Improving Care for Co-Occurring Disorders in Outpatient Substance Abuse Treatment

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Background and Significance

◈ Epidemiologic and clinical data suggest that many individuals in substance abuse (SA) treatment have a co-occurring mental health (MH) disorder.
- 69% of clients with drug dependence
- 55% of clients with alcohol dependence

◈ If unrecognized and untreated, co-occurring disorders often lead to poorer treatment outcomes.
- National data indicate that few individuals in SA treatment are recognized as having a co-occurring disorder, and the quality of MH care provided by outpatient SA programs is poor.

Overview of Project

Goal
- Improve the quality of MH care delivered by outpatient SA treatment providers

Objectives
- Improve delivery of MH services within SA treatment programs
- Improve referrals to community MH centers for specialist care and pharmacotherapy

Approach
- Develop and implement a clinic-level quality improvement intervention
- Use a quasi-experimental design to evaluate the impact of the intervention

Logic Model

Intervention Activities
1) Linkages with Community Resources – ongoing twice monthly case conferences co-led by DMH* dual diagnosis coordinator
2) Staff Training – 12-week (2 hour sessions) training on dual diagnosis
3) Client Activation – Health and Wellness groups (7 session weekly group required of all SA clients); Dual Diagnosis Groups (ongoing for all clients that self-identify has having a mental health issue)

Access to Specialty MH Care
- treatment
- medication

Intermediate Program Outcomes
- Increased detection of MH problems
- Increased MH attention
- Increased referrals to DMH treatment AND
- Increased length of stay, number of groups and number of individual sessions

Client Outcomes
- Number of days bothered by emotional problems (in past 90)
- Number of probable MH disorders
- Substance Abuse Frequency Index
- Quality of Life

Intervention Activities → What happens in SA treatment → Client Outcomes

*DMH = Department of Mental Health

Study Description

◈ Three large publicly funded SA treatment programs in Los Angeles County participated in the study. One program served as the intervention site and two smaller programs served as comparison sites.
- During intake, clients were invited to complete a health screener.
- Clients were enrolled in the study if they screened positive for a current probable mental health disorder.
- Clients were interviewed during the week following intake (baseline) and six months later (follow-up).
◈ Data abstracted from program charts, computer records, and DMH records.

Client Data Collection Results

Rates of positive screeners

	Intervention	Comparison#1	Comparison#2	Total
% reporting	51%	48%	51%	51%
MH symptoms				n = 202

Survey Results

Baseline response rates	93% (187/202)
Six month response rates	96% (180/187)

Outcome Evaluation Strategy

◈ Regression analyses comparing six-month client outcomes at the intervention site to the comparison sites used to determine the impact of the intervention
◈ Propensity weights used to control for differences across the comparison and intervention sites
- Demographic and background characteristics, prior history of mental health and substance use symptoms and treatment
◈ Preliminary bivariate analyses conducted to determine variables in regression models
- Age, gender, and race/ethnicity not found to be important predictors of outcomes

No Differences in Client Outcomes Between Intervention and Comparison Sites Found

Intermediate Program Outcomes Help Explain Client Outcomes

◈ Intervention staff had increased rates of MH detection, but no differences in rates of referral to specialty MH care
◈ Access to MH specialty care and pharmacotherapy did not increase at intervention site
◈ Length of stay and # of sessions did not differ across sites

Increased Detection, But No Differences in Problem List and Referral Rates

In Client Chart:	Intervention	Comparison
Documentation of MH issue (detection)***	69%	45%
MH appears on Problem List	30%	22%
Documentation of MH referral:		
Yes	22%	17%
No	52%	63%
Already in MH Treatment	26%	19%

*** p < .001

Access to MH Specialty Care and Pharmacotherapy Did Not Increase at Intervention site

	Intervention	Comparison
% in specialty MH care at follow-up	34%	43%
% on psychiatric meds at baseline	22%	19%
% on psychiatric meds at follow-up	24%	23%

Length of Stay and # of Sessions Did Not Differ Across the Sites

	Intervention	Comparison
Length of Stay: avg # of days	114	95
% of clients: < 60 days	44%	51%
= or > 60 days	56%	49%
# of Individual Sessions	8	9
# of Group Sessions	27	22

Participating in Client Activation Activities Improves Client Outcomes

◈ Regression analyses examined whether participating in client activation activities improved client outcomes, controlling for baseline health status and medication use.
◈ Health and Wellness Group attendance associated with fewer days bothered by MH problems (p < .001) and substance use (p < .05).
◈ Dual Diagnosis Group attendance was associated with fewer days bothered by MH problems (p < .01) and better quality of life (p < .05).

Summary of Results

◈ Client outcomes did not differentially improve at intervention site.
◈ Analyses of intermediate program outcomes indicated that clients at the intervention site did not receive more MH specialist care or pharmacotherapy as intended by the intervention plan.
- Intervention counselors were more likely to detect a MH problem, but this did not result in increased access to specialty MH care.
◈ Clients who participated in client activation activities had improved MH and SA outcomes.

Conclusions

◈ Our findings indicate that over half of clients entering outpatient SA treatment experience MH symptoms at time of intake. While overall clients at the intervention site did not do better than clients at the comparison sites, clients who were exposed to the client activation activities had improved outcomes. Access to specialty MH care for both clients and SA providers continues to be a challenge.