



# **Illinois Training and Evaluation Grant: Implementing Integrated Dual Disorders Treatment in Illinois Where Have We Been and Where Are We Going?**

**Lessons Learned: Embedding EBPs in Statewide Transformation  
Arlington, Virginia  
August 28, 2006**

**Valerie C. Beckley, MSW  
Dorothy Elfring, MPH  
Mary E. Smith, PhD  
Illinois DHS, Division of Mental Health**



# Background of “MISA” Services in Illinois

MISA = Mental Illness Substance Abuse

# Timeline of MISA Services in IL

- Partnership between agencies began in late 1980's to address co-occurring disorders
- 1988 Convened Task Force for Mentally Ill Substance Abuser to facilitate the development of integrated services
- 1990 DMH & DASA jointly issued a RFA to establish specialized case management services—6 pilot sites across the states were chosen.
- 1992 DMH developed formal guidelines for dual diagnosis treatment in its SOFs
- 1995 DMH & DASA jointly funded nine ACT teams targeted to consumers in quadrants II & IV
- 1996 Second MISA Task Force established
- 1997 - DMH & DASA become part of IDHS

# Timeline cont.

- 1999 Statewide MISA Training Institute established by DMH & DASA
- Established Medicaid Review Panel
- 2002 SOF Co-location Services Project
- 2003 IDDT T&E Grant
- 2006 - DASA and DMH COSIG Application Submitted

# Status of integrated services in Illinois when we started

- Infrastructure changes to support integrated systems of care were in early stages of development.
- 6 Regional MISA Consortia Established and Meeting that were charged with:
  - **creating a comprehensive continuum of integrated services within a geographically defined area, including: universal screening; standardized integrated assessment, integrated treatment planning & treatment**
  - **Emphasizing integration through collaboration & coordination across agencies within consortia**
- Consortia faced challenges in implementing a comprehensive, integrated model within them
  - **Differing cultures of the service systems**
  - **Different characteristics of the core consumer groups they served**

# Summary of “MISA” in Illinois

- A step towards integrating services, but not a specific practice
- Agencies decided the elements of their MISA program
  - MH Day Treatment → MISA Day Treatment
  - ICM → MISA ICM
  - Residential → MISA Residential



# Project Overview

# Illinois Training and Evaluation Grant

## Illinois Initiative Goals:

- (1) to implement integrated dual diagnosis using the SAMHSA IDDT Resource Implementation Toolkit with agencies in three geographic areas in Illinois and
- (2) to evaluate the implementation of IDDT to determine:
  - (a) the fidelity with which the IDDT model is implemented by participating sites
  - (b) the effectiveness of the implementation of IDDT through the assessment of treatment outcomes for consumers receiving treatment provided by participating sites

# Our Partners

- Illinois Division of Alcohol & Substance Abuse
- Englewood MISA Consortium
- Austin-Humboldt Park MISA Consortium
- Thresholds
- Ohio SAMI CCOE
- Dartmouth Medical School
- Illinois Training Institute
- The Knowledge Corner
- Cornell Interventions

# Consortiums participating in IDDT T & E grant

## ***Austin/Humboldt Park Consortium***

Association House, Caritas, Circle Family Care, Gateway Foundation, Habilitative Systems, Haymarket Center, Healthcare Alternative Systems, Loretto Hospital, Pilsen Little Village, Thresholds and Chicago-Read Mental Health Center

## ***Englewood Consortium***

Cornell Interventions, Englewood Mental Health Center, Community Mental Health Council, Habilitative Systems, Human Development Resource Institute, Auburn-Gresham Mental Health Center, St. Bernard Hospital, Madden Mental Health Center

# Austin/ Humboldt Park

<b>Site Name</b>	<b>SA</b>	<b>MH</b>
Association House	X	X
Gateway Foundation, Inc	X	
HAS	X	
Loretto Hospital	X	X
Pilsen Little Village	X	X

# Englewood

Site Name	SA	MH
Auburn Gresham PHC		X
CMHC		X
Cornell Interventions	X	
Englewood MHC		X
HSI	X	X
HRDI	X	X
Thresholds	X	X

# City-Wide/Other

<b>Site Name</b>	<b>SA</b>	<b>MH</b>
Chicago Read MHC		X
Madden MHC		X
Mt. Sinai (Mile Square)		X

# Primary Goals

- Train 19 agencies (including 2 DMH hospitals) on the IDDT Model
- Evaluate agency programs
- Increase the number of agency staff trained in evidence based treatment strategies for dually diagnosed consumers
- Provide technical assistance & individualized support to participating agencies
- Implement IDDT

# Project Activities

- Provide education and training in the model
- Provide technical assistance and consultation to agencies
- Promote IDDT
- Gather data regarding the kinds of policy issues and organizational changes that need to be initiated to promote adoption of IDDT

# Evaluation

## How are we evaluating this initiative?

We are using multiple approaches and perspectives:

### Agency Level

- Assessing the extent to which IDDT is implemented using the IDDT fidelity scale
- Using the DDCAT scale for primary substance abuse providers

# Consumer Outcomes

Consumers report on their own:

Quality of life

Stage of change

Satisfaction with treatment

Clinicians report on consumer:

- Substance Abuse Treatment Stage
- Mental Health Treatment Stage
- GAF
- Alcohol and Substance Use Ratings

# IDDT Project Progress

- 4 agencies dropped out since initial proposal was submitted
- Kick-off implementation meeting
- Implemented an Advisory Project Committee
- Developed an Illinois IDDT Project Newsletter
- 13 out of 15 repeat fidelity visits completed
- All participating agencies have received technical assistance and individualized consultation
- Approximately 80 staff have been trained on the IDDT Model
- 95 completed consumer surveys from 9 agencies

# IDDT Fidelity Scores Summary

- Fidelity scores from 11 Agencies
- Scores of Fidelity range from:
  - 1.7 to 3.7
- Scores on GOI range from:
  - 1.3 to 4.6
- Average score from 2 State Hospitals: 2.7

# Fidelity cut-offs

- According to Drake, et al, the following cut-offs apply to IDDT Implementation
- IDDT & GOI Fidelity Scores fall between
  - 1 - 3.1 = Not implemented yet
  - 3.2 - 4.1 = Moderate implementation
  - 4.2 - 5 = “Doing IDDT”

# A quick look at agency level results – DMH sites

- 6 Primary mental health agencies were evaluated
- MISA or dual disorder groups are most well established element of IDDT
  - 3 out of 6 agencies scored a 5 on this measure
- Multi-disciplinary team is least established element of IDDT
  - 1 out of 6 DMH agencies have an established IDDT team
  - 2 are in the process of establishing a team

# GOI quick results

- For most agencies, GOI scores reflect minimal scores in all elements except for item related to fidelity assessments.
- The commitment to implementing IDDT has not become “institutionalized”

# DDCAT Overview

- 5 DASA licensed providers were evaluated using the DDCAT in addition to IDDT Scale
- Dual Diagnosis Capability in Addiction Treatment (DDCAT) tool measures the capacity for substance abuse treatment providers to incorporate mental health treatment into their services. Uses an index along a 5 point continuum:  
AOS → DDC → DDE

# DDCAT SPECIFIC AIMS

- A. To objectively determine the dual diagnosis capability of addiction treatment services.
- B. To develop practical operational benchmarks or guidelines for enhancing dual diagnosis capability.

\*Mark McGovern, PhD Dartmouth

# DDCAT Results

- On individual items average scores across agencies ranged from 1.2 – 4.4
- Higher scoring items:
  - Access to Psychiatrist or other physician (4.4)
  - Procedures for psychiatric emergencies & crises (4.2)
  - Routine welcome of and expectation to treatment (4.0)

# Lesson Learned from Illinois

- Significant barriers occurred because of a historical support for a coordinated care model for co-occurring illness
- Hiring consultants who were leaders in creating and supporting existing MISA services, not IDDT
- Lack of knowledge of IDDT at DMH & DASA

# Lessons Learned cont.

- Education, Education, Education
- Agency leadership needs to be heavily invested in implementation process
  - Training alone does not lead to implementation
  - Technical Assistance and Consultation are key
  - Skilled supervisors are key to maintaining high fidelity practices
- Not every agency can do IDDT

# Where we are going

- Transitioned out previous consultants and brought in local IDDT practitioner to provide technical assistance
- Consultation with leading experts on the model
  - Ohio SAMI CCOE
  - Dartmouth Medical School (DDCAT)
  - Motivational Interviewing Network Trainers (MINT)
- Several sites are setting up IDDT teams
- Entering 3<sup>rd</sup> Year

# “New” model for integrated services in Illinois

- Co-occurring continuum of care that builds integrated services within each site
  - Emphasis on EBPs for priority populations of DASA & DMH
  - Evaluation of sites on integrated services continuum and EBP specific measures

# Co-occurring continuum of care

COD-Substance Abuse			COD-Mental Health		
SA only	COD Capable	COD Enhanced	COD Enhanced (IDDT)	COD Capable	MH only
Addiction only	Primary Focus is an addiction, - co-occurring disorders are treated	Primary focus is consumers with COD	Primary focus is on COD With high fidelity IDDT program	Focus is on MI; COD patients are treated while adhering to some IDDT treatment philosophies	Mental Illness only