Co-occurring Disorders

Gerard Gallucci, MD MHS

Medical Director

Delaware Department of Health and Social Services

Prevalence Rates of Mental Disorders and Comorbid Substance Use in the General Population

Epidemiological Catchment Area (ECA) Survey

What is the ECA?

- 20,291 both community and institutional population surveyed
- 5 catchment areas
- Prevalence rates of DSM-3 disorders in the American population
- NIH sponsored survey

Prevalence Rates: General Population

Estimated lifetime prevalence rates in the general population:

- 22.5% for any mental disorder other than substance abuse or dependence
- 13.5% for alcohol dependence
- 6.1% for other substance dependence or abuse

Prevalence Rates: MH Population

Of the 22.5% with a mental disorder, the lifetime prevalence of a substance use disorder was 29%

Risk/odds ratio

Greatest increased risk of alcohol or other substance use disorder was in

- Antisocial personality disorder (odds ratio= 29.6)
- Bipolar disorder (odds ratio= 6.6)
- Schizophrenia (odds ratio= 2.3)

Among those with drug abuse or dependence, 53.1% had a mental disorder (odds ratio= 7.1)

Other Population Surveys

- New Zealand (lifetime prevalence rates for schizophrenia of 0.4%)
- Canada (prevalence rate for Schizophrenia of 0.6%)
- UK (National Psychiatric Morbidity Survey of Great Britain found prevalence rates for psychosis to be 0.4%)

- Prevalence Rates of Substance Use within population of persons with psychiatric illness
- "Berkson's Bias"

Age of Onset for Comorbid Disorders

Age of onset for mental disorders is 11 years whereas SUDs do not onset on average until age 21

-Kessler (2004)

Genetic and Environmental Risk for Development of Comorbid Disorders

- Twin study (Kendler, 2011)
- Familial and genetic risk for development and exacerbation of SUDs becomes more prominent in late teens (Bornolova, Hicks, et al, 2012)
- Impact of trauma (Patock-Pecham, et al, 2010)
- Childhood emotional and physical neglect related to having multiple SUDs, aggression, suicidal behavior and psychosis (Marinotti et al, 2009)

Treatment Models for Co-occurring MH/SUD

- Sequential
- Parallel
- Integrated

Integrated Treatment

"The logic for use of integrated treatment is that multiple approaches will be comprehensive in treating a condition that is really an integration of disorders"

-Kelly and Daley, 2013

Delaware Co-occurring State Incentive Grant

Goals of the COSIG Grant

- Increase the State's capacity to provide integrated treatment at mental health and substance abuse treatment programs
- Work with provider agencies to determine promising and best practices for co-occurring treatment
- Evaluate the grant

Goals of the Evaluation for the Grant

- Measure practice change at the systems and agency levels
- Collect and report on SAMHSA COSIG performance measures
- Report on COD training

Practice Change Model

- Change to Evidence-based COD practice that included
  - Universal screening and assessment
  - Cross-systems training
  - Expert consultation
  - Use of targeted resources

Target Population

- 4 Contractual SA agencies
- 4 State-operated Community Mental Helath Clinics and Mental health Crisis Services
- 4 Contractual Mental Health Agencies
- The Delaware Psychiatric Center

Screening for COD in both the MH and SA programs

Community Mental Health Centers (CMHCs), Substance Abuse Programs (SA), and Community Continuum of Care Programs (CCCPs) Performance Measures: Aggregated Bi-annual Data

Admissions*	CMHC (N=849)	SA (N=1019)	CCCPs (N=126)	Total (N=1994)
34.9% COD Screening and Assessment **	**Screen N=849 Assess N=797**	**Assess (N=929)**	**N=126**	**Assess N=1852**
Individuals who screened positive for COD	314 (36.9%)	***incomplete	44 (34.9%)	***incomplete
Individuals who assessed positive for COD	294 (36.8%)	394 (42.4%)	44 (34.9%)	732 (39.5%)
Treatment ****	**N=274**	**N=367**	**N=44**	**N=685**
Treated for both disorders (COD)	274 (100%)	332 (90.4%)	44 (100%)	650 (94.8%)
SA treated within facility and referred out for MH	0 (0%)	35 (9.5%)	0 (0%)	35 (5.1%)

Key Accomplishments of the Grant

- Targeted DSAMH agencies became 100% COD capable
- Universal COD screening and assessment was implemented system-wide
- Development of statewide COD Training Programs; Statewide COD training occurred annually; more than 2,000 individuals were trained in COD treatment delivery
- ASAM assessment and treatment guidelines were implemented

Key Accomplishments of the Grant

- A COD continuum of treatment model was developed
- Survey information was collected from 12 evaluation agencies on the status of COD activities, such as screening, assessment and treatment to serve as baseline data for future monitoring.
- A range of COD treatment approaches was developed and implemented across the state, including integrated, on-site COD treatment, COD consultative models, and increased referrals across the formerly distinct systems

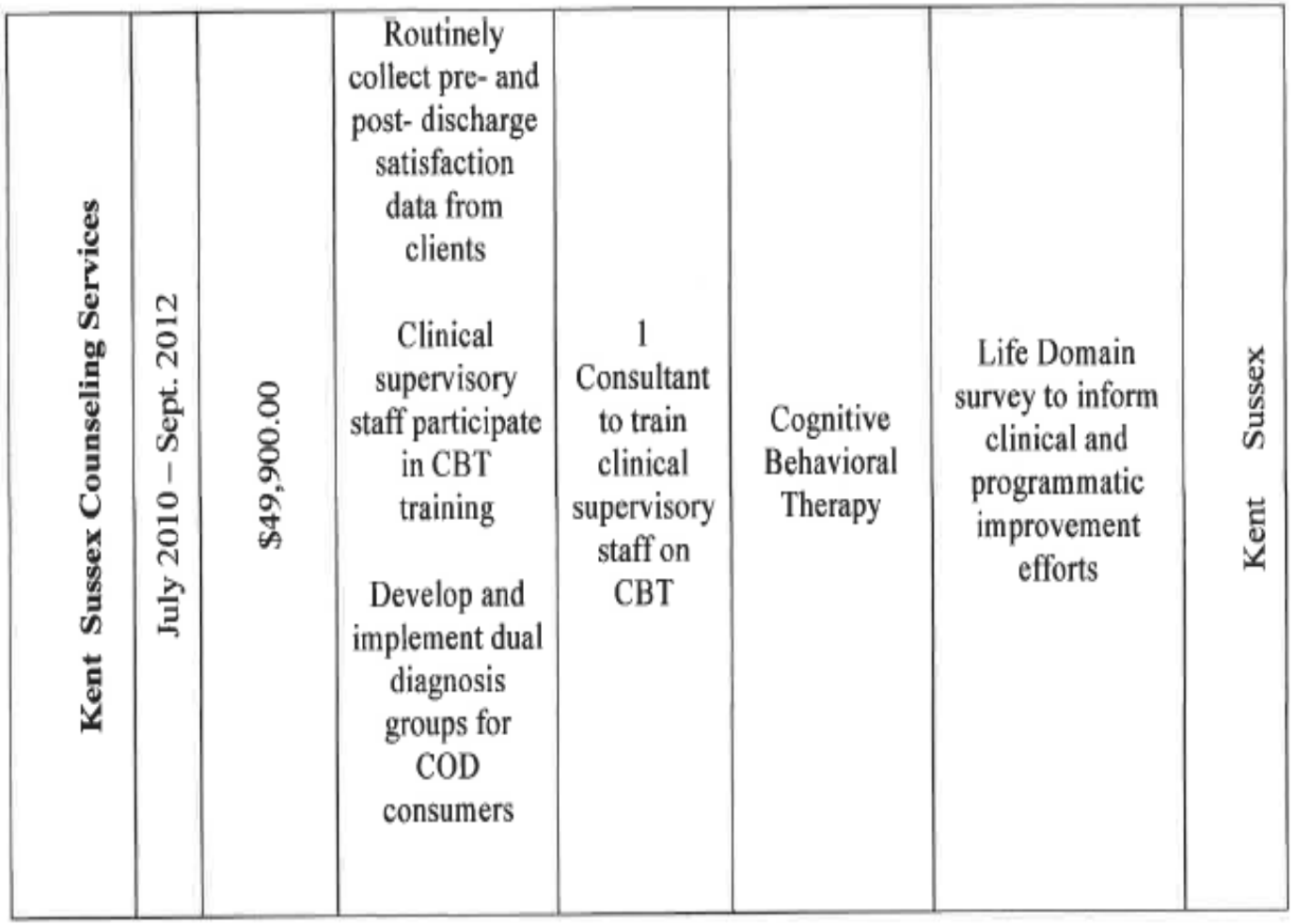
Key Accomplishments of the Grant

- Infrastructure change - integrating MH and SA under one department
- Increased FTE psychiatric time at traditional AOD agencies
- Use of DDCAT statewide to identify targeted agency COD needs
- Targeted COD trainings within Department of Corrections

Mini-Grants

- Five Agencies were awarded Mini-grants
  - Programs in all counties awarded grants
  - Clinical Supervision Training
  - Improved access and engagement in community-based services
  - Client satisfaction measurements through the Zlife Domain survey and Assist program
  - Implementation of Dual Diagnosis groups
  - Expansion of MAT for COD opioid dependent clients

Example of Mini-grant awarded to Kent Sussex Counseling



Kent Sussex Counseling Services	July 2010 – Sept. 2012	$49,900.00	Routinely collect pre- and post- discharge satisfaction data from clients Clinical supervisory staff participate in CBT training Develop and implement dual diagnosis groups for COD consumers	1 Consultant to train clinical supervisory staff on CBT	Cognitive Behavioral Therapy	Life Domain survey to inform clinical and programmatic improvement efforts	Kent Sussex

Mini-grant awarded to Connections, Inc.

Connections, Inc.	July 2010 – Sept. 2011	$42,200.00	Clinical Supervision training Clinical supervisors participate in 34 hours of online training relating to MET and supervision Clinical supervisor participates in monthly group supervision Implement Session Rating Scale V.3 in four service locations	1 clinical Supervisor completed the training Doctoral-level licensed clinician developed protocol for data collection analysis and oversee supervisor training program	Session Rating Scale Version 3 (Miller, Duncan and Johnson) Used at the end of each session for 6 months	Develop clinical supervisors who are proficient in motivation enhancement therapy to deliver effective supervision to clinicians working with COD consumers Pre and Post program satisfaction Measure perceived effectiveness of clinicians on an individual level and of programs as a whole	New Castle Kent Sussex

CRF Modality

Modality Count of Unduplicated Clients Served by All COSIG Providers by Fiscal Year

Mode	FY08	FY09	FY10	FY11	FY12	FY13	Total
Substance Abuse	6718	6382	5646	5282	5390	4798	34216
Co-Occurring	693	1551	1913	1807	1955	1859	9778
Gambling		1					1
Mental Health	3705	3878	3555	4789	4852	3731	24510
Unknown	11	12	14	17	44	72	170
Totals	11127	11824	11128	11895	12241	10460	68675

COD Consultations: Dr. David Mee-Lee

- Engaging People in Client-Directed, Accountable Treatment: Changing Compliance into Collaboration
- Why Integration Mental Health and Substance Abuse is Hard and What to Do About It—Implications for Criminal Justice
- Improving Skills in ASAM Mutidimensional Assessment
- Engaging and Building A Working Relationship with Offenders
- Skill-Building in Co-Occurrign Disorders Treatment
- Placement and Continuing Service and Discharge Criteria

Delaware Practice Changes

- COD supervision and supervisory training implemented in participating agencies: one of the most effective activities in creating change for COD
- The use of Change Leaders (NIATx EBP model) has ensured that change permeates all levels of the agency and Change Leaders will continue to provide on-going assistance, support and encouragement to program managers and clinicians to achieve COSIG goals
- Development and implementation of agency consultation model for staff has developed cross-system communication and increased referrals for targeted services

Recommendations

- Ongoing system-wide needs assessment
- Training
- Expertise
- Grants Management
- Licensure/Certification
- Staffing
- Treatment
- Screening and Assessment

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Thank you!

Gerard Gallucci, MD MHS
Medical Director
Delaware Department of Health and Social Services
Gerard.gallucci@state.de.us