

**THE OHIO SUBSTANCE ABUSE AND MENTAL ILLNESS  
COORDINATING CENTER OF EXCELLENCE:  
IMPLEMENTATION SUPPORT FOR EVIDENCE-BASED  
PRACTICE\*PATRICK BOYLE\*\***

*This is the nineteenth article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with offenders with mental illness. Persons with co-occurring (dual) mental illness and substance abuse disorders have complex problems and face many service challenges. The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE) facilitates the implementation and maintenance of faithfulness to the Integrated Dual Disorders Treatment (IDDT) model for this population in Ohio's mental health system.*

## I. INTRODUCTION

Mental health and chemical dependency providers, administrators, policy makers, and advocates across the country have become increasingly aware of the challenges related to the needs of clients dually diagnosed with non-addictive and addictive psychiatric disorders. Co-occurring alcohol and other drug abuse (AODA) problems represent the most frequent and significant disorders among clients with mental illness.

### A. Research on Co-Occurring Disorders

The Epidemiological Catchment Area (ECA) study (Regier, et al., 1990), the most comprehensive study of the prevalence of other disorders with mental illness to date, showed that the lifetime rate of substance abuse disorders for persons with severe mental illness was approximately half, with 48% of persons with schizophrenia and 56% of persons with bipolar disorder affected. ECA study data showed, as well, that all psychiatric disorders were associated with higher rates of substance abuse and that persons with severe mental illness were most at risk. Additionally, studies have suggested that 25-35% of persons with a severe mental illness have an active or recent (within the last 6 months) substance abuse disorder.

Persons with co-occurring mental illness and substance abuse disorders have complex problems and face many service challenges. These

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consumers are more likely to experience psychiatric decline, relapse, and hospitalization; emergency room visits; legal problems including incarceration, suicide, and violence; unemployment; homelessness; infectious diseases such as HIV and hepatitis; and other negative outcomes than persons with mental illness who do not have a co-occurring disorder.

#### *B. Integrated Treatment Model*

An integrated treatment model for persons with co-occurring substance abuse and mental illness that integrates substance abuse and mental health services to address the needs of the whole person in the context of strong community social supports was developed in New Hampshire by Dr. Robert Drake and colleagues. The Integrated Dual Disorders Treatment (IDDT) model utilizes holistic treatments as well as educational interventions that address the needs of consumers and their caregivers.

The model is built upon a specific protocol of program components including continuous treatment teams, assertive community outreach, a four-stage treatment approach, ongoing clinical training, and attention to research and program faithfulness and evaluation. IDDT model treatment teams include consumers, caregivers, and a variety of service providers: team leaders, case managers, psychiatrists, nurses, addiction counselors, mental health therapists, housing and employment specialists, and criminal justice professionals, among others. IDDT promotes recovery through four stages of interaction with consumers and caregivers: Engagement, Persuasion, Active Treatment, and Relapse Prevention. A range of positive outcome domains have been demonstrated by the IDDT model in controlled studies, including substance abuse, psychiatric symptoms, housing, hospitalization, arrests, functional status, and quality of life. A brief selection from the numerous articles that make up the body of knowledge supporting IDDT is included at the end of this article.

#### *C. Ohio's Adoption of the IDDT Model*

IDDT has been adopted statewide in Ohio by the Ohio Department of Mental Health as a treatment of choice for this population. Nine programs utilizing this model received incentive funding by the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services through a two-year demonstration program. Programs were required to conform to IDDT model guidelines provided by the New Hampshire-Dartmouth Psychiatric Research Center.

Building upon the framework of this project, in recognition of the significant barriers that often accompany attempts to develop, maintain, and institutionalize evidence-based practice in routine mental health settings, the Ohio Department of Mental Health (ODMH) provided funding for the creation of a state-wide coordinating center external to both the mental health and substance abuse service delivery systems. Thus, the Ohio Substance Abuse and Mental Illness Coordinating Center of

Excellence (SAMI CCOE) was created to facilitate the implementation and maintenance of high fidelity to the IDDT evidence-based treatment model in Ohio's mental health system.

The SAMI CCOE today is supporting the implementation of 29 site based IDDT teams, including all state hospitals. A National Advisory Council comprised of national and state experts provides input into its efforts.

## II. BACKGROUND/PURPOSE OF THE SAMI CCOE

The SAMI CCOE is focused on assisting programs to implement and maintain high fidelity to the IDDT model in Ohio. Fidelity to the model has been shown to be extremely important to successful consumer outcomes. The Center accomplishes this purpose through the provision of training and technical assistance, dissemination, and research to mental health and substance abuse programs implementing this treatment model in Ohio. The goals of the SAMI CCOE are to:

- (1) provide clinical training and clinical consultation for professional staff from mental health and substance abuse systems involved in the delivery of services and/or supervision and management of such services for persons with dual diagnosis;
- (2) provide administrative consultation on SAMI program design and implementation issues to administrators from mental health and substance abuse systems involved in the delivery of services and/or supervision and management of such services for persons with a dual or co-occurring diagnosis;
- (3) disseminate evidence-based research about integrated treatment for persons with dual diagnosis;
- (4) conduct research focused on the assessment of program fidelity, model adaptations, and consumer, family and systems performance outcomes for programs implementing the IDDT model; and
- (5) develop new models of service delivery. As part of its technical assistance effort the CCOE has an interactive website that includes criminal justice/corrections as team members in serving this client population.

The SAMI CCOE supports faithfulness to the IDDT Model while appreciating the need for adaptations to the many service system and situational challenges existing in Ohio. Ongoing state and county level collaborations are essential among currently parallel mental health, substance abuse, criminal justice, housing, and vocational rehabilitation systems and authorities in order for model fidelity to be maximally implemented and sustained.

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