Implementing Integrated Dual Disorder Treatment Programs: A Case Study

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Today’s Speakers

Mark Lowis, MSW LMSW
Evidence-Based Implementation Specialist
Mr. Lowis 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. Lowis 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. Lowis 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.
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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:

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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

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

Four Quadrant Model For Co-Occurring Disorders


**MI** = Mental Illness    **SUD** = Substance Use Disorder
Evidence Supports Integrated Care For Co-Occurring Disorders

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.

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

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

- Full multi-disciplinary team ²
- Stage-matched interventions ²
- Motivational interventions²
- Family education ²
- Active outreach ²


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The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.
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

Suggestions For Successful Implementation Of IDDT

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

Critical Components Of Integrated Treatment For Co-Occurring Disorders

Michigan’s Experience Treating Co-Occurring Disorders
Estimate Of Michigan’s Adult Population With Co-Occurring Disorders (2016)

Adult Population
7,342,677

With Serious Mental Illness (SMI)
317,937

Served By Michigan Mental Health Services
236,291

With Co-Occurring Disorders
70,887

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. Lowis’ involvement in the program.
Michigan’s Challenges In Addressing Co-Occurring Disorders

Michigan’s system had a service gap for individuals with co-occurring disorders

- 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 disorders

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

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

1. Based on Mr. Lowis’ involvement in the program.
Michigan’s Approach To Addressing Co-Occurring Disorders (2004-2007)

1. Based on Mr. Lowis’ involvement in the program

Michigan committed to improving clinical practices in the public mental health system

Michigan sent a 10-person team to attend the SAMHSA Policy Academy on Co-occurring Disorders

Michigan Team said: Revamp the entire system of care, develop a comprehensive plan that addresses co-occurring disorders and integrated treatment

Michigan’s team received training from Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence

Decision to target individuals with the most severe comorbidity of mental illness & substance use disorders, served by the public health care system

1. Based on Mr. Lowis’ 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. Lowis’ involvement in the program
What Is “Fidelity To The Model?”

IDDT adheres to core components of the evidence based model

Integrated Treatment Fidelity Scale has 26 measures
- 12 organizational items
- 14 treatment items

High fidelity (> 4.00) is associated with improved outcomes
- Hospitalization
- Alcohol & drug use
- Housing

How Fidelity Reviews Happen

- Site contacts MiFAST
- Schedule one day review by 2 MiFAST team members
- Develop structure of review day together with team
- Two weeks later: Site receives IDDT fidelity report and work plan

Leverage available training, consultation, and coaching to move process

- Meeting with team, consumers, families, and administrators
- Review of records and policies
- End of day: Discuss key strength and growth areas

- Each of 26 fidelity items is scored on a Likert Scale of 1-5 with work plan recommendations

1. Based on Dr. Harrison’s involvement in the program
Structure & Approach Of MiFAST

• 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

<table>
<thead>
<tr>
<th>Evidence Based Practice</th>
<th>Michigan (2016)</th>
<th>United States (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Community Treatment</td>
<td>4.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>1.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>3.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Family Psychoeducation</td>
<td>0.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Integrated Dual Diagnosis Treatment</td>
<td>1.9%</td>
<td>10.5%</td>
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</tbody>
</table>

Key Finding: Low IDDT Scores, 2006-2012

![Bar chart showing Fidelity Scores for Penetration, Family Services, and Self-Help across three reviews.

<table>
<thead>
<tr>
<th></th>
<th>Baseline Review (n=68)</th>
<th>Second Review (n=40)</th>
<th>Third Review (n=13)</th>
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</thead>
<tbody>
<tr>
<td><strong>Penetration</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Family Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td><strong>Self-Help</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3</td>
<td>3.5</td>
<td>3</td>
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Key Finding: High IDDT Scores, 2006-2012

<table>
<thead>
<tr>
<th>Fidelity Scores</th>
<th>Baseline Review (n=68)</th>
<th>Second Review (n=40)</th>
<th>Third Review (n=13)</th>
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<tr>
<td>Team</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>SA Spec.</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Time-Unlimited</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
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<tr>
<td>Org. Philosophy</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
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<tr>
<td>Client Choice</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
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<tr>
<td>Rx Intervention</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
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</tbody>
</table>

SA Spec. = Substance Abuse Specialist

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

<table>
<thead>
<tr>
<th>% Of Teams Reaching High Fidelity</th>
<th>Baseline review (n=15)</th>
<th>Second review (n=15)</th>
<th>Third Review (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.4%</td>
<td>38.5%</td>
<td>61.5%</td>
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Michigan Altered IDDT By Adding Peer Specialists

Michigan added Peer Specialists to IDDT in 2007

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 rehospitalizations

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

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
Michigan’s Next Steps
The Need For Continued Treatment Of Co-Occurring Disorders In Michigan

Michigan’s suicide rate is increasing¹

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
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<tbody>
<tr>
<td>2009</td>
<td>11.4</td>
</tr>
<tr>
<td>2015</td>
<td>13.2</td>
</tr>
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Mental and substance use disorders are known risk factors for suicide²

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

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<tbody>
<tr>
<td>Percent of adults served through the state mental health agency who had a co-occurring mental health and alcohol or other drugs disorder</td>
<td>30.3%</td>
<td>26.9%</td>
</tr>
<tr>
<td>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</td>
<td>36.8%</td>
<td>25.1%</td>
</tr>
</tbody>
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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
## Upcoming Virtual Fora*

<table>
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<tr>
<th>Event</th>
<th>Speaker(s)</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>
| Caring For The Patient With Schizophrenia: Nursing, Pharmacy, & Social Work Perspectives | • Brooke Kempf, NP  
• Michael Townsend, MSW  
• Shauna Garris, PharmD | February 5  | 12:00pmET  |
| Antidepressant Utilization In Bipolar Disorder: What Is The Evidence? | • Gary Sachs, MD  
• Joseph Goldberg, MD | March 28    | 12:00pmET  |

*Register for these programs at [https://www.PsychU.org/events](https://www.PsychU.org/events)
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