SAMHSA Position on Treatment for Individuals with Co-Occurring Addictive and Mental Disorders

It is widely recognized that people with co-occurring addictive and mental disorders are a large and significantly underserved population in this country. These individuals experience multiple health and social problems and require services that cut across several systems of care, including substance abuse, mental health and primary health care services, as well as a host of social services. Many people with co-occurring disorders are homeless or located within the criminal justice system. None of these systems of care is, on its own, well equipped to serve individuals with co-occurring addictive and mental disorders. At the same time, new evidence is emerging from the research community about effective services that can have substantial positive outcomes for people with co-occurring disorders.

Historical barriers to improving services to people with co-occurring disorders have included definitional problems (e.g., how to define "integrated treatment" or "co-occurring disorders"), lack of prevalence data, philosophical differences between the substance abuse and mental health fields, and concerns over adequacy of resources and/or the ability to access resources. While these barriers remain problematic in some areas, particularly the lack of resources, an atmosphere of collaboration is growing within the mental health and substance abuse fields as both fields recognize the critical need for effective treatment for co-occurring disorders, the multiplicity and complexity of problems experienced by people with co-occurring disorders, and the need to draw on the strengths of both fields in addressing these problems.

In June 1998, SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) supported a dialogue among representative State Substance Abuse and Mental Health Directors through the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD). A major outcome of that meeting was a conceptual framework for considering the issue of how best to serve people with co-occurring addictive and mental disorders. This framework is based on recognition of the multiplicity of symptoms and variations in severity of dysfunction related to co-occurring addictive and mental disorders, thereby encompassing the full range of people who have co-occurring addictive and mental disorders. The framework specifies three levels of service coordination--consultation, collaboration or integration--which can improve consumer outcomes across the population of individuals with co-occurring addictive and mental disorders. The model represents a major step forward in conceptualizing the issue, and adoption of the three levels of coordination as currently depicted in the model would be a substantial improvement in treatment for individuals with co-occurring disorders.

SAMHSA enthusiastically supports the conceptual framework that has been developed by the State Directors, in particular the framework's definitional reliance on the severity of functional impairment and the framework's ability to capture all levels of functional impairment related to substance abuse and mental disorders. This framework establishes a shared basis for defining terms and conceptualizing the issue, which is an essential precursor to engaging in a dialogue to build consensus about how best to treat people with co-occurring disorders. SAMHSA is continuing to work with NASADAD, NASMHPD, the State Directors, provider organizations,

consumers and families of consumers to further refine the framework, build consensus and begin to implement the changes that are needed to improve outcomes for individuals with co-occurring disorders.

Development of the State Directors' conceptual framework involved substantial review of the scientific literature that is currently available on co-occurring addictive and mental disorders. Most research in this area is focused on the population of individuals who have both a serious mental illness and a severe substance abuse disorder, a population for which the scientific evidence suggests that an integrated approach to care may be best. Among the critical needs with regard to co-occurring disorders is the need for additional knowledge and research regarding the effective and efficient delivery of services to people who have co-occurring disorders but do not have both a serious mental illness and a severe substance abuse disorder. The State Directors' framework identifies consultation and collaboration as two potential approaches to coordinating care for these individuals.

A consultative approach involves informal relationships among providers that ensure that both mental illness and substance abuse problems are addressed, especially with regard to identification, engagement, prevention and early intervention. This approach may be most appropriate for individuals with less severe substance abuse disorders as well as less severe mental disorders. A consultative approach would also be appropriate for those who do not have, but may be at risk for, substance abuse and/or mental disorders. An example of the consultative approach to coordination of care might include a telephone request for information or advice regarding the etiology and clinical course of depression in a person abusing alcohol or drugs.

The collaborative approach involves more formal relationships among providers that ensure both mental illness and substance abuse problems are addressed in the treatment regimen. The State Directors envision this approach as being most appropriate for individuals with either a severe substance abuse disorder or a serious mental illness who have a co-occurring, but less severe, mental illness or substance abuse disorder. An example of the collaborative approach to coordination of care is the use of interagency staffing conferences where representatives of both substance abuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and contribute to service delivery.

With regard to integrated treatment, SAMHSA agrees that, as depicted in the framework developed by the State Directors of mental health and substance abuse services, individuals with two or more severe, independent but co-occurring addictive and mental disorders, may best be served through an integrated approach to treatment. SAMHSA encourages and supports the development, delivery and evaluation of integrated service models for the treatment of people with severe co-occurring disorders as described in the framework developed by the State Directors. In making this statement, SAMHSA strongly emphasizes the need to be clear about what constitutes "integrated treatment".

There is no single set of treatment interventions that constitute integrated treatment for people with severe co-occurring addictive and mental disorders. Integrated treatment includes an array of appropriate substance abuse and mental health interventions identified in a single treatment plan based on individual needs and appropriate clinical standards and provided or coordinated by

a single treatment team. Integrated treatment embodies several key principles in the delivery of services to people with co-occurring disorders. These principles include the following:

> Integrated services for people with co-occurring disorders should take a "no wrong door approach" to services. That is, services must be available and accessible no matter how or where an individual enters the system.
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> Individuals should have access to a comprehensive array of services appropriate to their needs. Treatment for co-occurring disorders should be individualized to accommodate the specific needs of different subtypes and different phases of treatment for all established diagnoses. Recent scientific evidence suggests that assertive outreach and motivational interventions (i.e.; to engage people in treatment and keep them in treatment) for substance abuse are necessary components of effective integrated treatment programs for individuals with co-occurring disorders.[1]
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> Services should be consumer-focused and consumer-family centered. Services should be provided in a manner that welcomes individuals with co-occurring disorders and their families at every level.
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> Staff in settings providing integrated treatment should be fully oriented in each other's disciplines. Individuals with co-occurring disorders should be able to receive services from primary providers and case managers who are cross-trained and able to provide integrated treatment themselves.
>
> Administrative functions should not become a barrier to the integration of treatment.

The approaches to providing integrated treatment will of necessity be varied due to the diversity of clients who need services and the unique characteristics of the communities in which they are delivered.

The dialogue currently taking place regarding treatment for people with co-occurring disorders exists within a context of many factors which affect services delivery. A major concern in achieving improvement in the treatment of co-occurring disorders (and indeed improving substance abuse and mental health services generally) is the severe lack of resources for both substance abuse and mental health services. Improving access to adequate funding, including third party insurance, Medicaid, Medicare and other Federal and State fiscal resources, is a necessary aspect of the drive to improve the services that are delivered. The many service delivery systems which are affected by and involved in the delivery of services to people with co-occurring disorders must work together, in respectful partnership, to achieve the changes that are needed. Improvement will not be achieved without recognition of the strengths each sector brings to the table and respect for the values, professional standards and achievements each sector has developed.

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[1] Drake, et al. "Review of Integrated Mental Health and Substance Abuse Treatment for Patients with Dual Disorders." Schizophrenia Bulletin. Vol. 24. No. 4. 1998. pp. 589-607.

A second issue relating to the delivery of services to this population is the perception by some that the separate reporting requirements for various sources of funding (e.g., Medicaid, State funding, Federal mental health and substance abuse block grant funds, Federal discretionary funds) are burdensome and may inhibit the delivery of services. Particular concerns have been expressed about the reporting requirements associated with Federal block grant programs. SAMHSA issued a position statement in February 1999 that clarifies that, specifically the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds and Community Mental Health Services Block Grant (CMHSBG) funds may be used to provide services for people with co-occurring disorders as long as those funds are used for the purposes for which they are authorized by law and can be appropriately tracked for accounting purposes. SAMHSA is working with States and providers to ensure that the reporting requirements associated with SAMHSA funds do not present an undue barrier to providing services, including integrated treatment, for people with co-occurring disorders. Technical assistance is available through the Block Grant programs for States that need help in using Block Grant funds effectively to provide services for individuals with co-occurring substance abuse and mental health disorders.

SAMHSA's activity with regard to co-occurring disorders is extensive and varied (see attached inventory of SAMHSA activities relating to co-occurring disorders). SAMHSA has funded a range of discretionary grant programs to identify and evaluate models of services delivery for a variety of populations with or at risk for co-occurring disorders. Some of these projects have been focused exclusively on co-occurring disorders, while others include co-occurring disorders within the context of a broader set of issues. SAMHSA's block grant funds have been utilized by several States to provide services to individuals with co-occurring disorders. SAMHSA has also engaged in an array of policy-related activities intended to advance the development of services for people with co-occurring disorders, including extensive consultation with SAMHSA and Center Advisory Councils.

SAMHSA recognizes that much remains to be done to achieve the systems changes that are needed to adequately serve individuals with co-occurring disorders. SAMHSA is committed to working collaboratively with the substance abuse and mental health fields to effect these changes. SAMHSA will continue to foster further discussion among all involved stakeholders on the organization, provision and funding of treatment for co-occurring disorders; fund research and evaluation on co-occurring disorders and appropriate treatment methods, including integrated treatment; support training and technical assistance initiatives to improve service system capabilities; and work with Stales and all other interested parties to develop best practices and guidelines to improve the care of individuals with substance abuse and mental disorders.

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