

Implementing Treatments for Youth with Co-Occurring Mental Health and Substance Use Disorders: Opportunities and Challenges



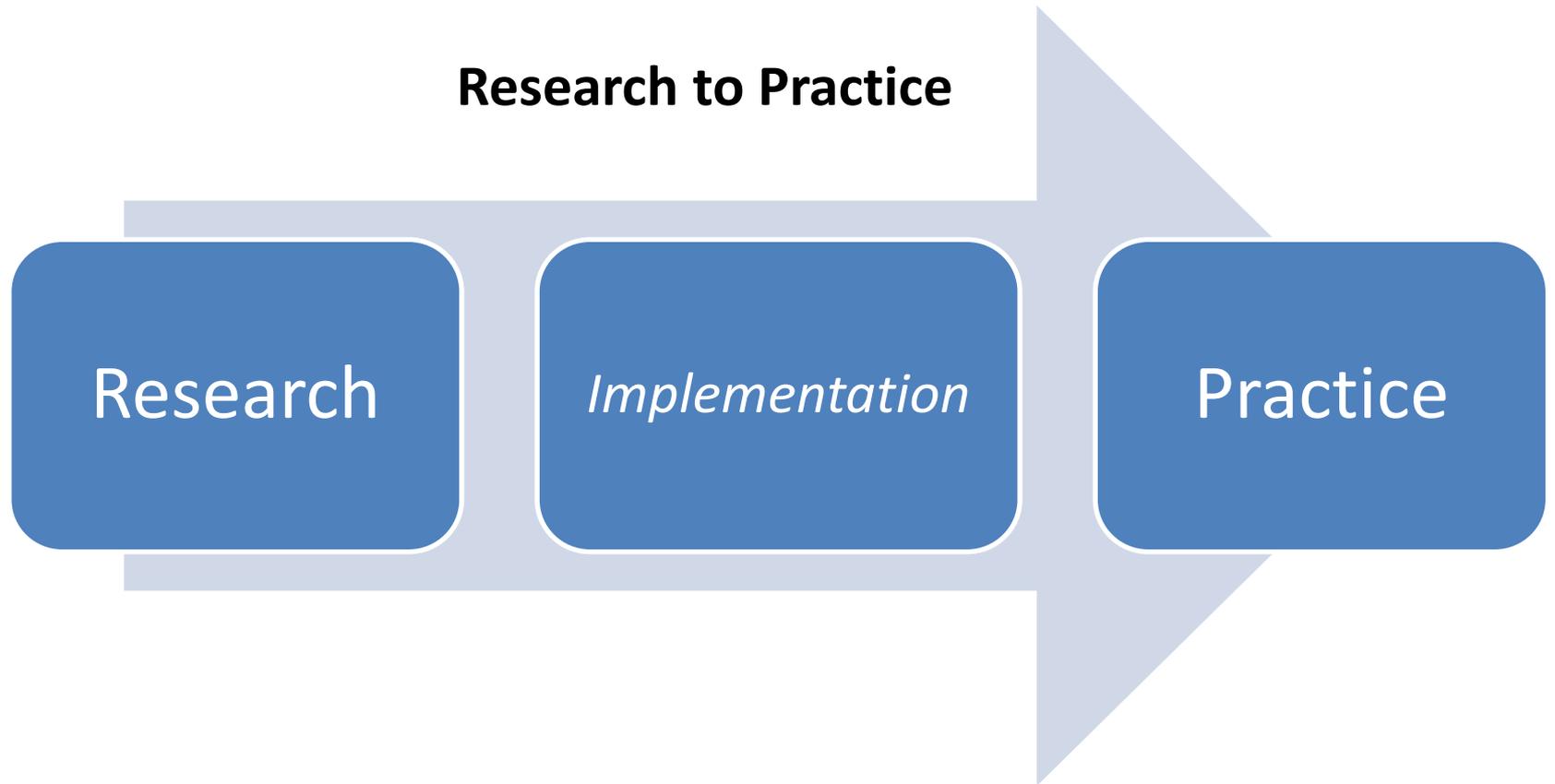
Implementing COD Treatments for Youth: Opportunities and Challenges

Moderators: Patrick Canary & Rick Shepler, Center for Innovative Practices, Begun Center for Violence Prevention Research and Education, Case Western Reserve University

Panel Presenters:

- **Zoe Barnard**, Chief, Children's Mental Health Bureau, State of Montana;
Kim Gardner, LCSW, LAC, Lead Clinical Supervisor, Intermountain, Montana
- **Chris Gleason**, Director, McHenry County Services, Rosecrance, McHenry County, Illinois
- **Pat Weighman**, Kalamazoo Community Mental Health and Substance Abuse Services, Senior Executive Officer for Youth and Family Services;
Fritz Naylor, Therapist, Family & Children's Service; and
Becca Saunders, Evaluator, Kalamazoo, Michigan

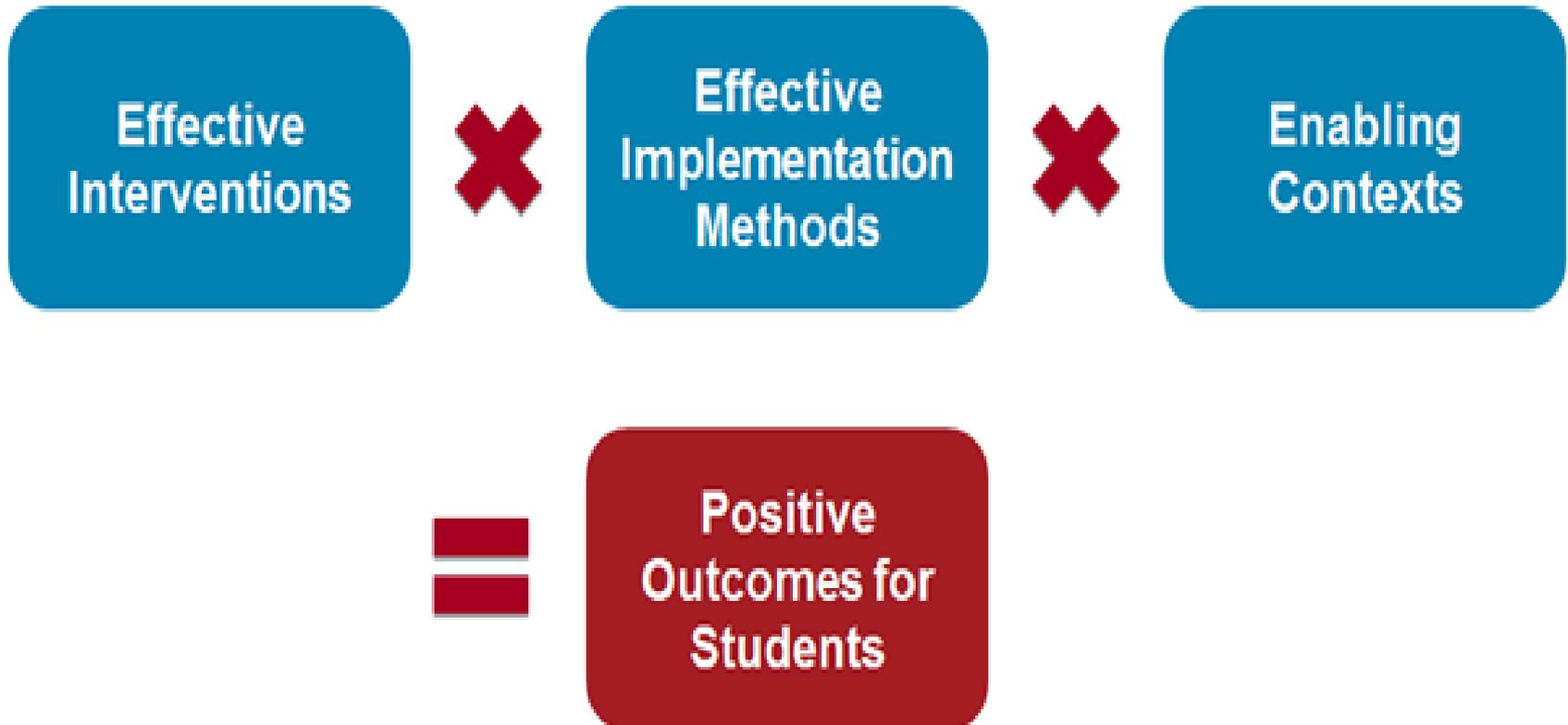
Why Focus on Implementation?



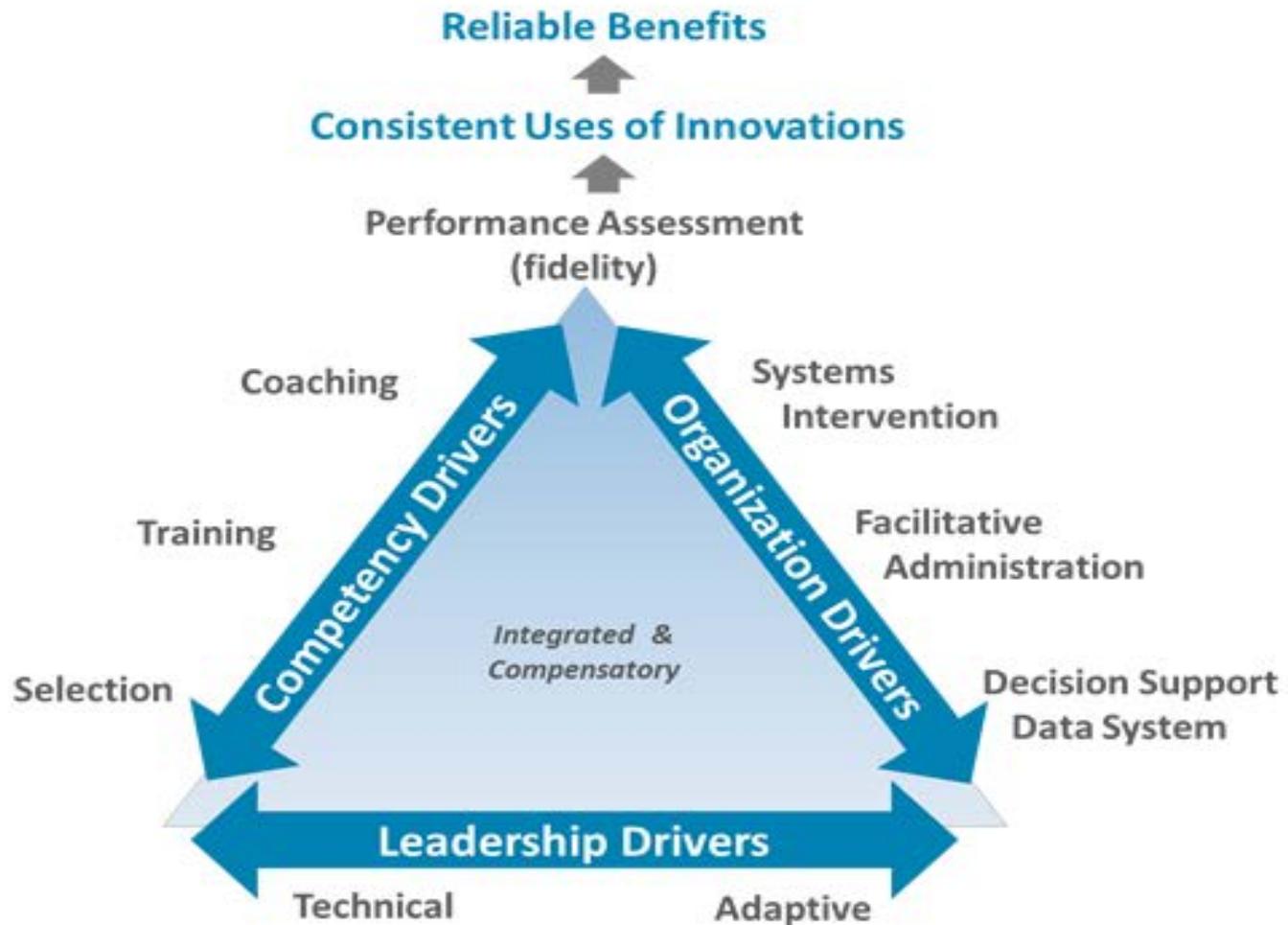
It connects what we know works to actually making it work in the field

Formula for Success

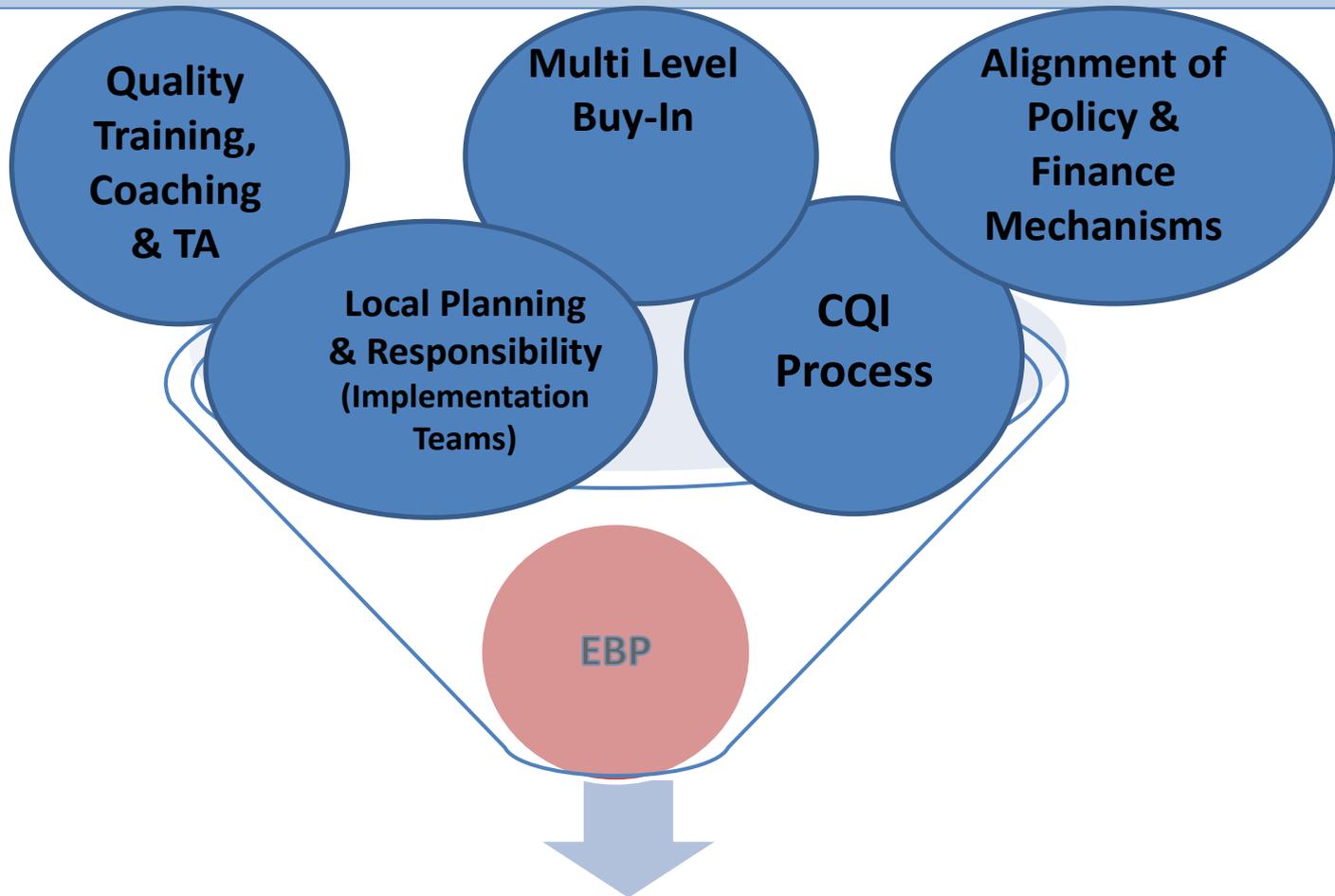
NIRN- National Implementation Research Network



Implementation Drivers



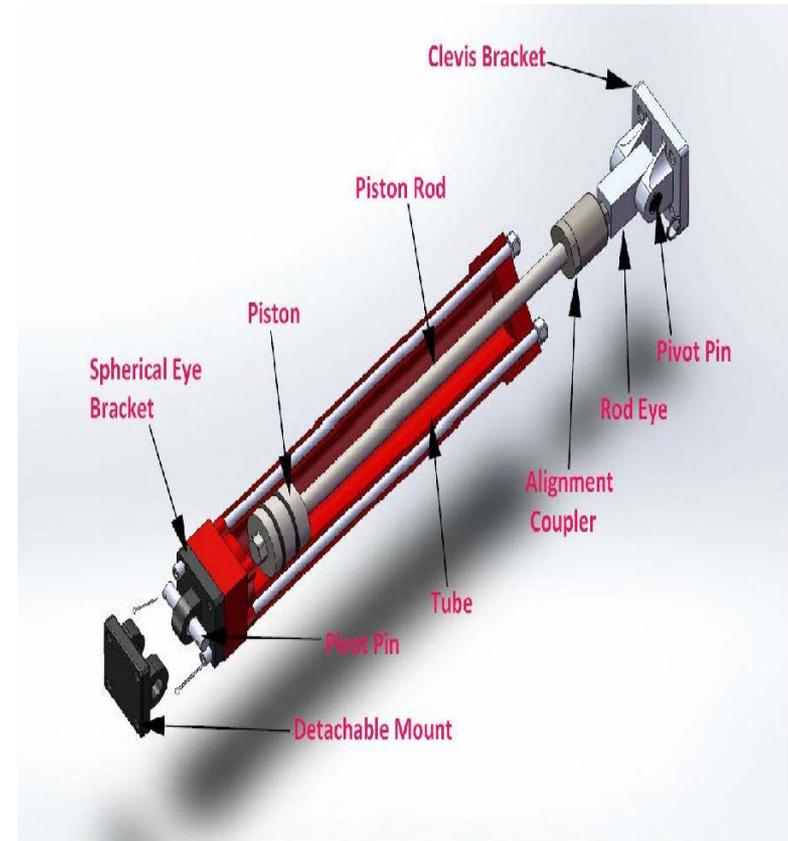
Building Capacity for High Fidelity Implementation



High Fidelity Implementation of Effective Practices
IMPROVED OUTCOMES

Implementing Evidenced-Based Practices

- The 'hydraulics' of implementing many evidence based practices require not only clinical reorientation and skill building but also organizational and systemic adjustments.
- Experience would suggest that at least two full years of implementation with fidelity are needed to reach consistent outcomes.



Implementation Challenges



1. All Implementation is Local

- Achievable outcomes
- Implementable in the real world
- Responsive to and integrated with local partners



2. Collaboration

- A Community Stakeholder Co-operative among:
 - ✓ Policy makers
 - ✓ Providers
 - ✓ Youth and Families
 - ✓ Funders
 - ✓ Federal, State, Local, Tribal authorities



3. Shared Outcomes

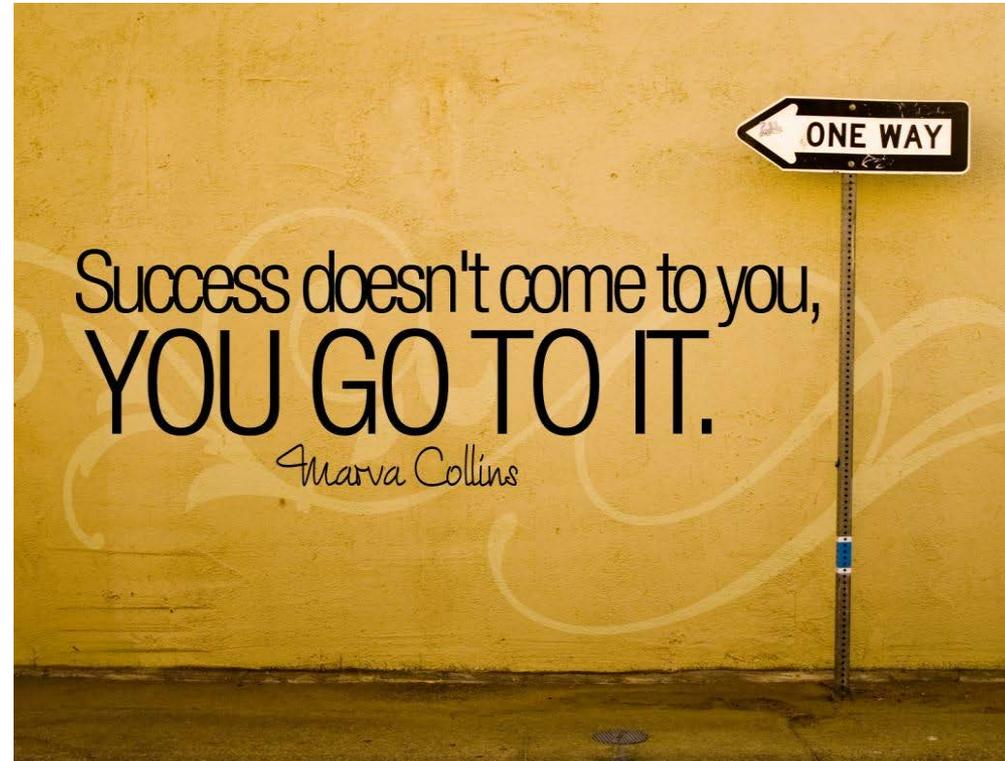
- Shared Multi-system Outcomes
- Clear Expectations from all Partners
- Shared vision



4. Defining & Measuring 'Success'

Implement processes that capture:

- Clinical
- Organizational
- Systemic
- Fiscal



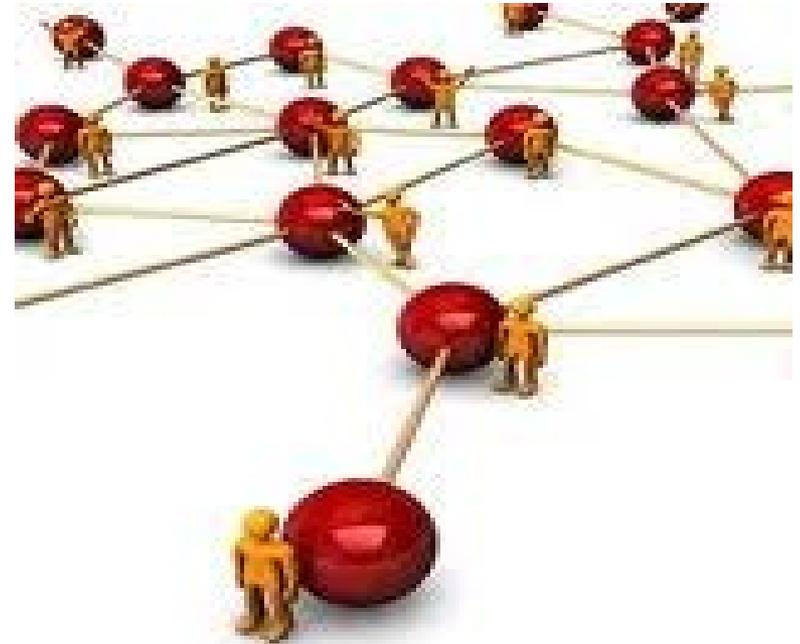
5. The 'Right' Service for the 'Right' Youth at the 'Right' Time

- Clearly identified Population of focus
- Agreed upon characteristics
- The 'fit' of the intervention given all the conditions



6. Referral Process

- Information and education about the service to all key partners
- Clearly described referral processes, points of accountability
- Feedback loops
- Inter-organizational communication



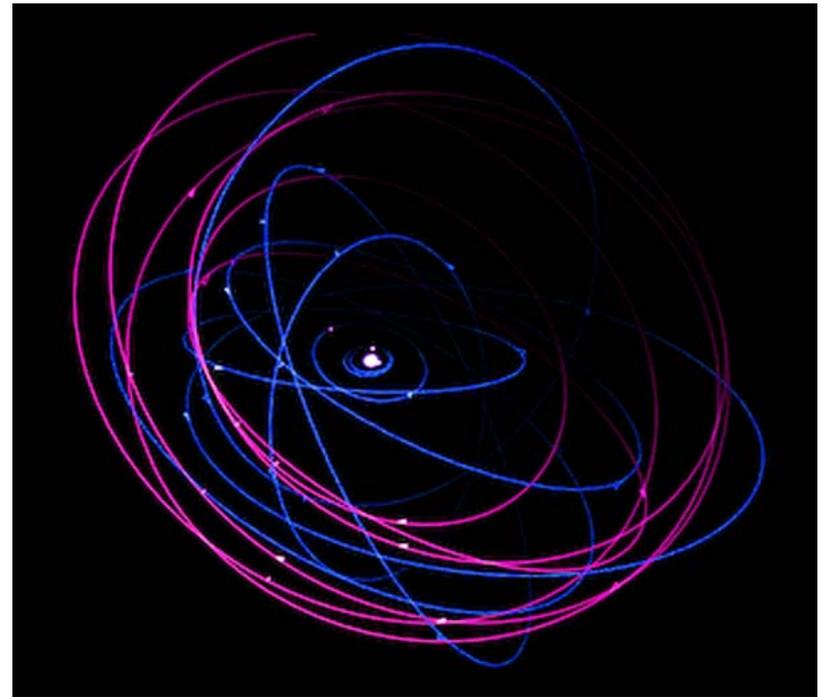
7. Organizational 'Fit'

- Compatible with the culture of the organization
- Experience with implementing programs
- High level of engagement with community partners
- Flexibility
- High tolerance level for change and more change
- Comfortable with community transparency



8. Place on Local System of Care Array

- Where does it fit
- What role does it fill
- How does it relate to other parts of the system



9. Sustainability

- Post grant reality
- Advocating for fiscal flexibility in funding integrated programs
- Recognition that 'Fee for Service' is not optimal for integrated services
- Multiple stakeholders willing to pool resources
- Short and long term strategies



10. Work Force

- Qualifications
- Pre and post service education and training
- Ongoing coaching role
- Team approach
- Recruitment and retention



Implementation Challenges for COD

- There are many challenges to providing effective treatment for youth with co-occurring disorders.
- The promising news is that agencies and communities have found strategies for overcoming these challenges in providing these much needed service
- ICT example: Communities which value these services have found ways to successfully fund them post grant periods



Collaborative Funding

- One successful example: Ohio's use of their Ohio Department of Youth Services and Mental Health and Addiction Services diversion funding grants Behavioral Health-Juvenile Justices (BHJJ), Reclaim, Targeted Reclaim and Competitive Reclaim.
- These initiatives provide for 'incentive' funding to local communities to keep youth in their homes and communities while providing flexible funding to implement evidence based and promising practices.
- Other states have similar examples, such as Connecticut and Georgia.

Training and Clinical Supports

- Because the burden of training staff in COD treatment mainly falls to the agency implementing the co-occurring program, it is important for agencies to choose a model with a strong ongoing training and consultation component.
- It is equally important to hire dually-trained and licensed supervisors to provide the day-to-day clinical supports needed to assist staff in learning and applying the necessary integrated skill sets.
- The supervisor becomes the foundation for the ongoing clinical and support needs for the direct care staff





THE *TA* NETWORK

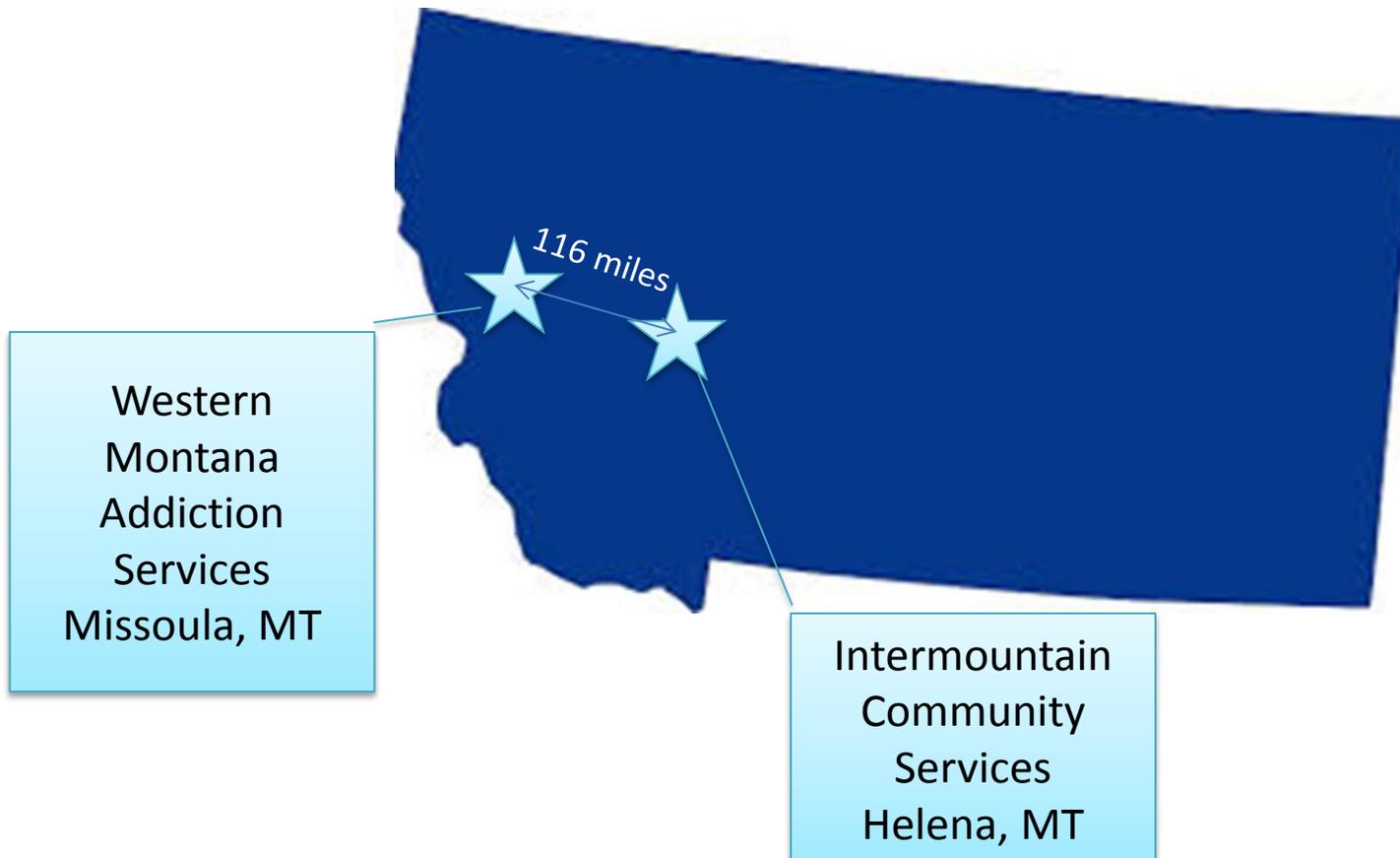
Integrated Co-Occurring Treatment in Montana

Zoe Barnard, Montana Department of Public
Health and Human Services, Children's Mental
Health Bureau

Kim Gardner, Intermountain Community
Services

ICT Pilot Sites in Montana

Work made possible by a SAMHSA
CSAT grant.

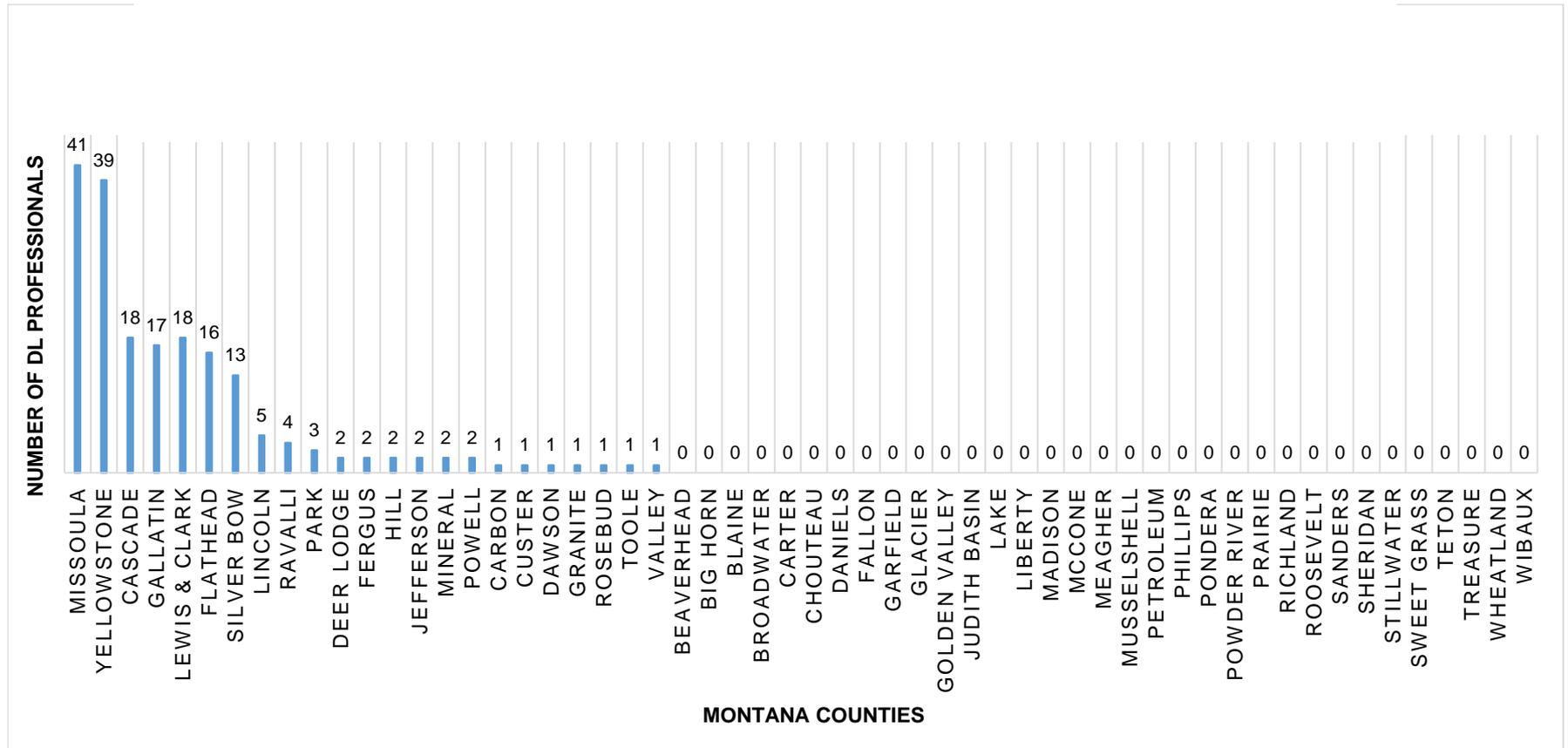


The Power of Relationships in Montana



Dually Licensed Professionals in Montana

N=194



**Dually Licensed (DL): A professional holding an LAC in addition to an LCSW, LCPC, or LMFT.*

Note 33/56 (58.9%) of Montana's counties have zero DL professionals. The average number of DL professionals by county is 3.4 when including counties with zero DL professionals, and an average of 8.43 when excluding counties with zero DL professionals.

Challenges to Dual Licensure in MT

- There is a single M.Ed. Program in MT offering all required Licensed Addiction Counselor (LAC) courses, these are online. Enrollment is limited.
- There is a single MSW program in MT and it offers a single addiction elective, not online, not a path to licensure.
- All other LAC training is at the undergraduate level and is mostly classroom based.
- The licensing board does not maintain a list of approved courses by required content area.

Hiring for the Job

- Previous home-based services experience.
- Capable of engaging individuals across the lifespan.
 - clinical skill not just limited to adolescent or adult populations.
- Dually licensed in social work/counseling and addictions.
- Comfortable with juvenile justice/probation system.
- Comfortable with rural life.
- Comfortable with working in homes and setting boundaries.



The Power of Relationships at the local level



Integrated Co-Occurring Treatment in Montana

- Is most likely to succeed in “urban” communities with dually licensed providers: Helena, Missoula, Great Falls, Bozeman and Billings.
- Is dependent on a sustainable funding mechanism; this is currently being identified.
- Two pilots sites have exceptionally high fidelity reviews and initial positive outcomes, especially with Juvenile Justice involved youth.

Kalamazoo's ICT Regatta: Rowing Strong and Long

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**FAMILY & CHILDREN
SERVICES** A SOURCE OF HOPE

**December
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JACK, JOSEPH AND MORTON MANDEL
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**CASE WESTERN RESERVE
UNIVERSITY**



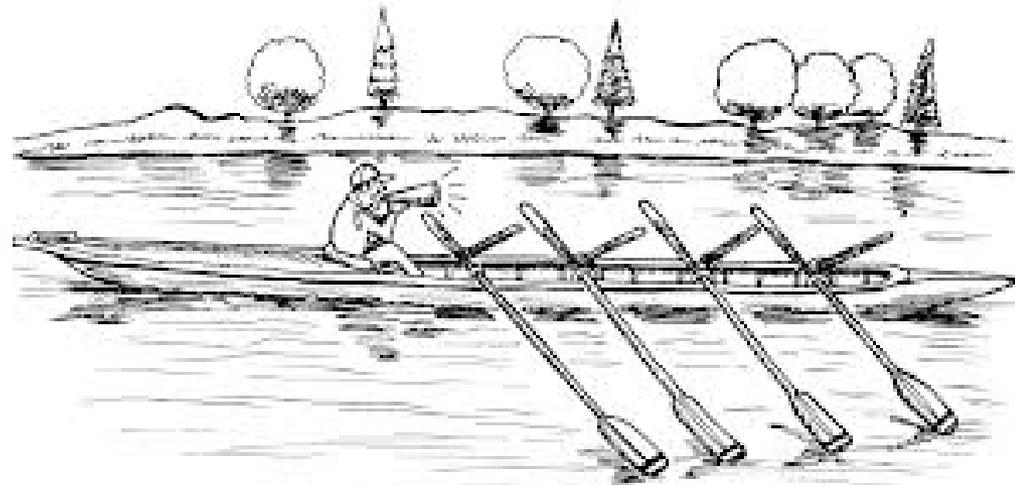
Today's Regatta...

Building a boat: Need for Rowers!

Filling the boat (staff & youth!): Rowing Strong!

Sustainability: Rowing Long!

Outcomes: Rowing Forward!



Building a Boat: Need for Rowers!



- Co-occurring: about 20% of total served!
- SU Behaviors: not mild or minimal!
- Youth... short versus long timers!
- High dollar level of care!
- Clinical jacks of different trades!



Build an ICT boat...

Filling the Boat: Rowing Strong!

- Rick trains rowers...
- Rowers row for a while...
- Rowers move on, move up, move out...



This is reality in public mental health...

Filling the Boat: Rowing Strong!

Boarding the Boat with Youth: It's a bit tippy...

- Difficulty finding the dock
- Difficulties boarding the boats
- End up with other youth aboard



Referrals down=skills down over time

Sustainability: Rowing Long! How Now Cow?



Penny-wise, pound-foolish

- We shop for penny-pound-wise *and quality*

Retain staff vs. stay ahead of turnover

- Put eggs in both baskets, more in the latter

Emphasize Cultural (vs. Technical) Reform

- The co-occurring “royal we” value shift
- Towards equal footing: MH and SU

More on Rowing Long...

Ready set go vs. ready set “coach-and-go”

- Look behind and ahead with EBP roll outs

Let data do its job; make room at the table

- What island to hit, whether to smile or weep

Acknowledge Tangible Clinical Reform

- In a boat that feels slow at times

Outcomes: Rowing Forward!

2 Ways to Define Outcomes

- 1) Did youth get better as defined by reduction in **ANY** type of functional impairment?

The Full Boat



- 2) Did youth get better as defined by a reduction in **SU RELATED** functional impairment?

The Partial Boat

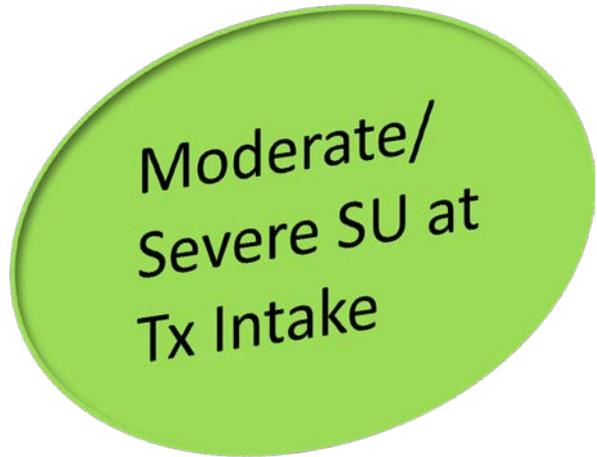


Outcomes: Both Boats

ANY



**SU
RELATED**



- Statistically and clinically significant change over time metric
- Standardized measure with established psychometrics (CAFAS[®])

Outcomes: The Partial Boat

Clinical Context for Interpretation

- Relapse as the majority!
- Substance use as chronic and relapsing disorder!
- Abstinence is not the majority!
- Sustained abstinence is really not the majority!

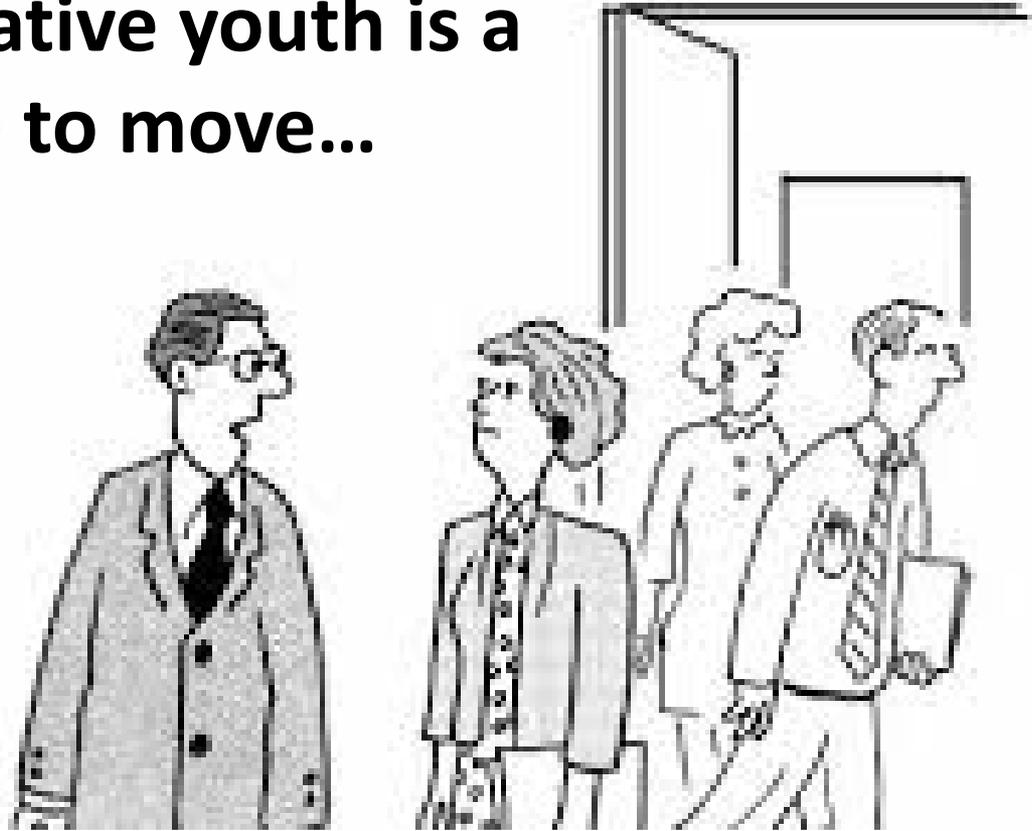
All affect the boat's destination

- ...conceptually
- ...directionally
- ...during interpretation of data



Outcomes: The Co-Morbidity Takeaway

...SU Impairment with co-occurring, often pre-contemplative youth is a very difficult needle to move...



"Excellent meeting. I loved the quick fixes, the simple solutions, and the easy answers."

Outcomes: Go with the Full Boat

The Clinical Context for Interpretation



!Precontemplation!
Contemplation
Preparation
Action
Relapse
Maintenance

The Pathways to Desistance Study

Schubert, C & Mulvey, E. (2014).

- Youth with substance abuse disorders had poorer outcomes with increased rates of re-arrest and self-reports of antisocial behavior, and less time spent in gainful activity.
- However a particularly promising result from the Pathways Study is that the youth who received substance abuse interventions had significantly less substance abuse up to one year later.
- This indicates that youth with substance abuse disorders should be identified and targeted strategically with effective services in an effort to prevent future offending (Corcoran)



Treatment Works

- The good news is that promising and evidenced-based treatments for adolescent substance use disorders demonstrate positive outcomes in reducing substance use in adolescents.
- However, **while we know treatment works, only 10.8% of youth needing treatment for alcohol or drug abuse received them (NSDUH).**
- Accessibility and linkage to substance use treatment at the earliest juncture is critical and leads to better long term outcomes including a shorter period of time to achieve lifetime abstinence (Dennis et al, 2005).



Comorbidity negatively impacts youths' substance use treatment outcomes

- While substance use treatment works, we also know that co-occurring mental health disorders negatively impacts youths' substance use treatment outcomes, regardless of length of stay, amount of treatment, or whether a youth receives an empirically supported substance use treatment.
- In addition, there are higher rates of treatment dropout and poorer long-term success rates in both adolescent and adult populations with co-occurring disorders.



Realistic outcome expectations

- Abstinence is the right bar– but a very difficult to achieve for youth living in the community
- Substance use outcomes are the hardest outcomes to achieve and sustain. The majority of youth still have episodes of substance use relapse following treatment (Godley et al.,2004)
- Adjust outcome expectations to match best practice research findings
 - Williams and Chang (2000) found that the average rate of sustained abstinence after treatment, across 53 adolescent substance use treatment outcome studies, was 38% at 6 months and 32% at 12 months.
 - The percentage of youth in recovery (defined as no substance use problems in the past 30 days) at the 12 month follow up in the Cannabis Youth Treatment Study ranged from 17 to 34% (Dennis et al., 2004).
- The important message is for communities to understand the chronic relapsing nature of substance use disorders and to have realistic expectations about sustained abstinence over time.
- Think trajectory of reduced risk and use over time



What do we measure to show effectiveness?

- Think integrated outcomes. Measure the multiple impacts of substance use and mental illness.
- **Individual:** mental health and substance use symptom reduction (outcome tools)
 - **Substance Use:** Drug screens/reported substance use in last 30 days
 - **Risk behaviors:** reduction in risk behaviors (e.g. runaway etc.)
 - **Mental health symptomatology:** number of hospitalizations;
- **Family:** level of family conflict; family substance use; quality of family relationships; monitoring and supervision; remains in home and community at end of treatment
- **School:** In school and passing; no new suspensions or expulsions; days truant
- **Community:** No new court charges (Probation violations; misdemeanors; felonies)
- **Peers/Social:** Prosocial peers and activities
- **Retention in services:** Could include level of motivation and engagement



Shared System Outcomes

- Integrated care recognizes that success is defined for this population not only by clinical and functional outcomes but by shared system outcomes that help these young people stay with their families, succeed in their schools, thrive in their communities, and begin to see hope in their futures.



Challenges and Opportunities for Providers

Chris Gleason, MA, CAADC

Director Rosecrance McHenry County



rosecrance
life's waiting

Implementation Opportunities

- Community Survey
- Work from the results of the survey
- Need a core group to champion the program

Implementation Challenges

- Funding stream
- Blended would be best
- Multiple funders
- Sustainability

On-going Integration

- Fidelity to the Model
- Case load Management
- Length of stay

Summary

- These youth are not new to our systems.
- We are already involved with these adolescents and their families, often in ways that are parallel and disconnected.
- The opportunity to utilize promising and evidenced-based integrated approaches for treatment is an exciting intersection in the focus on the behavioral health needs of adolescents.



TA Network Substance Use and Co-Occurring Treatment Briefs

- **Prevalence of Youth Drug Use, Mental Health and Co-Occurring Disorder**

<https://www.scribd.com/doc/246378645/Case-Western-Brief-1>

- **Screening and Assessment for Substance Use, Mental Health and Co-Occurring Disorders in Adolescents**

<https://www.scribd.com/doc/246378890/Case-Western-Brief-2>

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Substance use assessment instruments

- Teen Addiction Severity Index (T-ASI; 21):
http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/70_T-ASI.pdf
- Global Assessment of Individual Needs (GAIN, 22):
<http://www.gaincc.org/>
- Comprehensive Adolescent Severity Index (23):
http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/21_CASI.pdf
- Practical Adolescent Dual Diagnostic Interview (PADDI; 24):
http://www.evinceassessment.com/product_paddi.html



Mental Health instruments that have substance use domains

- Child and Adolescent Functioning Assessment Scale (CAFAS; 25):
<http://www.mhs.com/product.aspx?gr=cli&prod=cafas&id=overview>
- Child and Adolescent Needs and Strengths (CANS; 26):
<http://www.praedfoundation.org/About%20the%20CANS.html>
- **Juvenile Justice:**
- The Massachusetts Youth Screening Instrument-Version 2 (MAYSI II; 27):
<http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report- p 170.html>



Thanks

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