

## Overview of the Concurrent Disorders Enhanced Service at the Centennial Centre for Mental Health and Brain Injury

### Background:

- Effective April 1, 2009, the Concurrent Disorders Enhanced Service (CDES) 2-year demonstration project (extended to 2013) was created to provide a voluntary short-term concurrent stabilization, specialized treatment service for individuals, ages 18-64 years with severe mental health issues and severe substance use disorders within an integrated, multi-disciplinary team. CDES provides psycho-educational programs, life skills, counseling, pharmacological intervention, medical support and community linkage to promote engagement in recovery. Research has identified integrated treatment is most effective for individuals with co-occurring mental illness and addiction. Key elements include: increased acuity, harm-reduction approach; establishing priority groups and waitlist management for clients meeting the domain IV criterion that are 18 – 24 years of age and pregnant women; integrated concurrent treatment with an interdisciplinary team utilizing a case management approach which provides standardized functional based programming. This project is jointly funded by Alberta Health Services and Alberta Justice – Safe Communities Initiative.

### Milestones:

- Over the past 2 years of operation, there have been 772 admissions to the service.
- The service has been progressively reaching **increased numbers** of clients:
  - With more acute/severe mental health and severe addiction issues
  - Within the 18-24 year old range
  - Pregnant women
- **Implemented the Family Program in March 2011** – current clients have to opportunity to invite significant others to attend information/education sessions to support enhanced recovery support/capacity.
- **Quality Improvement Project** – Access Improvement to Concurrent Disorders Enhanced Service commenced to evaluate access/areas for improvement – realized reduced wait-times in early phase of the project and strategies to increase engagement of hard to engage target populations.
- **Implemented Program Enhancement** December 2010 to enhance concurrent focus/content, integrate experiential learning opportunities and work towards enhanced trauma informed practice.
- Increased demand for the service – 21% increase.

### Report by Community

**Anecdotal feedback from stakeholders and clients served has been positive.**

**Service Results Overview (based on Alberta Quality Matrix for Health) - April 1, 2010 – March 31, 2011:**

#### **Accessibility:**

- **Wait times** from date of referral to date of admission is at 43-55 days
- **Length of Stay** is 20.1 days
- **Referrals** – received **735** referrals for the **fiscal year** - increase of 21% from past fiscal year
- **Admissions** – **379** clients received care.
- **No-Shows/Cancellations** – **11%** reduced from 22% last fiscal year.

**Effectiveness:**

- **Improved Mental Health** - All clients showed improvement at discharge as measured by the psychometric inventories. See Appendix I for descriptor of psychometric testing measures.
- **Physical Improvement** – clients and physicians are reporting significant incremental improvement in their physical health from time of discharge to six months after discharge based on preliminary follow up data.
- **Addiction Stabilization** – general feedback on follow up indicates self reported reduction in substance use after discharge from CDES.

**Acceptability:**

- High Client Satisfaction – overall about 90% of client indicated satisfaction with their care within the Concurrent Disorders Enhanced Service.

**Client Profile:**

- 37 years of age is approximate mean age of clients – 66 clients (17%) were between the ages of 18-24 years
- 7 pregnant women have received care.
- 55% of clients were male; 45% of clients were female.
- 45% of clients have less than a high school education; 16% - clients have some form of post secondary education.
- 69 % of clients receive disability income in the month prior to admission, indicative of the chronic nature of their problems (43% on AISH; 26% on Social Assistance); only 23% - of clients had some type of employment income in the month prior to admission (19% had work income and 4% were receiving EI).

**Mental illness diagnosis summary** (DSM- IV-TR - Axis I and II) all clients attending CDES experienced at least one Axis I and/or II mental health and substance use disorder:

- 26% diagnosed with a psychotic disorder; 70% diagnosed with a mood disorder;
- 21% diagnosed with Axis II disorder; 86% clients have at least one substance dependence diagnosis.

**Legal summary:** over 75% or greater of clients acknowledged being charged with a criminal offence in their lifetime – percentage varies by quarter; with 46% of clients were convicted for their charges.

**Victimization:** The majority of 76% clients report some type of abuse in their lifetime

**Medical and Psychological problems:** 30% of clients indicated they experienced medical problems in the month prior to admission; and 90% indicated they experienced psychological problems in the month prior to admission.

**Social Isolation:** 45% of clients spent free-time alone; and almost 30% of clients indicated they had no close friends.

**Appropriateness:**

- Harm-reduction approach: we continue with this approach at admission and during the treatment period
  - (a) admission – we recommend 5 days clean prior to admission, however admit individuals who are medically stable and not in acute detoxification, but may test positive for illicit substances with the exception of alcohol – need to abstain from using for the duration of their admission;
  - (b) during treatment – meet individual where they are at, support treatment goals for discharge (i.e. reduced substance use).

**Follow up Evaluation (Psychology) 2009/2010:**

**Summary for 2009/2010:**

- Telephone follow-up evaluation by the program psychologist was implemented for admissions beginning in June 2009 after the roll out of the new program curriculum. Five follow-up evaluations were planned: at 1, 3, 6, 9, and 12 month post discharge. Only clients deemed to have completed the program (and not discharged early) were approached, with a total initial sample of 300 clients.
- 81% agreed to follow-up with the other 19% declining either at the time of discharge or when contacted at the initial follow-up interval.
  - Of those who agreed (244 clients), actual contact could not be made for 33% of clients. Reasons included clients' phones were disconnected, clients had moved/changed number, clients did not return messages, and messages cannot be left (no voicemail).
  - **As of mid May 2011**, there has been a total of 209 assessment occasions for these 244 clients. A total of 31 acknowledgment letters were sent to those clients that we were able to reach for their 12-month evaluation.
  - **Trends:**
    - Gains obtained on the BSI (measure of general psychopathology) were maintained over the post discharge assessment occasions, with a slight increase in scores at the 3<sup>rd</sup> and 6<sup>th</sup> month assessment occasions (i.e., a slight increase in subjective distress); no scores returned to pre-treatment levels
    - Gains obtained for mental health (score on the SF-12 Mental Health) showed some decline by the 3<sup>rd</sup> month post discharge; no scores returned to pre-treatment levels
    - Gains obtained for quality of life (score on the QOLI) are generally maintained post discharge with scores at the 6<sup>th</sup> month approaching the average range but there is a slight decline for subsequent intervals; no scores returned to pre-treatment levels
    - Gains obtained for physical health (score on the SF-12 Physical Health) show a steady improvement post discharge, with scores reaching the average range at the 6<sup>th</sup> and 9<sup>th</sup> month occasions, followed by a slight decline at the 12<sup>th</sup> month occasion to close to levels at discharge

**Status for 2010/2011:**

- Of the 379 clients served, 78 clients did not complete the program or left abruptly and they were not approached for follow-up
- Of the remainder 301 clients, 204 agreed to follow-up (68%) and 97 declined (32%)
- **Trends:**
  - Preliminary results are similar to those from 2009/2010

**Follow-up with Telemental Health with CDES Clinical Director (psychiatrist)**

**2009/2010:**

- Of clients offered follow-up (221 clients), there is a show rate of about 62% with another 6% where collateral information were obtained
  - When this is divided into functional level, the lower functioning group tended to have a poorer show rate than the higher functioning group (58% versus 64%)

**2010/2011:**

- Data is available only for clients discharged up to the end of February, 2011
- Of clients offered follow-up (160 clients), there is a show rate of about 54% with another 3% where collateral information were obtained
  - When this is divided into functional level, both groups showed a similar show rate of 54% versus 56% for lower and higher functioning groups respectively
  - When compared to 2009/2010, the higher functioning group is showing a decline in show rate (from 64% to 56%)

### **Follow up with Addiction Counselors – January 1, 2010 – March 31, 2010**

Clients participating in the service are offered follow up at the following intervals post-discharge - 2 weeks, monthly for 6 months, 9 month and 12 month intervals. Follow up provide an assessment of current function, review of various areas of their life such as recreation, family relations, education, employment, income, housing, mental health, physical health, legal involvement and substance use. 61% of discharged clients agreed to participate. The majority of clients reported:

- being abstinent from drugs and alcohol
- Compliance with medication as directed.
- Improvement in 1 or more areas surveyed
- Access to additional services in the community post- discharge

### **Family Program – Commenced March 7, 2011**

This is a service offered to family members, spouses, employers and others who are involved in the lives of the client. Currently we offer a one-day basic education series with discussion components. We are currently working on an expansion of the service. The current goals of this service are:

- To provide family members and significant others basic information about concurrent disorders
- To promote the need for consistent and continued follow-up with care providers
- To provide supports for the family members.

This service has been offered every two weeks and has served approximately 45 family members with positive feedback.

### Regular Stream Programming

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:10-8:40	Exercise	Exercise	Exercise	Exercise	Exercise	9:00-9:30 Exercise	9:00-9:30 Exercise
9:00-9:45	Recovery Planning	Aftercare Group	Mental Illness Education	Budgeting	Guest Speaker		
10:00- 11:00	1 to 1 appt/ Video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	Series Review	Goal Setting
11:00- 12:00	Group therapy	Drugs/ Mental illness	Group therapy	Group therapy	Group therapy	11:15-12:00 Relaxation	11:15-12:00 Leisure Practice
1:00-1:45	Leisure Options	Tobacco Cessation (1 <sup>st</sup> wk)	Dynamics of Addiction	Leisure Education	Relapse Prevention	1:00-1:45 Experiential Learning	1:00-3:00 Leisure Options/ indiv appt (Rec)
2:00-3:00	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.		
3:00-4:00	Relationships	Stress Management	Introd to 12- Step (1 <sup>st</sup> week) or Leisure Options	Emotional Health	Self Exploration		
Evening	Discharge Presentation	DRA House Meeting	New Client Orientation	Relaxation Practice	DRA Town Hall	New Client Orientation	DRA Karaoke (optional)

### Modified Stream – Programming

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:10-8:40	Exercise	Exercise	Exercise	Exercise	Exercise	9:00-9:30 Exercise	9:00-9:30 Exercise
9:00-9:45	Leisure Education	Aftercare Group	Community Skills – Plan and shop	Stress Management	Guest Speaker		
10:00- 11:00	1 to 1 appt/ Video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	Series Review	Goal Setting
11:00- 12:00	Leisure Options	Mental illness Education	Community Skills – Meal Prep.	Budgeting	Relapse Prevention	11:15-12:00 Relaxation	11:15-12:00 Leisure Practice
1:00-1:45	Group	Tobacco Cessation (1 <sup>st</sup> wk)	Group	Recovery Planning	Group	1:00-1:45 Experiential Learning	1:00-3:00 Leisure Options/ indiv appt (Rec)
2:00-3:00	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.	1 to 1 appt/ video discuss.		
3:00-4:00	Emotional Health	Dynamics of Addiction	Introd to 12-Step (1 <sup>st</sup> week) or Leisure Options	Relationships	Leisure Options		
Evening	Discharge Presentation	DRA House Meeting	New Client Orientation	Relaxation Practice	DRA Town Hall	New Client Orientation	DRA Karaoke (optional)

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Website for Minkoff's Comprehensive, Continuous, Integrated System of Care Model:  
[www.kenminkoff.com](http://www.kenminkoff.com)

Website for Centre for Addiction and Mental Health:  
[www.camh.net](http://www.camh.net)

Website for Substance Abuse and Mental Health Services Administration (SAMHSA):  
[www.samhsa.gov](http://www.samhsa.gov)