

COMPREHENSIVE CONTINUOUS INTEGRATED SYSTEM OF CARE

Dual Diagnosis Capable

And

Dual Diagnosis Enhanced

MENTAL HEALTH TREATMENT PROGRAMS

Mental Health – Dual Capable vs. Dual Enhanced

Dual Diagnosis Capable

DDC-MH

- Welcomes active substance users
- Policies and procedures address dual assessment, treatment & d/c planning
- Assessment includes integrated mh/sa history, substance diagnosis, phase-specific needs
- Treatment plan: 2 primary problems/goals
- D/c plan identifies substance specific skills
- Staff competencies: assessment, motivation enhancement, treatment planning, continuity of engagement
- Continuous integrated case management/phase-specific groups provided: standard staffing levels

Dual Diagnosis Enhanced

DDE-MH

- Meets all criteria for DDC-MH, Plus:
- Supervisors and staff: advanced competencies
- Standard staffing: specialized programming:
 - a. Intensive addiction programming in psychiatrically managed setting (dual inpatient unit, dry dual dx housing, supported sober house)
 - b. Range of phase-specific treatment options in ongoing care setting: dual dx day treatment; damp dual dx housing
 - c. Intensive case mgt. Outreach/ motivational enhancement, continuous treatment team (CTT), wet housing, payeeship management

ALCOHOL AND DRUG TREATMENT PROGRAMS

Chemical Dependency – Dual Capable vs. Dual Enhanced

Dual Diagnosis Capable

DDC-CD

- Routinely accepts dual patients, provided:
 - Low MH symptom acuity and/or disability, that do not seriously interfere with CD treatment
 - Policies and procedures present regarding dual assessment, treatment, d/c planning, and medication
 - Groups address comorbidity openly
 - Staff cross-trained in basic competencies
 - Routine access to MH/MD consultation/coordination
 - Standard addiction program staffing level/cost
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Dual Diagnosis Enhanced

DDE-CD

- Meets criteria for DDC-CD, plus:
- Accepts moderate MH symptomatology or disability, that would affect usual treatment
- Higher staff/patient ratio; higher cost
- Braided/blended funding needed
- More flexible expectations regarding group work
- Programming addresses mh as well as dual
- Staff more cross-trained/ senior mh supervision
- More consistent on site psychiatry/ psych RN
- More continuity if patient slips

Summary of Differences in Dual Capable and Dual Enhanced

DUAL DIAGNOSIS CAPABLE (DDC)

ROUTINELY ACCEPTS DUAL DIAGNOSIS PATIENT
WELCOMING ATTITUDES TO COMORBIDITY

CD PROGRAM: MH CONDITION STABLE AND PATIENT CAN PARTICIPATE IN
TREATMENT
CARE COORDINATION RE MEDS (CD)

MH PROGRAM: COORDINATES PHASE-SPECIFIC INTERVENTIONS FOR ANY
SUBSTANCE DX.

POLICIES AND PROCEDURES ROUTINELY LOOK AT COMORBIDITY IN
ASSESSMENT, RX PLAN, DX PLAN, PROGRAMMING

DUAL DIAGNOSIS ENHANCED (DDE)

MEETS DDC CRITERIA PLUS:

CD: MODIFICATION TO ACCOMMODATE MH ACUITY OR DISABILITY
MH SPECIFIC PROGRAMMING, STAFF, AND COMPETENCIES,
INCLUDING MD
FLEXIBLE EXPECTATIONS; CONTINUITY

MH: ADDICTION TREATMENT IN PSYCH MANAGED SETTINGS (DUAL DX
INPT UNIT) OR
INTENSIVE CASE MGT/OUTREACH TO MOST SERIOUSLY MI AND
ADDICTED PEOPLE

PROGRAM INTERFACE

- Formal interagency care coordination
- Mechanisms for administrative and clinical dispute resolution
- Longitudinal continuity: interface with episodes of care
- Vertical continuity/integration: front door meets back door
- MH support to CD system: Emergency/meds
- CD continuity of connection: MH&CD

DEFINITION OF DDC/DDE FOR VARIOUS PROGRAMS & PROGRAM COMPONENTS⁰

PROGRAM COMPETENCIES FOR DDC, DDE

- CLINICAL CASE MANAGEMENT
- EMERGENCY SERVICES
- CRISIS STABILIZATION
- DETOXIFICATION
- PSYCH INPATIENT
- PSYCHIATRIC PARTIAL HOSP/ DAY RX
- ADDICTION DAY RX/ INTENSIVE OP
- ADDICTION RESIDENTIAL RX
- PSYCHIATRIC RESIDENCE PROGRAMS

1. Case Management (DDC/DDE)

- Integrated, continuous care coordination
- High, medium, and low intensity
- Incorporated into existing front-line case management for SPMI
- Developed for high utilizers who are non-SPMI as well as SPMI
- Mechanism for supportive administrative case coordination

2. Emergency Services (DDC)

- Mission defined as welcoming into appropriate treatment for MH and CD
- Barrier-free access-assessment begins when client able to participate
- Diagnostic and level of care assessment for both MH and substance disorder
- Capacity to engage in ongoing crisis intervention and motivational strategies

3. Crisis Stabilization (DDC)

- Routine acceptance of substance-using patients who do not need medical detoxification
- Stabilizes substance exacerbated psychiatric symptoms, with meds if necessary
- Utilizes motivational and active treatment strategies to address substance use
- Participates with primary case coordination team in implementation of treatment contracts
- May provide access to intensive outpatient addiction treatment (DDC or DDE)

4A. Detoxification (DDC)

- Provides detoxification for psychiatrically stable individuals with mental illness who are not severely disabled
- Meets ASAM PPC2R defined criteria for DDC programs

This material is portions
Of Kenneth Minkoff's
Power Point Presentation
2/24/03

4B. Psychiatrically-Enhanced Detoxification (DDE)

- Provides ASAM Level III detoxification for psychiatrically impaired or unstable (e.g., suicidal) individuals who are voluntary and can contract for safety
- Medical monitoring provided by psychiatrist or psychiatric nurse
- Psychopharmacologic adjustment provided
- Space, staffing, and staff training permit closer monitoring
- Meets ASAM PPC2R DDE criteria

5A. Inpatient Psych Unit (DDC)

- Program standards address dual diagnosis competency
- Required basic staff and MD competencies, included in job description
- Welcoming staff attitudes
- Competence in detox protocols
- Demonstrated assessment competency
- Documentation of substance disorder interventions in treatment planning/notes
- Daily substance related group programming
- Competent substance disorder d/c planning

5B. Inpatient Dual Unit (DDE)

- Meets all DDC criteria, plus
- Staff routinely have expertise in both psych and addiction
- Full addiction program, incorporating dual dx groups
- Routine access to 12-step programs
- Provides addiction rx for patients with severe psychiatric acuity and instability
- Specialized expertise in dual diagnosis assessment and psychopharmacology

6A. Psychiatric Day Treatment and Partial Hosp. (DDC-MH)

- Acute Partial: Same as DDC inpatient, except for detox, plus specific policies to address substance use while in treatment
- Intermediate/long-term Day Treatment: routine assessment and rx planning; phase-specific groups, including motivational interventions for non-abstinent patients. No reject for substance use. Specific policies to address substance use in rx.

6B. Dual Diagnosis Partial Hosp and Day Rx (DDE)

- Acute Partial: Similar to DDE inpatient; abstinence-oriented, with strict limits on use in program
- Intermediate/Long-Term Day Rx: Program may be abstinence-oriented, or may provide intensive motivational/harm reduction groups for long-term clients who are still using, OR BOTH (2 tracks). Extensive addiction/dual programming. Specific policies on substance use which promote continuity even if pt. discharged.; Dual dx specialist supervisors.

7A. Addiction Residential Treatment (DDC)

- Sober environment for episode of addiction treatment. DDC program meets all standard criteria for DDC-CD.
- Relapses not tolerated, but in long-term programs, first-offense may not result in discharge
- Discharge is an opportunity for learning; individual welcome to return
- Discharge coordinated with mh provider and criteria for readmission established
- Collaborative relationship with mh system re: acute crisis intervention

7B. Psychiatrically Enhanced Addiction Residential Rx(DDE)

- DDE Program meets all DDC-CD residential criteria, plus all DDE-CD criteria.
- Residential addiction rx for individuals (SMI and non-SMI) with moderate psychiatric acuity and/or disability
- Dual Diagnosis Acute Residential Treatment (DDART) is a short-term (10-14 day) DDE program in Mass.
- Modified Therapeutic Community (Sacks, DeLeon) is an example of a long-term DDE program

8. Psychiatric Residential Programs

- Primarily HOUSING programs for people with psychiatric disabilities
- All programs designed to be DDC
- Programs must accommodate a range of ability and willingness to address substance use: WET, DAMP, DRY
- DRY (DDE) Housing for individuals with dual disorder who want sober support. Multiple (but finite) slips permitted, with intervention plan
- DAMP (DDC) Abstinence recommended, not required. Substance use addressed if safety issues emerge
- WET: Consumer choice housing; no requirement to limit use to have housing support. Pathways to Housing (NYC) Usually supported housing model
- Case Managed Supported Sober Housing: Combines Oxford House concept with MH supported housing concept. Inexpensive method to create sober housing