

Co-Occurring Disorders: Through A System of Care Approach



Stephanie Marquesano, Founder and President
The Harris Project Inc.

Co-Occurring Disorders

- The combination of one or mental health challenges and substance misuse/addiction
- According to the National Institute on Drug Abuse (NIDA) one in two individuals with substance use issues also struggle with mental health challenges
- According to the National Survey on Drug Use and Health more than 20 million individuals in the US have co-occurring disorders





Nonprofit focused on improving the lives of teens and young adults with, or at risk of developing, co-occurring disorders:

- Integration from prevention to sustainable recovery
 - government - de-silo agencies, value of co-occurring competency across continuum
- **prevention - Co-Occurring Disorders Awareness**
- providers/agencies – support building infrastructure
- clinicians – quality improvement and core competency, utilizing evidence-based treatment modalities – Encompass/SAMHSA Tree
- support for family and loved ones



Harris's story

- diagnosed as a young child with an anxiety disorder and as an early teen with ADHD
- ongoing treatment with psychiatrists and psychologists – **they never talked about link**
- began self-medicating with marijuana, and then with prescription pills towards the end of high school – **importance of staying connected to supports**
- within a year and a half before his death: 1 short term mental health in-patient program, 2 substance use out-patient programs, 4 substance use in-patient programs

Once Harris entered the substance rehabilitation system, no focus on the mental health piece!

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Fast facts

- 49.5% of US youth will face a mental health challenge
- 22% will have a mental health disorder with "significant impact"
- 50% of lifetime mental health disorders begin by age 14, 75% by age 24
- ≈20% of youth in need of mental health services receive them
- ≈50% of youth receiving services for their mental health have a co-occurring substance use disorder
- ≈65% of youth receiving treatment for a substance use disorder have a co-occurring mental health disorder

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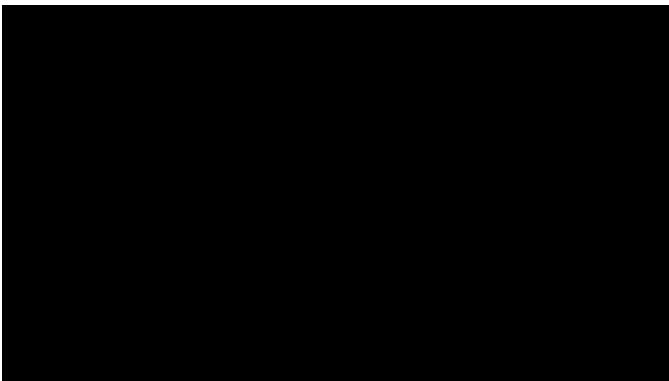
Developing Co-Occurring Disorders

- Existing or emerging mental health disorder(s) - using substances to feel typical, reduce stress, elevate mood, self-medicate
- Predisposition to both mental health and substance use disorders
- Substance use
 - brain isn't fully developed until 25
 - alcohol, nicotine, marijuana (smoking, vaping, edibles), illicit substances, prescription medication – can cause brain changes particularly in those 25 and under
 - impact of legal prescriptions – sports injury, wisdom tooth removal
- Other considerations – genetics, family history, trauma

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Overdose. 112,000
Suicide. 50,000
Alcohol Deaths. 178,000

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New York's Siloed Systems of Care

- Substance use and mental health systems of care siloed
- Siloed systems of care have resulted in siloed educational systems and training systems
- Professionals not trained or supported in implementation of integrated treatment
- To meet the needs of the individual and providers we must move towards a SINGLE System of Care
- True parity requires access to co-occurring competent care across the continuum

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Substance Use Disorder Treatment for
People With Co-Occurring Disorders

TIP 42

SAMHSA

Effective COD Assessment and Treatment

- How this went wrong
 - silos
 - separate funding
 - sequential/simultaneous treatment
- Coordination of mental health and addiction professionals to create an integrated comprehensive treatment plan to address the whole person:
 - meets the needs of the individual
 - medication for mental health and/or addiction when appropriate
 - positive and supportive social interactions
 - healthy recreational activities
 - family involvement when beneficial
 - NO "WRONG DOOR"

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Things came together



- Regional Coordination Drs. Ken Minkoff & Chris Cline – ZiaPartners
- Stephanie Marquesano – Youth Advocate NYS Regional Planning Consortium Board
- Commissioners from all 7 counties committed to the work
- Planning 11/17 System Transformation Forum
- **Comprehensive Continuous Integrated System of Care or CCISC** evidence-based model (Minkoff & Cline, 2004, 2005) - a SAMHSA “best practice” for system design

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Co-Occurring the Expectation

- People are complex
- Welcoming
- Meet them where they are
- No wrong door
- What happened to you?
- Hopeful, engaging, person-centered
- Each individual is unique
- All conditions are primary
 - common assessment
 - integrated treatment planning
- System needs to meet this need
- Serenity prayer of change

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At the Table



- Leadership champions from as many diverse organizations as possible
 - rule of thirds
 - stay the course
- Key stakeholders from MH, SU, DD
 - LGU
 - Hospitals
 - Health, Mental Health, Substance Use
 - Care Management
 - Housing providers
 - Criminal Justice
 - Prevention
 - Peers
 - Advocates
- Diverse Co-Chairs of COSOCC
 - Local Government Unit (LGU)
 - Provider
 - Family/Peer
- NYSPI - Center for Practice Innovations

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Provider Concerns

- Been there, done that – MICA, CAMI, Dual Diagnosis, Co-Occurring Disorders
- More training!?!?
- Another “initiative”!?!?
- Staff overwhelmed
- Adding to existing financial strain
- State regulations won’t let us treat conditions that are outside of our regulatory oversight/funding
- Staff are not comfortable/trained in treating substance use/mental health conditions
- How will this be different, better, more likely to succeed?

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Engagement /Momentum

Charter

- Create “CHARTER”- Living/breathing
 - Meeting needs of diverse populations
 - Includes the identified action steps that the county providers and partners will commit to, including:
 - Commitment to the process
 - Say it out loud
 - Compass EZ
- NO consequences for not meeting all action steps or objectives
- Nothing “binding” about signing the Charter except a stated commitment to change process
- Outreach to agencies/providers not engaged or involved in the process

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Initial Priorities

- Prevention
- Licensing/Regulatory
- Cross-training/QI/Core Competencies
- Transition into recognition of need for treatment modalities



Westchester COAH CEO Forum
May 2018 with Dr. Marc Fishman

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Deliverables

In every program, improving integrated services for individuals (and their supports) with co-occurring MH/SUD and other complex needs results in:

- People with complexity better engaged and achieving better outcomes.
- Staff feeling more empowered and less burned out by making changes in policy, procedure, paperwork, and practice that help them to be more successful with individuals most in need.
- The whole organization gaining skills to become a high performing change management organization, involving all levels of staff as change agents.
- Collaboration in the co-occurring effort with expertise offered to other types of providers, and help received from them in return.
- A service delivery model that is better for the bottom line because there is higher engagement, fewer missed appointments, reduction in crisis visits, and more value for the payer dollar.

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What's needed

Fully integrated:

- regulations
 - move away from who can be seen where ("no wrong door")
 - diagnostic criteria aligned
 - recognized and interpreted consistently
- electronic medical records
- billing codes
- reimbursement rates
- licensure

Resulting in increased staff commitment, competency and comfortability



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Core Competencies

- One framework setting forth skill sets and knowledge that might be needed to effectively work with individuals with co-occurring substance use and mental health conditions.
- Each skill includes basic competencies, intermediate competencies, and advanced competencies.
- Included are links to online trainings available to assist in obtaining these different sets of knowledge and skills.

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How to make it happen

- Fall 2019 COSOCC/DCMH Forum
 - Office of Addiction Services & Supports (OASAS)
 - Office of Mental Health (OMH)
- New York Senate Opioid Task Force
- In-service, law enforcement, workforce development, MANY conferences
- Recognized on floor of NYS Senate - 2/20
- White Paper prepared by Westchester COSOCC - 4/20
- OASAS/OMH Listening Sessions - 11/20
- OAMHS workgroup series - 3/21
- NYS Assembly Hearing on 6/21
- Legislative Briefing 5/22
- Ongoing presentations and workshops

Statewide Call To Action:

- Create Co-Occurring Disorders Awareness – Health Curriculum
- Create single state agency to better meet the need
- Opioid Settlement \$\$
- Federal Grant Opportunities

ADVOCACY IN ACTION

NYS Legislative Opportunities

- Opioid Settlement Law
- Office of Addiction and Mental Health Services
- Amend State Education Law to include Co-Occurring Disorders in Health Curriculum
- Patient Bill of Rights
- Statement of Purpose

Why mental health matters when it comes to substance use prevention...

The time between onset of a mental health disorder and subsequent substance use disorder is a "key window of opportunity" where COD can be prevented.

Treating Adolescents with Co-Occurring Disorders, Hills, 2007



CODA – Co-Occurring Disorders Awareness



A youth-driven movement empowering young people and the adults that care:

- increasing awareness and understanding of COD, highlighting paths to substance misuse/addiction
- increasing early intervention for mental health challenges and substance misuse
- increasing help-seeking behavior in those with or at risk of developing COD
- creating a generation without stigma
- empowering a broad range of youth leaders who can make positive impact




CODA in action

- Youth Summit
- Awareness Games
- April CODA Week Celebrations
- Social Emotional Tools
- Social Media and Poster Campaigns
- Presentations & Programs
- Infusing CODA in traditional mental health and substance use programming




Multi-prong approach to CODA


Stakeholder engagement



- Students –highly motivated
- School Administrators – teachers, coaches, counseling staff
- Coalitions, Community Organizations, Faith
 - increased collaboration
 - training
- Parents/Caregivers – meet them where they are
 - presentations
 - family universities
 - field
 - stage
- Local Government As Partner




NYS Guidelines for Opioid-Settlement Funding



The guidelines include supporting:

- Prevention
- Education
- Harm Reduction
- Outreach
- Treatment & Services
- Recovery
- Special Populations
- Research/Data


.... of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder and Mental Health (SUD/MH) conditions.



Opioid settlement funds - role of state & local government

- Innovation
- Collaboration
- Assessment
- Consistent
- Sustainable

- Partnership to End Addiction
- the harris project
- Coalitions
- School Districts
- Faith Community
- Pace University



Partnership to End Addiction & the harris project

Project Aim

To raise co-occurring disorders awareness and knowledge of coping strategies and resources among teens and the adults who support them.

Project Strategy:

- Develop, implement, evaluate a primary prevention curriculum to help young people understand, navigate, avoid harm from COD.
- Develop, implement, evaluate complementary curricula/training for caregivers and school and youth-serving professionals so that they can effectively support students.
- Develop a solid research base of evidence for core program effectiveness, to establish credibility and allow for future tailoring and broader implementation.



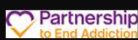


Feasibility and Effectiveness

- Demographics
 - Pilot program 7 diverse school districts and interfaith engagement
- Special Focus Groups
 - Approach to LGBTQIA+, neurodivergent students, and immigrant families
- Feedback Mechanisms
 - How diverse voices are heard and incorporated – surveying and dialogue



Next steps



- Collaborate with key stakeholders, including colleges and universities
- Educate and empower about the relationship between substance use issues and mental health challenges
- Integrate into health curriculum as a key component of prevention programming
- Explore potential funding streams, including Opioid Settlement dollars




Encompass
CRAFT
Inclure
Wraparound
Coordinator

Teen/Young Adult
Family and Loved Ones
Pro-Social Platform
Westchester Navigator

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EVIDENCE-BASED RESOURCE GUIDE SERIES

Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use




SAMHSA

Encompass: Integrated Mental Health/Substance Treatment

Encompass is a comprehensive, integrated treatment approach for youth and young adults with serious emotional disturbances and serious mental illnesses and co-occurring substance use. It is designed to be delivered in a community-based setting, such as a school or community center, and is tailored to the individual needs of each participant. The program includes a variety of services, including individual and group therapy, case management, and wraparound services. It is designed to be delivered in a community-based setting, such as a school or community center, and is tailored to the individual needs of each participant. The program includes a variety of services, including individual and group therapy, case management, and wraparound services.

And Community Safety Considerations

Encompass is designed to be delivered in a community-based setting, such as a school or community center, and is tailored to the individual needs of each participant. The program includes a variety of services, including individual and group therapy, case management, and wraparound services. It is designed to be delivered in a community-based setting, such as a school or community center, and is tailored to the individual needs of each participant. The program includes a variety of services, including individual and group therapy, case management, and wraparound services.



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ENCOMPASS

Encompass

- 6 Westchester providers
- 40 clinicians
- initial 2-year pilot
- train-the-trainer component
- community and school-based
- meet a wide variety of needs
- phase 4 – SAMHSA Grant

Integrated Treatment for Adolescents and Young Adults

ENCOMPASS



SAMHSA

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Encompass Protocol

Treatment consists of approximately 16 weekly outpatient individual sessions.

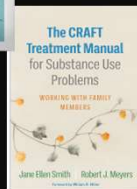
This may also include a family component as clinically indicated to ensure that parents/caregivers have necessary tools.

Uses cognitive behavioral therapy (CBT) and motivational enhancement therapy (MET) to facilitate acquisition of new skills and coping strategies to reduce harmful substance use and improve mental health.

Motivational incentives are used to reinforce abstinence and increase engagement in non-drug pro-social activities to promote a healthy, sustainable drug-free lifestyle.

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Approaches to support loved ones



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CRAFT- Community Reinforcement and Family Training Invitation to Change

- An EBP created by Dr. Bob Meyers, enhanced by the Center for Motivation and Change
- Encompass aligned
- For family and loved ones
- Goals:
 - Change systemic reinforcers in favor of positive changes in substance use
 - Motivate the substance-involved persons to enter care
 - Enhance skills for significant others to cope with the distress of having a substance-involved loved one
- Certification of clinicians
- Fidelity to the model

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**Merging
Harm
Reduction
Measures**

- Despite proliferation, harm reduction options remain inaccessible
- Siloed systems of care complicate access
- Doors people are most likely to walk through unaware of larger range of community resources
- Not all access points are brick & mortar
- Create centralized list of harm reduction resources and how to access them
- Harm reduction supplies must be available where people in need enter
- Harm reduction is more than supplies

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Call to action

HOPE
ACCESS
RECOVERY

Tennessee
Co-Occurring
Disorders
Collaborative

TN Department of
Mental Health &
Substance Abuse Services

- Recognize: there are many competing interests, but prioritizing co-occurring disorders can have positive impact across many domains
- Explore: efforts currently underway, including which stakeholders are engaged and who might be missing
- Determine: the value add for your organization, staff, and population served
- Find: strategic ways to infuse this into great work already happening
- Prioritize: legislative action and advocacy statements, platforms, days

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Please visit the conference landing page, using the QR code for CE details.

It is the responsibility of the event attendee to use their professional judgment, to justify that the continuing educational programs attended meet the guidelines of their respective licensure or certification board/agencies and is relevant to their professional practice.

The following accrediting agencies have approved this event for up to 4.25 units/contact/clock hours.

- National Association of Social Workers, Tennessee Chapter
- Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists
- Licensed Alcohol and Drug Abuse Counselors (LADAC)
- Tennessee Certified Peer Recovery Specialist (CPRS)
- Tennessee Certified Family Support Specialist (CFSS)
- Tennessee Certified Young Adult Peer Support Specialist (CYAPSS)



SCAN ME
