



Establishing a System of Care for Severe and Refractory Dual Disorder in the State of Hawai'i

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Coordinated by the **Department of Psychiatry JABSOM University of Hawai'i**
in partnership with **the Hawai'i State Department of Health, Alcohol & Drug Abuse Division (ADAD),**
Hawai'i Youth Services Network (HYSN), and the **Hawai'i Interagency Statewide Youth Network of Care (HI-SYNC)**



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Acknowledgment and More Disclosure

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The content of this presentation does not reflect the views of the Department of Health.



Learning Objectives

01

List 3 properties of dual disorders that distinguish them from their component disorders

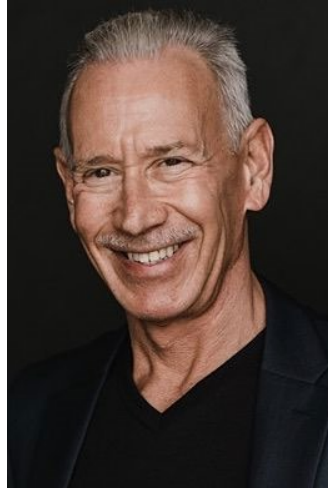
02

Define “Wrong Door” phenomenon

03

List the most effective intervention for dual disorders currently

The Team



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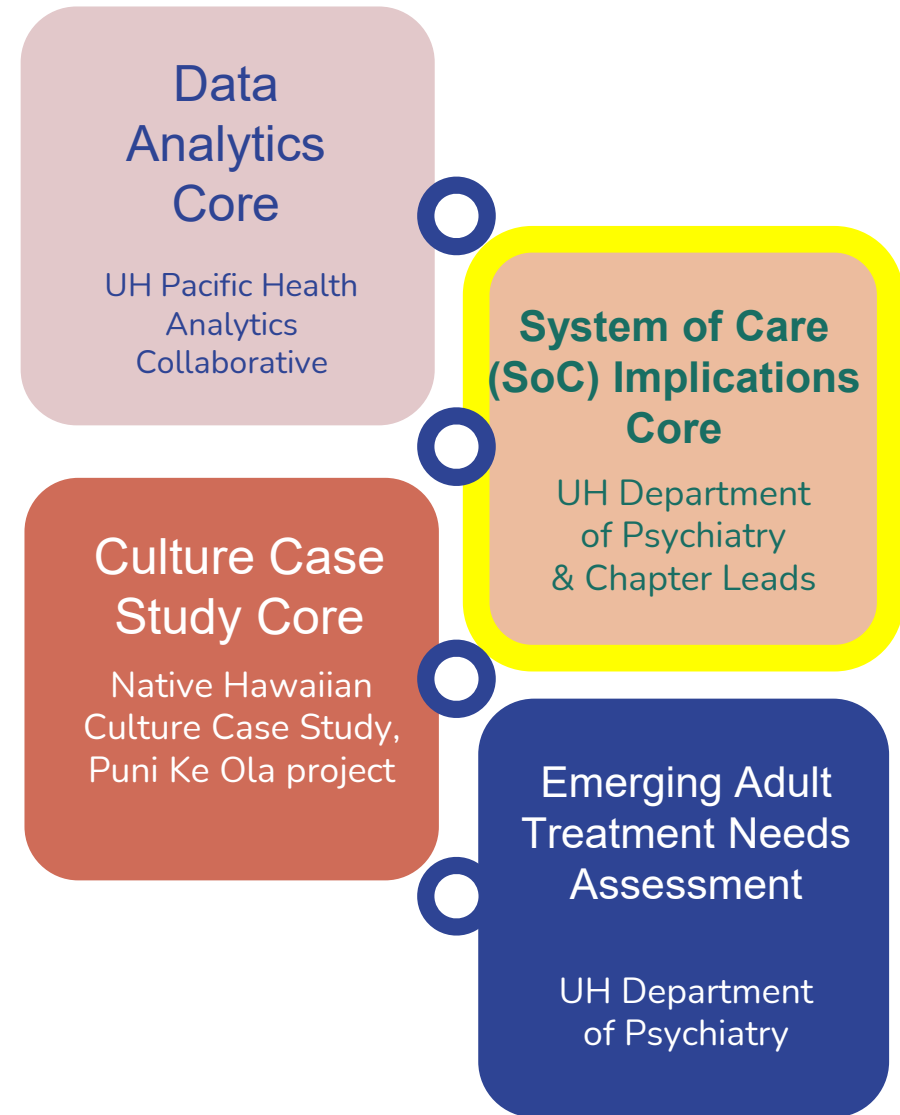


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ADAD State Plan for a System of Care

The goal of this project is to assist ADAD in updating its state plan, which states the division's "efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance use services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities."



SoC Chapters

The SoC Implications Core includes a set of reports which discuss the Systems of Care for the intersection of substance use and public sector or specific populations

Substance Use & Public Sector

Mental Health

Homelessness

Criminal Justice

Juvenile Justice

Violence (IPV, DV, CAN)

Substance Use & Populations

Rural

Native Hawaiian

Sexual & Gender
Minorities

Pregnant & Parenting
Women

Primary Care Integration

What we will do today:

- Definition and Properties of Dual Disorders
 - World Association on Dual Disorders (WADD)
 - Dual Disorders/Cannabis Use Disorder
 - State-Specific Data
 - Current System of Care in Hawai'i
 - Wrong Door Syndrome
 - Recommendations
-

Dual Disorder Defined

WHO definition:
co-occurrence of substance use disorder (SUD) and a
psychiatric disorder



World Psychiatric Association (WPA) “dual
disorders/pathology”
eg “dual disorder/Major Depressive Disorder



Nomenclature “Dual Disorder” will be used in this talk
due to its standardized global use.

Properties of Dual Disorders

Dual Disorder > sum of index disorders

More frequent recurrence than either index disorder

Increased mortality, suicidality

Family, social, employment, and educational dysfunction

Increased violent behaviors, legal problems, incarceration, and homelessness

Properties of Dual Disorders

- The component disorders exert a “bidirectional negative impact” on each other in the realms of:
 - Clinical manifestations
 - Clinical course
 - Outcomes
 - Treatment compliance



Properties of Dual Disorders

Increased utilization of health care services.

The severe and refractory dual disorder cohort is the focus today.

WADD



WADD

World Association
on Dual Disorders

<https://www.worlddualdisorders.org>

“Epidemiological evidence and neuroscience knowledge indicate that dual disorders are the expectation, not the exception, but they are still ignored. Why is this?”



Closer to home...

- Study group included polydrug use included methamphetamine and presented with psychosis
- Psychosis occurred more often in the group that included methamphetamine in polydrug abuse



Cannabis Use Disorder & Psychosis

The odds of a psychotic disorder occurring in a *daily* cannabis user are 3.2 times greater than for a “never user”

High potency cannabis use was found to increase odds of a psychotic disorder by 1.6 over a “never-user.”



CUD Dual Disorder

> 75% of Cannabis Use Disorder patients in treatment have a dual disorder, predominantly mood and anxiety disorders.

Psychiatric illnesses most commonly found as dual disorders with Cannabis Use Disorder: antisocial personality disorders, Bipolar Disorders, psychosis, and agoraphobia

The younger the cannabis user, the more significant the association with these disorders

Hawai'i State-Specific Disease Burden – National Survey on Drug Use and Health

- Households selected randomly for survey
- Sampling bias: does not capture disease burden for homeless, hospitalized, or incarcerated

NSDUH 2018-2019, Hawai'i	Any Mental Illness - Past Year (AMIYR_U)		
Illicit Drug and Alcohol Use - Past Year (ILLANDALC)		0 - No Past Year Any Mental Illness	1 - Past Year Any Mental Illness
Total	100.00%	82.10%	17.90%
0 - No drug or alcohol past year use	82.40%	70.10%	12.30%
1 - Drug <i>and</i> alcohol past year use	17.60%	12.00%	5.60%

Hawai'i State-Specific Disease Burden – Decedents Data and Dual Disorder

- National Violent Death Review System (NVDRS) data (Galanis, 2021)

- Among 85 homeless decedents, 20 (23.5%) had dual disorders

- Among 1110 non-homeless decedents, 129 (11.6%) had dual disorders

NVDRS 2015-2019, Hawai'i					
All records (n=1195)					
	Total	Mental Illness Only	Substance Abuse Only	Both (Dual Disorder)	Neither
Total	1195	203	241	149	602
Non-homeless	1110	193	207	129	581
Homeless	85	10	34	20	21



Hawai'i State-specific Disease Burden: Life-expectancy/SUD/Homelessness

2020 Medical Examiner Data (personal communication Dr. Kobayashi),
City and County of Honolulu:

**REDUCED LIFE EXPECTANCY (6TH DECADE) IN HOMELESS
POPULATION, RESULTING PRIMARILY FROM OVERDOSE OR
INFECTION/SEPSIS**

Hawai'i State-Specific Disease Burden – QMC ED Hyper-utilizers and Dual Disorder

- Data from our QMC hyper utilizer group
- 15 patients made 718 ED visits in 2021.
- 48 visits/hyper-utilizer/year

Calendar Year 2021 - 15 hyperutilizers	% hyperutilizers with DD/homelessness
SUD	66.67%
Mental health	93.33%
Homeless	66.67%
SUD and mental health	60.00%
SUD, MH and homeless	53.33%

	Hyperutilizers	All unique patients	% of total
# of unique patients	15	33730	0.04%
# of ED visits CY21	718	54295	1.32%
# of ambulance arrivals	325	14557	2.23%
# of MH1's	38	1156	3.29%

Hyper-utilizer Disproportionate Resource Use

Comparison of ED Visits, ambulance arrivals, and MH-1 per patient

	Hyperutilizer	Gen ED Pop
ED visits/patient	48	1.6
Ambulance/patient	22	0.4
MH-1/patient	38	0.03

Current System of Care in Hawai'i

- The “system of care” in Hawai'i is not necessarily a system, but a patchwork collection of public and private treatment resources.
- Development not focused on needs assessment across state



Current System of Care in Hawai'i

- Outpatient fixed ambulatory, and some mobile assessment and treatment services.
- Intensive Outpatient Treatment
- Partial Hospital Programs
- Short term residential treatment for substance use disorders only (+MH add on)
- Longer term treatment for SUD only (Sand Island)
- Inpatient for mental health disorders only



Current System of Care in Hawai'i

- Hawaii State Hospital: longer term care, must be in criminal justice system for admission
- OCCC: must be pre-trial detainee, provides a protracted structured environment with psychiatric care

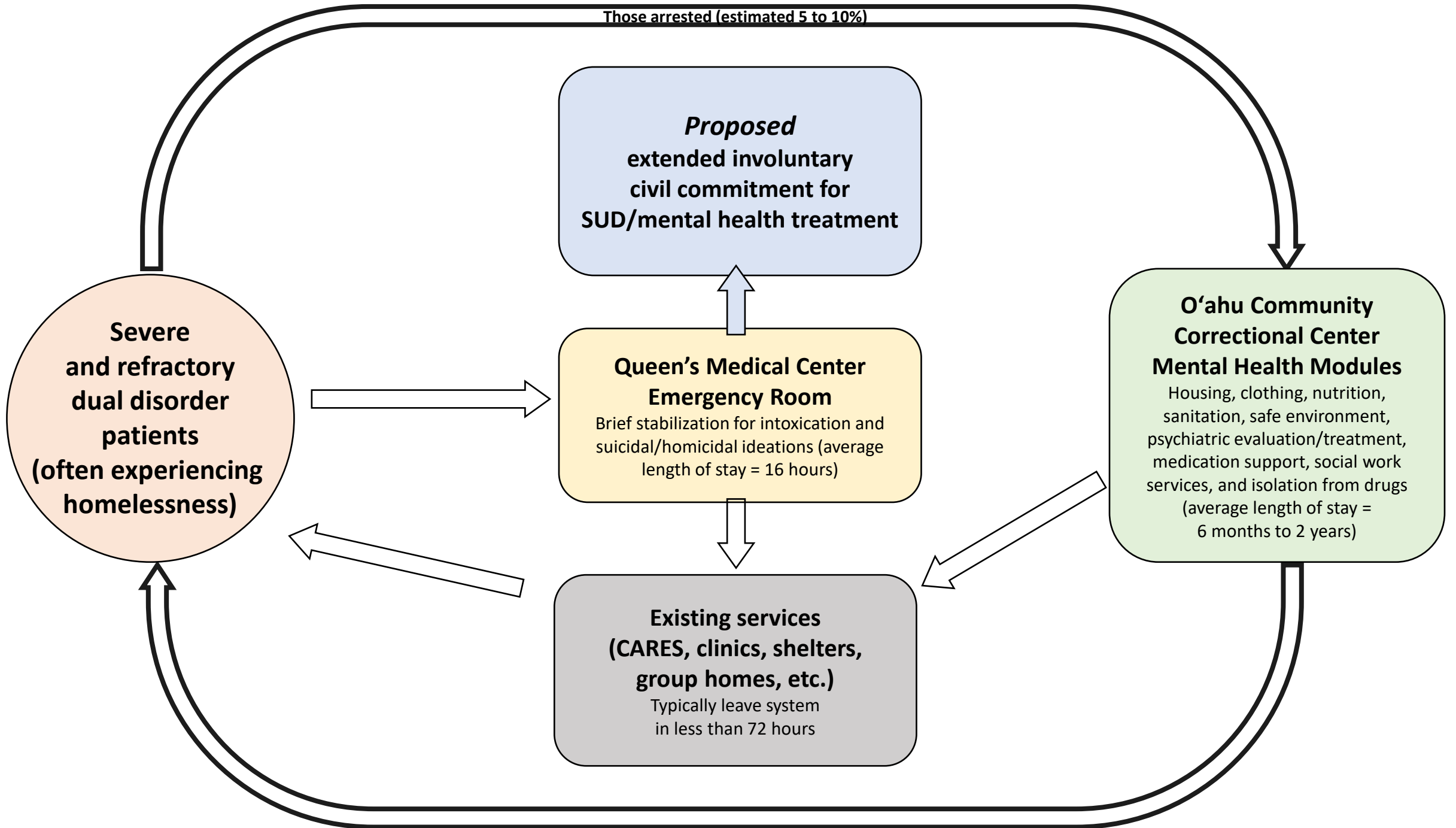




Current System of Care in Hawai'i

- Case Management Services







Wrong Door Syndrome

Dual Disorder patient being managed in a psychiatric environment in which SUDs are either not properly diagnosed or treated, or vice versa, or

Dual Disorder patients in an SUD treatment environment, lacking diagnostic or treatment services or both in the areas of psychiatric disorders.



Wrong Door Syndrome

May also occur in research studies in which one or the other disorder is excluded.

As a result, evidence-based treatments for dual disorders may be lacking.



Wrong Door Syndrome

The treatments for SUDs and psychiatric disorders arose separately and distinctly

Arose along completely different historical lines, contributing to the lack of effective combinations or integration.



Treatment: What Does Not Work Well

Acute inpatient psychiatric admission

Traditional SUD treatment



What Does Help: ***Case Management***

Over time, may engage an otherwise reluctant patient

Provides lifeline or lighthouse beacon for continuity of care



Treatment: What Would Work

OCCC: empirical model of improvement with longer term structured care

But no SUD care



Treatment: What Would Work

Recommendations for legislation for *involuntary commitment for longer term treatment* for non-forensic refractory dual disorder patients

Would require physical and workforce infrastructure



Data Issues

- Sample bias
- Data governance
- Silos

DOH: AMHD/ADAD Schism

DOH/DPS Schism

- Diagnostic heterogeneity
- Inherent bias in DSM5 SUD criteria



Data Issues

- State health data standardization initiative
 - Standardize public and private EHR interface
 - Require SUD diagnosis be included if medical admission



Data Issues

- Initiatives to improve psychiatric diagnostic accuracy
 - E.g., adding diagnostic algorithms in Epic
 - Assisted or guided semi-structured diagnostic interviews in Epic

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Mahalo

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A draft volume of the ADAD State Plan System of Care Implications Chapters is available for public review and comment at

<https://health.hawaii.gov/substance-abuse/state-plan/>





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