Concurrent Disorders Enhanced Service (CDES)

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Presenters:

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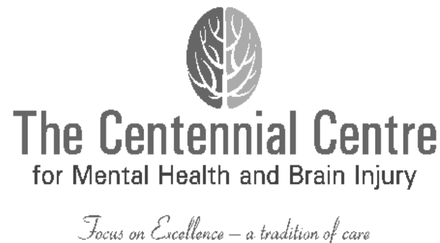

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Introduction

Providing treatment for individuals with co-occurring severe mental illness and severe substance dependence is a significant challenge.

To meet this challenge, a jointly funded proposal was approved for implementation on April 1, 2009 in partnership with Alberta Health and Alberta Justice Safe Communities Secretariat (Safe Com) to create the Concurrent Disorders Enhanced Service (CDES) at Centennial Centre for Mental Health and Brain Injury.

This demonstration project was created to provide voluntary short-term stabilization, specialized treatment service for individuals with severe mental health issues and severe substance use disorders.

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Service Description Overview

•The CDES provides a “one stop” voluntary intensive integrated care to simultaneously stabilize mental illness and addiction symptomotology typically within a 3 week stay.

•Service is provided to individuals ages 18-64 years with severe mental illness and severe substance use disorders with priority given to 18-24 year olds and pregnant women.

•This provincial service had 393 admissions within the first fiscal year of operation.

•The service capacity is 25 beds.

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Service Description Overview

•This is a concurrent disorders enhanced service that meets ASAM Placement Criteria Level 4.

•We provide care to predominantly Quadrant IV (severe mental illness and severe addiction issues) and Quadrant II (severe mental illness and low substance use) clients.

•Treatment team was changed to provide a fully integrated team.

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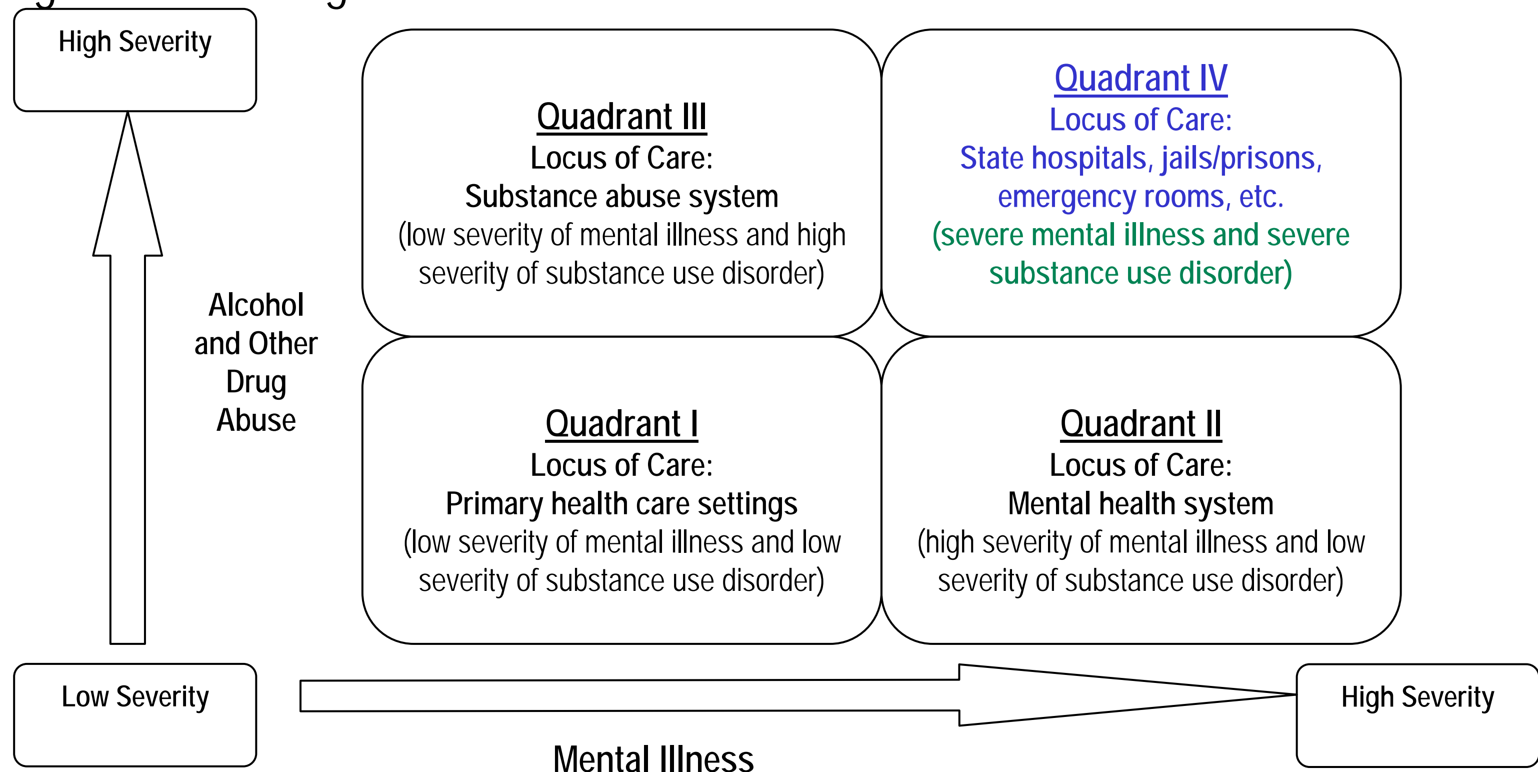
Quadrant System

Concurrent Disorders Enhanced Service is treating individuals with higher acuity given increasing number of clients in Quadrant IV.



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What Makes This Service Different?

- Provides care to individuals precluded from admission to residential and/or outpatient treatment due to the severity of their mental health and/or substance use issues.
- Integrated concurrent care is provided versus either
  - sequential psychiatric then addiction treatment or vise versa
  - or parallel treatment where care is provided by both addiction and mental health at the same time
- Supportive after care linkage and follow up post discharge is offered.
- Medical care is required by the majority of clients.

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What Makes This Service Different?

- Provide harm reduction approach to admission and discharge planning.
- Functional programming which includes main and modified streams to reach a variety of client abilities.
- Integrated interdisciplinary team provides client centered care within a case management approach.
- Clients' recovery goals lead the treatment and discharge planning provided.
- Unique integration of addiction culture, theory, and perspectives within an inpatient mental health and medical setting.

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Referral Criteria

Adults between ages 18 to 64 in Quadrant IV:

(with priority given to pregnant women and young adults):

- consideration given to individuals that have made multiple attempts at community/outpatient/residential addiction and/or mental health treatment

Exclusion Criteria:

- Do not provide acute detoxification services – individuals must be medically stable.

Tier System: (December 2010) – for accepted referrals

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Treatment Overview

- We offer standardized and optional programming on a 3-week, 7-day rotation offered in two functional streams
- Extensions are considered on a case-by-case basis (such as illness interfering with full participation in the program; medication adjustments; housing issues)

Specific Components:

Treatment:

- Daily consultation by psychiatrists and physicians;
- Interdisciplinary support/case management model
  - Psychoeducational workshops; Individual sessions; Group Sessions
  - Development and application of leisure and life skills through leisure options, library resources, experiential learning, other structured group activities
- Family Education Program (1-day workshop; roll-out March 2011)

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Medical Care

- Our clients are like everyone else, except they are generally at higher risk for serious things like transmissible infections, cardiac disease, liver disease and cancers
- Our experience is that many people who battle addiction and mental health problems have been too pre-occupied to seek timely medical care
- History and Physical
- Sexual history including prostitution risk:
    - “When was the last time you traded sex for money or drugs?”

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Medical Care

- We screen for HIV, Hep A/B/C, Syphilis, Gonorrhea, and Chlamydia
- We typically screen for liver, kidney, thyroid, and cardiac disease
- We often screen for diabetes
- A CBC can help find those cocaine users who are susceptible to levamisole. It also reveals the alcohol dependent person with macrocytosis
- All female patients of child bearing age are pregnant until proven otherwise
- Even if the tests are all negative…

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Who We Serve

- Marginalized population
  - Limited schooling and employment
  - Involvement with the justice system
  - Social isolation/poor supports
  - Significant self-report abuse history (44% for sexual abuse)

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DSM-IV-TR (Admission)

Severe Axis I/II Diagnoses:

- mood disorder (about 70%)
- psychotic disorder (about 25%)
- personality disorder (about 20%)
- Substance dependence (about 80%)

Specific Substances:

- alcohol related diagnosis (about 65%)
- cocaine/crack cocaine related diagnosis (about 35%)
- cannabis related diagnosis (about 25%)

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Discharge Process and Aftercare

Discharge Planning

- Referral to Addictions and Mental Health for ongoing support
- Arrange medical and psychiatric follow up with treating physician(s)
- Linkage to required resources to support individual recovery needs (i.e. including longer term treatment, housing and/or financial supports, etc)

Offers of post-discharge supports/evaluation

- Telepsychiatry follow-up
- Telephone support by Addictions Counsellor (commenced February 2010)
- Post-discharge evaluations (psychometric instruments administered via telephone)

Client Led Discharge Presentation

- On the week of their planned discharge, clients present to their peers their discharge plan and receive feedback

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Follow-up

Telephone Support provided by Addictions Counsellors

- This is a unique part of our integration to support clients with their recovery goals.
- The counsellors meet with clients in hospital and follow up with them via telephone and/or in person.
- All clients who agree to participate are then registered into the provincial ASIST program to promote collaboration.
- Telephone support is offered at 2 weeks, monthly up to 6 months, 9 and 12 months post-discharge.
  - 358 individuals were offered this support – 239 participated (67%) – 165 individuals are still actively involved.

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Outcomes

General Conclusions – self reported:

- Overall improvement in mental health
- Improved physical health
- Other measures indicate improvement seen at discharge are maintained for up to 6 months post discharge
- We are pleased to note that according to our clients' feedback, many have not returned to pre-admission level of illness and/or substance use

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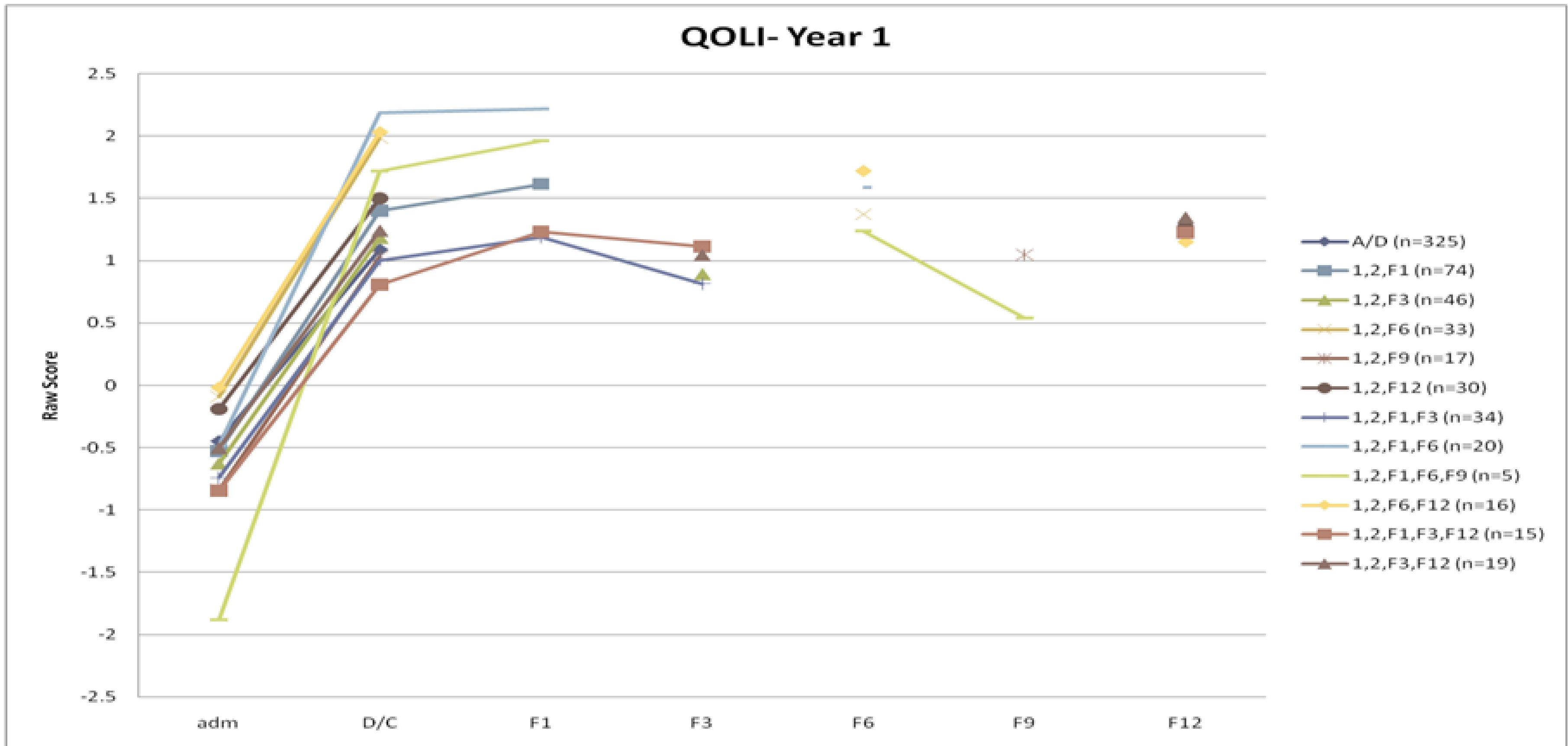
Outcomes and Follow-up



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Achievements

- Enhanced Accessibility – 207% increase in clients served (from 190 in 2008/2009 to 393 in 2009/2010).
- Reduced Wait Time – reduced by 41% (2009-2010) - *currently increasing as a result of limited capacity and increasing volume of referrals*
- Increased Engagement of Priority Targets – increasing admissions of Quadrant IV clients to 70% (by the 3rd quarter of 2009/2010)
- Positive Client Outcomes – 100% demonstrated clinical improvement in psychometric testing at discharge
- High Client Satisfaction – average of 86% of clients are satisfied with service

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Challenges

- Access - Increasing volume of referrals is impacting access and/or wait times due to limited 25 bed capacity.
- Discharge Challenges –
  - Linkage to longer term addiction treatment has been difficult as a number of agencies will not accept clients on “mood altering” medication for mental illness; creative options are explored to address this issue.
  - Linkage to concurrent capable supportive treatment has been difficult due to varying resources and capabilities within urban vs. rural settings.
  - Balancing referrals/discharges from community and internal mental health programs.

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Successes

Development of the Concurrent Disorders Enhanced Service:

- Developed new integrated group programming in two functional streams in a standardized curriculum format
- Created a new integrated treatment team with unique staff mix
- Implemented client centered, case management model of care
- Created discharge management process to support planned, effective discharges
- Implemented family program – to provide education and support to our clients' significant others/family members –launched March 2011
- Optimizing expertise and skills of team in both mental health and addictions
- "Fast track" priority referrals into the service and build relationships with these referring agents

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Successes

Positive Outcomes:

- Demonstrated positive client outcomes
- Improved accessibility
- Reduced wait times
- Serving priority target population
- High staff and client satisfaction

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Ongoing Enhancements

- Enhance follow up after discharge to include broader stakeholder partnerships
- Enhance linkage to community agencies and promote addictions culture into inpatient setting
- Evaluate the follow-up supports component (including the integration of multiple databases)
- Evaluate/enhance wait list management process

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Contacts

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Thank You