



Co-Occurring Disorders Screening Program Description

Unidentified and consequently untreated coexisting mental health and substance abuse problems can create a myriad of problems that are often related to the highest treatment costs. Mueser, et al (2006) report that in clinic samples as many as 40-60% of individuals presenting in mental health settings have a co-occurring substance use diagnosis, and 60-80% of individual presenting in a substance use treatment facility have a co-occurring mental illness diagnosis. Zhu & Wu 2018, found that individuals who had a co-occurring mental health disorder and were hospitalized for inpatient detoxification increased significantly from 43 percent in 2003 to almost 59 percent in 2011.

Access Behavioral Health's Co-Occurring disorders screening program is based on the Substance Abuse and Mental Health Services Administration (SAMHSA) TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders. The ABH Co-occurring Disorders Screening Program has been designed to make the PHQ-9 and the CAGE or CAGE Aid readily available to practitioners in order to screen for the existence of co-occurring substance use and mood disorders. The recommended assessments are straightforward and allow for both practitioner use or recipient self screening to maximize identification of co-occurring disorders.

Eligible Members

Any ABH member who is at risk for a co-occurring substance related disorder and mood disorder who presents for assessment and /or treatment is eligible for the screening. ABH may also use data such as claims, treatment records, PCP or psychiatric referrals, diagnosis codes, care coordination, complex case management or member self-referral to identify members who may be eligible for the screening.

Frequency

The PHQ-9 and the CAGE/CAGE Aid are designed to be conducted primarily upon initial screening; however, due to the shifting nature of depression compounded by alcohol and/or other drug use, this screening program may be conducted at any time during the course of treatment. It may be conducted for diagnostic purposes, level of care needs, ongoing treatment/length of stay, and discharge readiness purposes.

Conditions

The co-occurring screening is indicated whenever substance related disorders and mood disorder symptoms are displayed by a member, when the practitioner suspects a co-occurring disorder is present, or as a matter of routine screening to determine diagnosis and treatment planning.

Practitioner Input

Practitioner input on ABH's Co-Occurring Screening Program is acquired through the Quality Management Committee's (QMC) Quality Subcommittee. Provider and practitioner input includes program design and implementation.

Promotion

ABH's Co-Occurring Screening Program is promoted to practitioners via the ABH website, where the tools may be accessed freely by both members and providers. ABH also provides an annual training to all network providers and practitioners and the Screening Program is also promoted at that time.

References:

- Mueser, K. T., Crocker, A. G., Frisman, L. B., Drake, R. E., Covell, N. H., & Essock, S. M. (2006). Conduct disorder and antisocial personality disorder in persons with severe psychiatric and substance use disorders. *Schizophrenia Bulletin*, 32, 626-636.
- Zhu, H., & Wu, L. T. (2018). National trends and characteristics of inpatient detoxification for drug use disorders in the United States. *BMC Public Health*, 18(1), 1073.
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