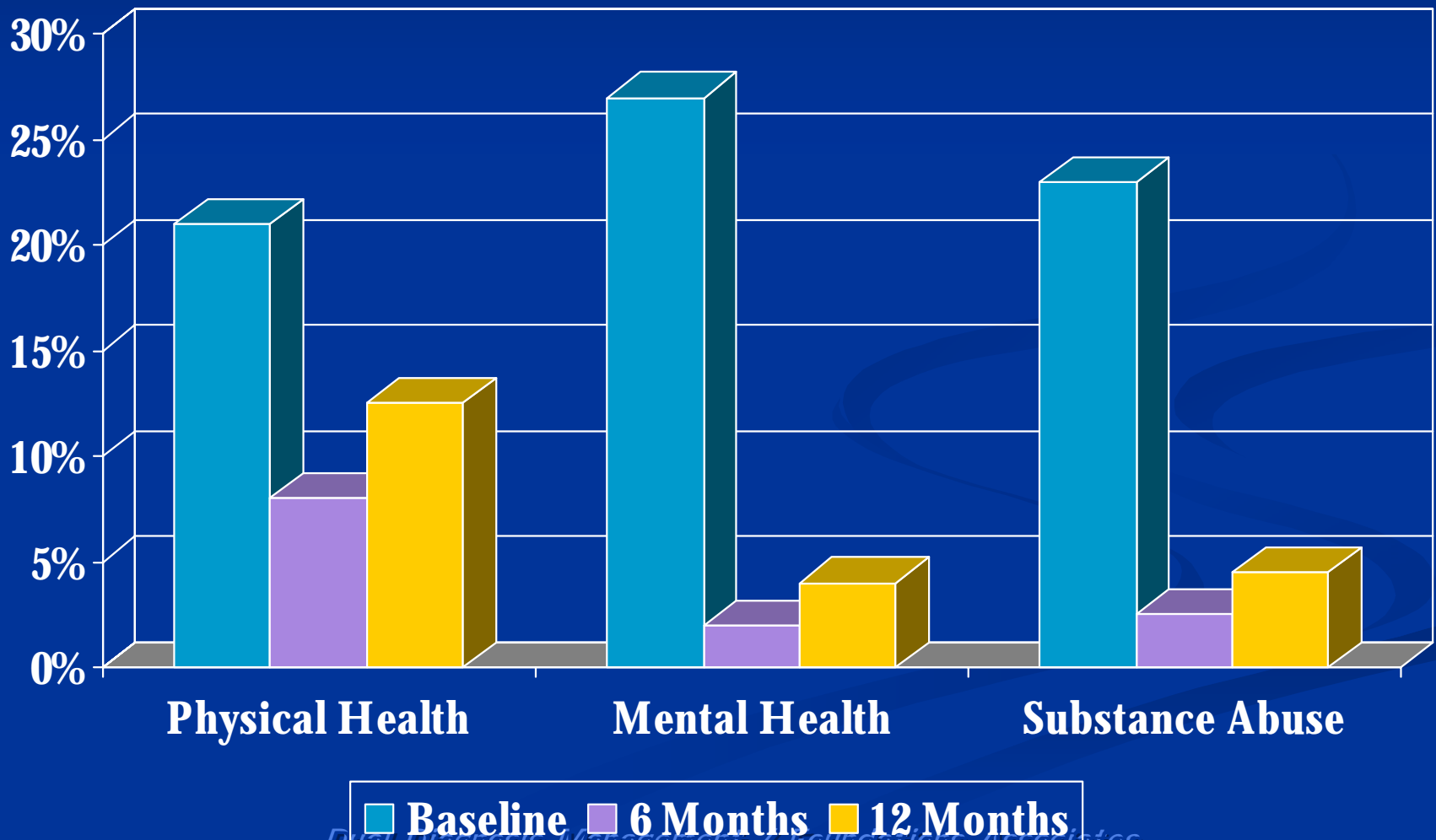
Dual Diagnosis Management / Foundations Associates

Percentage Reporting: Inpatient Treatment (last 30 days)

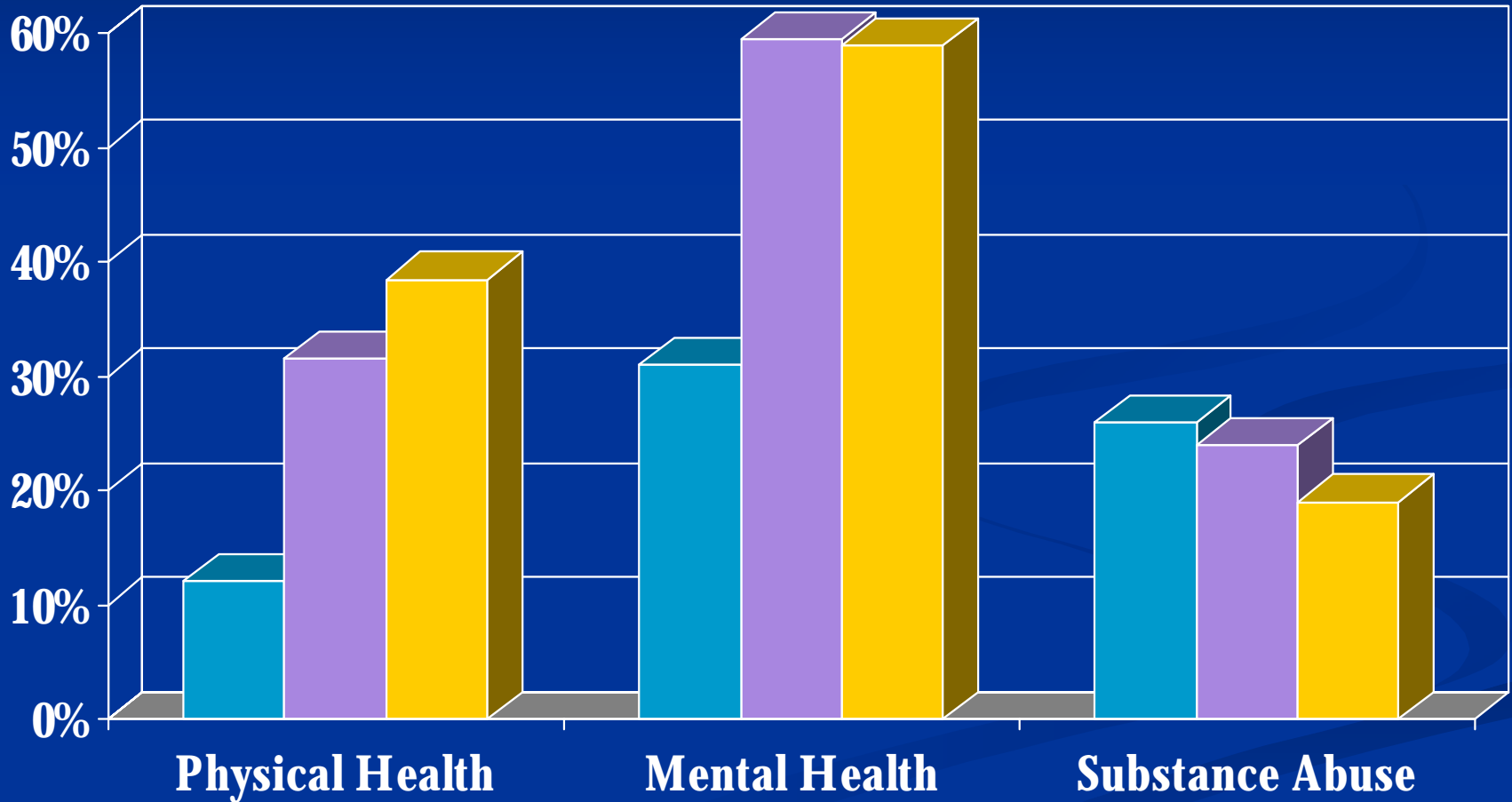


■ Baseline ■ 6 Months ■ 12 Months

Percentage Reporting Emergency Room Visits (last 30 days)

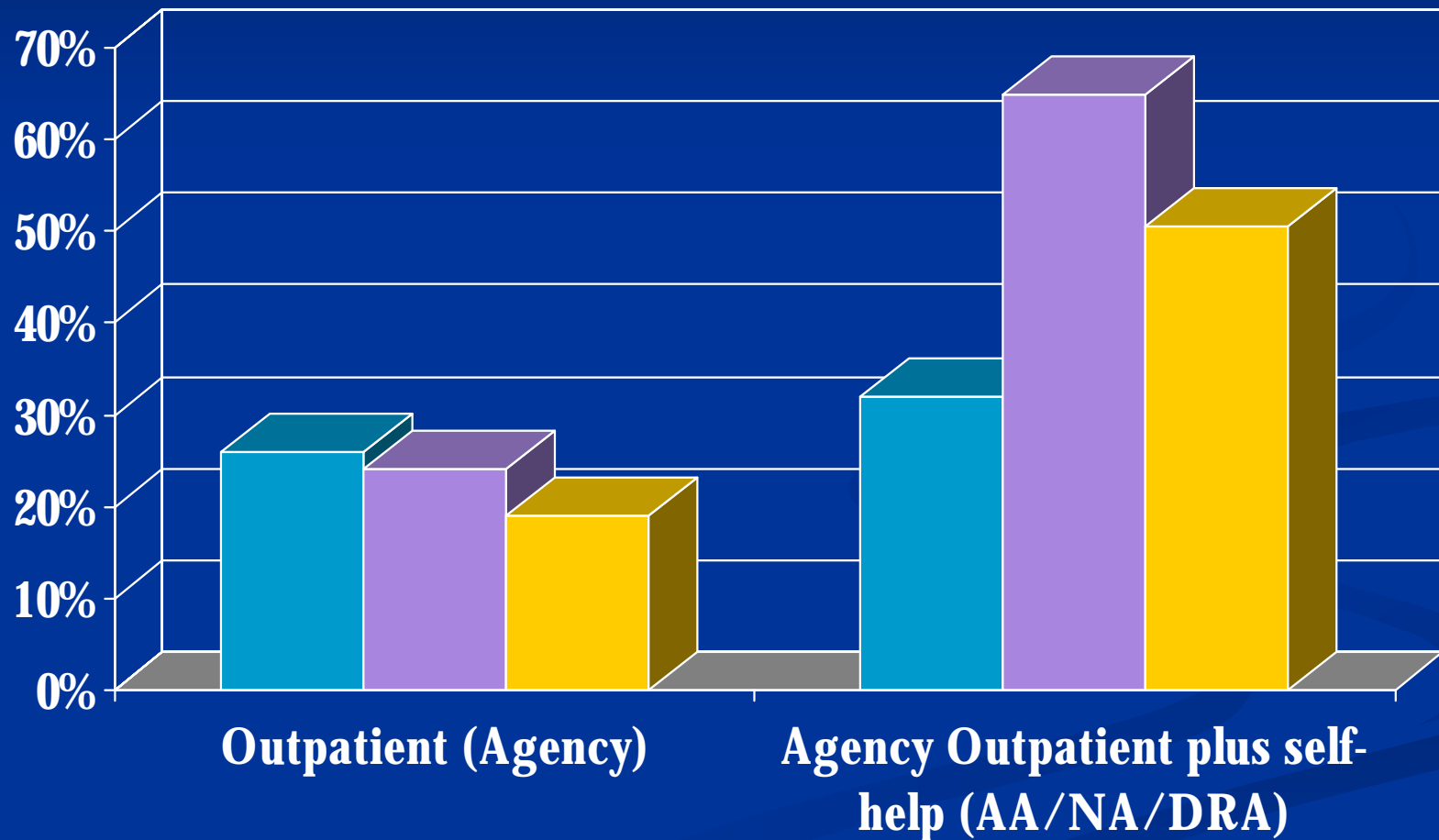


Percentage Reporting Outpatient Visits (last 30 days)



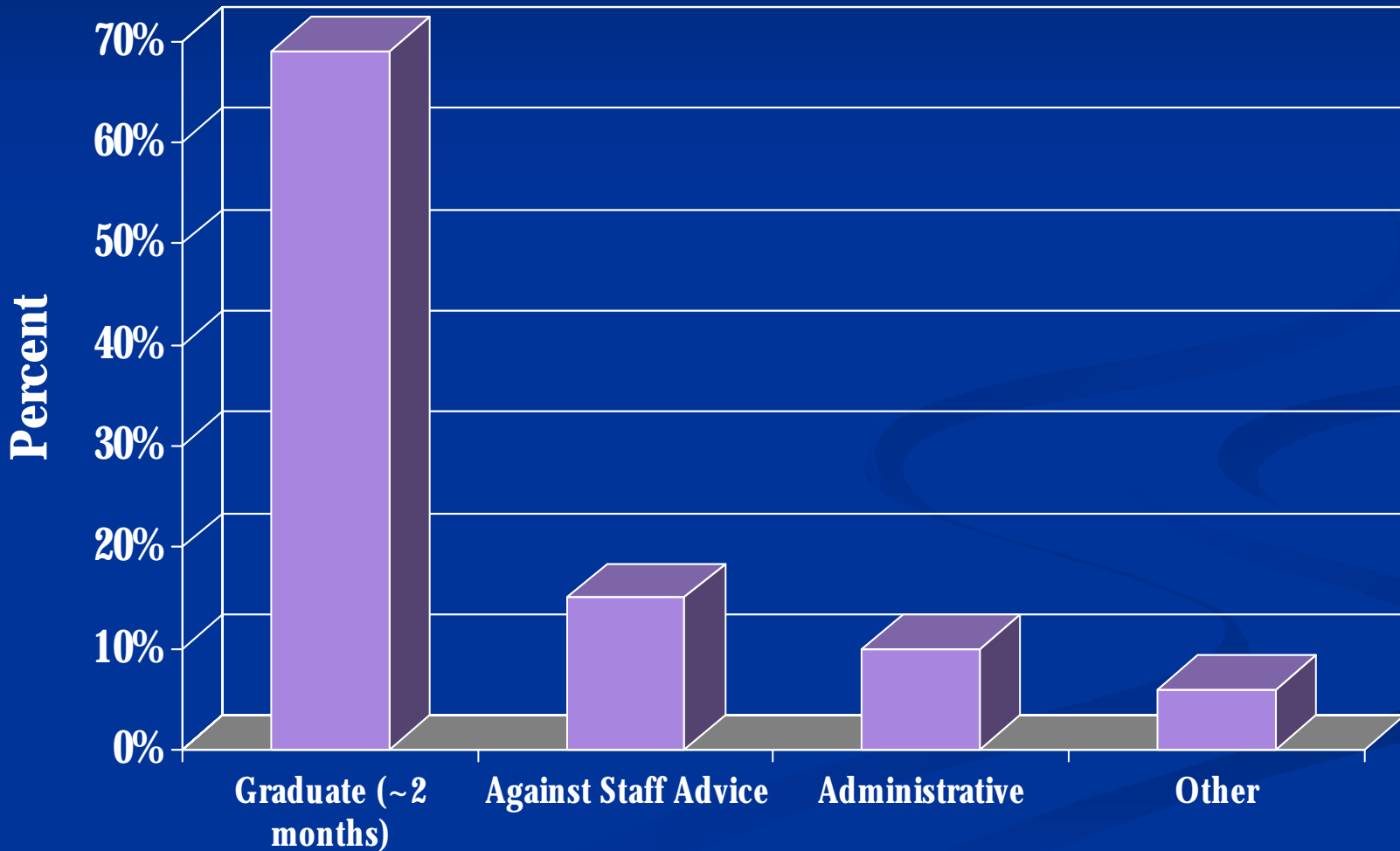
■ Baseline ■ 6 Months ■ 12 Months

Agency-based versus Self-Help Services for Substance Abuse



■ Baseline ■ 6 Months ■ 12 Months

Treatment Retention



Micro to Macro

TennCare (AdvoCare) Findings – 2002

- 49% of acute admissions to RMHIs were dually diagnosed in January of 2002.
- 4000 dual admissions projected per year (RMHI).
- 40 RMHI cases with dual diagnosis were reviewed
 - Most received MH care only
 - 15% received referral to A&D services
 - 10% received referral to MH *and* A&D services
 - A few appeared to be mostly A&D, questionable MH
- “CMHCs are not prepared to treat long-term A&D issues of dually diagnosed consumers in the community”

Costs of Dual Diagnosis

- CMHS Organization & Financing reports 10% of population uses 71% of service dollars (Buck, 2001)



- MISA consumers have 59% more inpatient admissions (Blow et al., 1998; Journal of Psychiatric Research)

How Do We Address This?

- Dual Diagnosis Recovery Network held a statewide Task Force on Co-Occurring Disorders
- 200 Tennesseans; 7 regions; 140 meeting/hours
- Representative membership
- Specific, low-cost recommendations

Recommendations:

Education & Workforce Development

- Endorse curriculum changes for trainees in psychology, social work, and related fields
- Educate general public, policy makers, and legislators
- Facilitate communication between treatment providers in SA and MH communities
- Cross-train providers in integrated treatment; make resources available

Recommendations: Policy

- Establish liaison between MH & SA authorities (e.g., TX)
- Review existing laws, regulations, policies to encourage adoption of integrated services
- Review licensure standards to reduce administrative barriers and redundancy
- Coordinate efforts with criminal justice community to leverage CJ system dollars

Recommendations: Provider Capabilities

- Use contractual influence to encourage appropriate treatment for dual disorders
- Identify service gaps and incentivize providers to fill gaps using Federal funds
- Allow blending of mental health and substance abuse block grant dollars per SAMHSA guidance
- Ensure screening for dual disorders in MH and SA treatment settings
- Enhance continuum of care, including housing, and increase linkages among these elements.

Recommendations: Oversight

- Establish and enforce best practice model for treatment of co-occurring disorders (NASMHPD & NASADAD; Minkoff)
- Prioritize development of outcome measures that address both MH and SA.
- Establish an external oversight body with vested interest to work with State agencies

Recommendations: Evaluation

- Analyze system data to identify gaps and improve effectiveness – link MH and SA data.
- Translate research to practice
- Accountability / Outcomes-based funding

Contact

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