



Screening for Co-Occurring Mental Health and Substance Use Disorders

Community Care
Behavioral Health Organization

Historical Context

- Separation of Mental Health and Addiction Services and *Thinking*
- Establishment of MISA Consortium in PA
- MISA Assessment Subcommittee Mission
- Screening and Assessment Guidelines

Ramifications of Consortium Report

- Established Standards for Services to this Population in PA
- Establishment of MISA Pilot Projects
- Development of MISA Credentialing Project

Purpose of Training

- Differentiate
 - Screening
 - Assessment
 - Treatment Planning/Placement Issues
- Raise Awareness of Standards for:
 - Professionals
 - Programs

Opportunities for Improvement

- Enhance Level/Degree of Screening and Assessment
- Enhance Treatment/Service Planning
- Better Engagement of MISA Clients
- Expand Service Continuum
- Optimize Matching of Needs and Services
- Establish Accountability

MISA Treatment Approaches

- Integrated
- Sequential
- Parallel

Adherence is Related to Outcome

- Better substance use clinical outcomes
- Better mental health clinical outcomes
- Improvement in psychosocial functioning
- Lower rates of high-risk behaviors
- Lower relapse rates
- Lower readmission rates

Comparing Drug Addiction Treatments & Other Disorders

- Addiction patients have favorable outcomes during treatment, and at 6- and 12-month follow-up
- At 1-year, 40-60% are continuously abstinent; 15-30% not using addictively

Response To Treatment for Alcohol & Drug Use Disorders

- Large research literature on treatment outcomes for addiction
- Treated samples do better than untreated samples of drug addicts
- Both medication and behavioral studies show treatment leads to decreased substance use and improved functioning

Outcomes Studies of Drug Addiction Treatment *(McLellan et al)*

- Reviewed over 100 randomized, controlled trials of addiction treatment
- Most showed “significant reductions” in:
 1. Substance use
 2. Improved personal health
 3. Reduced social pathology

Studies of Alcohol Treatment

(Miller et al; NIAAA)

- Review of 219 clinical trials: 69% show significant treatment effect on at least one alcohol measure for at least one follow-up point

Studies of Alcohol Treatment: Project MATCH

- Treated over 1,700 patients
- Assigned to 1 of 3 txs: TFT, CSST, MET
- All show significant effects at 1 & 3 year
- Percent abstinent days: 20% pre-tx to 80% post-tx
- Drinks per drinking day: 17 pre-tx to 3 post-tx

Treatment Cuts Medical Costs (CSAT)

- Substance abuse is risk factor for illness and spread of infectious diseases
- Public costs are \$4,157 billion
- Treatment cuts medical costs
- Percent needing major medical treatment drops significantly 1 year after D&A tx
- Health care costs of family decreases, too

Treatment Reduces Crime (CSAT)

- Prisoners treated show lower rates of substance abuse after leaving prison
- They also show decrease rates of crime, re-arrest, and re-incarceration

Treatment Reduces Family Dysfunction (CSAT)

- Treatment restores family productivity
- Reduces dependence on welfare
- Increases mothers reuniting with children

Treatment Reduces Suicidality in Mood Disorders (Goodwin)

- Majority of suicides occur in context of major mood disorder
- Review of 28 reports with over 16,000 patients shows suicide rate is 6-8 times lower in patients treated with Lithium

Treatment Matching Paradigm: Kenneth Minkoff

Quadrant 1 Low severity MH Low severity AOD	Quadrant 2 High severity MH Low severity AOD
Quadrant 3 Low severity MH High severity AOD	Quadrant 4 High severity MH High severity AOD

Quadrant 1

- Intervention in outpatient setting
- Discontinuation of substance use via o/p contract
- Medication as indicated for possible MH
- Emphasis on stress management and problem solving

Quadrant 2

- For severe MH, possible in-patient services
- Continuing case management in MH system
- Medication as indicated for MH
- Support programs as indicated

Quadrant 3

- For substance use exacerbations, may need detox
- Out-patient counseling in AOD or MH depending upon level of dual diagnosis
- Integrated systems
- Medication for MH as indicated

Quadrant 4

- In-patient or detox services as indicated
- Continuing case management
- Support programs as indicated
- Integrated systems

Screening

- Identify Issues Requiring Immediate Attention
- Independent of Diagnosis/Identified Problem
- Determines Appropriate Setting for Comprehensive Evaluation

Identify Substance Use Issues

- Intoxication
 - Medical and behavioral risk secondary to intoxication
- Type and Intensity of Substances Use
- Withdrawal or Potential for Withdrawal

Identify Mental Health Issues

- Risk of Harm:
 - Suicide
 - Homicide
 - Aggression
- Mental Impairment:
 - Functioning
 - Judgement

Medical Issues

- Pregnancy
- Risk of Harm
 - Medical Deterioration
 - Exposure of Others
- Substance Related Physiologic Alterations
 - Medication
 - Other

Special Needs

- Barriers to Access
 - Transport
 - Child Care
 - Geographic
- Environmental Risks
 - Victimization
 - Exposure
 - Stress

Comprehensive Assessment

- Components
 - Relative Severity of MH and SU Problems
 - Mitigating and Exacerbating Factors
 - Analysis of Strengths and Problems
 - Individualized Service Plan
- Consumer Participation
- Engagement
- Long Term Planning-Continuing Care

MISA Assessment Domains

- Demographics
- Presenting Problem
- Behavioral Health History
- Medical History
- Social Situation

Behavioral Health Assessment

- Psychiatric history
- Substance use history
- Treatment history
- Recovery/abstinence
- Involvement in self-help/mutual support/advocacy groups
- Current/past medications
- Family history

Assessment Tools

- ASI (Addiction Survey Index)
- PCPC (Pennsylvania Client Placement Criteria)
- ASAM (American Society of Addiction Medicine)
- CALOCUS (Child and Adolescent Level of Care Utilization System)

Addiction Severity Index

- An example of an assessment tool which includes the behavioral health information and MISA domains
- Includes severity and confidence/reliability ratings
- Must be administered and is long
- Does not directly relate to level of care placement

ASI, continued

- General Information (demographics)
- Medical Status
- Employment/Support Status, Education
- Alcohol/Drugs, includes recovery/abstinence
- Legal Status
- Family History, Family and Social Relationships
- Psychiatric Status

Vignette No. 1

E is a 37 y/o man who has a 15 year history of addiction to alcohol and cocaine. He completed detox and rehab 2 years ago and considered himself to be in recovery.

He felt that he was doing very well and described feelings of euphoria about his recovery to his counselors. He reported being excited, on the move, and on the high road to changing his life. His counselors observed that he seemed to be very high and described occasional quiet or “down” times, especially when he was also reporting some stress from his family or employment. Both his family and his treatment program thought that he had relapsed and was using again, in spite of his denials; and he was referred for additional substance use treatment.

While in treatment, which he felt that he did not need and which he did not attend regularly as a result, he was seen for a psychiatric evaluation and was diagnosed as Bipolar. With medication for his Bipolar Disorder, he has reported finally feeling what he described as “normal”.

Vignette No. 2

C is a 42 y/o woman who had self-referred to a community MH program with symptoms of depression. During the initial evaluation, she reported drinking 24 cans of beer a day. The initial report recommended a MISA program, but she was referred to mental health out-patient services. During a case review, the UR staff identified that the consumer was being treated only for depression with no goals or objectives related to her use of alcohol. C. continued to report sadness, crying, isolating, and not caring for herself. When a review meeting was held with the therapist and the question of substance abuse was discussed, the therapist held that the treatment responsibility was to resolve the consumer's depression first, then she would be able to work on her substance use.

Adolescents

- Similarities and Differences
- Engagement
- Cognitive Processing
- Collateral Input

Summary

- Screening as First Step to System Integration
- Increasing Sophistication in Addressing Co-Occurring Disorders
- Enhancing Accountability to our Clients
- Reduce Disparities and Enhance Collaboration Between SU and MH System