Integrated Care for Co-Occurring Disorders in Drug Treatment

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The Problem

- Many patients in substance abuse treatment programs present with co-occurring psychiatric conditions.
- These conditions create challenges for treatment providers, some of which are not equipped to address both addiction and psychiatric problems.
- The provision of integrated care for clients with co-occurring conditions has been linked to improved treatment retention and better outcomes, yet the treatment system remains highly fragmented.

Research Questions

1) To what extent are addiction treatment centers providing integrated care for patients with co-occurring substance abuse and psychiatric problems?
2) What are the structural, staffing, and resource factors associated with the provision of integrated care?
3) What are the implications for patients in need of addiction treatment and psychiatric services?

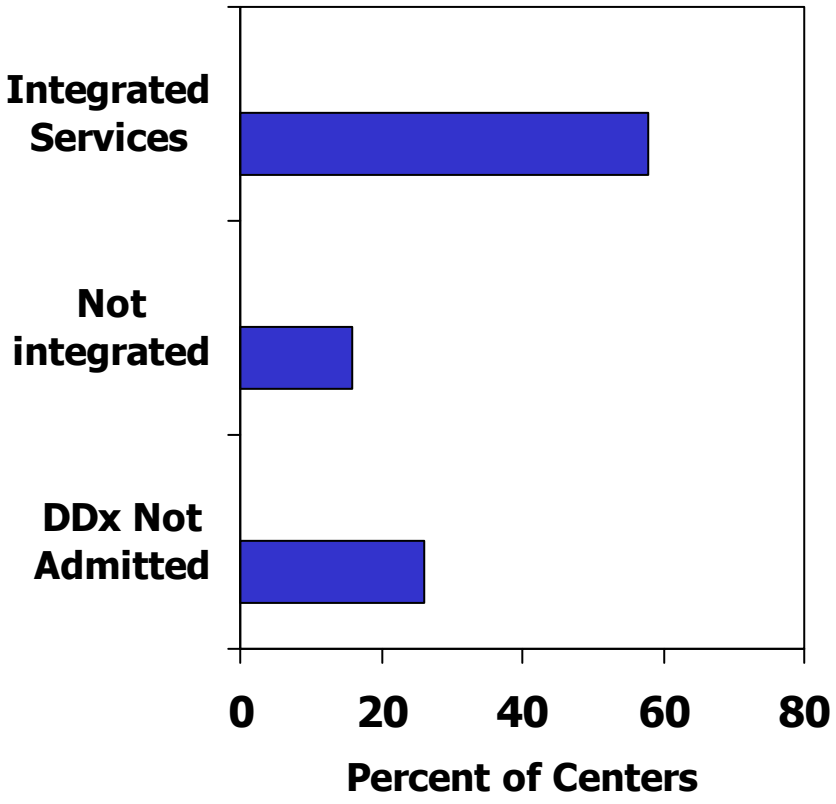
Study Design

- The National Treatment Center Study is collecting data from separate national samples of public-sector and private-sector addiction treatment centers.
  - Samples are differentiated by funding source. "Public" units receive 50% or more of annual operating revenues from government grants or contracts; "private" centers receive <50%.
  - Sampled units vary on program type, profit status, ownership, modality, levels of care, and setting (hospital/freestanding).
  - Data are collected at the organizational (not SDU) level.
- Detailed (2.5 hr) in-person interviews are conducted with treatment center administrators.
- These analyses are based on data from 733 treatment centers interviewed between late 2002 and early 2004.
- Pooled, unweighted data from both samples are reported.

Measuring Integrated Care

- Administrators reported whether the center treats dually-diagnosed clients, and, if so, whether the center treats both the psychiatric and substance abuse problems of those clients.
- Centers responding affirmatively to both questions were considered to be providing integrated care.
- The remaining centers either do not treat dually-diagnosed clients, or refer clients elsewhere for the treatment of co-occurring psychiatric conditions.

Availability of Integrated Care



- 58% of centers provide integrated care for clients with co-occurring conditions.
- 16% of centers admit dually-diagnosed clients, but refer the client elsewhere for the treatment of the psychiatric condition.
- 26% of centers reported that they did not treat dually-diagnosed clients.

Independent Variables: Descriptives

	Mean or %
Government-owned units	13.4%
For-profit units	16.6%
Age of treatment center	23.9 yrs (sd=17.3)
Accredited (JCAHO or CARF)	49.4%
Full-time equivalent staff	35.3 staff (sd=51.9)
% total revenues from public grants	39.9% (sd=35.9)
% Master's-level counselors	43.3% (sd=33.8)
Psychiatrist conducts assessment at intake	60.2%
% female clients	38.4% (sd=21.1)
Inpatient only	16.1%
Offer inpatient psychiatric services	13.2%
Treat non-substance abuse conditions (e.g., gambling, eating disorders, cyber addiction)	35.1%

Bivariate Associations

- We first examined the bivariate associations between several organizational variables and the availability of integrated care for co-occurring conditions.
- Integrated care was significantly ($p<.05$) associated with each of the following:

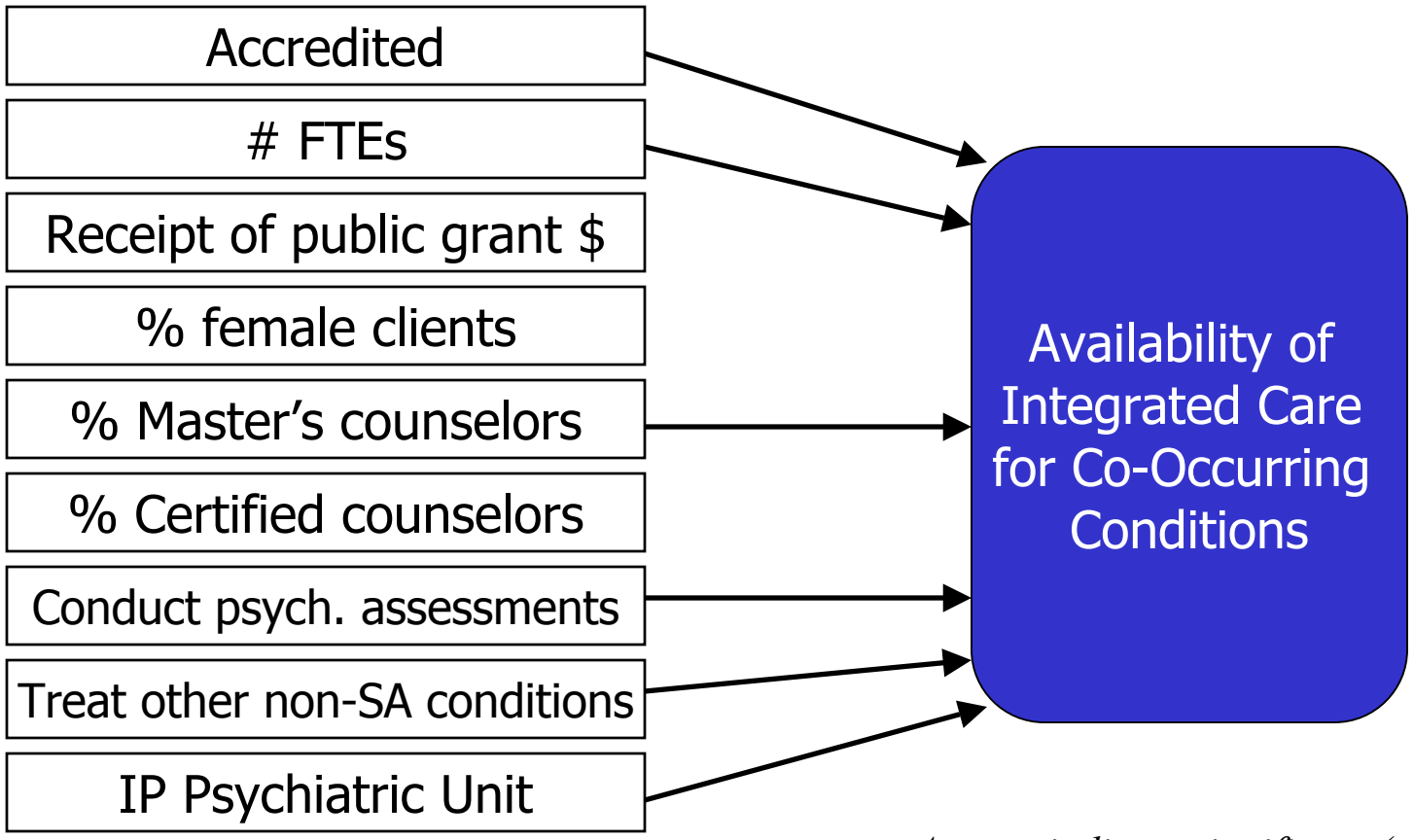
- % Women in caseload
- Offering treatment for non-SA conditions (e.g., gambling, eating disorders, cyber addiction)
- Having an IP psychiatric unit
- Accreditation
- Less dependence on public grant funds
- Psychiatric assessments conducted by a psychiatrist at intake
- FTEs
- % Master's-level counselors
- % Certified addictions counselors

- There were no significant associations between integrated care and center age, profit status, ownership, or rural location.

Modeling Service Availability

- Next, we incorporated each of the significant bivariate predictors into a multivariate logistic regression model.
- Results indicate that a number of structural, clinical, and staffing variables independently predict the provision of integrated care.

Predictors of Integrated Care



Arrows indicate significant ($p<.01$), positive predictors in multivariate logistic regression.

Results

- Centers treating a diverse array of behavioral health conditions are more likely to offer integrated care. These programs appear to have successfully adapted their staffing and service delivery patterns to treat addictive disorders in a broader context.
- Centers that are more psychiatrically oriented (offer IP psychiatric services, conduct assessments) are more likely to offer integrated care.
- Accreditation (a status not limited to hospitals) and counselor credentials – both indicators of quality – are also predictors of integrated care.
- Program size (measured in FTEs) was also an important predictor.

Conclusions

- Integrated care for co-occurring conditions is available in just over half of substance abuse treatment centers in the U.S.
- Several organizational characteristics are associated with the availability of integrated care.
- Patients with co-occurring addiction and psychiatric conditions may be less able to manage their own care across multiple service delivery settings, making integrated care particularly valuable.
- Patients with co-occurring disorders who depend on treatment programs with fewer resources (staff, funding, credentialed counselors, psychiatric expertise) appear less likely to have access to integrated care.

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For more information, visit the National Treatment Center Study's website at:

www.uga.edu/ntcs