Building the Continuum of Integrated Treatment for Co-Occurring Disorders
The Patient Protection and Affordable Care Act (ACA) aims to expand access to health care for uninsured Americans, improve quality of care, and reduce overall health care costs.

Under the ACA, all individuals under the age of 65 with incomes below 133% of the federal poverty level can become eligible for Medicaid.

Expanding access to health care coverage to millions of Americans who have mental health and/or addiction disorders (through the Health Insurance Exchange).

Expansion of federal parity protections to mental health and substance abuse disorder benefits that must be offered through the Health Insurance Exchange.

Pre-Existing Conditions Are No Longer a Barrier to Coverage.

Young adults (up to age 26) must be allowed to remain on their parents’ health plan, if their parents so desire.
ESSENTIAL HEALTH BENEFITS: 10 SERVICE AREAS

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings
“Co-Occurring Disorders” (COD) refers to a client who has one or more disorders relating to the use of alcohol and/or other drugs of abuse, as well as one or more mental disorders.

- At least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms.
- Both disorders present at the same time.
- The severity of both disorders may change over time.
TRADITIONAL APPROACHES TO TREATMENT

- **Sequential treatment** - The client is treated in one system, then the Agencies work largely independent of each other.

- **Parallel model** – The client is treated simultaneously, but by two separate agencies. The patient participates in two systems simultaneously. Coordination is not consistent.
FALLING THROUGH THE CRACKS

Mental Health Care

Addiction Treatment
INTEGRATED TREATMENT

- An approach that involves simultaneous treatment of both disorders in a setting designed to accommodate both problems in a unified and comprehensive treatment program.

- The client participates in a single unified and comprehensive treatment program for dual disorders.
CORE PRINCIPLES OF INTEGRATED TREATMENT

Principles of Integrated Treatment:

- Integration of Services
- Comprehensiveness
- Long-Term Perspective (time-unlimited services)
- Motivation-Based Treatment
- Multiple Therapeutic Modalities
CONTINUUM OF INTEGRATION
SUBSTANCE ABUSE

- Cannot accommodate psychiatric illnesses however stable and however well functioning.
- Policies and procedures do not accommodate dual diagnosis.
- Psychotropic medications not accepted.
- Coordination/collaboration with mental health not routinely present.
- Mental health issues not addressed in treatment.

MENTAL HEALTH

- Cannot accommodate substance abuse disorder however stable and well functioning.
- Policies and procedures do not accommodate dual diagnosis.
- Medication Assisted Treatment not accepted.
- Coordination/collaboration with substance abuse not routinely present.
- Substance abuse treatment issues not addressed in treatment.
MENTAL HEALTH DUAL DIAGNOSIS

CAPABLE

- The primary focus is the treatment of mental disorders.
- Address dual diagnoses in policies, procedures, intake, assessment, treatment planning, program content and discharge planning.
- Provides treatment if SUD disorder is sufficiently stable and does not interfere with mental health treatment.
- Coordination and collaboration between addiction and substance abuse services are in place.
- Medication monitoring, addiction assessment and consultation provided either on-site or coordinated with off-site provider.
- Staff able to address the interaction between mental and substance use disorders, relapse and recovery issues through individual and group program content.
- Provides treatment if SUD disorder is sufficiently stable and does not interfere with mental health treatment.
Primary focus is on the integration of services for substance use disorders in staffing, services, and program content.

Policies, procedures, intake, assessment, treatment planning, program content and discharge planning accommodate unstable co-occurring substance use disorders.

Can accommodate unstable addiction issues adequately to participate in mental health treatment.

Substance use symptom management groups are incorporated into mental health treatment.

Cross-training. Motivational Enhancement Therapy more likely to be practiced.

Close collaboration or integration between MH & SU services (crisis intervention, case management and continuing care, psychopharmacologic monitoring).
## Four Quadrants of MH/SUD Services

<table>
<thead>
<tr>
<th>Category III</th>
<th>Category IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse System</td>
<td>Hospitals, ER, RTC</td>
</tr>
<tr>
<td>DDC/DDE/IDDT</td>
<td>Severe MI, Severe SUD</td>
</tr>
<tr>
<td>Severe SUD, Mild MI</td>
<td>Detox, IP Psych</td>
</tr>
<tr>
<td><strong>OP, IOP, PHP, RTC</strong></td>
<td><strong>DDE, IDDT</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category I</th>
<th>Category II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care</td>
<td>Mental Health System</td>
</tr>
<tr>
<td>DDC</td>
<td>DDC, DDE, IDDT</td>
</tr>
<tr>
<td>Mild MI, Mild SUD</td>
<td>Severe MI, Mild SUD</td>
</tr>
<tr>
<td><strong>OP, PCP</strong></td>
<td><strong>OP, IOP, PHP, ACT</strong></td>
</tr>
</tbody>
</table>
The Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) index

- An instrument for assessing mental health treatment program capacity for persons with co-occurring mental health and substance use disorders.

The Dual Diagnosis Capability in Addiction Treatment (DDCAT) index is a parallel instrument to The DDCMHT.

The Dual Diagnosis Capability in Health Care Settings (DDCHCS) is a parallel instrument to the DDCMHT and the DDCAT.
<table>
<thead>
<tr>
<th>POLICY</th>
<th>Levels of Capability</th>
<th>(AOS, MHOS, CAPABLE, ENHANCED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimensions of Capability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I - Program Structure</td>
<td>Does program structure and policies help or inhibit providing services for individuals with co-occurring disorders?</td>
<td></td>
</tr>
<tr>
<td>II - Program Milieu</td>
<td>Are the staff and physical environment welcoming and receptive to individuals with co-occurring disorders?</td>
<td></td>
</tr>
<tr>
<td>Dimensions of Capability</td>
<td>Levels of Capability</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>III - Clinical Process:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>How does program staff make distinctions between symptoms, substance-induced disorders,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or actual psychiatric disorders that may need treatment?</td>
<td></td>
</tr>
<tr>
<td>IV - Clinical Process:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>How does program address co-occurring assessment, treatment, and monitor interactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>courses of both disorders? Procedures for intoxicated/high patients, relapse,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>withdrawal, or active users. Stage-wise treatment.</td>
<td></td>
</tr>
<tr>
<td>V - Continuity of Care</td>
<td>How does program maintain treatment continuity and monitoring of ongoing recovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>issues for both disorders? Use of community-based peer support groups?</td>
<td></td>
</tr>
<tr>
<td>Dimensions of Capability</td>
<td>Levels of Capability (AOS, MHOS, CAPABLE, ENHANCED)</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>VI - Staffing</td>
<td>Does program staff have licensure, certification, competency in assessing and treating individuals with co-occurring disorders? Peer/Alumni supports?</td>
<td></td>
</tr>
<tr>
<td>VII - Training</td>
<td>Are staff trained to detection and triage for co-occurring disorders? Clinical staff have advanced specialized training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders?</td>
<td></td>
</tr>
</tbody>
</table>
MENTAL HEALTH PROGRAM

DDCMHT Index score = 4.0 (Criteria Met For DDC/DDE)
DDCAT Index score = 2.79 (Criteria Met For AOS/DDC)
Building the Continuum of Co-Occurring Disorders Capability

Integrated Treatment Planning
Integrated Screening & Assessment
Stage-Wise Treatment

TRAINING

Early Intervention
Continuing Care

PROVIDERS

PATIENTS
Core Competencies That Facilitate Integrated Treatment

- Collaboration, Coordination
- Motivational Interviewing
  - Empathic
  - Nonjudgmental
  - Roll with Resistance
- Stage-Wise Treatment
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
To Download the DDCMHT/DDCAT

http://www.bhevolution.org/public/ddcat.page
THANK YOU

- Angele Moss-Baker, DC Department of Behavioral Health  angele.moss-baker@dc.gov
- Omoronike Hamilton, Aquila Recovery Clinic  nike.hamilton@aquilarecovery.com