

MN Outpatient Providers Implementing Integrated Treatment for COD

Through a joint effort between the Adult Mental Health and the Alcohol and Drug Abuse Divisions, mental health and addictions treatment programs across the state were designated to implement an evidence-based practice (EBP) known as Integrated Dual Disorder Treatment (IDDT) to improve services for individuals with co-occurring disorders. Integrated treatment, as a set of principles and practices, leads to improved treatment outcomes and client recovery for individuals with co-occurring mental illness and substance use disorders.

SAMHSA created the Co-Occurring State Incentive Grants (COSIG) in 2002, following national surveys confirming high rates of co-occurring disorders in individuals with either substance use or mental health diagnosis. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a \$3.35 million grant to the Minnesota Department of Human Services (DHS) in 2006 to develop an infrastructure that will improve treatment outcomes for individuals with co-occurring mental illness and substance use disorders in Minnesota. The COSIG infrastructure project focused on **five major goals** for change during the five year grant period.

The five major goals of Minnesota's Co-Occurring State Incentive Grant are to:

- Encourage standardized screening and assessment for co-occurring disorders in a variety of treatment settings
- Create competency standards for clinicians who want to provide IDDT
- Build networks between mental health and substance use providers and with local health care clinics
- Explore options to finance services for co-occurring disorders
- Share information on co-occurring disorders and IDDT in Minnesota through publications, newsletters and electronic news updates

COSIG Project Scope

COSIG demonstration sites included co-located mental health and chemical dependency outpatient treatment programs under one administrative umbrella, American Indian Behavioral Health Clinics, and Minnesota Department of Corrections treatment sites at the Stillwater and Shakopee facilities. Participants of the COSIG project included; 14 mental health centers, 14 chemical dependency treatment facilities and 4 tribal behavioral health clinics signed on to learn how to deliver integrated services. These agencies were engaged in implementing a co-occurring program in both their mental health services and chemical dependency programs focusing on the following core elements of integrated treatment for co-occurring disorders:

- A screening tool to determine likelihood of co-occurring substance use or mental health issue
- A person centered and empathic engagement strategy based on clients readiness for change i.e. Motivational Interviewing
- An integrated assessment of both the substance use and mental health use and interaction of the disorders
- Stage wise treatment assessment and stage-wise interventions that address both substance use and metal health corresponding to person's readiness for change
- Engage with recover supports such as self-help, peer-run supports, family support and engagement

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Implementation of Integrated Treatment for Co-Occurring Disorder

COSIG Demonstration sites were engaged in the following activities in an effort to implement integrated treatment for Co-Occurring Disorder:

- Participating in assessment of agencies level of co-occurring services using the Integrated Dual Disorder Treatment fidelity scale and the Capability in Addiction Treatment index measures, first as a baseline at the beginning of the project and post project implementation.
- Designating a program implementation leader to champion and oversee the agencies implementation work plan through an implementation group and with full support of administration.
- Engaging external stakeholders to provide feedback and help identify opportunities for the implementation to maximize comprehensiveness of services through their involvement as part of the service delivery system.
- Setting up an internal steering committee comprised of the implementation group and stakeholders to monitor and facilitate implementation progress and incorporate stakeholder input
- Developing an agency-specific work plan designed to facilitate implementation with identified timelines and responsible parties.
- Providing staff time for training, technical assistance, and consultation over the course the three year project.
- Participating in discussions regarding documentation of integrated services, policies and procedures to support provision of IDDT within the patient setting. Working with DHS evaluation and data information staff to identify and collect information on services and program outcomes for persons with co-occurring disorders.

The Integrated Dual Disorder Treatment (IDDT) Fidelity Scale was used at baseline to measure treatment practices within the mental health demonstration sites. The scale has 13 program-specific items that measure the quality of adherence to the evidence based practice known as IDDT. The Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index was used to measure mental health treatment programs post-implementation. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index measured chemical dependency treatment programs at baseline and post-implementation. The DDCAT and DDCMHT are fidelity instruments for measuring programs to provide integrated treatment for persons with co-occurring mental illness and substance use disorders.

A nationwide 2007 study that looked at fidelity outcomes of implementation for five EBPs (IDDT, Assertive Community Treatment, Supported Employment, Illness Management and Recovery and Family Psychoeducation) showed that only half of the project sites reached high fidelity implementation after two years, with considerable variability in fidelity attainment across the five EBPs. IDDT showed only a moderate increase in fidelity from baseline to implementation, which indicates that IDDT takes longer to implement and requires more focused and intensive activities to reach high fidelity (Brunette, M.F., Asher, D., Whitley, R., et al, 2008; McHugo, G.J., Drake, R.E., Whitley, R., et al 2007).

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The programs that participated in the COSIG project were first evaluated in the summer of 2007 (Time 1) and following implementation in the summer of 2009 (Time 2). These agencies showed increased fidelity to the model from Time 1 to Time 2 review. Programs that received a fidelity review in 2009 (Time 2) were designated as meeting Dual Diagnosis Capable or Dual Diagnosis Enhanced level of co-occurring service time limited to the length of the COSIG project. It is important to note that programs can only sustain and enhance their services through continues performance improvement and quality control measures that are aligned with the fidelity measures of the DDCAT, DDCMHT and IDDT.

Conclusion

The COSIG project offered Minnesota the unique opportunity to focus on how services for persons with co-occurring disorders are delivered in both mental health and chemical dependency treatment centers across Minnesota. The steps toward improving treatment outcomes for the co-occurring disorders population will continue to be a priority for ongoing systems development across the state. DHS welcomes your partnership and ongoing efforts in this area.

“Dual Diagnosis Capable” Recognition for COSIG Agencies completion of the Minnesota COSIG project June 7, 2007- September 30, 2009

Mental health treatment programs:

Central Minnesota Mental Health Center—
Outpatient Services at Buffalo
Chrysalis-Tubman Family Alliance¹ (Minneapolis)
Fond du Lac Band of Superior Chippewa— Mental
Health Services (Cloquet)
Hiawatha Valley Mental Health Center¹ (Winona)
Human Services Incorporated—Adult Mental
Health - Day Treatment Program (Oakdale)
Lakeland Mental Health Center (Fergus Falls)
Neighborhood Counseling Center of Wadena, Inc. -
Outpatient Mental Health Services¹ (Wadena)
Northland Counseling Center, Inc.—Outpatient
Mental Health Clinic (Grand Rapids)
Zumbro Valley Mental Health Center— Outpatient
Psychotherapy Services¹ (Rochester)

Lakeland Mental Health Center— Chemical Health
Services (Fergus Falls)
Neighborhood Counseling Center—Chemical
Dependency Services of Wadena² (Wadena)
Northland Recovery Center Outpatient Program
(Grand Rapids)
Tubman-Chrysalis Co-Occurring Disorders
Program¹ (Minneapolis)
Zumbro Valley Recovery Partners^{1,2} (Rochester)

Minnesota Correctional Facility Programs:

Atlantis Chemical Dependency Program
(Stillwater)
Changing PATHS Chemical Dependency Treatment
(Shakopee)

Chemical health treatment programs:

African American Family Services, Inc.
(Minneapolis)
Central Minnesota Chemical Dependency Services
(Buffalo)
Fond du Lac Band of Superior Chippewa— Tagawii
Outpatient Chemical Health Program (Cloquet)
Human Services Incorporated— Adult Community
Options Outpatient Program (Stillwater)

¹Extension grant recipient

²This program is Dual Diagnosis Enhanced (DDE)

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Mental Health and Chemical Dependency programs continuing of COD services

Following the three year implementation phase of the COSIG project in 2009, joint funding was made available by the both the Alcohol and Drug Abuse and Adult Mental Health Divisions for one-year extension grants to four agencies who would continue to develop Dual Diagnosis Enhanced level of service in their co-located mental health chemical dependency programs. COSIG participating agencies were asked to respond to request for proposal outlining a process to continue developing enhanced level of co-occurring disorder program COD programs. Four agencies awarded extension grants to continue implementing services integrated treatment services for co-occurring disorders:

The agencies are as follows:

1. Chrysalis-Tubman Family Alliance (Minneapolis)
2. Hiawatha Valley Mental Health Center (Winona)
3. Neighborhood Counseling Center of Wadena (Wadena)
4. Zumbro Valley Mental Health Center (Rochester)