



PRACTICE GUIDANCE: ENSURING EFFECTIVE TREATMENT FOR PERSONS WITH CO-OCCURRING DISORDERS

Prevent • Treat • Recover • For Life

I. RATIONALE:

The incidence of co-occurrence of substance-related and mental health disorders, including gambling disorders, is well documented. Since the 1980's, studies have reported, and confirmed, that approximately 50% of individuals with a known diagnosis of one disorder also have a co-occurring disorder.¹ Between 40% and 60% of those with a gambling disorder have a co-occurring mental health disorder.² Yet, research reports³ that less than 7% of individuals with co-occurring disorders receive treatment for both conditions. Co-occurrence of substance-related and mental health disorders increases probabilities⁴ of hospitalization, incarceration, homelessness and relapse. These consequences are often more severe for populations experiencing health disparities, and for those who have served in the military.⁵ Both prevalence and consequences constitute compelling reasons for substance use and addictions treatment settings to address effective treatment for co-occurring disorders.

BSAS is committed to promoting integrated treatment of co-occurring disorders. BSAS [Principles of Care](#)⁶ call for treatment that responds to the whole person, based on evidence of effectiveness. While integrated treatment is the goal, not all treatment organizations have capacity for integrated care (i.e., organizational structures and systems, certifications, staff and capacities to treat both categories of disorders in one place). But all treatment programs have, or can develop, the capacity to coordinate care. Given the prevalence of co-occurrence, the opportunity presented by involvement in treatment, and outcomes of coordinated care, no treatment program should consider itself to be responding solely to substance-related disorders. All treatment programs should be responsive to persons with co-occurring disorders and in order to ensure access to treatment for both categories of disorders, whether the treatment program provides care directly or through referral.

This Practice Guidance summarizes essential elements of effective care, and provides guidance so that treatment programs can respond fully to persons with co-occurring disorders. These elements fall into three main categories: leadership, systems and workforce development.

Leadership: Primary responsibility for ensuring effective responses rests with agency leadership who must embrace the growing evidence of the importance and benefits of care integration and

¹ See SAMHSA Tip 42 *Substance Abuse Treatment for Persons with Co-occurring Disorders* for summaries of research. Available at: <http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>. Accessed February 18, 2015.

² See SAMHSA: *Gambling Problems: An Introduction for Behavioral Health Services Providers*, available at: <http://store.samhsa.gov/product/Gambling-Problems-An-Introduction-for-Behavioral-Health-Services%20Providers/SMA14-4851>. . Accessed February 18, 2015.

³ For an excellent summary of epidemiological, and other, studies see: Flynn, P. M., and B.S. Brown. Co-occurring disorders in substance abuse treatment: issues and prospects. *J Subst Abuse Treat.* Jan 2008; 34(1): 36-47. Available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2200799/>. . Accessed February 18, 2015.

⁴ See 'The Evidence' section in SAMHSA: *Getting Started with Evidence-Based Practices: Integrated Treatment for Co-Occurring Disorders*. Available at: <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>. . Accessed February 18, 2015.

⁵ See BSAS Practice Guidance resources concerning LGBTQ youth, young adults and adults, persons with disabilities, cultural competence and engaging veterans, all available at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principles-of-care-and-practice-guidance.html>

⁶ Available at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principles-of-care-and-practice-guidance.html>

coordination. Information, presentation of evidence, workshops or instructions are not sufficient to support organizational change. Leadership, including board members, management and supervisors, must define the values and vision that shape organizational mission and operations, and chart the course for practice improvement.

Leaders must be able to identify beliefs and perceptions that inhibit capacity. These can range from lack of confidence in ability to respond to individuals with co-occurring disorders, to belief that substance use and addictions treatment is not the proper venue to discuss mental health disorders, to opposition to use of medications for substance use or mental health disorders. Management and supervisory staff must be able to explore these issues while motivating those who resist change to reconsider beliefs and attitudes. This task may be more challenging in settings currently defined as exclusively substance use and addictions treatment, but all settings benefit from exploring assumptions and beliefs.

In taking the initiative for change, leaders need to assess agency capacity and status in the continuum of models from care integration to forms of care coordination. Staff qualifications, clinical supervision, ability to bill for both substance-related and mental health disorders, availability of resources, among many other factors, will influence the route the agency can take in responding to this need. Agency leaders are encouraged to consult the [Dual Diagnosis Capability in Addiction Treatment Tool Kit](#)⁷ (DDCAT) and the SAMHSA [Getting Started with Evidence-Based Practices: Integrated Treatment for Co-Occurring Disorders](#)⁸ both of which provide guidance and tools in framing organizational change, and SAMSHA's [TIP 42 Substance Abuse Treatment for Persons with Co-occurring Disorders](#)⁹ which provides a comprehensive summary of what is needed. These are listed, with links, in the *Resources* section of this Practice Guidance. [NIATx](#)¹⁰ also offers a range of tools, resources and guidance in organizational change and development.

Systems: Effective treatment requires clear, well understood internal and inter-agency systems. Agencies should expect a high proportion of co-occurrence, and provide a welcoming, 'no wrong door' response. In other words, even if a given agency is not the best match for someone who inquires about or is referred for treatment, that agency seeks to engage the individual in treatment while linking the individual to a better match.

At a minimum, systems should ensure that all individuals are screened at admission for co-occurring disorders. Both substance-related and mental health disorders are primary diagnoses and should be addressed as such in screening, assessment, planning and service provision, whether these functions are integrated in one agency, or coordinated among agencies.

Structures to ensure such a comprehensive approach can vary. When care is integrated, agency staff have the clinical expertise to assess and treat co-occurring disorders. That is, individual staff members are competent in both mental health and substance use disorder treatment, and clinicians are supported through team consultation and review systems. Other agencies may augment on-site clinical expertise through Qualified Service Organization Agreements (QSOAs) with mental health providers and/or psychiatric consultation. And agencies with limited clinical

⁷ Dual Diagnosis Capability in Addiction Treatment Tool Kit: available at:

<http://www.centerforebp.case.edu/resources/tools/ddcat-toolkit>. Accessed February 18, 2015

⁸ SAMHSA: *Getting Started with Evidence-Based Practices: Integrated Treatment for Co-Occurring Disorders*.

Available at: <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>. Accessed February 18, 2015

⁹ Available at: <http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>. Accessed February 18 2015.

¹⁰ <http://www.niatx.net/Home/Home.aspx>. Accessed February 18, 2015.

resources can provide screening and ensure coordinated care through well-defined QSOAs with mental health provider agencies. Coordination requires a strong case management component, offering the individual served a single point of contact for assessment, planning, linkage, monitoring and advocacy related to needed services.¹¹ Note that ASAM Criteria state that individuals with moderate to severe mental disorders who are not stable and who require mental health and addictions treatment concurrently should be matched to integrated care where all staff are cross-trained and competent to identify, understand and treat both disorders.ⁱ

When care is coordinated (rather than integrated) substance use and addictions treatment providers establish sound working relationships with mental health treatment providers who are knowledgeable about substance use disorders. These relationships aim to jointly assess systems and resources needed, ensure shared understanding of terms, establish processes for referral and follow-up, and define desired outcomes. Frequent review and reassessment improve coordination and move agencies closer to integrated care.

In any model, treatment progress is defined by stages – developing a relationship, promoting motivation for treatment, supporting action, and building strategies to maintain recovery – rather than by the calendar. It is understood that stages do not proceed in a linear fashion, and that stage of treatment for one disorder does not proceed in tandem with treatment for another.

Workforce Development: Workforce development efforts are aimed at building commitment and confidence in responding to individuals with co-occurring disorders. The substance use and addictions treatment system draws on the skills of a workforce with a wide variety of experience and education. Effective responses to co-occurrence can utilize the full spectrum of abilities, from master’s level clinicians ensuring accurate diagnoses and treatment, to peer resources providing a bridge to supportive relationships and communities.¹² A welcoming milieu may also benefit staff in recovery. For all skill levels, supervision and consultation are key. Agencies with limited clinical resources should establish consultative relationships to support appropriate responses and build staff confidence.

In integrated systems, workforce development goals focus on ensuring competence in both mental health and substance use disorders. Where care is coordinated, workforce development focuses on ensuring staff are knowledgeable about mental health disorders and their treatment.

Summary: Models of effective responses to co-occurring disorders represent a continuum from fully integrated care in one location to formally coordinated care by two or more providers. Whatever the configuration, improving the ability to respond to co-occurrence generates benefits to those served, to staff, and to agencies. Individuals have better access to needed services and lower rates of substance use and mental health symptomatology; staff report increased confidence and satisfaction; and agencies demonstrate better outcomes and draw on more diversified resources and funding streams.ⁱⁱ

¹¹ Substance Abuse and Mental Health Services Administration. Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 12-4215. Rockville, MD: SAMHSA 2012. Available at: <http://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA12-4215>. Accessed February 18, 2015.

¹² For example: Double Trouble in Recovery (information available at NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=13>, and at <http://www.bhevolution.org/public/doubletroubleinrecovery.page>; both accessed February 18, 2015

II. GUIDANCE:

A. Organization:

Policy:

- Agency leadership makes stated commitments:
 - To serve individuals with co-occurring disorders either directly or through referral;
 - To be welcoming to and to promote access for individuals with co-occurring disorders;
 - To ensure that all staff are able and ready to respond appropriately, i.e., not only clinical staff.
- Agency prohibits discrimination against persons taking prescribed medication, including medication to treat substance use disorders.
- Agency conducts a comprehensive organizational review to assess status and capacity to serve persons with co-occurring disorders, using tools such as the DDCAT, or those available through NIATx. The review studies:
 - **Mission, values and structure:** e.g. program rules, admissions process, eligibility;
 - **Milieu:** including organizational values (explicit and implicit), language and assumptions, perceived safety and transparency of treatment, consistency of requirements and schedules;
 - **Screening and Assessment:** e.g. inclusion of co-occurring disorders in admission systems and tools;
 - **Treatment:** including capacity to provide evidence-based treatment, such as motivational and cognitive approaches, assess progress based on stages of treatment rather than time, and include families and peers;
 - **Capacity to engage families:** including ability to offer family therapy and support services, directly or through referrals;
 - **Continuity of Care:** including existence of formal internal and inter-agency processes to ensure access to needed services and care coordination following discharge;
 - **Staff and workforce readiness:** for example, availability of consultation and supervision, engagement of staff in organizational change processes;
 - **Funding streams:** for example, exploration of additional resources, effective billing systems;
 - **Barriers to practice improvement:** support for leadership, engagement of staff, availability of resources;
 - **Measurable outcomes with timelines.**

The review process includes scheduled annual re-assessments of progress in relation to measurable outcomes.
- Agency establishes policy and procedures reflecting a commitment to improving practice in serving individuals with co-occurring disorders by:
 - Building formal structures within the agency or jointly with other providers;

- Engaging and motivating all staff in establishing shared goals related to practice improvement;
- Establishing mechanisms to support the agency's efforts, e.g. through workforce development, exploring new funding streams.
- Agency policy and procedures regarding relapse require screening and assessment for co-occurring disorders as a component of responses to relapse.

Operations:

- Agencies utilizing an integrated care model ensure internal coordination and planning through team consultations and reviews, efficient communication systems, and identification of single points of contact for individuals served;
- Agencies holding licenses for both mental health care and treatment of substance use disorders provide integrated care (i.e., clinicians competent in both areas);
- Agencies utilizing care coordination models utilize QSOAs to:
 - Establish referral systems, and monitor utilization through secure and accessible information systems that comply with 42 CFR Part 2 and HIPAA;¹³
 - Establish a system for psychiatric consultation;
 - Ensure case management systems achieve timely referrals, service provision and feedback regarding referrals and responses to needs of individual served;
- All programs establish:
 - Integrated, universal screening for mental health disorders, and systems to reduce and eliminate delays between screening and assessment for one disorder and screening and assessment for the other;
 - System for responding to indications of suicidality, including established relationships with emergency mental health care providers;
 - Financial analyses of revenue streams to identify potential resources;
 - Intake and admission process that focuses on engagement and persuasion, i.e. actively reaches out and applies motivational approaches regardless of apparent stage of readiness to change;
 - Procedures and QSOAs as needed for response to mental health emergencies and access to respite care.
- Programs serving pregnant and post-partum women, whether providing integrated or coordinated care:
 - Establish QSOAs with community obstetrical care providers, and provide cross training as needed to ensure obstetrical care providers are knowledgeable about substance related disorders and treatment;
 - Ensure psychiatric and obstetrical care providers consult to monitor medication;
 - Ensure post-partum monitoring for signs and symptoms of depression.

¹³ For guidance on confidentiality and consents, see: [SAMHSA-HRSA Center for Integrated Health Solutions: http://www.integration.samhsa.gov/operations-administration/confidentiality](http://www.integration.samhsa.gov/operations-administration/confidentiality); and [Legal Action Committee: Sample Forms: http://lac.org/resources/substance-use-resources/confidentiality-resources/](http://lac.org/resources/substance-use-resources/confidentiality-resources/). Both accessed February 18, 2015

Programs in which Medication is Prescribed and/or Dispensed:

- Agency establishes policy and procedure for ensuring that medical staff review all medications an individual is taking to assess potential for adverse interactions and to provide alerts to the individual and staff regarding potential side effects.
- Medical directors in medication assisted treatment programs (Opioid Treatment Programs and Office Based Opioid Treatment):
 - Are knowledgeable about mental health disorders and medication used to treat these disorders; and
 - Monitor medication dosages in relation to potential adverse interactions and side effects of all medications the individual is prescribed.
- Whether providing integrated or coordinated care, agencies ensure that psychiatrists prescribing medication for treatment of mental health disorders are knowledgeable about substance-related disorders.

Supervision, Training & Staff Development:

- Agency establishes structures and processes to support leadership capacity to direct organizational change (for example, conducting an organizational assessment), engagement in reconsideration of beliefs and perceptions, motivating and supporting staff, and effective meeting management.
- Workforce development efforts are guided by clearly stated goals linked to agency mission and values, include periodic review and reinforcement of learning, and outcome measures are applied according to stated goals.
- Staff training and supervision address:
 - Capacity to differentiate substance-related, early recovery and mental health symptoms, and respond appropriately;
 - Understanding, recognition and correct response to indications of suicidality;
 - Understanding complex links among substance use, mental health disorders and traumatic experiences, including importance of providing a sense of safety, i.e., predictable environment; awareness of potential triggers; transparent service provision and decisions;
 - Skill in using motivational and cognitive behavioral approaches, and other evidence based practices;
 - Capacity to differentiate stage of change in relation to one disorder from stage of change in the other;
 - Link between co-occurring disorders and relapse;
 - Effects of substance related and mental health disorders on family, friends and partners;
 - Ongoing training and guidance on medications including side effects and interactions;
 - Skill and confidence in coordinating care, and in documenting coordination, including communicating and engaging effectively with other systems, such as mental health providers, psychiatrists, prescribers and primary care providers.

- In agencies where coordination relies primarily on QSOA's for mental health care:
 - Supervision and training focus on increasing staff: ability to accurately recognize and respond appropriately to symptomatic behavior; comfort and competence in discussing co-occurring disorders; understanding of their own limitations in such discussions;
 - Additional supports are provided to non-professional staff such as recovery specialists, house managers, clerical staff to enable them to respond to individuals in ways that support continued engagement in treatment and recovery.

B. Service Delivery and Treatment:

Engagement:

- All staff are welcoming and act to engage individuals in treatment, regardless of perceived status in relation to substance related and/or mental health disorders and perceived stage of readiness to change;
- Staff convey confidence and competence in providing services based on individual needs, either directly or through referral.

Intake and Screening:

- All individuals are screened for co-occurring disorders, and
 - Screening results that indicate possibility of co-occurring disorder trigger full mental health assessment either directly or through QSOA-based referral; and
 - Determination of correct level of care is based on the ASAM Criteria.¹⁴
- List of current medications, prescriber, supply on hand, and availability of refills are reviewed and recorded.

Assessment and Re-assessments: Assessments and re-assessments, whether provided in an integrated setting or through coordination:

- Specifically address stage of change¹⁵ for substance-related and mental health disorders;
- When mental health services are provided through referral, assessments are coordinated through case conferences, and include individual served in the discussion;
- Ensure that staff explore individual's history and experiences in receiving mental health treatment, and individual's beliefs in possibilities of recovery;
- Ensure that staff explore individual's experiences in self-care and wellness including managing and understanding purpose and side effects of medication and maintaining and following schedules of appointment.

¹⁴ Mee-Lee, D., et al, eds. *The ASAM Criteria: Treatment criteria for addictive, substance-related and co-occurring conditions*. 3rd ed. Carson City, NV: The Change Companies[®]; 2013. Available through <http://www.asam.org/publications/the-asam-criteria>.

¹⁵ Stage of Change refers to the Transtheoretical Model, summary with brief guideline available at: <http://www.ncbi.nlm.nih.gov/books/NBK64241/> (accessed February 18, 2015); Stages of Treatment are related but focus more on engagement in the treatment relationships. Comparisons of the two models can be found at: <http://www.centerforebp.case.edu/resources/tools/iddt-poster-stages-of-change-and-treatment> (accessed February 18, 2015).

Planning:

- Treatment plans specify goals for both substance related and mental health disorders, service providers responsible, individual's planned action, and planned reviews;
- Treatment reviews are conducted in case conference format and include participation of individual served;
- Treatment reviews specifically address the individual's participation in, understanding of and satisfaction with treatment plans and goals.

Case management: Regardless of care model, case management services ensure that staff:

- Actively advocate for and follow up mental health treatment services;
- Assist individuals in tracking and managing care;
- Assist individuals in obtaining insurance, including applications for SSI and SSI-DA as appropriate;
- Maintain up-to-date listing of resources including community and peer resources for persons with co-occurring disorders;
- Maintain system to ensure prompt transition to a different level of care when needed.

Service Provision:

- Motivational and cognitive-behavioral approaches are applied differentially, based on stages of treatment for each disorder;
- Staff assist individuals in developing skills and confidence to respond to challenges and concerns such as: symptoms, medication side effects, changes in circumstances that affect recovery, triggers.

Psycho-educational Services for Individuals Served:

- Psycho-educational services include
 - Information about co-occurring disorders;
 - Successful elements of treatment, and self-care, including understanding and managing medication, following up on appointments, awareness of symptoms;
 - Possible links with traumatic experiences; and
 - Availability of community and peer supports for persons with co-occurring disorders.
- Education includes information and guidance on successful negotiation of multiple systems, terms used (including jargon and acronyms), eligibility criteria, etc.

Engaging Families:

- Staff assist individuals in engaging families, friends and partners, including obtaining consents for family participation in programs, or for referrals to family treatment;
- Information and education for families (including partners, parents, children) address co-occurring disorders and importance of concurrent treatment for co-occurring disorders;
- Family members are provided or referred for treatment and support services;
- Families are given information about:

- Family services support groups, such as those offered by DMH, NAMI, and Learn to Cope, and other local support resources (see Resources, below);
- Ways to support individual in continued treatment and recovery.

Discharge Planning: Regardless of care model, agencies ensure discharge planning includes comprehensive planning for care coordination following discharge, and that such planning begins at the time of admission.

- Staff ensure that the individual has all information needed to continue services, including names, contact information, purpose, current medications, status of refills, etc.;
- Staff provide information about peer support services such as BSAS Recovery Centers, Department of Mental Health (DMH) Recovery Learning Centers, and, for transitional age youth and young adults, DMH Transformation Centers (see resources); Massachusetts Council on Compulsive Gambling resource listing for self-help (see Resources below).
- Staff assist individuals in identifying self-help resources that are supportive of recovery from co-occurring disorders;
- Staff ensure individual knows she/he can return to treatment at any time regardless of the reason for discharge, and staff and the individual discuss potential signs and symptoms of the need for follow-up care or additional treatment.

III. MEASURES:

Organizational Assessment and Change:

- *Dual Diagnosis Capability in Addiction Treatment Tool Kit:* available at: <http://www.centerforebp.case.edu/resources/tools/ddcat-toolkit>. Accessed February 18, 2015
- *Getting Started with Evidence-Based Practices: Integrated Treatment for Co-Occurring Disorders.* Available at: <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>. Accessed February 18, 2015
- Network for Improvement of Addiction Treatment (NIATx): measures, tools and guidance for practice improvement, applying evidence based practices and organizational change. <http://www.niatx.net/Home/Home.aspx> . Accessed February 18, 2015
- Connecticut Co-occurring Disorders Initiative has developed and gathered a range of tools for assessing organizational status and readiness, including staff attitudes and training needs. These are available at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335022>. Accessed February 18, 2015
- Periodic surveys of staff, individuals and families regarding services and supports; survey process includes system for providing feedback.

IV. FORMS:

Systems:

The Dual Diagnosis Capability in Addiction Treatment Tool Kit contains sample Memoranda of Understanding and guidance on other systems tools. It is available at: <http://www.centerforebp.case.edu/resources/tools/ddcat-toolkit>

Consents and Information Sharing:

[SAMHSA-HRSA Center for Integrated Health Solutions](http://www.integration.samhsa.gov/operations-administration/confidentiality): SAMHSA website devoted specifically to the sharing of information between behavioral health and primary care providers. <http://www.integration.samhsa.gov/operations-administration/confidentiality>.

[Legal Action Committee: Sample Forms](http://lac.org/resources/substance-use-resources/confidentiality-resources/): Contains sample consent forms, including reference to both 42 CFR and HIPAA. <http://lac.org/resources/substance-use-resources/confidentiality-resources/>.

Screening and Assessment Tools: A list of tools is available at:

http://www.bhevolution.org/public/screening_tools.page (accessed February 18, 2015).

Note that staff should be trained and supervised in using screening forms. The following are included at this site.

- Modified Mini Screen (MMS) — A self-report measure to screen for current mood, anxiety, and psychotic-spectrum disorders;
- Mental Health Screening Form III (MHSF III) — A self-report measure covering a range of disorders;
- Center for Epidemiologic Studies Depression Scale (CES-D) — A twenty-item questionnaire about depressive symptoms;
- Social Interaction Anxiety Scale (SIAS) — A self-report measure in which respondents rate their distress about specific social interactions;
- PTSD Checklist (PCL) — A checklist for assessing symptoms resulting from a traumatic event;

Additional Tools:

- [Edinburgh Postnatal Depression Scale](https://www.mcpapformoms.org/Toolkits/Toolkit.aspx): for post-partum women, this scale highlights signs and symptoms of depression and options for treatment. Available as one of a range of tools at Massachusetts Child Psychiatry Access Project for Moms: <https://www.mcpapformoms.org/Toolkits/Toolkit.aspx> (accessed February 18, 2015).
- Screening tools for gambling disorders, available at (both accessed February 18, 2015) <http://www.ncrg.org/resources/brief-biosocial-gambling-screen> and http://www.divisiononaddiction.org/bbgs_new/
- Massachusetts Standardized Documentation Project Adult Comprehensive Assessment, available at: <http://www.abhmass.org/msdp/forms-and-manuals.html> (NOTE: this uses pre-DSM V axes). Accessed February 2015.
- Diagnostic and Statistical Manual V recommends dimensional rather than categorical assessment, including self-rated crosscutting symptom assessment. Forms are available at: <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>. Accessed February 2015.

V: RESOURCES*

Massachusetts:

Bureau of Substance Abuse Services (BSAS), Department of Public Health: BSAS has issued Practice Guidance related to Relapse, Integrating Medication, Access for Persons with

Disabilities, among others. These are available at:
<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principles-of-care-and-practice-guidance.html>

BSAS Recovery Centers: <http://hria.force.com/HelplineSearch>

Careers of Substance website: www.careersofsubstance.org: *Supporting the Massachusetts Substance Use and Addictions Workforce*

Department of Mental Health (DMH)

Recovery Learning Communities:

<http://www.mass.gov/eohhs/gov/departments/dmh/recovery-learning-communities.html>

Transitional Age Youth/Young Adult initiatives:

<http://www.mass.gov/eohhs/gov/departments/dmh/transitional-age-youth-initiative.html>

Massachusetts Council on Compulsive Gambling: a comprehensive resource for both staff and individuals served. Information at: <http://www.masscompulsivegambling.org/get-help/meetings/> or by phone at 800-426-1234.

For Pregnant Women: Massachusetts Child Psychiatry Access Project for Moms: Promoting Maternal Mental Health During and After Pregnancy:

<https://www.mcpapformoms.org/Default.aspx>

National Alliance on Mental Illness (NAMI) Massachusetts: <http://www.namimass.org>

SAMHSA:

SAMHSA Co-occurring Center for Excellence: <http://store.samhsa.gov/list/series?name=Co-Occurring-Center-for-Excellence-COCE-Overview-Papers>

SAMHSA Co-occurring disorders page: <http://media.samhsa.gov/co-occurring/>

Dual Diagnosis Capability web page: <http://media.samhsa.gov/co-occurring/news-and-features/ddcat.aspx>

Integrated Screening Tools: SAMHSA Page: <http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/integrated-screening.aspx>

SAMHSA webpage leads to:

http://www.bhevolution.org/public/screening_tools.page this includes tools and guide for using tools

SAMHSA Tip 42 *Substance Abuse Treatment for Persons with Co-occurring Disorders* for summaries of research. Available at: <http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>.

TIP 48: *Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery*
<http://store.samhsa.gov/product/TIP-48-Managing-Depressive-Symptoms-in-Substance-Abuse-Clients-During-Early-Recovery/SMA13-4353>

Integrated assessment: <http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/integrated-assessment.aspx>

Pharmacology: <http://media.samhsa.gov/co-occurring/pharmacology.aspx>, where [General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders](#) can also be found; this site provides guidance for understanding role, and support of medication for persons with co-occurring disorders

[SAMHSA-HRSA Center for Integrated Health Solutions](#): SAMHSA's website contains links to a range of resources about care coordination and integration.

Evidence-Based Practices:

SAMHSA's National Registry of Evidence Based Practices list a number of programs found effective in treating co-occurring disorders, such as Dialectical Behavioral Therapy, Seeking Safety, etc. Information about these and other are available at NREPP: <http://www.nrepp.samhsa.gov>. Search for "co-occurring disorders".

Getting Started with Evidence-Based Practices: Integrated Treatment for Co-Occurring Disorders. Available at: <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>

Resources Related to Managing Medication:

[U.S. Food and Drug Administration – Drugs](#): <http://www.fda.gov/Drugs/default.htm> The FDA website which lists all approved drugs, uses, known interactions and side effects. The listing includes information about medications used in treatment of substance use disorders, such as IM naltrexone (Vivitrol), buprenorphine/naloxone (Suboxone), methadone and oral naltrexone.

[Speak Up: Help Avoid Mistakes With Your Medicines](#): a resource of the Joint Commission, this web page contains links to patient information and 'wallet' cards individual's can carry with them. The wallet card is the basis for the form attached to this PG.

http://www.jointcommission.org/Speak_Up_Help_Avoid_Mistakes_With_Your_Medicines/

[MEDIDS.COM](#): A website with a range of free and for-purchase tools for keeping up-to-date records of current medications, allergies and other conditions.

<http://www.medids.com/free-id.php#.VOTP8kJLT-I>

MAP Policy Manual: A compilation of all Medication Administration Program policies and advisories issues by the Departments of Public Health, Mental Health and Developmental Services. Available at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-control/medication-admin/medication-administration-program-policy-manual.html>

Other States:

Connecticut Integrated Treatment Initiative Page:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335022>

The Connecticut web pages include a list of training resources:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=392800>

SSI-SSI-DA Information:

- SSI/SSI-DI Outreach Access and Recovery (SAMHSA) website: <http://media.samhsa.gov/co-occurring/news-and-features/soar.aspx>

- Policy Research: Helping People who are homeless access benefits: <http://www.prainc.com/helping-adults-who-are-homeless-gain-disability-benefits-the-ssisdi-outreach-access-recovery-soar-program/>

Peer Resources:

- Dual Recovery Anonymous: in Massachusetts: <http://www.massclubs.org/DualRecovery.php>
- Double Trouble in Recovery: information available at NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=13>

Other:

- Continuous, Comprehensive and Integrated System of Care (CCISC) model. This model highlights the fact that co-occurrence should be expected in behavioral health care and the System of Care should be designed to be welcoming and responsive. Available at: <http://kenminkoff.com/ccisc.html>
- ASAM Policy Statement on Co-Occurring Disorders: <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/co-occurring-addictive-and-psychiatric-disorders>

*NOTE: All resources accessed February 18, 2015.

ⁱ Mee-Lee, D., et al, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*, 3rd ed., Carson City, NV: The Change Companies[®]; 2013

ⁱⁱ There is a substantial array of evidence documenting benefits. See the experience in Connecticut Co-occurring Disorders Initiative at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335022>. This site and pages contain practical, useful resources. SAMHSA's Tip 42, listed above, contains summaries of research, findings and best practices.