

Colorado Substance Abuse Treatment Clients with Co-Occurring Disorders, FY05

Introduction

Many clients who have chronic substance use disorders often simultaneously suffer from a serious mental disorder. In the substance abuse (SA) treatment field, this condition is referred to as a co-occurring disorder. A Substance Abuse and Mental Health Administration (SAMHSA) report (2004) found that 52% of persons with co-occurring disorders received no treatment at all, and of those receiving treatment, 34% received MH services only, 2% received SA services only, and 12% received both. Charles Curie, director of SAMHSA, indicated in a recent address that “the time has come to ensure that all Americans who experience co-occurring mental and substance use disorders have an opportunity for treatment and recovery.” He acknowledged that barriers to care still exist and encouraged treatment systems to continue to promote integrated treatment and supportive services.

To further this recommendation in Colorado, we needed to identify and describe the existing co-occurring population. We conducted a cursory investigation that examined clients discharged from Colorado treatment facilities during state fiscal year (FY) 2005. We compared demographics, treatment, drug-use indicators and outcomes for this subset of clients with the general population of SA treatment clients in Colorado. For this analysis, we classified clients as having “co-occurring” disorders if they were in SA treatment and met at least one of the following criteria:

- was assessed by an SA counselor as having a current mental health condition;
- was coded by the SA clinician as having a disability based on a psychiatric disorder;
- had one or more visits to a psychiatric ER within six months before admission; and/or
- had one or more admissions to a psychiatric hospital within six months before admission to SA treatment.

During FY05 there were 18,540 discharges from treatment. To examine treatment outcomes we excluded 1,032 cases who received “differential assessments only,” meaning these clients were assessed as not having a substance use disorder and were not referred into treatment. We examined treatment outcomes on the remaining 17,508 treatment discharges. Some clients had multiple discharges, so although we looked at all discharges when reporting treatment outcomes, we examined the number of unique clients (n=15,572) for reporting demographic information. Of the 15,572 unique clients discharged from treatment modalities during FY05, 4998 (32%) were identified as having co-occurring disorders.

Summary of Findings

Demographics

As shown in Table 1, when compared to clients without co-occurring disorders, those with co-occurring disorders had higher proportions of females (41% vs. 29%), persons under 18 years of age (16% vs. 11%), Whites (71% vs. 61%) and persons with education beyond high school (29% vs. 23%). They were more likely to live in the Denver metropolitan area (60% vs. 39%) or on the Western Slope (20% vs. 8%). They were slightly less likely to be married (20% vs. 23%), to have dependent children (34% vs. 40%), be employed (36% vs. 47%) or be referred by criminal justice system (38% vs. 51%).

Prior Treatment & Drug Use Indicators

Table 2 shows that co-occurring clients are more likely to have had prior treatment episodes (62% vs. 55%), be in more intensive treatment modalities, such as intensive or residential treatment (14% vs. 10%) or intensive outpatient (14% vs. 8%). Regarding drug use, co-occurring clients were more likely to use tobacco products daily (73% vs. 68%) and slightly more likely to have used multiple substances (60% vs. 57%). They were also more likely to have used their primary drug in the 30 days before admission to treatment (54% vs. 47%) and more likely to have been assessed with drug dependency upon admission (67% vs. 50%).

Outcomes-Clinical Impressions

Of the 17,508 discharges of SA treatment clients, 5,556 (32%) were clients with co-occurring disorders. Table 3 shows that co-occurring clients were less likely to be discharged successfully with no further treatment recommendations (22% vs. 30%) and less likely to have made high progress toward their treatment goals (25% vs. 33%).

Upon admission, clients with co-occurring disorders were more likely to have moderate to severe family issues (66% vs. 44%), socialization issues (57% vs. 34%), work/school issues (48% vs. 34%) and medical/physical issues (29% vs. 15%).

These outcome measures showed improvement at discharge for both the co-occurring and non-co-occurring subsets. However, since those with co-occurring disorders generally began treatment with a high level of severity, they were still, at discharge, more likely to be assessed with those issues.

Outcomes-Behaviors

Clients with co-occurring disorders were more likely to have used their primary drug within 30 days of admission (55% vs. 48%) and to have used that drug during their treatment (27% vs. 23%). See Table 4.

DUI and DWAI-related arrests were similar across both groups, although clients with co-occurring disorders were slightly more likely to have had one or more arrests in the 24 months prior to admission (46% vs. 43%).

Clients with co-occurring disorders were more likely to have visited a medical ER prior to admission (31% vs. 20%) and during treatment (15% vs. 9%). They were also more likely to have been admitted to a medical hospital prior to admission (17% vs. 9%) and during treatment (9% vs. 5%).

Visits to psychiatric ERs and admissions to psychiatric hospitals were part of the case definition for clients with co-occurring disorders, so the higher frequency of these behaviors at admission is an artifact. However, at discharge, co-occurring clients had higher frequencies of visits to psychiatric ERs (8% vs. 0.4%) and admissions to psychiatric hospitals (8% vs. 0.4%).

Similar to outcomes based on clinical impressions, negative behaviors such as substance use, arrests and hospital admissions decreased over the course of treatment for both subsets, but clients with co-occurring disorders generally had less improvement than those without co-occurring disorders.

Implications and Future Research

These findings have implications for the design, funding and availability of SA services in Colorado. The high proportion of co-occurring clients (one out of every three clients has a co-occurring disorder) suggests the need for a new approach to engage and retain these clients in higher levels of SA care integrated with MH services.

Regarding service availability, the findings that co-occurring clients utilize intensive treatment options more heavily and are disproportionately represented in the Western Slope region of Colorado suggest the need for more intensive and integrated treatment options on the Western Slope.

In a report to Congress (2002) the U.S. Department of Health and Human Services indicated that 80% of those with co-occurring disorders had onset before age 20. Childhood and adolescence is a critical time for the development of life skills, and the failure to treat co-occurring disorders early can have devastating long-term social and financial consequences. One potentially valuable focus of future research would be to identify and treat co-occurring disorders in youth and adolescents.

Table 1: Substance Abuse Treatment Clients With and Without MH Issues – Demographics, FY05

	Co-occurring %	Not co-occurring %
Total	32	68
Gender		
Male	59	71
Female	41	29
Region		
Northeast	10	15
Denver Metro	60	39
South Central	6	25
Southeast	5	12
Western Slope South	7	4
Western Slope North	13	4
Age		
<18	16	11
18-24	19	23
25-34	25	28
35-44	24	24
45-54	12	12
55-64	3	2
65+	0.3	0.4
Race		
White	71	61
Hispanic	18	25
Black	7	9
American Indian	3	2
Asian/Pacific Islander	1	2
Other	1	1

Table 1 continued:

Living Situation		
Homeless	5	6
Dependent w/ Parents	27	25
Depend/Supervised Setting	12	13
Independent	56	57
Marital Status		
Never Married	53	52
Married	20	23
Divorced	18	18
Separated	8	6
Widowed	1	1
Has Dependent Children	34	40
Educational Achievement		
<HS	36	34
HS Diploma	35	44
Some College	19	16
College Degree	7	5
Graduate Work	3	2
Job Status		
Full Time	27	37
Part Time	9	10
Unemployed, Looking	19	19
Unemployed, Not Looking	14	11
Not in Work Force*	30	22
Monthly Income		
None	48	47
\$1-\$499	11	14
\$500-\$999	14	16
\$1,000-\$2,999	18	15
\$3,000-\$4,999	4	4
\$5,000+	4	4

* Not in Work Force = clients who are students, homemakers, retired, disabled, in prison or unemployed for other reasons

Table 2: Substance Abuse Treatment Clients With & Without MH Issues – Treatment Modality, Prior Treatment & Drug Use Indicators, FY05

	Co-occurring %	Not Co-occurring %
Treatment (Tx) Modality		
Therapeutic Community	2	2
Intensive Residential	14	10
STIRRT*	2	4
Transitional Residential	5	6
Intensive Outpatient	14	8
Traditional Outpatient	58	65
Day Tx	2	0.4
Opioid Replacement Tx	4	5
Any Prior Tx Episodes	62	55
Daily Tobacco Use	73	68
Primary Drug		
Alcohol	39	40
Marijuana	24	23
Methamphetamine	17	16
Cocaine	11	12
Heroin	4	5
Other Opiates	3	2
All Others**	2	1
Poly Drug Use	60	57
Use Frequency***		
None	46	53
1-4 days	17	20
5-9 days	7	6
10-19 days	12	8
20-29 days	11	7
30 days	8	7
Diagnostic Impression		
Use	5	10
Abuse	29	38
Dependency	67	50

* STIRRT = Short Term Intensive Remedial Residential Tx

**All Others = sedatives, other stimulants, hallucinogens, club drugs, steroids, over the counter drugs and nonspecified

***Use Frequency = # days primary drug was used in last 30 days

Table 3: Changes from Admission to Discharge – Clinical Impressions

	Co-occurring		Not Co-occurring	
	Admission %	Discharge %	Admission %	Discharge %
Discharge Reason				
Tx Completed NFTR	NA	22	NA	30
Tx Completed FTR	NA	24	NA	21
Dropped Out	NA	23	NA	23
Term. by Facility	NA	12	NA	12
Transferred	NA	9	NA	6
Other*	NA	10	NA	8
Goal Progress				
Minimal	NA	42	NA	38
Moderate	NA	33	NA	29
High	NA	25	NA	33
MH Problem*				
	94	62	NA	6
				32
Family				
None	12	15	26	31
Minimal	22	28	29	25
Moderate	42	38	28	12
Severe	24	19	16	
Socialization				
None	18	23	36	41
Minimal	25	29	29	30
Moderate	44	37	25	22
Severe	13	11	9	7
Work/School				
None	23	29	38	45
Minimal	29	25	27	26
Moderate	37	32	24	21
Severe	11	15	10	8
Medical/Physical				
None	47	52	66	69
Minimal	24	22	19	17
Moderate	23	21	12	11
Severe	6	5	3	3
Work Status				
Full Time	25	29	35	38
Part Time	9	10	10	11
Unemployed LFW	20	16	20	15
Unemployed NLFW	17	16	13	14
Not in Work Force**	29	29	20	22
Living Situation				
Living Independently	55	57	56	58
Dep-Living w/ Parents	27	24	24	22
Dep-Supervised Setting	10	12	12	13
Homeless	8	7	8	7

* Other=Clients who were incarcerated, died or discharged for other unspecified reasons

**Not in Work Force clients were students, homemakers, retired, disabled, in prison or unemployed for other unspecified reasons

Table 4: Changes from Admission to Discharge - Behaviors

	All Treatment Modalities				Outpatient Treatment Only			
	Co-occurring		Not Co-occurring		Co-occurring		Not Co-occurring	
	Admit%	Disch%	Admit%	Disch%	Admit%	Disch%	Admit%	Disch%
Drug Use Frequency								
None	45	73	52	77	52	69	59	79
1 or more days	55	27	48	23	48	31	41	21
DUI/DWAI Arrests								
None	84	96	83	96	83	94	82	96
1 or more	16	4	17	4	17	6	18	4
Other Arrests								
None	54	85	57	85	54	82	57	85
1 or more	46	15	43	15	46	18	43	15
ER Visits								
None	69	85	80	91	75	86	84	92
1 or more	31	15	20	9	25	14	16	8
Medical Hosp Admits								
None	83	91	91	95	86	91	92	95
1 or more	17	9	9	5	14	9	8	5
Psych ER Visits								
None	83	92	100	99.6	84	91	100	99.6
1 or more	17	8	0	0.4	16	9	0	0.4
Psych Hosp Admits								
None	83	92	100	99.6	84	91	100	99.5
1 or more	17	8	0	0.4	16	9	0	0.5