PHM-3: 2026 Behavioral Health Screenings

**Literature for screenings reviewed and updated as needed, on July 1, 2026.*

Screening 1: Co-Occurring Disorders Screening Program Description

Screening for co-occurring mental health and substance use disorders (also referred to as dual diagnosis or concurrent disorders) has become an increasingly important focus in recent scientific literature due to the high prevalence, complexity, and poor outcomes associated with these conditions. Co-occurring disorders are defined as the simultaneous presence of at least one mental health disorder and one substance use disorder, and they are now recognized as a major public health concern with rising prevalence across populations (Beccia et al., 2024). Recent evidence demonstrates that individuals with co-occurring disorders experience significantly worse outcomes than those with a single disorder, including higher rates of relapse, hospitalization, and mortality, further underscoring the need for early identification through systematic screening (Scott & Gorey, 2025). In addition, comprehensive reviews highlight that these overlapping conditions present substantial diagnostic challenges, often leading to under recognition unless structured screening processes are used (Bahji, 2024).

The literature consistently identifies screening as a critical first step in addressing co-occurring disorders because failure to screen is a major contributor to treatment gaps. Research indicates that a substantial majority of individuals with co-occurring conditions do not receive appropriate care for both disorders, largely due to missed identification during clinical encounters (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). Without routine screening, individuals are more likely to be misdiagnosed or receive partial treatment, which negatively impacts long-term recovery and health outcomes (SAMHSA, 2020). Accordingly, screening is described as a foundational component of care that enables timely diagnosis and facilitates entry into appropriate treatment pathways (SAMHSA, 2025).

A major development in recent years is the adoption of the “no wrong door” approach, which emphasizes universal and bidirectional screening across healthcare settings. Current recommendations indicate that all individuals presenting for either mental health services or substance use treatment should be screened for both conditions, regardless of their initial point of entry into the healthcare system (SAMHSA, 2025). This approach is designed to eliminate fragmentation in care and ensure that individuals with co-occurring disorders are identified early. Consequently, screening is increasingly recommended in a variety of settings, including primary care, emergency departments, and behavioral health clinics, reflecting a shift toward routine and universal implementation rather than selective or symptom-driven screening.

Updated guidelines and systematic reviews published through 2026 further emphasize the growing focus on standardized screening practices and the need for improved implementation. A recent systematic review of clinical guidelines found an increasing number of recommendations supporting the use of validated screening tools and structured assessment processes for co-occurring disorders, although variability in adoption remains a challenge (Hakobyan et al., 2026). Screening typically involves the use of brief, validated instruments to assess both mental health symptoms and substance use patterns, followed by a comprehensive biopsychosocial assessment

when risk is identified. Despite the availability of these tools, the literature highlights persistent barriers, including limited provider training, time constraints, and systemic fragmentation, which continue to hinder consistent screening practices.

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 Modified Mini Screen and the CAGE/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 and 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 Modified Mini Screen 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 & Provider Input

Practitioner input on ABH's Co-Occurring Screening Program is acquired through the Quality Improvement and Utilization Management (QIUM) Subcommittee and consultation with network psychiatrists. Provider and practitioner input includes program design and implementation.

Promotion

ABH's Co-Occuring Screening Program is promoted to practitioners via the ABH website, where the tables may be accessed freely by both members and providers. More information is readily available at https://abhfl.org. ABH also provides bi-annual training to all network providers and practitioners, and the behavioral health screening programs are promoted during at least one of the sessions.

References:

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National Institute on Alcohol Abuse and Alcoholism. (2024). Combining screening, brief intervention, and referral to treatment with recovery management in primary care settings improves outcomes. https://www.niaaa.nih.gov

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