Integrated Treatment Pilot Projects

A Mental Health and Substance Abuse Administration effort to promote treatment of co-occurring disorders

Background of the Projects

- Funding from mental health and substance use was combined to support this effort
- Committed $1.6 million to this effort over the 2 years
Background of the Projects

- Coordinating agencies were the lead and were required to partner with a CMHSP
- The individuals to be focused on were those who were not eligible for CMH services

History of the Projects

- Six coordinating agencies were selected:
  - Kalamazoo
  - Network 180
  - Northern MI Substance Abuse Services
  - Pathways
  - Southeast MI Community Alliance
  - Washtenaw Community Health Organization
History of the Projects

- Initial goals of this effort
  - Promote partnerships and improve relationships between CAs and CMHSPs
  - Serve at least 1000 clients
  - Provide mental health services to COD clients that do not qualify for treatment in CMH system
  - Gather enough information from projects to provide direction to other organizations

What was accomplished?

- Provided services to 1150 people
  - 1024 would not have been served if not for this grant
  - A $1391 per person investment
- 254 psychiatric services provided – over $30,000 in grant funds
- Utilized over $21,000 of grant funds for medications
What did we learn?

- Primary mental health diagnosis was for a mood disorder followed by an anxiety disorder
- Case management proved to be the most abundant service offered
- The use of peers was a valuable resource

What did we learn?

- Improved relationships between the CA and the CMHSP was not as successful as was hoped
  - Free standing CMHSP's were not able to provide psychiatric services as planned
  - CA's that were PIHPs had better access to psychiatric services
  - Still provided an opportunity to work together
Guidance for Other Programs

- Review and ensure the availability of adequate psychiatric services
- Establish a process for how medication assistance will be provided ahead of time
- Ensure that planned capacity can meet demand and/or set admission criteria that can provide control

Guidance for Other Programs

- If COD practice is new to an agency, review and establish necessary practices changes
- Offset any psychiatric services with case management services
- Be ready to provide services that may be "out of the box" to effectively meet client needs
Guidance for Other Programs

- The use of peers is an effective service modality for this population
- Make sure of the funding that is available to support a program and monitor it very closely

Questions?

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