

ASAM Monthly Technical Assistance Series

Co-Occurring Capability

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Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.



Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

The information presented today provides an overview and summary of the concept of co-occurring capability across all levels of care. DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.



Learning Objectives

1. Attendees will have an improved understanding of what it means to be a co-occurring capable program.
2. Attendees will know where to find additional information in The ASAM Criteria text related to co-occurring capability.
3. Clarify that co-occurring capability can be achieved in any program within existing program resources.



Co-occurring Conditions vs. Co-Occurring Disorders (COD) (ASAM p.416):

Co-Occurring Conditions	Co-Occurring Disorders
Substance Use	MH Disorder – Primary
Addictive Behaviors	SUD/Substance Related Disorder – Primary
Physical and Mental Health Symptoms	
Formal diagnosis not required	



Co-Occurring Capable Defined (ASAM p.416):

- Treatment programs that address co-occurring mental and substance use disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning.
- Such programs have arrangements in place for coordination and collaboration between addiction and mental health services.
- They can also provide medication monitoring and addiction and psychological assessment and consultation, either on site or through coordinated consultation with off-site providers.
- Program staff are able to address the interaction between mental and substance use disorders and their effect on the patient's readiness to change - as well as relapse and recovery environment issues - through individual and group program content.
- The primary focus of co-occurring capable programs in addiction treatment settings is the treatment of substance use disorders. Within mental health settings a co-occurring capable program's primary focus is the treatment of mental disorders.



Common misconceptions

- Programs must hire a psychiatrist.
- SUD programs must hire a MH counselor.
- MH programs must hire a SUD counselor.
- SUD programs must hold a MH license.
- MH programs must hold a SUD license.



What does “working toward” co-occurring capability look like?

- Implementing policies.
- Implementing procedures.
- Implementing practice improvement.
- Developing and supporting their workforce.



Co-occurring Capable	
SUD Program	Mental Health Program
Access to care barriers based on the presence of psychiatric diagnosis or prescribed psychotropic medications are eliminated.	Barriers based on current substance use are eliminated.
Welcome and encouraged to discuss all issues – including MH.	Welcome and encouraged to discuss all issues – including SUD.
Partnerships and ongoing consultation with prescribers of psychiatric medications.	Partnerships with SUD providers for consultation and coordinated addiction services, including pharmacological therapies (MAT).
Ongoing education about medications.	
Treatment plans include specific interventions to address <u>the inter-relationship of</u> co-occurring issues.	
Treatment plans are stage matched – and recognize and respect that individual may be at a different stage of change for their SUD and MH issues.	
Group therapy includes education about SUD and MH and promotes a community supportive of individuals with co-occurring conditions.	
All staff supported and assisted to be “co-occurring competent” and work as an integrated team.	

- Individuals with co-occurring mental health and addiction symptoms are welcome in the program and encouraged to discuss all issues and treatment to get help with managing mental health and addiction issues. (p.26)



Co-occurring Conditions & Matching Services to Needs

Patients	Services
Patients with co-occurring MH needs of mild to moderate severity	Co-Occurring Capable (COC)
Patients with co-occurring MH needs of moderate to high severity	Co-Occurring Enhanced (COE)
Patients with multiple co-occurring needs	Complexity Capable (CC)



- Access to care barriers based on the presence of a psychiatric diagnosis or prescribed psychotropic medications are eliminated. In a mental health service, barriers based on current substance use are eliminated. (p.26)



- Individuals are routinely screened for co-occurring substance use, addictive behavior, mental health, and trauma issues, and the results of screening inform assessment and intervention. (p.27)



- Assessment and identification of existing substance use, addictive behavior, and mental health conditions is routinely incorporated into treatment planning. (p.27)



- Mental health and addiction consultation is routinely available to the treatment team. The program develops partnerships with prescribers of psychotropic medications and addiction medications to facilitate organized communication between the treatment team and the prescribers. In mental health systems, there are partnerships with addiction treatment providers for consultation and coordinated addiction services, including pharmacological therapies.(p.27)



- Ongoing education to patients about the medications that they are prescribed. Often patients are provided with education but such information may need to be repeated due to issues such as the patient's condition, level of receptiveness, cognitive difficulties, etc. (p.27)



- Treatment plans include specific interventions to help patients manage their addiction and mental health symptoms, including, but not limited to, learning skills for taking medication as prescribed or coping with relapse triggers or impulses. Skill based learning can be adapted to the cognitive/learning capacity of patients who may have cognitive or psychiatric disabilities.
- Treatment plans are stage matched for multiple issues, recognizing that individuals may be in a different stage of change for their substance and addictive disorders issues and mental health issues.
(p.28)



- Group programming routinely includes education about substance use and addiction, as well as mental health symptoms and mental illnesses; And group therapy services facilitate conversation among patients to make it easier for the community to support individuals in the program who are struggling with Co occurring conditions. (p.28)



- All staff, including addiction counselors, nurses, mental health clinicians, and residential aides, are supported and assisted to be “co-occurring competent”, so that all staff work as an integrated team to help patients with multiple issues make progress towards their goals. (p.28)



Q&A



What kind of training is recommended so that staff is considered “co-occurring competent?”

- Co-Occurring Psychiatric and Substance Use Overview
- Principles of Engagement with Individuals with a Co-Occurring Disorder and the Family Members
- Individualized Approaches and Supports for Co-Occurring Disorders
- Co-Occurring Care Planning and Documentation Issues
- Psychopharmacology
- Crisis and Relapse Intervention
- Recovery, Rehabilitation, and Self-Help for Co-Occurring Disorders
- Ethics and Boundaries for Effective Co-Occurring Services
- Working Respectfully with Family Members

Are co-occurring competent SUD programs expected to admit individuals with severe MH?

The ASAM text states:

“The typical co occurring capable addiction treatment program at any level of care will be able to manage a small percentage of individuals who have more serious psychiatric conditions. The same is likely true for managing individuals who may intermittently have flare ups of acute symptoms like flashbacks or panic attacks, but do not need acute mental health treatment” (p.28)



What is the difference between co-occurring capable and co-occurring enhanced?

“Co-occurring enhanced services placed their primary focus on the integration of services for mental and substance use disorders in their staffing, services, and program contents such that both unstable addiction and mental health issues can be adequately addressed by the program.”(p.417)

DHS and DDAP will be publishing an updated bulletin explaining specific programmatic and licensing requirements necessary for a program to be identified as co-occurring enhanced in the near future.



When are programs expected to be “co-occurring capable?”

All providers receiving funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organization must be providing services that are co-occurring capable or actively working towards co-occurring capability.



What is a Certified Co-Occurring Disorders (COD) Professional?

- This credential was adopted by the International Certification and Reciprocity Consortium (IC & RC) in 2008
- Credentials are routinely reviewed & updated approximately every 5-7 years
- Due to redundancies with the CAADC credential, the two certifications were combined. The CAADC and CCDPD were combined in 2016, the CADC and CCDP were combined in 2018.
- Current CAADC now requires all clinicians screen for and assess co-occurring conditions. Masters Level clinicians are to identify and diagnose, while Bachelors Level clinicians are expected to identify and refer for services.



Can providers qualify for a COD/Capable rate prior to establishing a 3.7 program?

- In terms of the process to request a rate, a provider would need to complete an XYZ package and submit to their home SCA for an SCA rate.
- They should reach out to their MCO for the process on how to obtain a Health Choices rate.
- In terms of establishing a rate prior to establishing the program, they would need to identify in the XYZ package budgeted revenues and expenditures, including staff positions.
- As the provider works with DDAP to become an aligned 3.7 program, they should reach out to their home SCA to coordinate the timing of submitting an XYZ package.

Where does the requirement to have a MH license become a factor (in either rate establishment or LOC)?

- All providers are expected to be co-occurring capable.
- The additional MH license from DHS is required in the XYZ package when the provider is asking for a higher co-occurring enhanced rate.



Is there a COD/Enhanced designation?

- DDAP does not align or license a 3.5 or 3.7 as enhanced.
- The enhanced designation comes into play in the XYZ process when the provider is requesting the higher enhanced rate to provide that level of service.



Reminders

Next Monthly ASAM TA Call is Monday, March 7th 10am-11am
Topic: TBD

ASAM Transition Page: [ASAM Transition \(pa.gov\)](#)

[ASAM Criteria Training Options 2022.pdf \(pa.gov\)](#)

Questions? Suggestions? Need Technical Assistance? RA-DAASAM@pa.gov

