



National Conference on Mental Health Block Grant

and

National Conference on Mental Health Statistics

Implementing Co-Occurring Services

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Overview of the Co-Occurring Report to Congress

Congress, under the Children's Health Act of 2000 of the Public Health Service Act called on SAMHSA, as the lead Federal mental health and substance abuse services agency, to prepare a report outlining the scope of the problem, current treatment approaches, best practice models, and prevention efforts.



What Was SAMHSA Mandated to Include in the Report?

- **A summary of the manner in which individuals with co-occurring disorders are receiving treatment;**
- **A summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder;**
- **A summary of evidence-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices; and**
- **A summary of improvements necessary to ensure that individuals with co-occurring disorders receive the services they need.**



Did Congress Mandate Attention to Individuals with Non-Serious Mental Disorders?

- The mandate was to address individuals with co-occurring substance abuse and mental illness/serious emotional disturbances.
- Charles Curie, SAMHSA Administrator, requested that the report address co-occurring disorders across the continuum of mental and substance abuse disorders.



What Were Administrator Curie's Driving Principles for the Report?

- **Ensure development of a system in which “any door is the right door” to receive treatment for co-occurring disorders. This means that people with co-occurring disorders can enter any appropriate agency in the service system and be provided or referred to appropriate services.**
- **Develop client-centered, individualized treatment plans based on an accurate assessment of the person's condition and the degree of service coordination he or she requires. Family members must be involved in treatment, where appropriate.**
- **Ensure the maximum feasible degree of integration for individuals with the most serious substance abuse and mental disorders.**



How Was the Report Prepared?

- SAMHSA, through its Office on Policy, Planning and Budget (OPPB), with the SAMHSA Co-Occurring Workgroup joined with the National Advisory Council (NAC) Subcommittee on Co-Occurring Disorders in directing the Report's development.
- The Co-Occurring Disorders Subcommittee was enhanced through inclusion of over 50 ad hoc experts and representatives from a broad range of substance abuse and mental health constituencies.
- Additional constituent input was sought through four input meetings and a notice published in the *Federal Register* inviting public comment.



How Was Constituent Input Attained? — Meeting Input

- **Four Constituent Input Meetings were held.**
- **Invited participants represented all constituencies. Each input meeting was facilitated by the same SAMHSA-selected expert and included approximately 15-50 persons.**
- **Meetings were held in the Washington, D.C. area.**
- **The input meetings included:**
 - **Co-Occurring Federal Partners Input Meeting (held on April 15, 2002),**
 - **Co-Occurring Constituent Input Meeting (held on March 11 and March 12, 2002), and**
 - **Consumers, Recovering Persons and Families Input Meeting (held on May 1, 2002). The May 1 meeting was added to ensure a reasonable representation of consumers and families.**



Constituent Input Analysis

- In total 181 respondents. 78 persons responded to the Federal Register notice; 103 persons participated in the facilitated discussion groups.
 - Field of interest included:
 - 74% from substance abuse, mental health, behavioral health (both mental health and substance abuse);
 - 12% from health/medicine;
 - 9% from social services;
 - 1% from education; and
 - 2% from criminal justice.
 - Organization type included: provider of services, professional or provider association, government, consumer, family, and advocate. Organization level included national, state, local, and individual.



Findings

- **The area that elicited the highest level of input was pooled or joint funding in which 49% of all respondents commented.**
- **Another significant focus included two related areas, opportunities for cross-training of staff (34%) and availability of staff trained in areas of co-occurring disorders (29%).**
- **Other areas included system issues such as commitment by decision makers to address co-occurring disorders (21%), strategic planning (21%), interagency agreements (23%), and community efforts to reduce stigma (23%).**



Findings - continued

- Within the area of **program level issues**, concern was expressed regarding outreach to individuals not connected to the system (18%), the need for flexible and individualized plans (21%), concurrent availability of services for both disorders (23%), and availability of social support networks (17%).



Findings - continued

- Among **prevention issues**, concern was expressed regarding interventions that use media and community education strategies to increase public awareness and support (13%), family based interventions including parent skills training (13%), interventions directed at risk and protective factors (12%), and links between prevention programs and treatment systems (12%).
- Within the area of **research and evaluation**, comments were on the importance of identifying and adopting evidence-based practices (25%) and on the need for prevalence data for planning (17%).



Findings - continued

- Joint funding categories were explored for points of view such as agreement/disagreement and other dominant themes. For the theme of agreement/disagreement of pooled funding, 90% of respondents were in favor.
- Other themes included: expansion of funding for co-occurring disorders (19% of responses), barriers to pooled funding (15% of responses), and targeted funding for co-occurring disorders (13% of responses).
- These funding themes were further analyzed to ascertain whether differences existed among constituencies and no differences in themes were found.



Findings - continued

- Interdisciplinary training (6% of responses) was a theme in which comments revolved around cross-training for non-mental health professionals such as primary care, social work, or any field that may encounter persons with a co-occurring disorder.
- The cross-training category was further examined for differences across themes by constituencies. Similar to the results for the pooled or joint funding category, there were no differences across themes by constituencies.



Five-Year Blueprint for Action

- The message SAMHSA received and continues to receive is improving the Nation's public health demands prompt attention to the problem of co-occurring.
- The Blueprint for Action is SAMHSA's five-year action plan for addressing co-occurring disorders – the issues and barriers to care.
- The following provides examples of the plan's objectives and action steps.
- There is a direct connect between these actions and the input received from the NAC Co-Occurring Subcommittee and Constituent meeting and written input.



SAMHSA's Five-Year Blueprint for Action - continued

Examples of the Five-Year action steps:

- Strengthen the Agency's role in moving evidence-based practices to the field through a collaborative process with Federal partners, consumers/recovering persons, family members, faith-based and community organizations, providers, researchers, advocates, and State, tribal and local authorities.



SAMHSA's Five-Year Blueprint for Action - continued

- Support a new State Infrastructure Grant for Co-Occurring Disorders to help enhance States' supporting infrastructure and treatment system capacity.
- Develop a workforce educated and trained to address co-occurring disorders.



SAMHSA's Five-Year Blueprint for Action - continued

- Support a new State State Incentive Grants (COSIG) for Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.....
 - CSAT Lead
 - RFA announced and proposals due June 13, 2003
 - TA provided through the Cross-Training and TA Center
 - Includes pilot testing of the reliability and validity of Co-Occurring Performance Partnership measures



SAMHSA's Five-Year Blueprint for Action - continued

- Direct the Agency's Minority Fellowship Program (MFP) to focus on co-occurring disorders.
- Provide grants, technical assistance and training to help States develop/enhance co-occurring State capacity building in preventing, screening, assessing, treating, training and evaluating for co-occurring substance abuse and mental disorders.



SAMHSA's Five-Year Blueprint for Action - continued

- **Develop States' capacities to enhance the integration of services for HIV/AIDS, substance abuse disorders, and mental disorders.**
- **Enhance research attention to co-occurring disorders and the field's research needs.**
- **Explore ways to utilize existing reimbursement mechanisms for the assessment, diagnosis and treatment of people with co-occurring substance abuse and mental disorders**



SAMHSA's Five-Year Blueprint for Action - continued

- Disseminate successful strategies for appropriate use of the SAPT and CMHS Block Grants to serve individuals with co-occurring disorders.
- Convene a National Summit on Co-Occurring Disorders in Fall 2003.



SAMHSA's Five-Year Blueprint for Action - continued

- Continue to improve, refine, test, and apply consistent outcome measures for co-occurring disorders.
- Examine the complex issues regarding the use of psychoactive medications to treat mental disorders for individuals who also have co-occurring substance abuse disorders.