Dual Diagnosis Capability: Measuring Organizational Integration of Co-Occurring MH and SUD Treatment

(DDCAT / DDCMHT)

Presented by:

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https://case.edu/socialwork/centerforebp/substance-abuse-mental-illness/

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Center for Evidence-Based Practices

at Case Western Reserve University

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatments and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include:

- Service-systems consultation
- Program Consultation
- Clinical Consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

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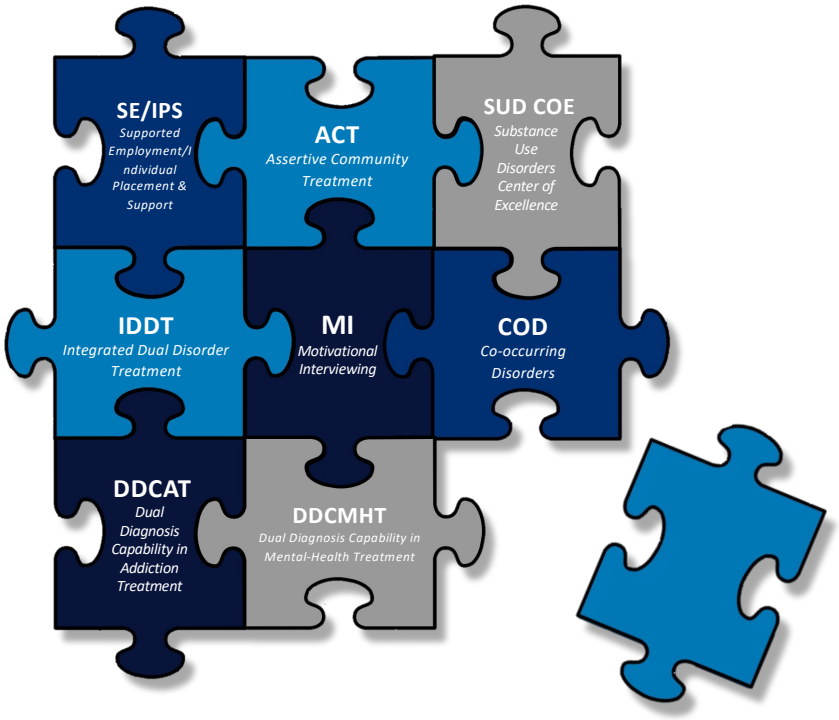
Service innovations for people with mental illness & substance use disorders



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Substance Abuse is Common in People with Mental Illness

- Over 50% of people with schizophrenia, bipolar disorder and other severe mood disorders have a substance use disorder at some time in their life
- About one third of people with anxiety and depressive disorders have a substance use disorder at some time in their life

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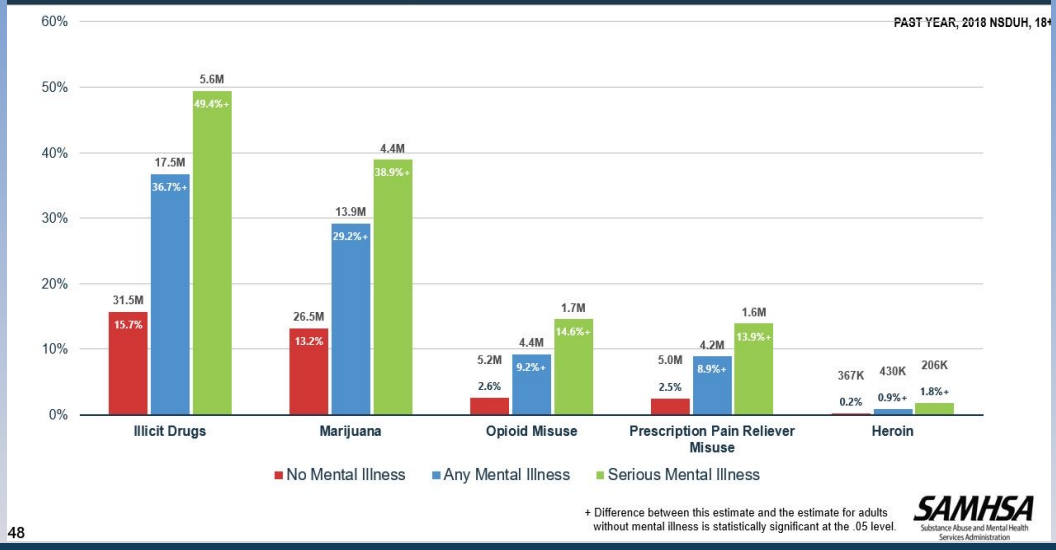
Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness



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Quadrant Model for Co-Occurring Disorders

I Mild to moderate SUD Mild to moderate MH	**II** Mild to moderate SUD Severe MH
III Severe SUD Mild to moderate MH	**IV** Severe SUD Severe MH

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Traditional Treatment

- Treat each disorder separately
  - Parallel or
  - Sequential
- Separate treatment is less effective
- Implication that the client is a failure, not the treatment

Problems With Separate Mental Illness and Substance Abuse Treatment

- Different eligibility requirements
- Trouble accessing both services
- Primary/secondary distinction
- Different treatment approaches
- Lack of integration

Integrated Treatment for COD Works

There is a robust body of empirical data which supports superior COD integrated treatment outcomes which now goes back several decades.

- McLellan et al, JAMA (1993)
- Saxon and Calsyn, Am J Drug Alc Abuse (1995)
- Charney et al, J Clin Psych (2001)
- Weisner et al, JAMA (2001)
- Mueser et al., Am J Addict (2003)
- Ziedonis, CNS Spect (2004)
- Mangrum et al, JSAT (2006)
- Van den Bosch and Vereul, Curr Opin Psych (2007)
- Drake et al., JSAT (2008)
- Xie et al., JSAT (2010)
- Baker et al., J Clin Psych (2010)
- Torrens et al., Sub Use & Misuse (2012)
- Kelly and Daley, Soc Wk Pub Health (2013)

Integrated Care Strategies

- **Integrated Dual Disorder Treatment**
  IDDT Fidelity Scales
- **Dual Disorder Capability for Addiction Treatment**
  DDCAT Index
- **Dual Disorder Capability for Mental Health Treatment**
  DDCMHT Index

Additional info available on CEBP website under:
"Practices / Substance Abuse and Mental Illness"

Dual Diagnosis Capability Index Development

Practical program level policy, practice and workforce benchmarks

Based on scientific literature and expert consensus

Observational methodology

Staff interviews; milieu observation; Document review (clinical record, policies, curricula)

Iterative process of measure refinement:

Field testing and psychometric analyses

Materials

Index, manual, toolkit & Excel workbook for scoring and graphic profiles

DDC Assessment and Toolkit History

- In development since 2004 (DDCMHT/DDCAT – Version 4.0 - September 2011)
- Developed in direct response to mental health treatment programs at the "action" stage of readiness
- Designed to offer practical tools and useable materials that will rapidly improve services for people with co-occurring disorders
- Uses a methodology similar to the IDDT Fidelity Scale but has been specifically developed to be broader in scope than the specific core components of that scale
- Intended to assess co-occurring capability at any mental health (or substance use treatment) program

Exploring Program Capability

- What client needs are important for organizations and systems to address over the next 1-5 years in order to become co-occurring capable?
- What outcomes do you want to improve?
- Challenges, barriers, facilitators, resources, processes?
- Next steps?

DDCAT/MHT Specific Objectives

1. To objectively determine the dual diagnosis capability of addiction treatment and/or mental health services.
2. To develop practical operational benchmarks or guidelines for enhancing dual diagnosis capability.
3. To provide a useful quality improvement tool for organizational change pertinent to co-occurring disorders (COD).

DDCAT/CMHT Index

- 7 domains
- Subdivided into 35 Program elements
- Utilizes taxonomy of Patient Placement Criteria Second Edition Revised outlined by American Society of Addiction Medicine (ASAM)

DDCAT/CMHT Index Measures

- Presence or absence of benchmark
- Relative frequency

  Variable vs. Routine, systematic and standardized

  "Percentage of…"

DDCAT/DDCMHT Index Measures

- **Presence or absence of benchmark**
- **Relative frequency**
  - *Variable vs. Routine, systematic and standardized*
  - *"Percentage of…"*

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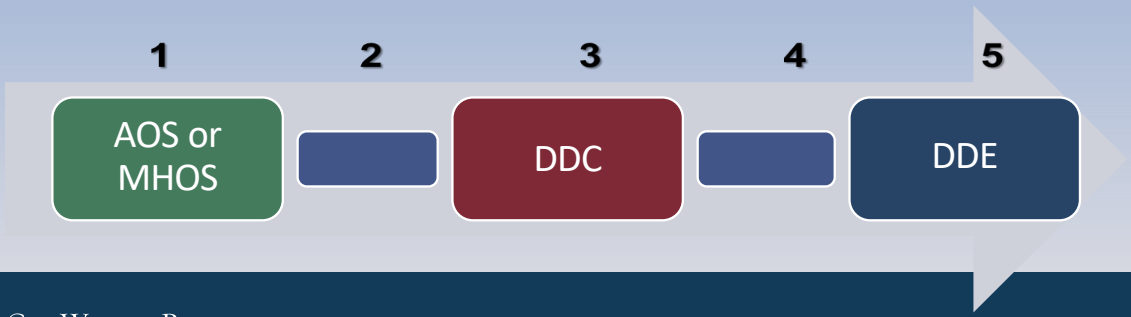
Continuum of Co-occurring Capability

- **Addiction Only Services/Mental Health Only Services**
- **Dual Diagnosis Capable**
- **Dual Diagnosis Enhanced**



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Dual Diagnosis Capable (DDC)

DDCAT

- Programs that have some capacity to provide services for both disorders, however there is greater capacity to serve individuals with substance-related disorders.

DDCMHT

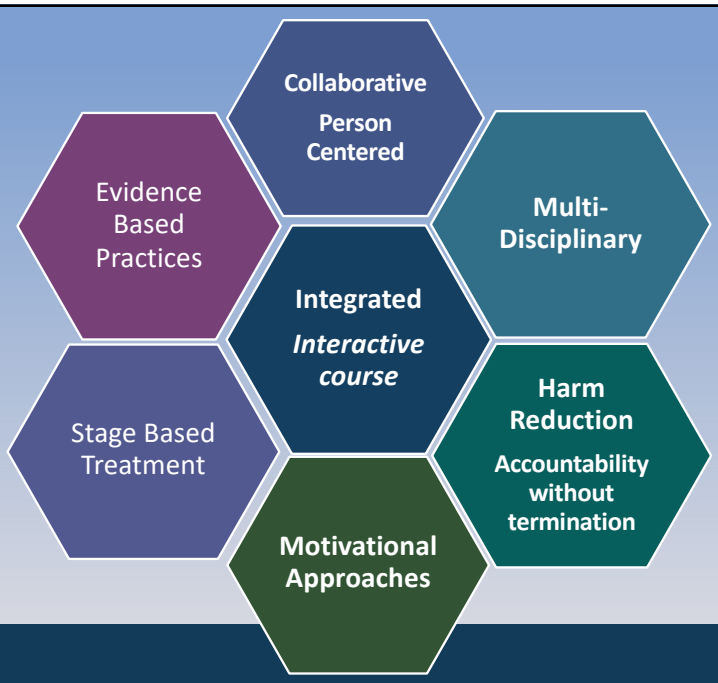
- Programs that have some capacity to provide services for both disorders, however there is greater capacity to serve individuals with mental health-related disorders.

Dual Diagnosis Enhanced (DDE)

Programs that:

- Are capable of providing services to any individual with substance-related and mental health-related disorders.
- Can be responsive to both types of disorders fully and equally.

Key Components of Dual Diagnosis Capable Programs



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	Dimension	Content of items
I	Program Structure	Program mission, structure and financing, format for delivery of co-occurring services.
II	Program Milieu	Physical, social (welcoming), and cultural environment for persons with dual conditions.
III	Clinical Process: Assessment	Processes for access/entry into services, screening (acuity/severity), stage-wise assessment & dx.
IV	Clinical Process: Treatment	Processes for Tx with interactive plans pharma and stage-wise, psychosocial evidence-based formats.
V	Continuity of Care	Discharge and treatment continuity for both problems and peer recovery supports.
VI	Staffing	Presence, role, integration of staff with co-occurring treatment expertise, supervision process.
VII	Training	Proportion trained and strategy for training.

DUAL DIAGNOSIS CAPABILITY INDEX DOMAINS

I. Program Structure

A. Mission statement

B. Certification and licensure

C. Coordination/collaboration with MH/AOD services

D. Financial incentives

II. Program Milieu

A. Routine expectation and welcome to treatment for both disorders

B. Display and distribution of literature and client/family education materials includes content for both MH and AOD

III. Clinical Process: Assessment

A. Screening Methods

B. Assessment

C. Psychiatric and Substance Use Diagnoses

D. Psychiatric and Substance Use history is documented in the medical record

III. Clinical Process: Assessment (continued)

E. Program Acceptance – Symptom Acuity

F. Program Acceptance – Symptom Severity

G. Stage-wise Assessment

IV. Clinical Process: Treatment

A. Treatment Plans (Recovery Plans)

B. Assess and Monitor Interactive Courses of Disorders

C. Policies and Procedures for Managing Acute Psychiatric, Withdrawal, and Intoxication Conditions

D. Stage-wise Treatment

E. Pharmacological Policy and Procedures

IV. Clinical Process: Treatment (continued)

F. Specialized Interventions

G. Education About Co-occurring Disorders and Their Interactions

H. Family Education and Support

I. Specialized Interventions to Facilitate Peer Support Groups

J. Availability of Peer Recovery Supports

V. Continuity of Care

A. COD Addressed in Discharge Planning Process

B. Capacity to Maintain Treatment Continuity

C. Focus on Ongoing Recovery Issues for COD

C. Peer Support Linkage

D. Medications at Discharge

VI. Staffing

A. Prescriber of Medications for COD

B. Onsite Staff with COD Licensure and Competency

C. Access to Supervision or Consultation

D. Systematic Monitoring and Review Procedures for COD

E. COD Peer/Alumni Supports Routinely Available

VII. Training

A. COD Basic Training for Direct Care Staff

B. COD Advanced Training

Implementation Considerations

Implementation Strategy

- Assess Readiness & Foster Consensus for Change
  - Identify Organization's Stage of Change
  - Work group/steering committee
- Baseline evaluation
- Action Plan
- Consultation and training
- Ongoing outcomes monitoring
  - Implementation – program-level
  - Intervention – participant-level

Implementation Lessons Learned

- Best practices and EBPs are preferred because they have strong conceptual support – and/or - empirical support that they work
- Training alone is insufficient to change practice behavior
- Change occurs in stages and takes time

Implementation Lessons Learned

- Intellectual buy-in does not necessarily equal changed practice = decisions & new behavior are required
- Leaders often underestimate the complexity of implementation

Implementation Lessons Learned

- Using instruments that help you compare your progress across specific structural and clinical domains helps focus an intentional process
- Ongoing attention to process/fidelity/outcomes is critical

Resources

1. **Manual for DDCAT and DDCMHT**
   https://case.edu/socialwork/centerforebp/
2. **Hazelden Co-occurring Disorders Program**
   http://www.hazelden.org/web/go/cooccurring
3. **TIP 42 In-service manual**
   https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/pep20-02-01-004
4. **SAMHSA IDDT toolkit**
   https://store.samhsa.gov/product/integrated-treatment-co-occurring-disorders-evidence-based-practices-ebp-kit/sma08-4366
5. **IDDT: step-by-step Implementation Guide**
   https://case.edu/socialwork/centerforebp/

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