

**“Movement Towards Integrated  
Treatment of Co-Occurring Disorders ”**

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# Background: Key Points

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- **Co-occurring substance abuse and mental health disorders are the expectation, not the exception**
- **Strong evidence exists showing integrated MH and SA treatment yields better outcomes than parallel or serial treatment**

# EBP Dissemination

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- **Knowing something doesn't make it happen**
- **Active dissemination strategies necessary**
- **No magic bullet – lots of strategies and resources over the past decade to try to disseminate best practices for COD**

# Key Web Resources

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- [ICMH](#) Iowa Consortium for Mental Health
- [Tip 42](#)
- [SAMHSA IDDT Toolkit](#)
- [COCE](#) – Co-Occurring Center of Excellence
- [Ken Minkoff](#)

# COCE Overview Papers (1)

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1. Definitions and Terms Relating to Co-Occurring Disorders
2. Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders
3. Overarching Principles To Address the Needs of Persons With Co-Occurring Disorders
4. Addressing Co-Occurring Disorders in Non-Traditional Service Settings

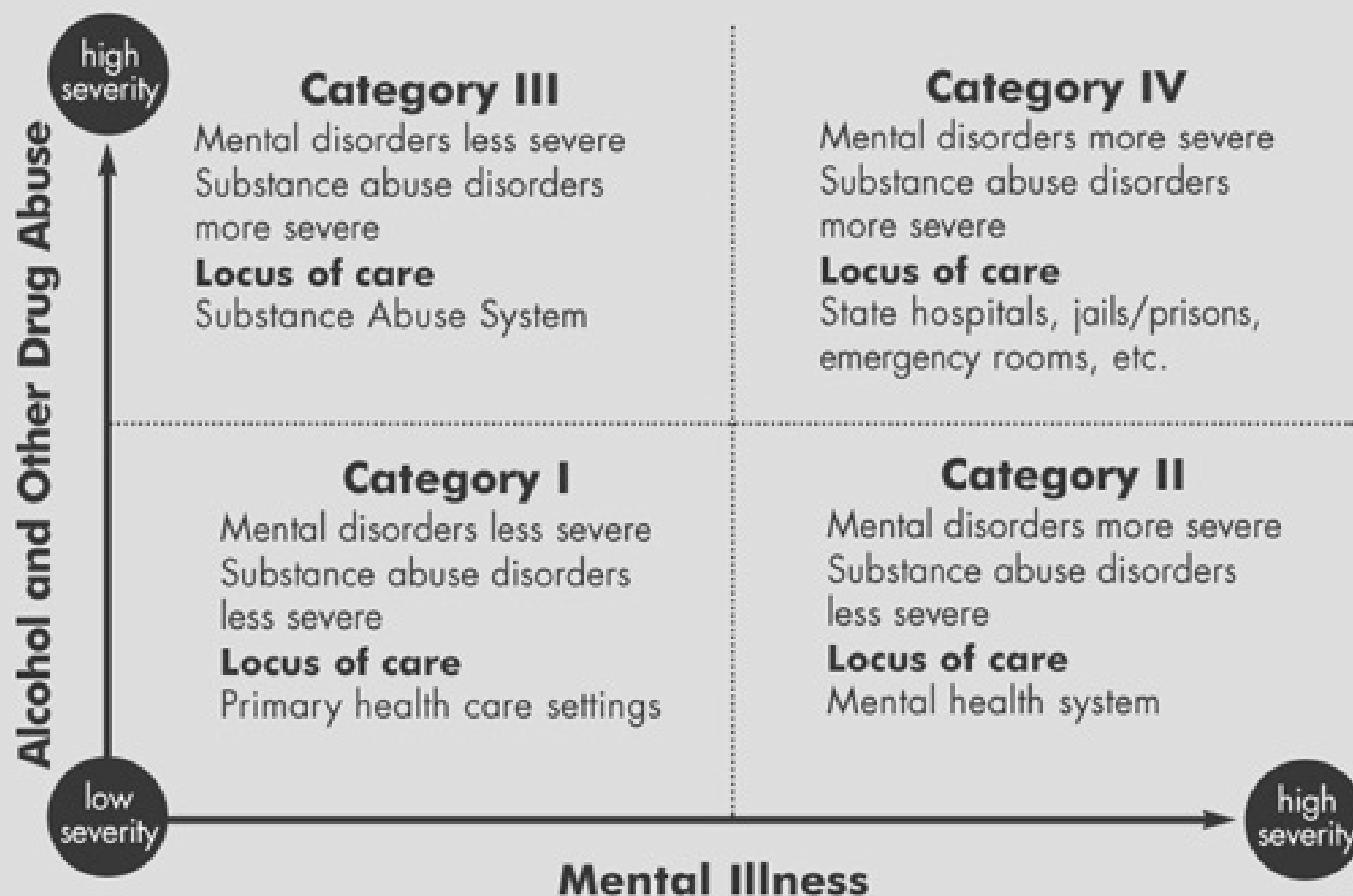
# COCE Overview Papers (cont.)

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5. Understanding Evidence-Based Practices for Co-Occurring Disorders
6. Services Integration
7. Systems Integration
8. The Epidemiology of Co-Occurring Disorders

**Figure 2-1**

**Level of Care Quadrants**



# Levels of Program Capacity in Co-Occurring Disorders



**More Treatment for  
Mental Disorders  
Level of Program Capacity  
in Co-Occurring Disorders  
for Substance Abuse  
Treatment Agencies**

\*ASAM dual diagnosis capable  
\*\*ASAM dual diagnosis capable

**More Treatment for  
Substance Abuse  
Disorders  
Mental Health  
Treatment Agencies**

Source: Tip 42

# Terms

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- **Minimal Coordination**
- **Consultation**
- **Collaboration**
- **Integration**
- **Integrated Screening**
- **Integrated Assessment**
- **Integrated Interventions**

# Minimal coordination

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- exists if a service provider either
- (1) is aware of a co-occurring condition or treatment but has no contact with other providers or
- (2) has referred a person with a co-occurring condition to another provider with little or no followup.

# Consultation

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- a relatively informal process for treating persons with COD, involving two or more service providers and requires the transmission of medical or clinical information or occasional exchange of information about the person's status and progress.

# Minimal coordination vs. Consultation

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- The threshold for “consultation” relative to “minimal coordination” is the occurrence of any interaction between providers after the initial referral, including active steps by the referring party to ensure that the referred person enters the recommended treatment service.

# Collaboration

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- Collaboration is a more formal process of sharing responsibility for treating a person with COD, involving regular and planned communication, sharing of progress reports, or entry into a memorandum of agreement.
- Different disorders are treated by different providers yet the roles and responsibilities of the providers are clear.

Source: COCE

# Consultation vs. Collaboration

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- The threshold for “collaboration” relative to “consultation” is the existence of formal agreements and/ or expectations for continuing contact between providers.

# Integration

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- Integration requires the participation of providers trained in both substance abuse and mental health services to develop a single treatment plan addressing both sets of conditions and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client.

# Collaboration vs. Integration

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- The threshold for “integration” relative to “collaboration” is the shared responsibility for the development and implementation of a treatment plan that addresses the COD.

# What does integration look like?

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- Although integrated services may be provided within a single program in a single location, this is not a requirement for an integrated system.
- Integration might be provided by a single individual, if he or she is qualified to provide services that are intended to address both conditions.
- Different levels and types of integration are possible, and there is no one way to achieve integrated treatment.

# Integrated screening

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- The determination of the likelihood that a person has a co-occurring substance use or mental disorder.
- The purpose is not to establish the presence or specific type of such a disorder but to establish the need for an in-depth assessment.
- Integrated screening is a formal process that typically is brief and occurs soon after the client presents for services.

# Integrated assessment

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- **consists of gathering information and engaging in a process with the client that enables the provider to:**
  - **establish the presence or absence of co-occurring disorders**
  - **determine the client's readiness for change**
  - **identify client strengths or problem areas that may affect the processes of treatment and recovery**
  - **engage the client in the development of an appropriate treatment relationship.**

# Purpose of Assessment

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- To establish (or rule out) the existence of a clinical disorder or service need
- To work with the client to develop a treatment and service plan.

# Integrated interventions

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- **Specific treatment strategies or therapeutic techniques in which interventions for all COD diagnoses or symptoms are combined in a single contact or in a series of contacts over time.**
- **These can be acute interventions to establish safety, as well as ongoing efforts to foster recovery.**

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# Recent Actions and Plans

# DHS Initiative

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- **Selected 10 agencies to participate in a pilot project**
  - **4 Community Mental Health Centers**
  - **4 Substance abuse agencies**
  - **2 Hospital-based programs**
    - ◆ **UIHC**
    - ◆ **Iowa Health System**
- **Initial Step: Formal Self Assessment**

# COMPASS™

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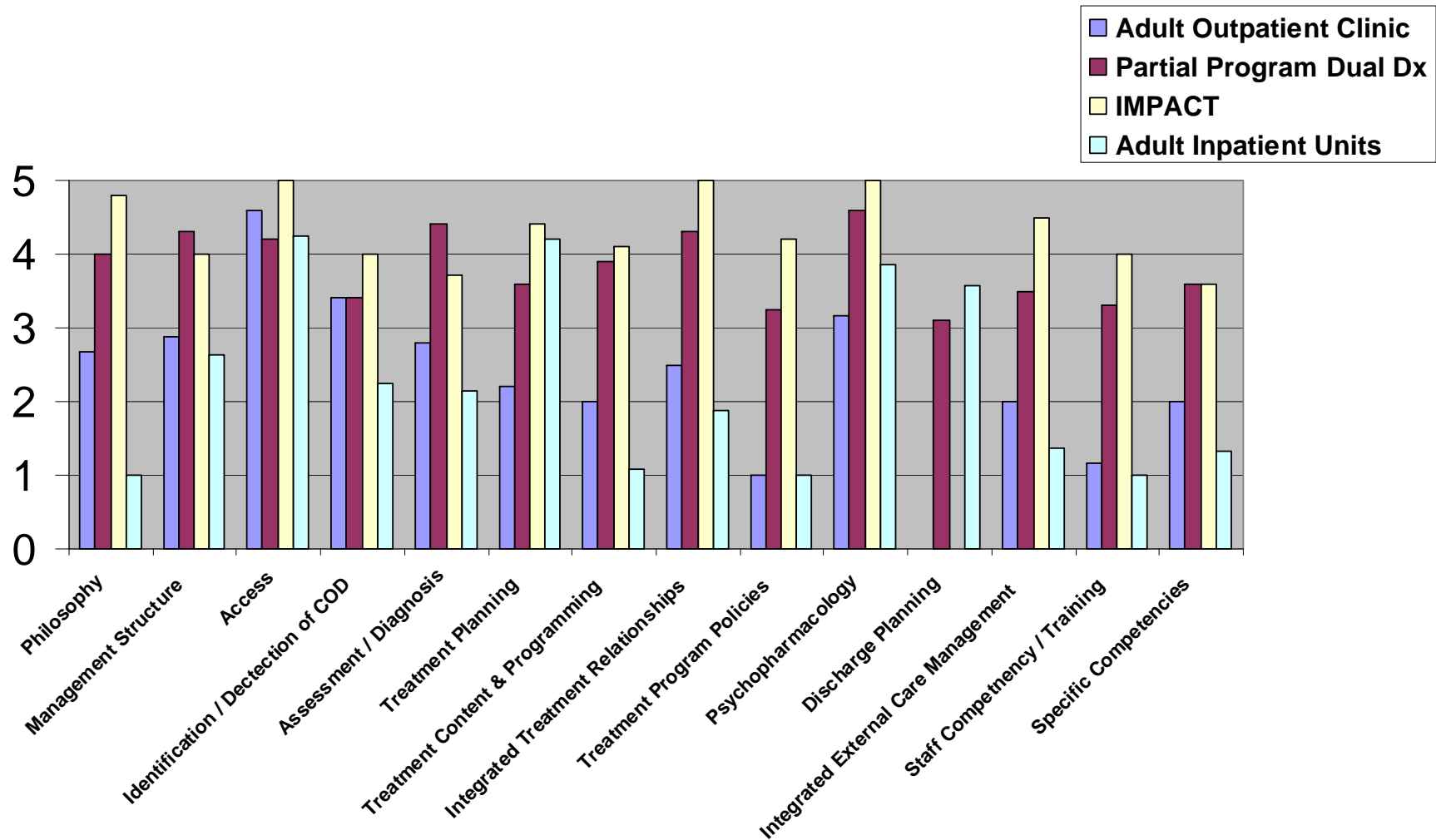
- Comorbidity Program Audit and Self-Survey for Behavioral Health Services
- Ken Minkoff / Christie Cline (*ZiaLogic*)
- Self-assessment process
  - 14 domains
    - ◆ 5 – 13 items per domain
    - ◆ Likert scale
    - ◆ 1 (rarely) – 5 (consistently)
    - ◆ NA allowed

# Initial COMPASS Assessment (9-08)

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- **Adult OPC**
  - MF, Lance Clemesen, Alison Abreu
- **Partial Hospital Program**
  - Lowell Yoder
- **IMPACT**
  - Betsy Hradek
- **Inpatient Units**
  - Cathy Willoughby

# Mean COMPASS Scores Across 4 Clinical Programs at UIHC



# Next Steps

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- **Choose one or a few actionable items generated from the COMPASS**
  - **Put a timeline on them**
- **Develop an ongoing COD leadership group within UIHC Behavioral Health**
- **Ongoing consultation with Minkoff's group and other 9 sites**
- **Redo COMPASS within 12 months**