A Breakthrough Approach to Integrating Substance Use and Mental Health Treatment

Susan Whitley, MD
Director of Chemical Dependency Services

Event: Enhanced Availability of Substance Abuse Treatment on Inpatient Services

- Date: September 17-21, 2012

Reason For Action:

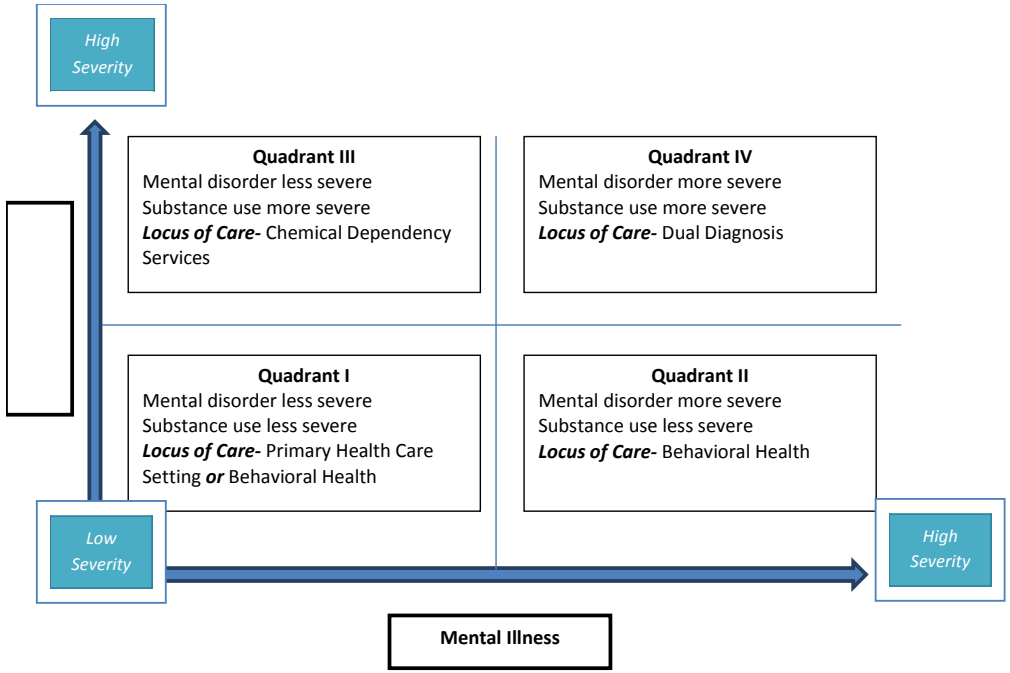
- In spite of the high percentage of co-occurring disorders and evidence that integrated care results in improved treatment outcomes, Behavioral Health (BH) services lack clear integration of substance abuse and mental health services.
- Co-occurring disorders are a leading contributor to readmissions to Inpatient Psychiatric Services

Target State:

- Routine Screening for Substance Use
- Incorporate Substance Use into Assessments
  - Establish a conceptual framework for classifying symptom severity of patient with co-occurring disorders
- Increase Availability of Evidence Based Interventions
  - Increase use of Motivational Interviewing
  - Increase availability of Substance Abuse focused groups
- Incorporate Substance Use into Aftercare Planning

Recommended Actions:

- Revised Nursing Sign-out from Comprehensive Psychiatric Emergency Program (CPEP) to Inpatient
  - Results of urine toxicology (UTOX) & screening instruments
- Updated Standard Work for Integrated Initial Assessment
  - Review of UTOX and screening instruments
  - Reminder to complete items not completed in ED
- Updated Standard Work for Individualized Recovery Plan (IRP)
  - Motivational Interviewing (MI) Informed Treatment Training Module for all staff
    - Four Quadrant Model, Readiness Ruler
- Discipline Specific Initiatives
  - Training, supervision, revision of assessment tools, etc.
  - Increase number of substance use related groups on all units



Quadrant I includes individuals with low severity substance use and low severity mental illness. These individuals can be accommodated in outpatient Behavioral Health or Chemical Dependency settings. Alternatively, many can be best managed in *Primary Care* settings with consultation as needed.

Quadrant II includes individuals with high severity mental illness, usually identified within the Behavioral Health treatment system, who also have low severity substance use (including substance dependence in partial or full remission). These individuals generally receive care in *Behavioral Health* settings. *Consider integrated case management, motivational enhancement, relapse prevention, and self-help.*

Quadrant III includes individuals with severe substance use and low or moderate severity mental illness. These individuals are generally well accommodated in intermediate level *Chemical Dependency* treatment programs. In some cases there is need for coordination and collaboration with integrated or affiliated mental health providers. *Consider CDTOPS, Early Intervention-Polydrug.*

Quadrant IV is divided into two subgroups. The first subgroup includes individuals with serious persistent mental illness who also have severe and unstable substance use disorders. The second subgroup includes individuals with severe and unstable substance use disorders and severe and unstable behavioral health problems (including violence and suicidality) who do not (yet) meet criteria for SPMI. The entry to treatment often includes emergency room and inpatient behavioral health. The locus of treatment may include inpatient, specialized residential treatment such as therapeutic communities. *Consider Project Access or CDTOPS Integrated Track.*

Adapted from: Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons With Co-Occurring Disorders. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment Improvement Protocol (TIP) Series, No. 42.) Available from: http://www.ncbi.nlm.nih.gov/books/NBK64197/

The Readiness Ruler

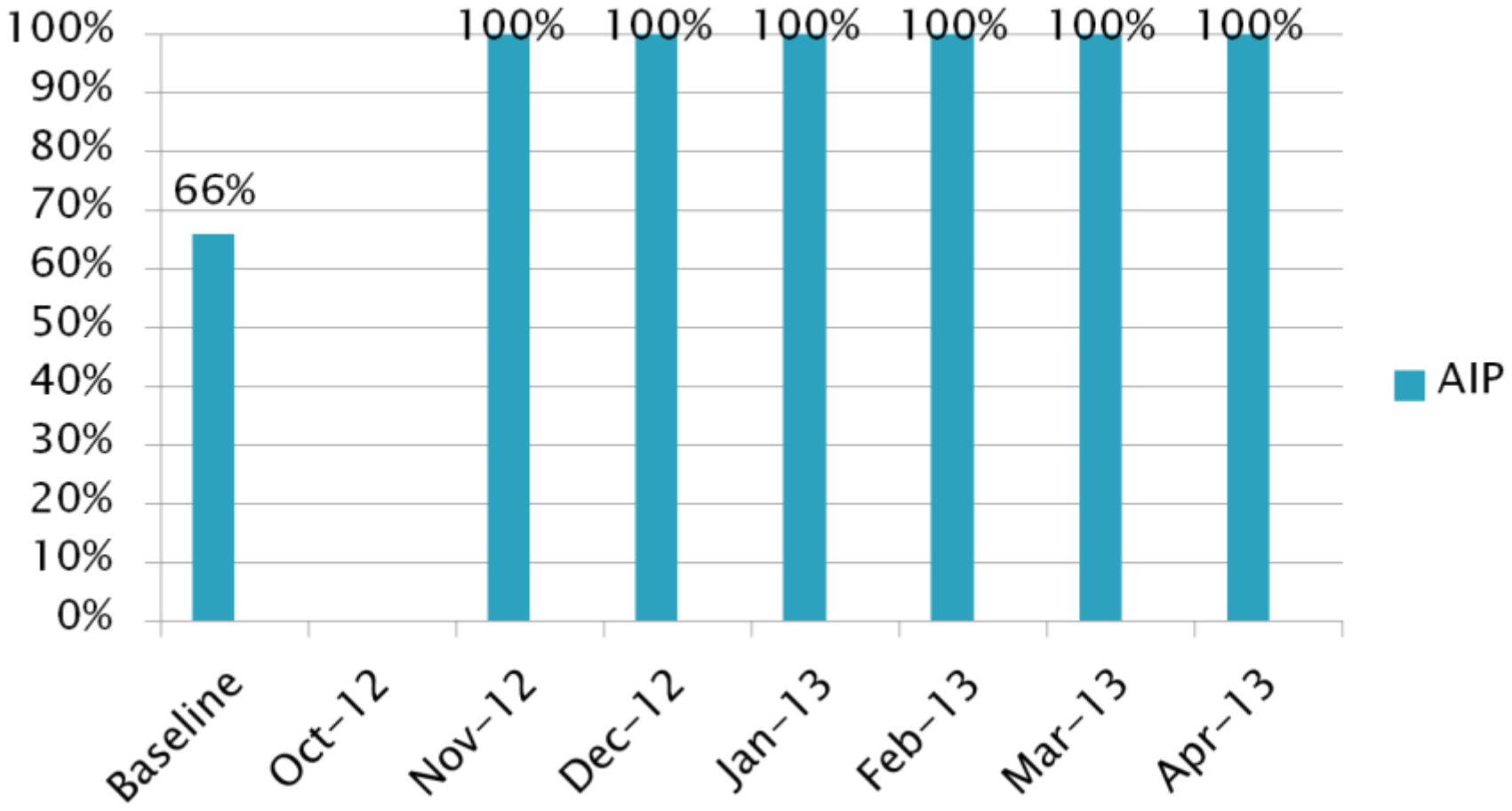
- **"On a scale of 0 to 10, how ready are you to change behavior X?"**

Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action

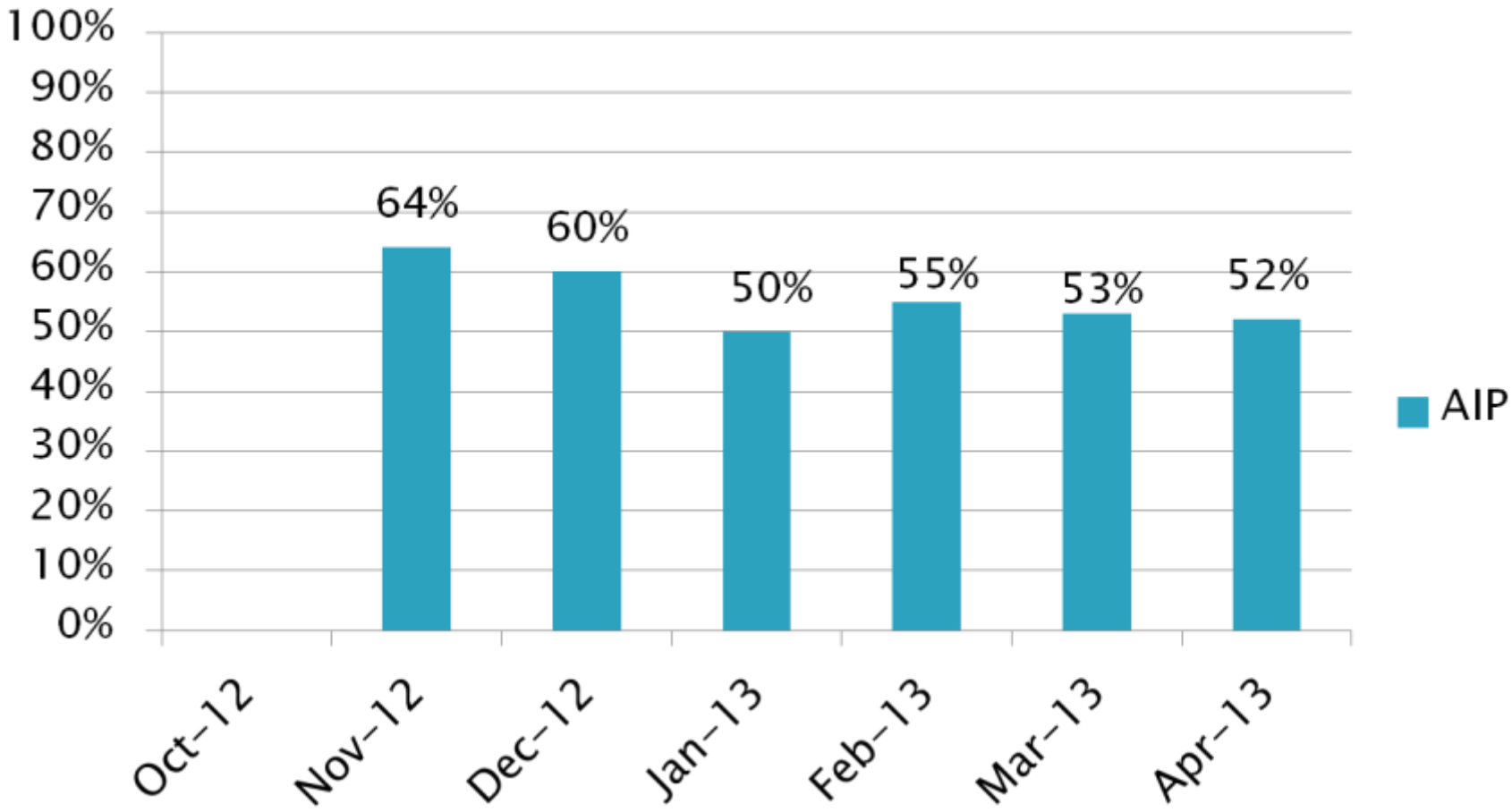
Measures of Success:

- Substance abuse screening tools administered
- Substance use history in MD admission note
- Substance use history in initial social work (SW) assessment
- Substance use integrated into Recovery Plan
  - 4 Quadrant Model
  - Motivational Interviewing– Readiness Ruler
- Substance use integrated into Aftercare Plan

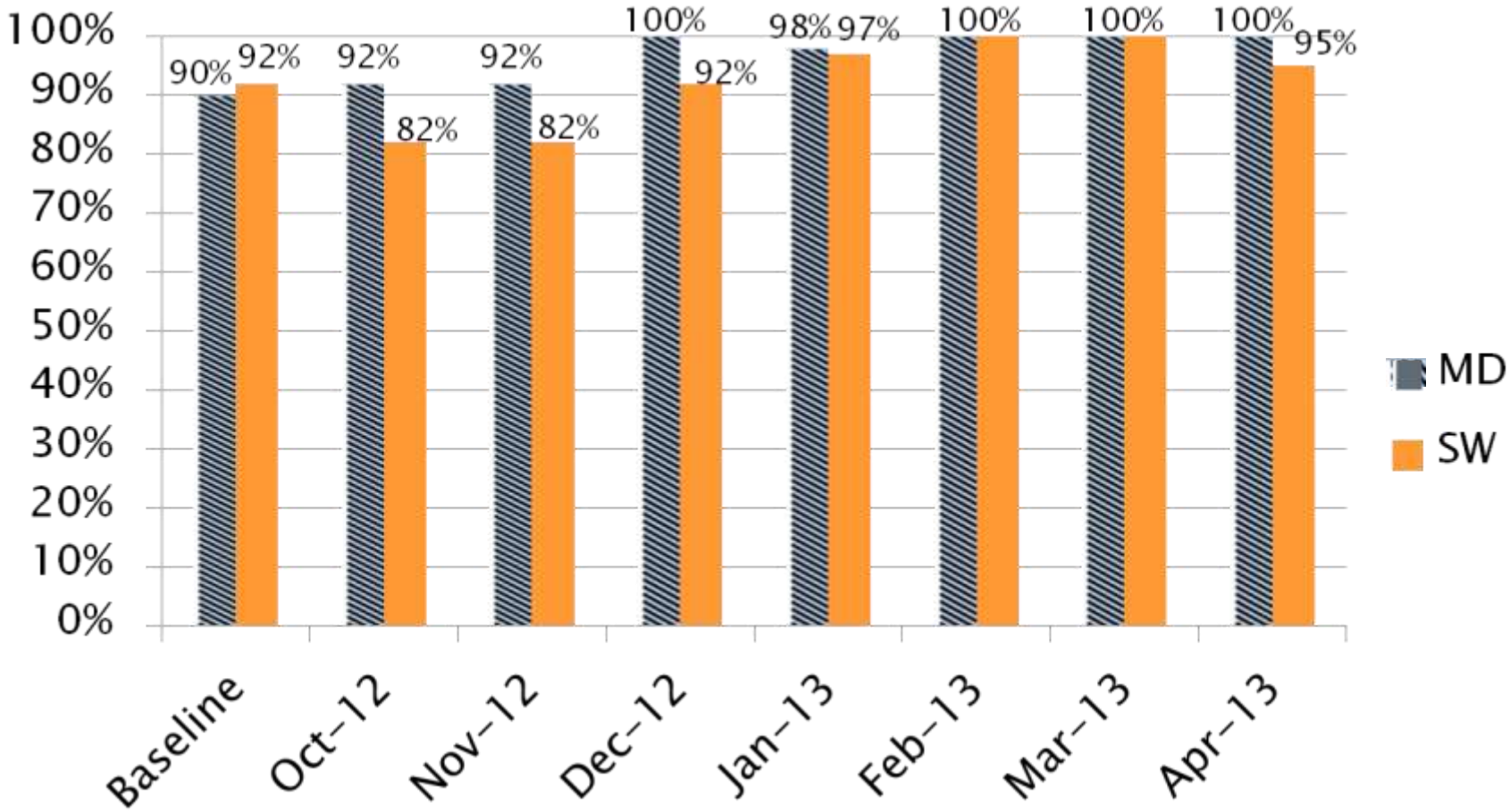
Substance Use Screening Tools Administered



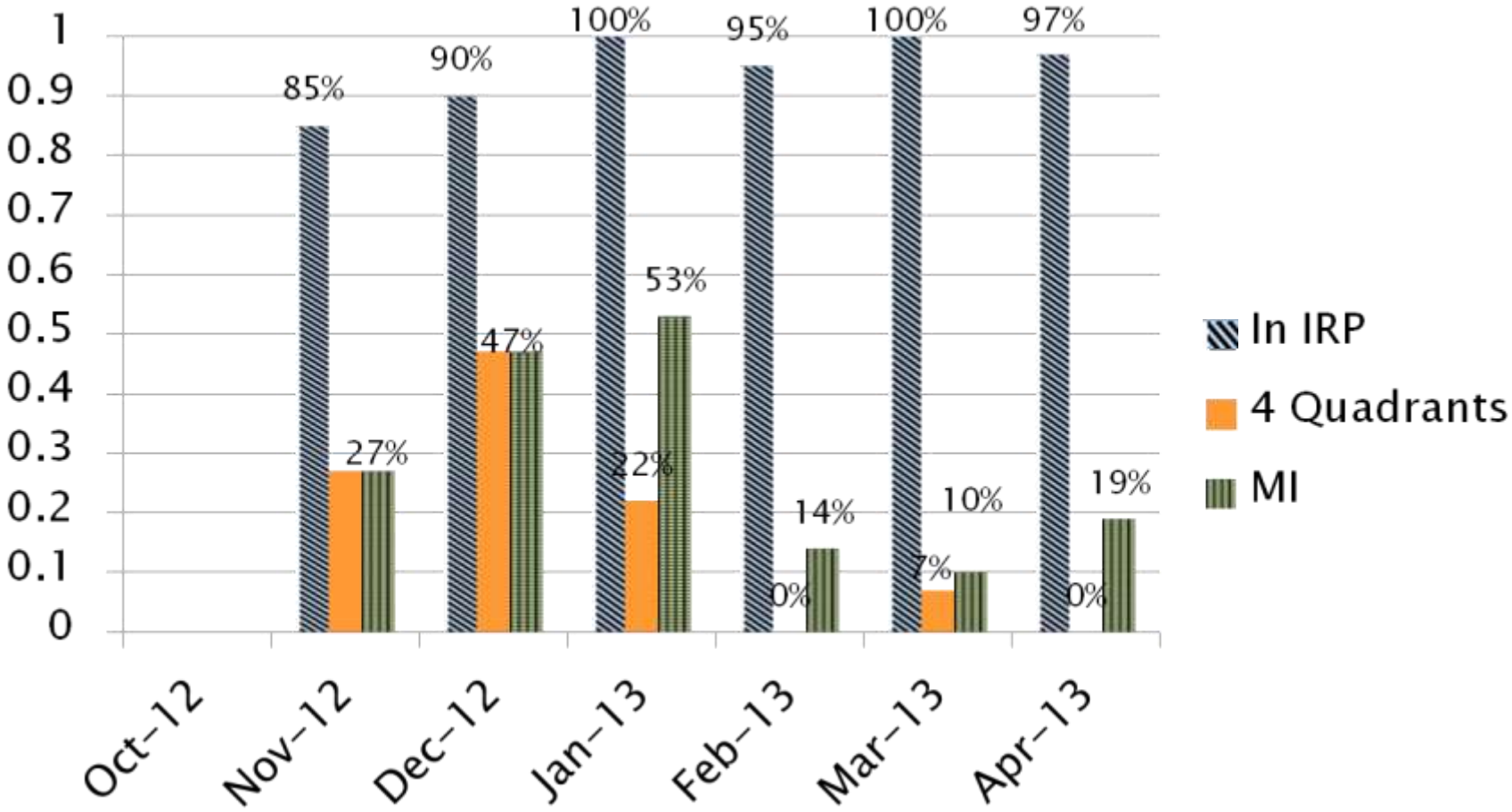
Substance Use Problem Identified



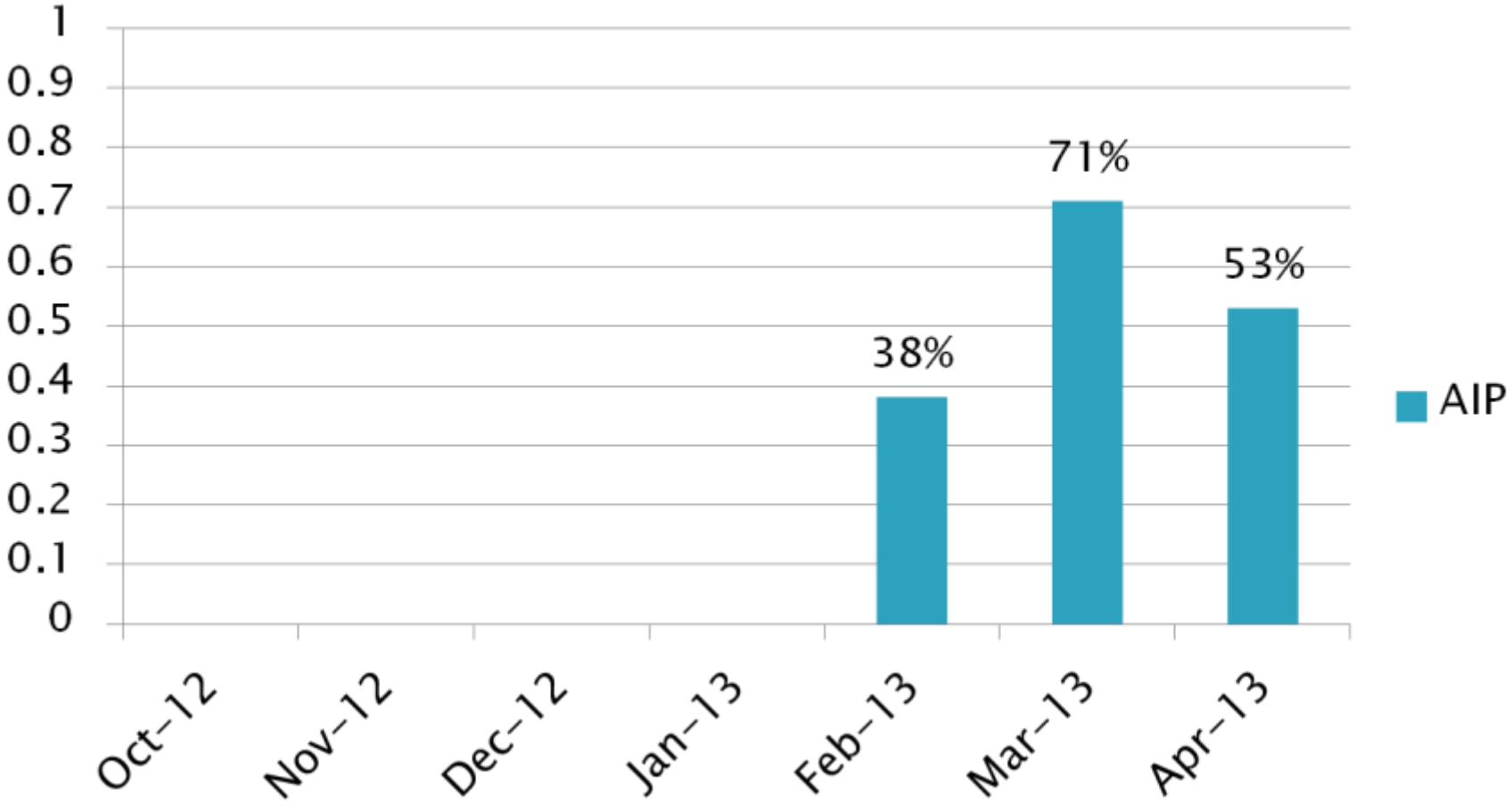
Is Substance Use Included in Admission Assessment?



Interventions for Substance Use

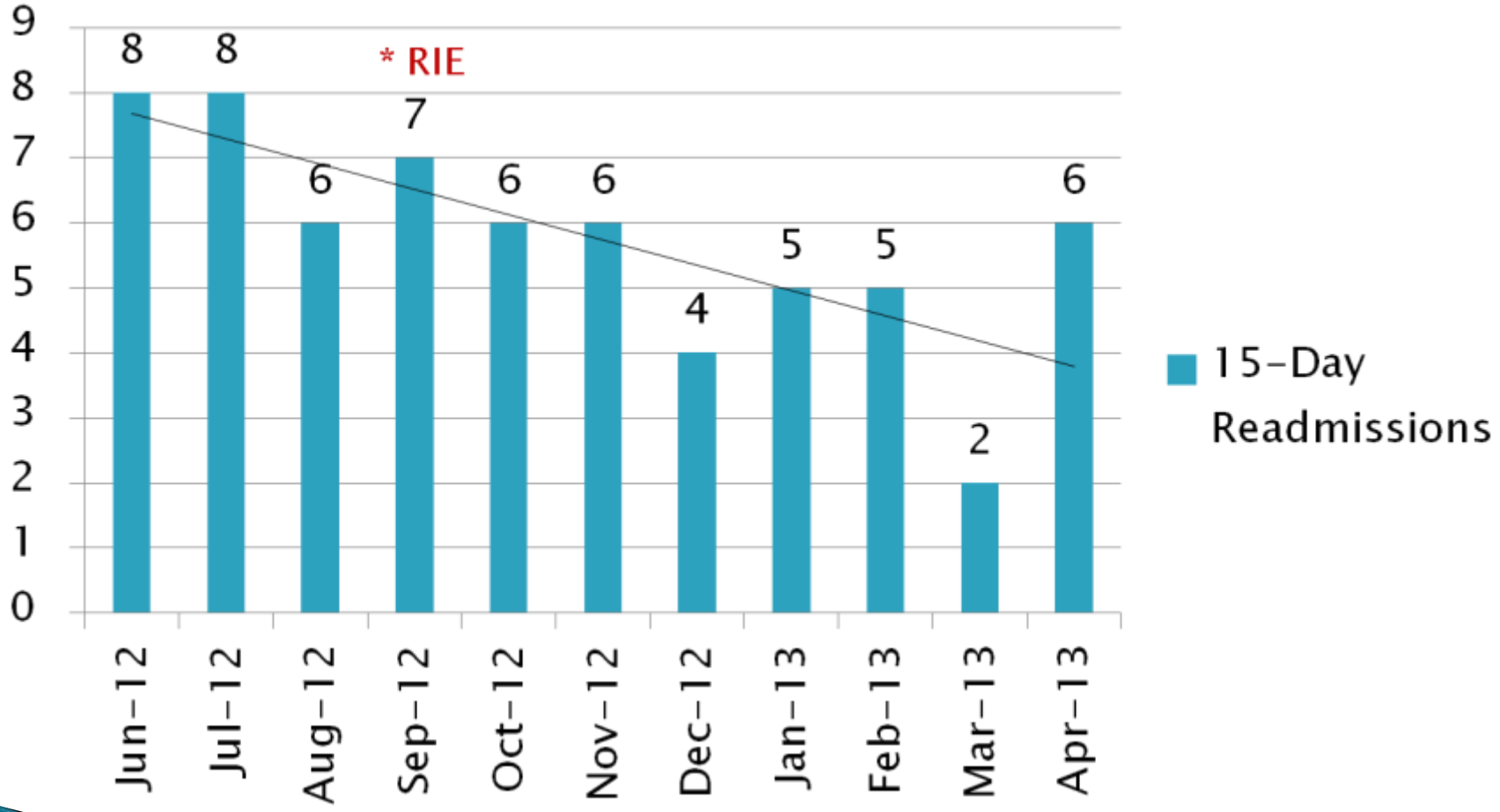


Substance Use Included in Aftercare Plan

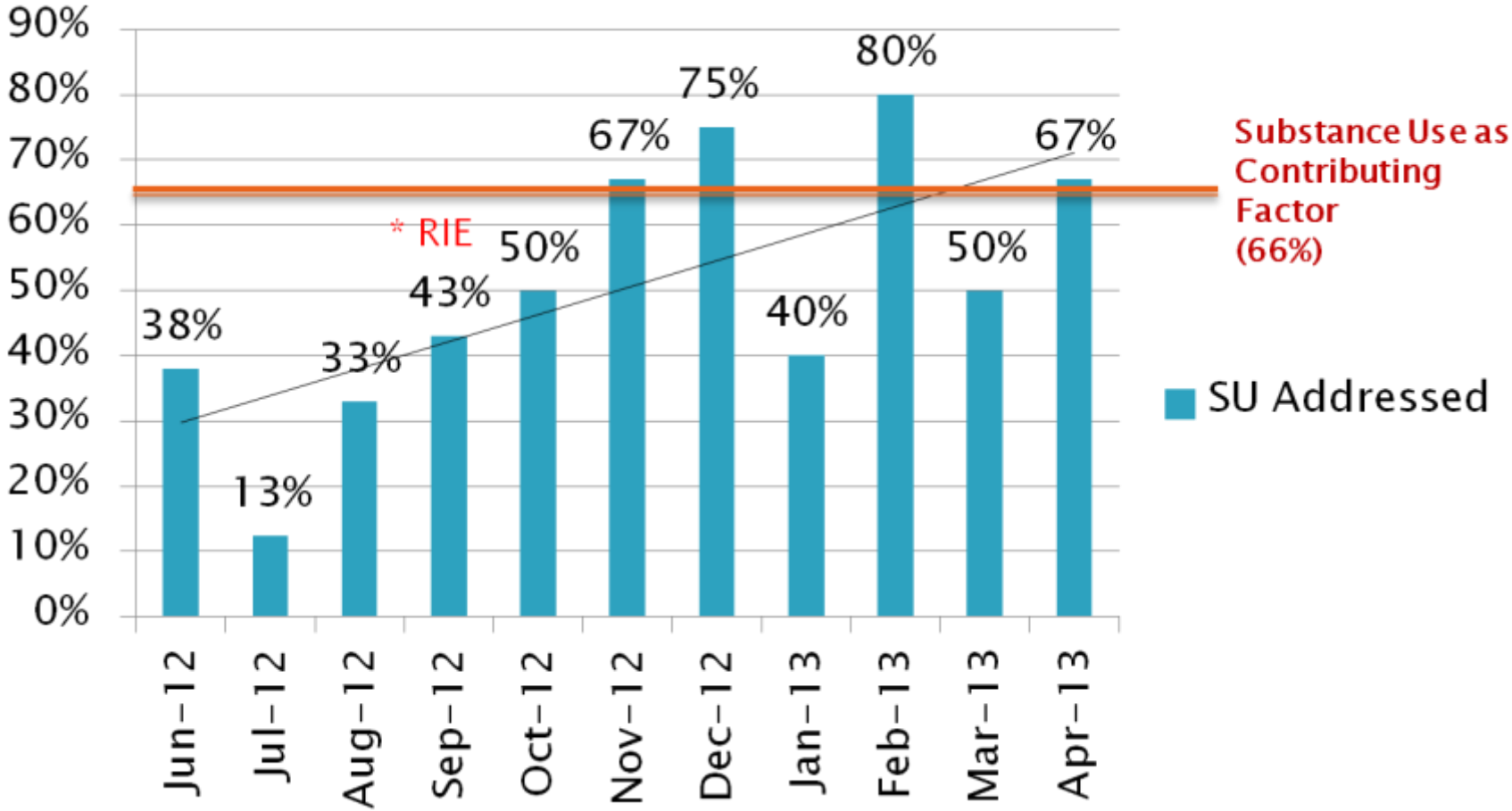


Trends in 15 Day Readmissions

15-Day Readmissions



Readmissions

- 2/3 of 15-day readmissions have substance use as a potential contributing factor
  - positive toxicology screen or report of use

Substance Use Addressed as Contributing Factor to Readmission