

Implementing Integrated Dual Disorder Treatment Programs: A Case Study

Mark Lewis, MSW, LMSW

Evidence-Based Implementation Specialist
Behavioral Health & Developmental Disabilities Administration
Michigan Department Of Health & Human Services

Jennifer Harrison, PhD, LMSW, CAADC

Assistant Professor, School Of Social Work, College Of Health & Human Services
Western Michigan University

Today's Speakers

Mark Lewis, MSW LMSW

Evidence-Based Implementation Specialist

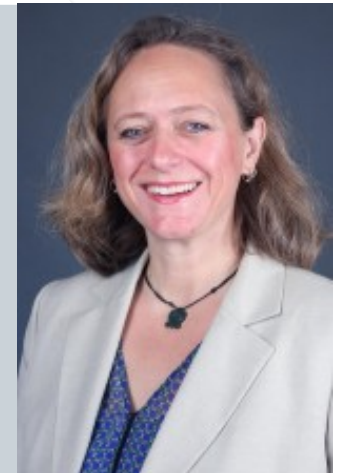
Mr. Lewis is a Licensed Master Social Worker in Michigan, who began his career as a Law Enforcement and Corrections Specialist in the United States Air Force. Mr. Lewis has more than 40 years of experience in the public and private sectors of human services with in depth skills in mental health and substance use treatment programs, including case management, treatment, staff development and management of adult and juvenile justice programs. In his current position of Evidence Based Implementation Specialist for the Behavior Health and Development Disabilities Administration in Michigan he was instrumental in launching the integration of treatment for persons with co-occurring mental health and substance use disorders. Mr. Lewis received a Master of Clinical Social Work from Michigan State University, and a Bachelor's Degree in Psychology from the University of Michigan.



Jennifer Harrison, PhD, LMSW, CAADC

Assistant Professor, School of Social Work

Dr. Harrison is currently an Assistant Professor at the Western Michigan University School of Social Work, after serving five years as an adjunct instructor. She has more than 20 years of clinical and administrative experience in behavioral and medical social work, and continues to be in direct practice. Dr. Harrison teaches courses in field education, individual and family practice, and policy, as well as an interdisciplinary study abroad course in India and Guatemala. Her research interests include Evidence-Based Practice development and implementation, co-occurring mental health and substance abuse, assessments of student learning, and the incorporation of peers into treatment services. Dr. Harrison earned a Doctoral Degree in Interdisciplinary Health Sciences from Western Michigan University, an Master in Social Work from the University of Houston, and a Bachelor's Degree in Psychology / Women's Studies from Michigan State University.





This program is paid for by
Otsuka Pharmaceutical Development &
Commercialization, Inc. and Lundbeck, LLC.

PsychU Virtual Forum Rules of Engagement:

Otsuka Pharmaceutical Development & Commercialization, Inc. (OPDC) and Lundbeck, LLC. have entered into collaboration with *OPEN MINDS*, to explore new ways of bringing/increasing awareness around serious mental illness.

OPDC/Lundbeck's interaction with *OPEN MINDS* is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

No continuing medical education (CME) credits are available for any PsychU program.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient's condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC/Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.

Objectives

- Become aware of the importance of treating co-occurring mental health and substance use disorders in an integrated method
- Learn the components and measurement strategies of Integrated Dual Disorder Treatment (IDDT)
- Understand how the state of Michigan implemented co-occurring treatment programs for its population

Co-Occurring Disorders & Integrated Treatment: An Overview

Why Focus On Co-Occurring Disorders?

An individual has a co-occurring disorder when he or she experiences a mental illness and a substance use disorder simultaneously.¹



7.9 million people in the U.S. had co-occurring disorders in 2014²

Co-occurring disorders can be difficult to diagnose due to complexity of symptoms, and as both disorders may vary in severity³

Co-occurring disorders are correlated to a higher likelihood of experiencing homelessness, incarceration, hospitalization, medical illnesses, suicide, and premature mortality³

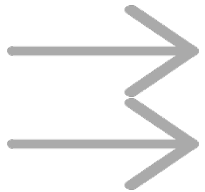
1. National Alliance on Mental Illness (NAMI). (2017). *Dual diagnosis*. Retrieved 11/21/17 from NAMI.
2. Center for Behavioral Health Statistics & Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use & Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved 11/27/17 from the Substance Abuse & Mental Health Services Administration (SAMHSA).
3. Substance Abuse & Mental Health Services Administration (SAMHSA). (2016). *Co-occurring disorders*. Retrieved 11/21/17 from SAMHSA.

Types Of Treatment For Co-Occurring Disorders



Sequential Treatment¹

- Treatment for one problem is only available after the other problem has stabilized



Parallel Treatment¹

- Both problems are treated at the same time, but there may be little, if any, communication between the mental health and substance use service providers

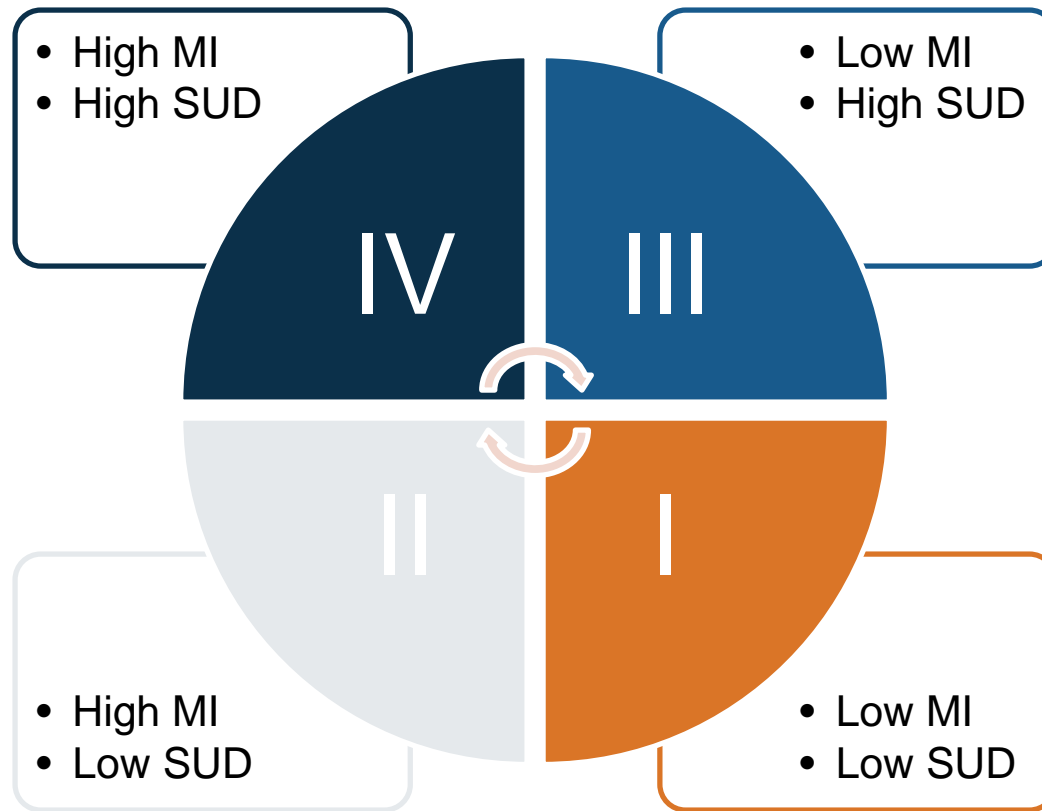


Integrated Treatment For Co-Occurring Disorders²

- Evidence-based, both problems are treated at the same time, in the same treatment location

1. O'Grady, C.P. & Skinner, W.J.W. (2007). A family guide to concurrent disorders. Toronto: Centre for Addiction & Mental Health. Retrieved 11/21/17 from Centre for Addiction & Mental Health.
2. Substance Abuse & Mental Health Services Administration (SAMHSA). (n.d.). Integrated treatment for co-occurring disorders: An evidence-based practice. [Presentation] Integrated Treatment for Co-occurring Disorders, Slide 9. Retrieved 11/27/17 from Substance Abuse and Mental Health Services Administration (SAMHSA).

Four Quadrant Model For Co-Occurring Disorders



MI = Mental Illness

SUD = Substance Use Disorder

1. Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders: treatment improvement protocol (TIP) series 42*. DHHS Publication No. (SMA)05-3992. Rockville, MD: Substance Abuse & Mental Health Services Administration (SAMHSA).

Evidence Supports Integrated Care For Co-Occurring Disorders¹

Integrated care has been associated with improved outcomes in:

- Substance abuse
- Psychiatric symptoms
- Housing
- Hospitalization
- Arrests
- Functional status
- Quality of life

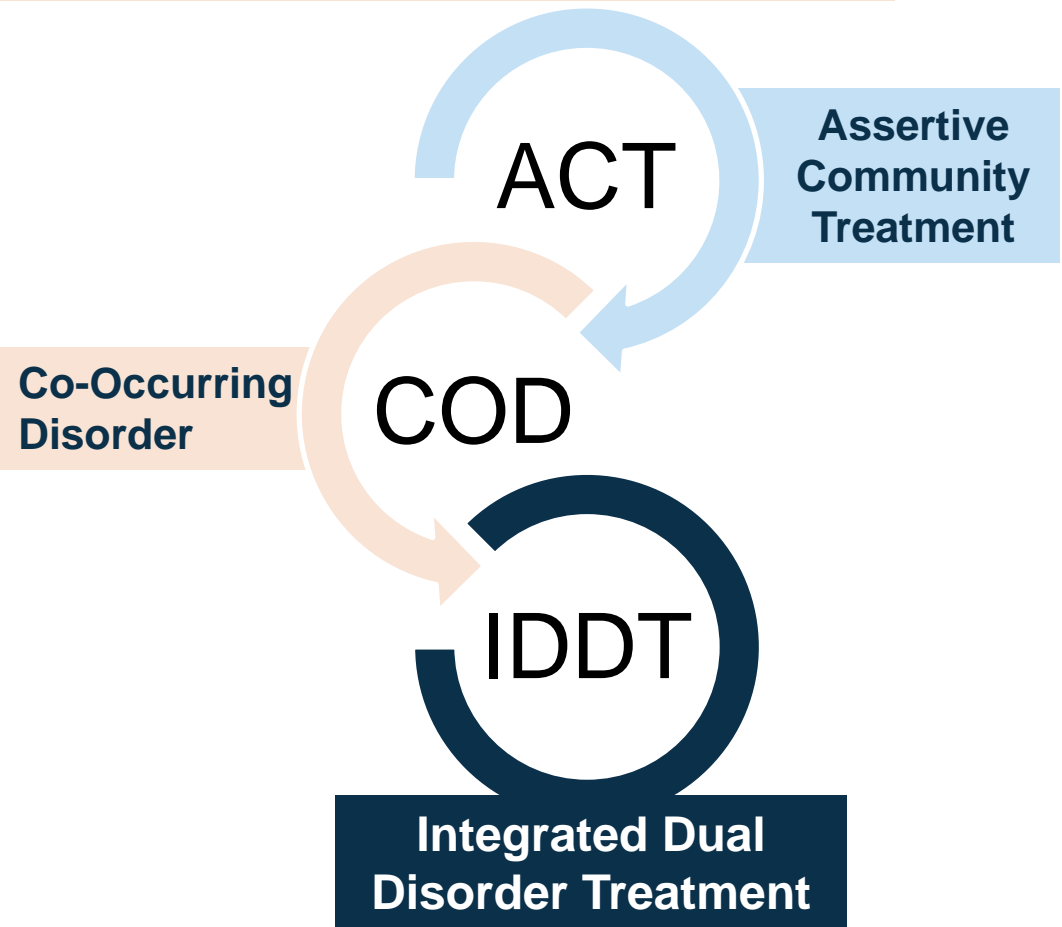
After 20 years of development and research, dual diagnosis services for clients with severe mental illness are emerging as an evidence-based practice.

1. Drake, R.E., et. al. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services* (52):4, 469-476.

Integrated Dual Disorder Treatment (IDDT): An Evidence-Based Intervention

IDDT Is An Evidence-Based Practice For Adults With Co-Occurring Disorders¹

- Full multi-disciplinary team²
- Stage-matched interventions²
- Motivational interventions²
- Family education²
- Active outreach²



1. McHugo, G.J., et. al. (2007). Fidelity outcomes in the national implementing evidence-based practices project. *Psychiatric Services* (58):10, 1279-1284.
2. Substance Abuse & Mental Health Services Administration (SAMHSA). (n.d.). Integrated treatment for co-occurring disorders: An evidence-based practice. [Presentation] Integrated Treatment for Co-occurring Disorders, Slide 9. Retrieved 11/27/17 from Substance Abuse and Mental Health Services Administration (SAMHSA).

Audience Polling Question

Do you currently work in an organization with an integrated dual diagnosis treatment program?

- A. Yes
- B. No
- C. Not Sure

Why Implement IDDT?¹



Providers can address mental and substance use disorders at the same time to hopefully:

- Lower costs
- Create better outcomes



Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders



Early detection and treatment may improve outcomes and quality of life for people with co-occurring disorders

1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2016). *Co-occurring disorders*. Retrieved 11/21/17 from SAMHSA.

Suggestions For Successful Implementation Of IDDT¹

Successful implementation of dual diagnosis services within mental health systems will depend on changes at several levels.

Clear policy directives with consistent organization and financial supports

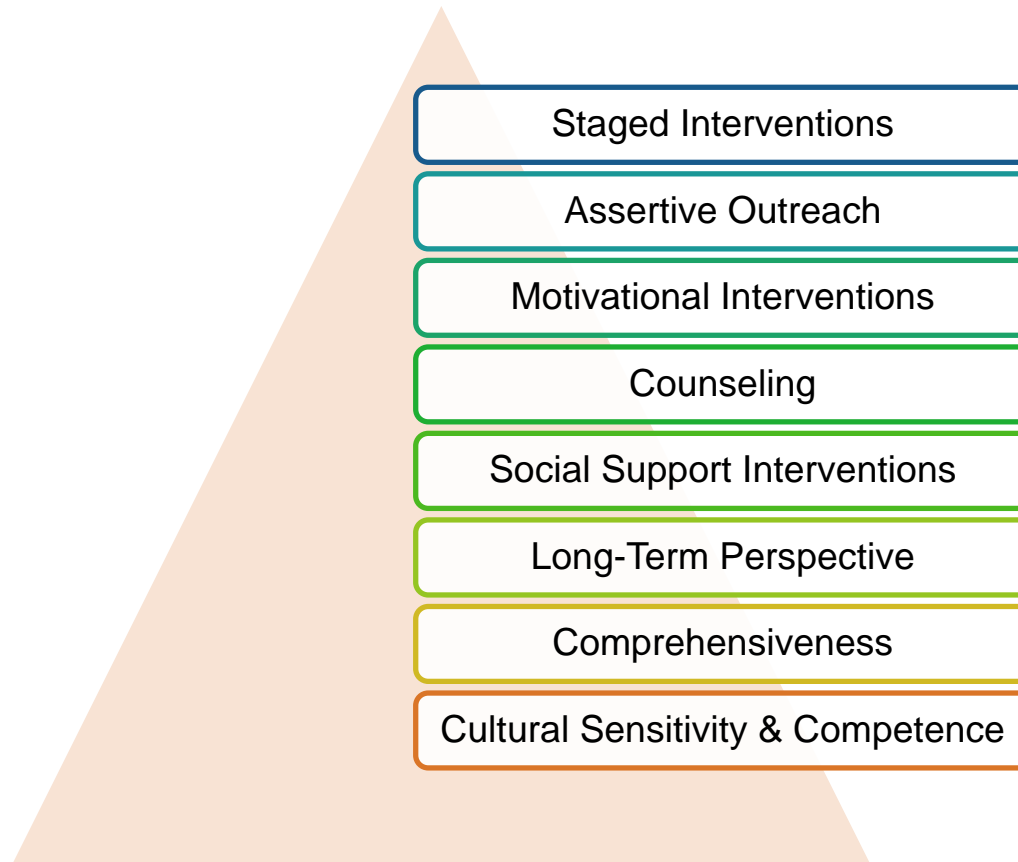
Program changes to incorporate the mission of addressing co-occurring substance use disorders

Supports for the acquisition of expertise at the clinical level

Availability of accurate information to consumers and family members

1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2009). *Integrated treatment for co-occurring disorders: The evidence*. DHHS Publication No. SMA-08-4366. Rockville, MD: Center for Mental Health Services, SAMHSA, U.S. Department of Health & Human Services.

Critical Components Of Integrated Treatment For Co-Occurring Disorders¹

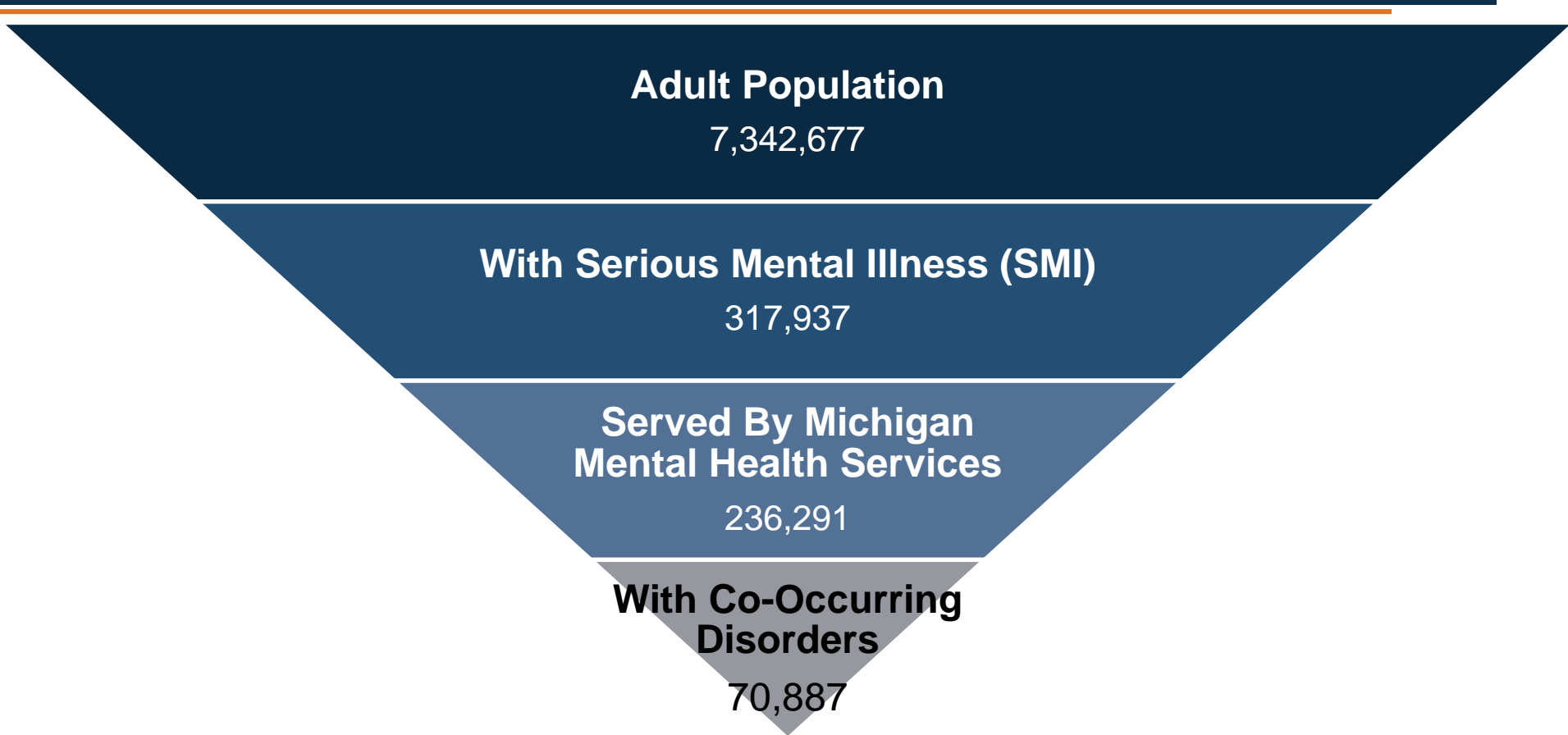


1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2009). *Integrated treatment for co-occurring disorders: The evidence*. DHHS Publication No. SMA-08-4366. Rockville, MD: Center for Mental Health Services, SAMHSA, U.S. Department of Health & Human Services.

Michigan's Experience Treating Co-Occurring Disorders



Estimate Of Michigan's Adult Population With Co-Occurring Disorders (2016)¹



1. Michigan Department of Health & Human Services (DHHS). (2017). *Michigan uniform application FY 2018/2019: State behavioral health assessment & plan: Substance abuse prevention & treatment and community mental health services block grant*. Michigan OMB No. 0930-0168. Retrieved 11/27/17 from Michigan DHHS.

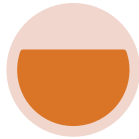


Implementation Of Integrated Dual Disorder Treatment In Michigan¹



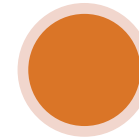
2004 - 2007

Recognized the problem of co-occurring disorders; developed a plan



2008 - 2010

Implementation



2010 - present

Continual improvement

1. Based on Mr. Lewis' involvement in the program].



Michigan's Challenges In Addressing Co-Occurring Disorders

Michigan's system had a service gap for individuals with co-occurring disorders¹

- Services followed and were developed according to separate funding streams
- Eligibility for services was defined by diagnosis
- Individuals with co-occurring disorders could not get all services in one place

Traditional service delivery is not designed to address the complex needs of individuals with co-occurring disorders²

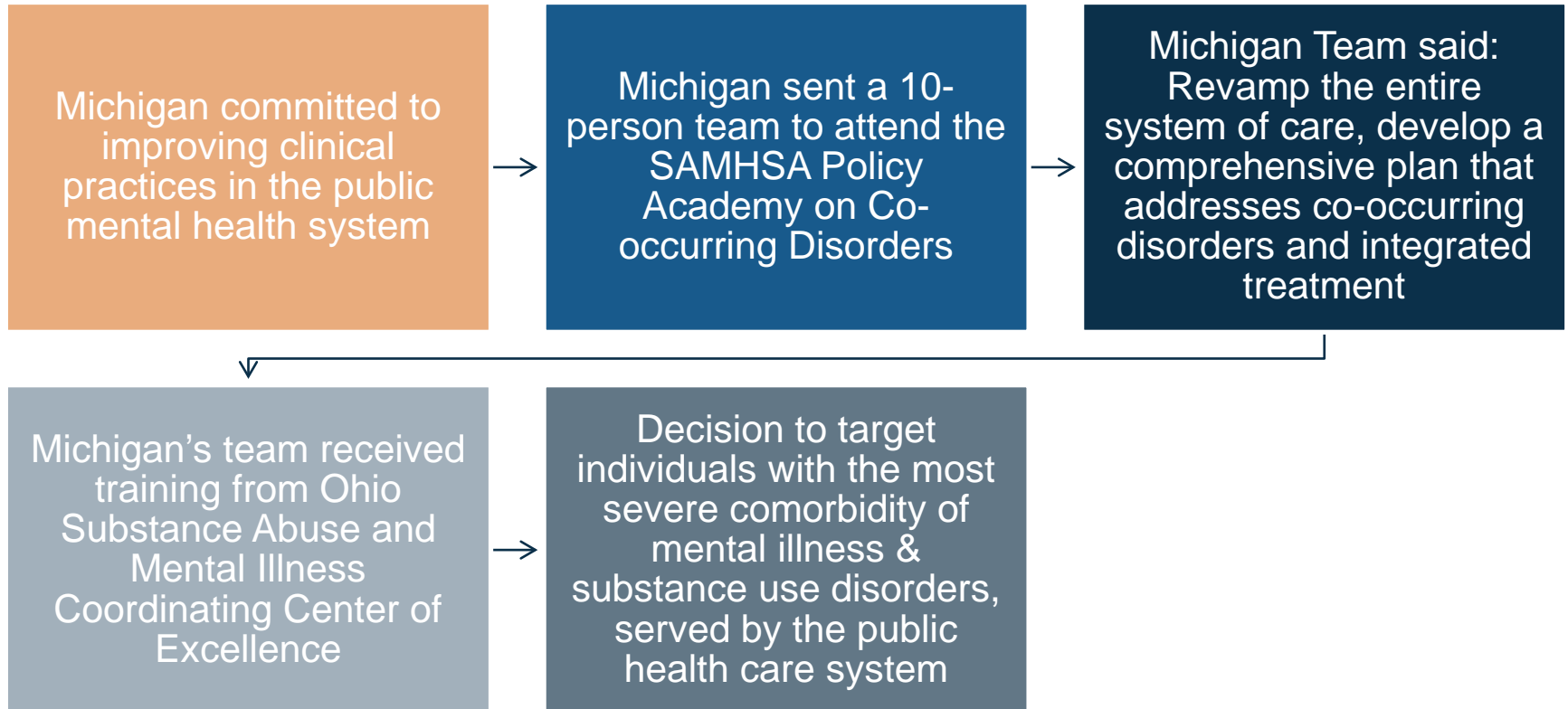
- Different funding, rules and regulations, clinician training, and clinical practices²
- Sequential or parallel treatments may be incompatible or in conflict with each other³

No data existed to demonstrate the scope of co-occurring disorders, or need for supports and services¹

1. Based on Mr. Lewis' involvement in the program].
2. Michigan Department of Health & Human Services (DHHS). (2017). *Integrated treatment for co-occurring mental health and substance use disorders*. Retrieved 11/27/17 from Michigan DHHS.
3. O'Grady, C.P. & Skinner, W.J.W. (2007). *A family guide to concurrent disorders*. Toronto: Centre for Addiction & Mental Health. Retrieved 11/21/17 from Centre for Addiction & Mental Health.



Michigan's Approach To Addressing Co-Occurring Disorders (2004-2007)¹



1. Based on Mr. Lewis' involvement in the program

Discussion Question

What were the key take-aways that the team learned from SAMHSA's Policy Academy and Ohio's Center of Excellence?



About Michigan's IDDT Program

How Does Michigan Carry Out Its New Role?

- Implemented SAMHSA-approved Evidence-Based Practices (EBPs), including the IDDT model
- Provides training and consultation services to health care teams (e.g. social workers, counselors, peers, nurses, doctors, and multiple members with experience in integrated co-occurring disorder care)
- Measures health care team readiness for IDDT through Michigan Fidelity Assistance Support Team (MiFAST)
 - MiFAST members conduct fidelity reviews to ensure co-occurring services are evidence-based; ongoing education and training are provided

Oversight

- Michigan DHHS
- Behavioral Health & Developmental Disabilities Administration

Funding

- Community Mental Health Services Block Grant
- \$184,145 (2017)

Teams

- 63 Teams across State Participate In IDDT Training (2017)

Residents

- 8,190 Health Care Consumers Benefit From IDDT (2017)

1. Based on Mr. Lewis' involvement in the program



What Is “Fidelity To The Model?”

IDDT adheres to core components of the evidence based model¹



Integrated Treatment Fidelity Scale has 26 measures¹

- 12 organizational items
- 14 treatment items

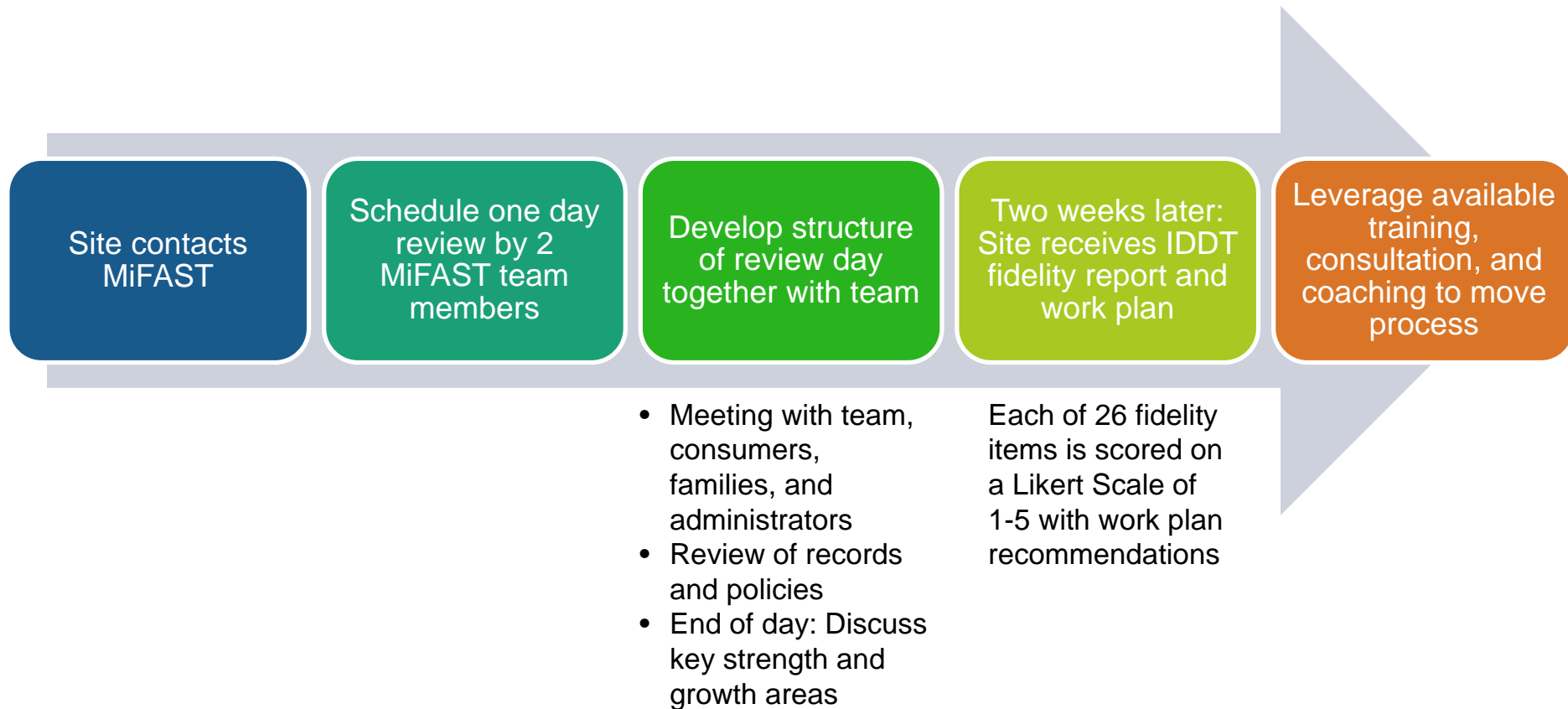
High fidelity (> 4.00) is associated with improved outcomes²

- Hospitalization
- Alcohol & drug use
- Housing

1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2009). *Integrated treatment for co-occurring disorders: Evaluating your program*. DHHS Publication N o. SMA-08-4366. Rockville, MD: Center for Mental Health Services, SAMHSA, U.S. Department of Health & Human Services.
2. Harrison, J., Curtis, A., Cousins, L., & Spybrook, J. (2017). Integrated dual disorder treatment implementation in a large state sample. *Community Mental Health Journal* (2017):53, 358-366.



How Fidelity Reviews Happen¹

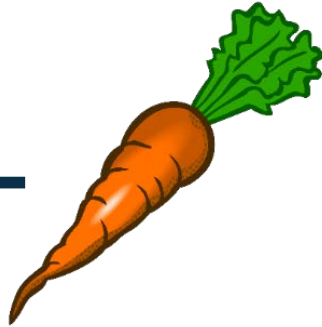


1. Based on Dr. Harrison's involvement in the program



Structure & Approach Of MiFAST

ALL



NO



- Available for consultation and fidelity reviews for any team with 3 months planning
- Results in fidelity review and full work plan
- Consultation and training available free of charge after review

1. Based on Dr. Harrison's involvement in the program

Results Of Michigan's IDDT Program



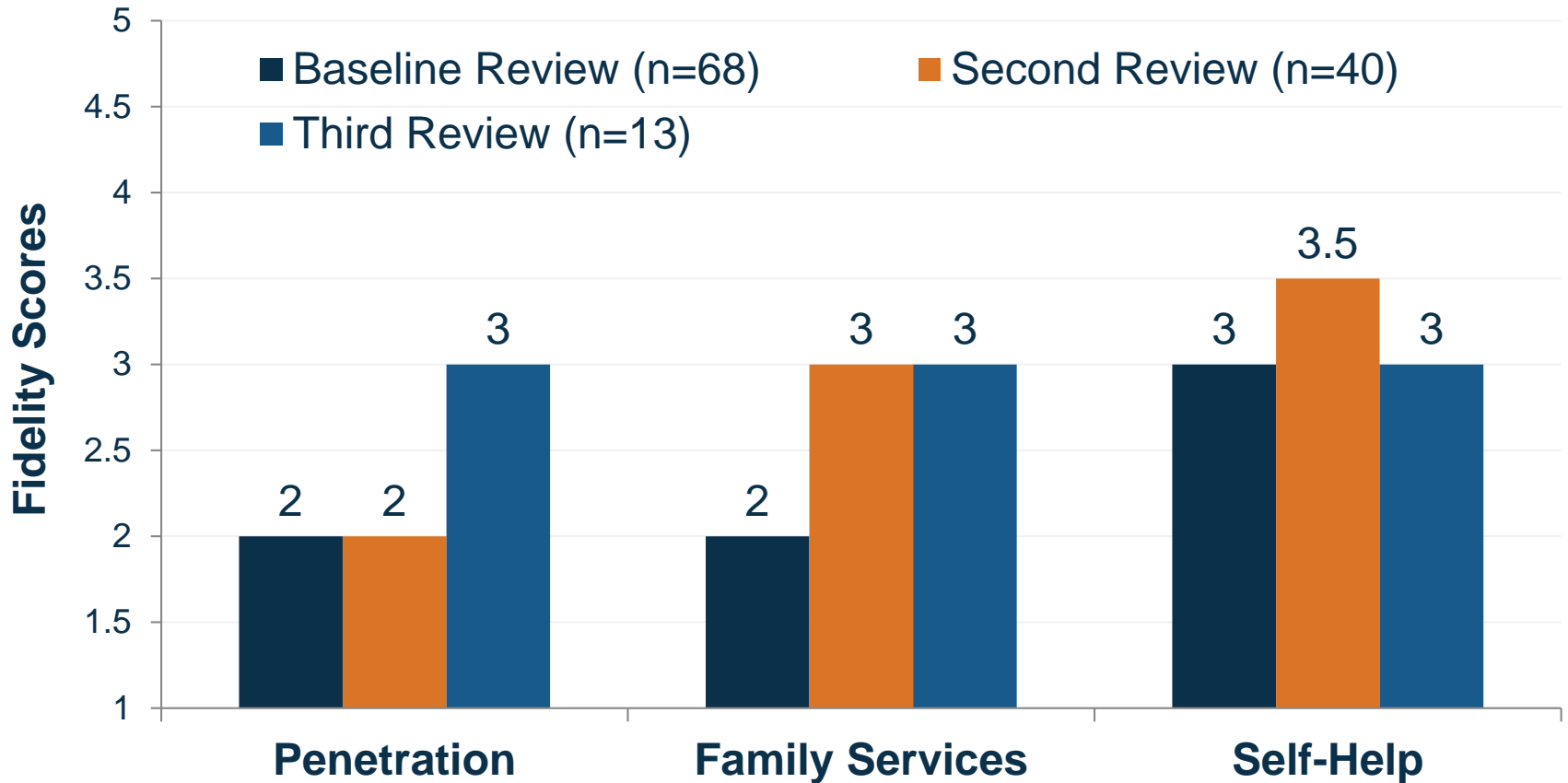
How Successful Was Michigan In Providing Evidence-Based Practices For Co-occurring Disorders? (2016)¹

Evidence Based Practice	Michigan (2016)	United States (2016)
Assertive Community Treatment	4.3%	2.1%
Supported Housing	1.3%	3.1%
Supported Employment	3.2%	2.1%
Family Psychoeducation	0.2%	1.9%
Integrated Dual Diagnosis Treatment	1.9%	10.5%

1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2016). Michigan 2016 mental health national outcome measures (NOMS): SAMHSA uniform reporting system. Retrieved 11/2/17 from SAMHSA.



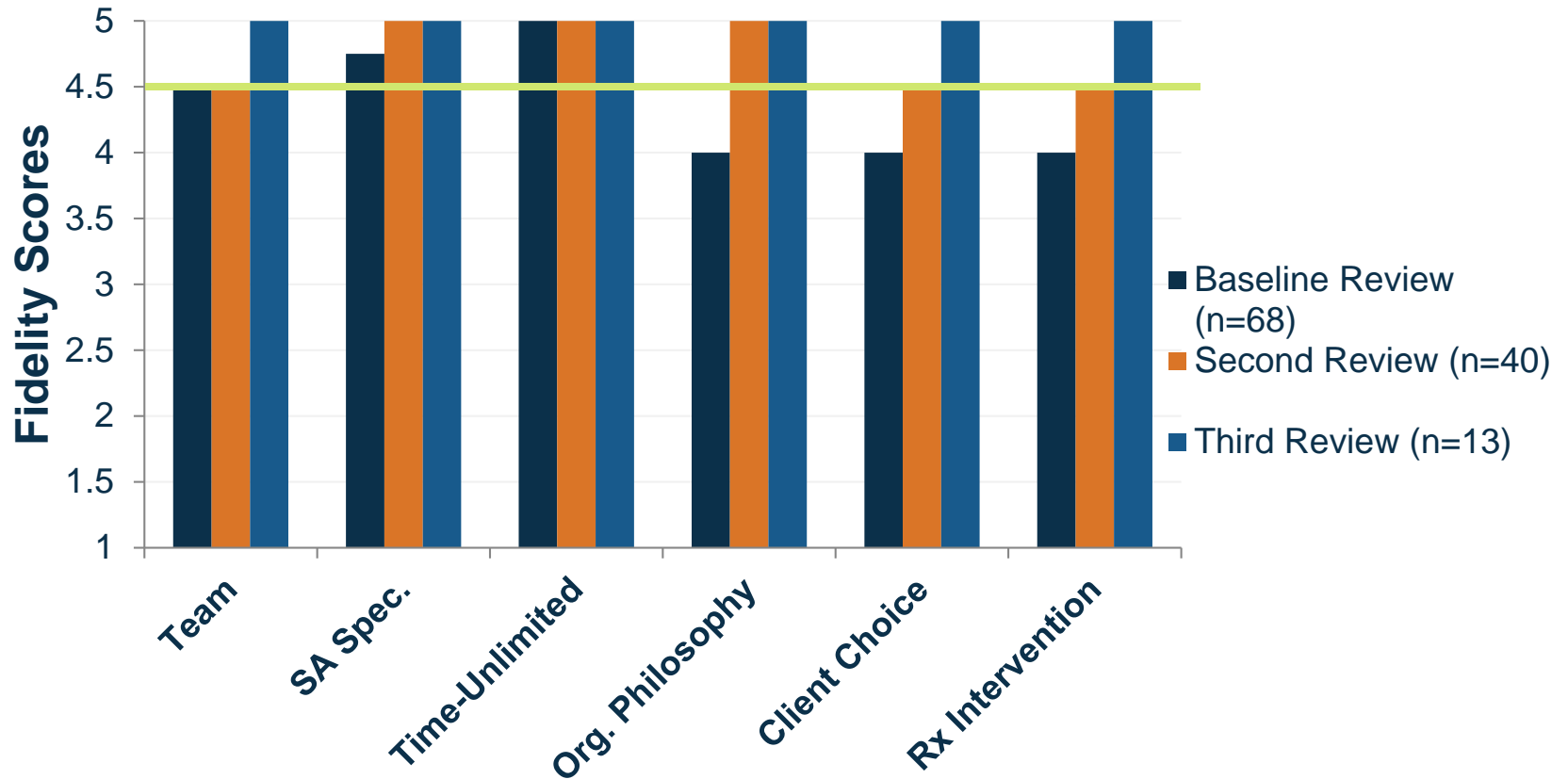
Key Finding: Low IDDT Scores, 2006-2012¹



1. Harrison, J. (n.d.). *Integrated dual disorder treatment: Co-occurring evidence-based practice implementation, alteration, and fidelity over time*. [Presentation] Retrieved 11/27/17 from Michigan Association of Community Health Boards.



Key Finding: High IDDT Scores, 2006-2012¹

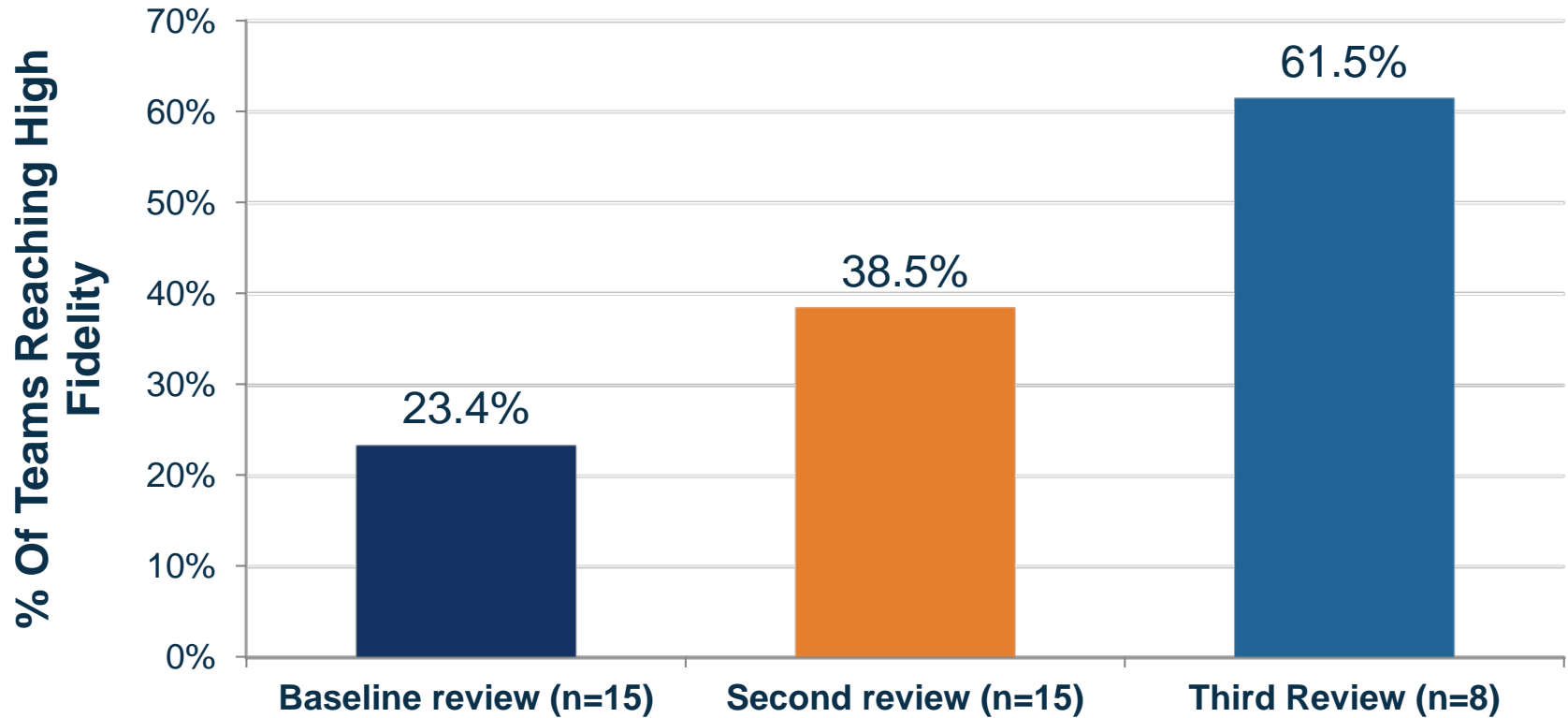


SA Spec. = Substance Abuse Specialist

1. Harrison, J. (n.d.). *Integrated dual disorder treatment: Co-occurring evidence-based practice implementation, alteration, and fidelity over time*. [Presentation] Retrieved 11/27/17 from Michigan Association of Community Health Boards.



Key Finding: Percent Of IDDT Teams Operating At High Fidelity (>4.00)¹



1. Harrison, J. (n.d.). *Integrated dual disorder treatment: Co-occurring evidence-based practice implementation, alteration, and fidelity over time*. [Presentation] Retrieved 11/27/17 from Michigan Association of Community Health Boards.



Michigan Altered IDDT By Adding Peer Specialists

Michigan added Peer Specialists to IDDT in 2007¹

Past analyses studied efficacy of IDDT & Peer Services for co-occurring disorders separately, but not combined

Use of peer services for co-occurring disorders led to improved community tenure and prevention of rehospitalizations²

IDDT was effective in improving substance abuse, psychiatric symptoms, housing, hospitalization, arrests, functional status, and quality of life³

1. Harrison, J. (n.d.). *Integrated dual disorder treatment: Co-occurring evidence-based practice implementation, alteration, and fidelity over time*. [Presentation] Retrieved 11/27/17 from Michigan Association of Community Health Boards.
2. Min, S., Whitecraft, J., Rothbard, A.B., & Salzer, M.S. (2007) Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation* (30):3, 207-213.
3. Drake, R.E., et. al. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services* (52):4, 469-476.



Analysis Of Michigan's Inclusion Of Peers In IDDT (2006-2012)¹

Conclusion: The addition of peers as part of interdisciplinary care has promise to impact high-quality services for people with co-occurring illnesses.

- 68 IDDT teams
- 122 fidelity reviews
- Almost 85% of teams had a peer; 33% included a full-time peer
- Having a full-time peer on the IDDT team was significantly associated with higher total fidelity score

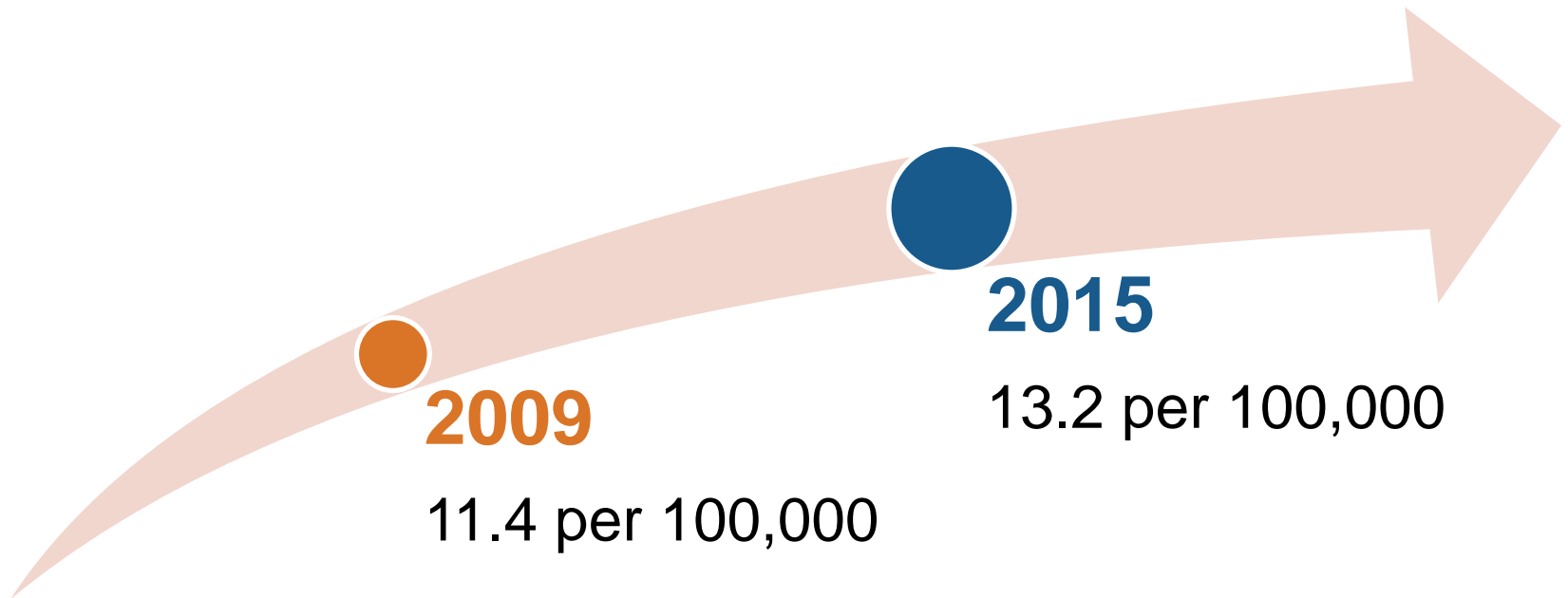
1. Harrison, J. (n.d.). *"I've been there too": Peers in co-occurring services and relationship to fidelity*. Kalamazoo, MI: Western Michigan University Interdisciplinary Health Sciences Program.

Michigan's Next Steps



The Need For Continued Treatment Of Co-Occurring Disorders In Michigan

Michigan's suicide rate is increasing¹



Mental and substance use disorders are known risk factors for suicide²

1. Michigan Department of Health & Human Services (DHHS). (2017). *Michigan uniform application FY 2018/2019: State behavioral health assessment & plan: Substance abuse prevention & treatment and community mental health services block grant*. Michigan OMB No. 0930-0168. Retrieved 11/27/17 from Michigan DHHS.
2. Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders: treatment improvement protocol (TIP) series 42*. DHHS Publication No. (SMA)05-3992. Rockville, MD: Substance Abuse & Mental Health Services Administration (SAMHSA).



The Need For Continued Treatment Of Co-Occurring Disorders In Michigan¹

Measure	Michigan (2016)	United States (2016)
Percent of adults served through the state mental health agency who had a co-occurring mental health and alcohol or other drugs disorder	30.3%	26.9%
Percent of adults served through the state mental health agency who met the federal definitions of serious mental illness who also have a substance abuse diagnosis	36.8%	25.1%

1. Substance Abuse & Mental Health Services Administration (SAMHSA). (2016). Michigan 2016 mental health national outcome measures (NOMS): SAMHSA uniform reporting system. Retrieved 11/2/17 from SAMHSA.

Discussion Question

How will Michigan continue to grow as a leader in IDDT for the behavioral health system in the United States?

What are Michigan's future plans?



QUESTIONS



CLOSING

Upcoming Virtual Fora*

Event	Speaker(s)	Date	Time
Caring For The Patient With Schizophrenia: Nursing, Pharmacy, & Social Work Perspectives	<ul style="list-style-type: none">• Brooke Kempf, NP• Michael Townsend, MSW• Shauna Garris, PharmD	February 5	12:00pmET
Antidepressant Utilization In Bipolar Disorder: What Is The Evidence?	<ul style="list-style-type: none">• Gary Sachs, MD• Joseph Goldberg, MD	March 28	12:00pmET

*Register for these programs at <https://www.PsychU.org/events>

Implementing Integrated Dual Disorder Treatment Programs: A Case Study

Mark Lewis, MSW, LMSW

Evidence-Based Implementation Specialist
Behavioral Health & Developmental Disabilities Administration
Michigan Department Of Health & Human Services

Jennifer Harrison, PhD, LMSW, CAADC

Assistant Professor, School Of Social Work, College Of Health & Human Services
Western Michigan University