



National Developments in Co-occurring Disorders

Mental Health and Addictions service systems are increasingly aware of the frequency with which clients present having both mental health and substance use disorders. However, service providers are very rarely taught to address both concerns concurrently, leaving service users to receive disjointed care provided by multiple agencies with little communication. The Co-Occurring Center for Excellence (COCE) helps providers at all levels learn to work with dually-diagnosed consumers. The result is a more effective and integrated service system that can meet the needs of this specific population.

- Using a model known as the *Organizational Stages of Change* to describe where states are at in developing systems that effectively work with dually diagnosed individuals, COCE has found that many states are operating between the phases known as “Preparation” and “Action.” Still others, however, are at an earlier phase known as “Contemplation.”
- When states do make changes in their service systems, most of these changes occur in what is known as the “Co-Occurring Clinical Pathway.”
 - Co-occurring Disorders (COD) screening
 - Integrated assessment
 - Integrated treatment planning
- COCE has also noted a national movement in states to measure existing co-occurring clinical capacity using measurement tools like the *Dual-Diagnosis Capability in Addiction Treatment (DDCAT)* that scores a setting on a scale from “mental-health-only” to “COD-capable” to “COD-enhanced.” This tool has been used to help target service areas for further development.

- **Some states are working to address co-occurring disorders at a services-level through the development of their workforces. The Substance Abuse and Mental Health Services Administrations (SAMHSA) Treatment Improvement Protocol 42 (TIP-42) has been turned into a training curriculum using adult learning principles. Using a Train-the-Trainer approach, COCE will, by September 2008, have worked with 28 States in preparing approximately 25 -50 trainers in each state to use the lessons from the TIP-42. In total 485 trainers will be prepared to use these lessons in clinical practice.**
- **Some States have used or are planning to use models such as COCE's to work with consumers, and are setting up COD Centers of Implementation. These models, while in their infancy, will be positioned to move the "Co-Occurring Clinical Pathways" into clinical practice, and will assist in the roll-out of COD evidence-based practices.**
- **Financial barriers are still of concern in the development of COD integrated treatment, however service providers have begun to discover that the movement from mental health-only or addiction-only to integrated services that are COD-capable does not require large injections of new money. On the addictions side, access to psychiatric consultation is the biggest barrier to be overcome, and this does require funding.**
- **State certification activities are still undergoing a great deal of debate and discussion around COD treatment, and they are a barrier to providing integrated care in many states. However, there is now a national co-occurring credential available through the International Certification and Reciprocity Consortium (IC&RC).**