

# ASAM Monthly Technical Assistance Series

## Co-Occurring Capabilities

### 1115 Waiver Demonstration for SUD

Prepared and Presented by Sabina Wozniak, LPC – Clinical Care Specialist, ABH



Advanced Behavioral Health, Inc.



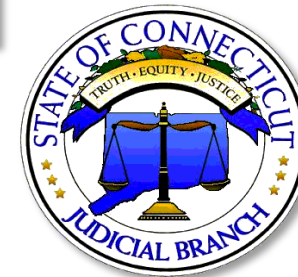
Department of Mental Health and Addiction Services



Department of Corrections



Department of Social Services



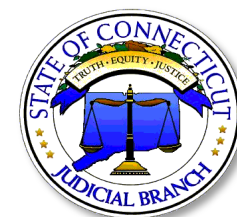
Judicial Branch - Court Support Service Division



Department of Children and Families

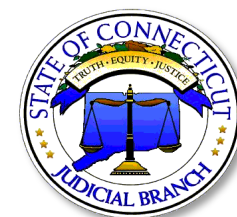
# Reminders

- Questions related to the upcoming webinar should be submitted at least 7 days in advance of that webinar to [1115waiver@abhct.com](mailto:1115waiver@abhct.com). Please feel free to submit questions in the chat but note that they will not be addressed until after the presentation.
- This webinar is being recorded. Please remain on mute during the presentation and exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DSS webpage following this event.
- Suggestions for future webinar topics should be submitted to [1115waiver@abhct.com](mailto:1115waiver@abhct.com).



# Disclaimers

- Please note, some information provided in this technical assistance series is purely informational as best practice and not to be interpreted as required or regulatory, unless otherwise stated as a requirement for credentialing under the 1115 Demonstration Waiver. Please refer to the 1115 Waiver website for requirements.
- Alignment with the ASAM Criteria is required of drug and alcohol treatment providers participating in the 1115 SUD Demonstration Waiver.
- The State Partners stress the importance of reviewing the ASAM criteria text in its entirety, attending the ASAM two-day training, completing the online ASAM training, and reviewing the resources available through State websites, which include trainings and documents.
- Please check with your administrator for any additional resources or trainings your agency may have.



# Review of Resources

## How to Subscribe to Updates

[CT.gov Home](#) / [Department of Social Services](#) / [Health & Home Care](#) / [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment](#)

### Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

Overview

Goals and Milestones

Annual Forums and Public Comments

Meeting Schedule

Provider Resources

Training Opportunities

1115 Monitoring and Evaluation

#### Overview

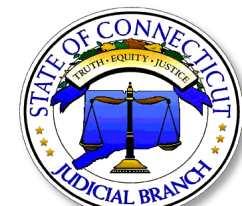
Questions and comments about the Demonstration may be sent to [ct-sud-demo@ct.gov](mailto:ct-sud-demo@ct.gov).

\*\*\*[Click this link to subscribe to updates regarding this project.](#)\*\*\*

#### Section 1115 Demonstration Waiver for Substance Use Disorder Treatment

As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUD) including Opioid Use Disorder (OUD).

Clicking on the Overview Tab will bring you to where to subscribe for updates and also email any additional questions.



# Review of Resources

## Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

[Overview](#)

[Goals and Milestones](#)

[Annual Forums and Public Comments](#)

[Meeting Schedule](#)

[Provider Resources](#)

[Training Opportunities](#)

[1115 Monitoring and Evaluation](#)

Provided by:  
Department of Social Services

### Provider Resources

In alignment with the milestones of the Demonstration, SUD treatment services provided in the Medicaid fee-for-service (FFS) delivery system will comply with the current ASAM Criteria for activities including authorizations, utilization review decisions, multi-dimensional assessments and individualized treatment plans.

The below Policy and Clinical Assumptions Grids outlines the expectations for Medicaid treatment providers in areas including admissions, interventions and treatment services, documentation, staffing and supervision.

- [Residential Levels of Care for Adults \(ASAM 3.1, 3.3, 3.5, 3.5PPW, 3.7, 3.7RE, 3.2WM, 3.7WM\)](#) 📄 - Updated 05/2023
- [Residential Levels of Care for Adolescents \(ASAM 3.5 and 3.1\)](#) 📄 - Updated 05/2023
- [Residential Admission Guidance](#) 📄 - Updated 04/2023
- [Residential Flex Bed Guidance](#) 📄 - Updated 04/2023
- [Intensive Outpatient \(IOP\) and Partial Hospitalization \(PHP\) for Adults and Children \(ASAM 2.1 and 2.5\)](#) 📄 - Updated 06/2023 **NEW!**
- [Ambulatory Withdrawal Management \(ASAM 1-WM and 2-WM\)](#) 📄 - Updated 11/2022
- [Opioid Treatment Program \(OTPs\) \(ASAM 1\)](#) 📄 - Updated 02/2024 **NEW!**

### Additional Topics and Resources Listed:

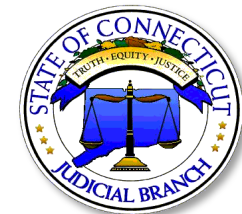
- Fees by Level of Care
- Provider Bulletins
- State Plan Amendments (SPAs)
- Certification and Monitoring
- Frequently Asked Questions (FAQs) and Answers
- Important Documents
- Other Resources



# Learning Objectives

Participants will be able to:

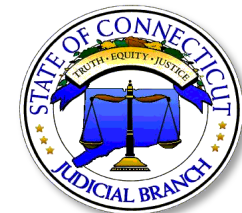
1. Define co-occurring:
  - Conditions
  - Disorders
2. Co-Occurring Capable Programs vs Co-Occurring Enhanced Programs
3. Connecticut & Co-Occurring Capabilities



# ASAM

## Integrated Services: Integration of Addiction Treatment and Mental Health Treatment

(pages 22-30)



# Co-occurring Conditions

## CT SPA (22-0020, pg. 5)

- “SUD services are provided as part of a comprehensive continuum of SUD services...including individuals with co-occurring mental health conditions and SUD.”

## ASAM 3<sup>rd</sup> Edition (pg. 416)

- “Concurrent substance use, addictive behaviors, physical health, and mental health clinical presentations that may or may not demonstrate sufficient signs or symptoms to substantiate a diagnosis of an addictive, physical, and/or mental disorder. The *ASAM Criteria* requires sufficient assessment to establish a diagnosis to indicate treatment at any level.”

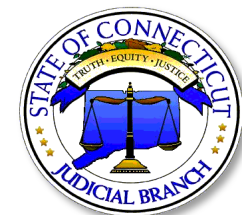




# Co-occurring Disorders

## ASAM 3<sup>rd</sup> Edition (pg. 416)

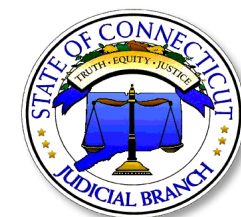
- “Concurrent substance use and mental disorders.”
- Other common names: dual diagnosis, dual disorders, concurrent disorders, coexisting disorders, comorbid disorders, individuals with co-occurring psychiatric and substance symptomology
- “Use of the term carries no implication as to which disorder is primary and which is secondary, which disorder occurred first, or whether one disorder caused the other.”



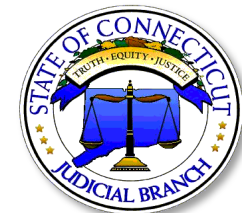
# Co-occurring Conditions vs. Co-occurring Disorders

Co-Occurring Conditions	Co-Occurring Disorders
*Substance Use	*SUD/Substance Related Disorder - primary
Addictive behaviors	MH Disorder – primary
Physical/medical health	
Mental health	
No formal diagnosis, only symptoms	

\*1115 Waiver looks for a substance use diagnosis



# Co-occurring Capable Programs vs. Co-Occurring Enhanced Programs



# Co-occurring Capable

## ASAM 3<sup>rd</sup> Edition (pg. 416)

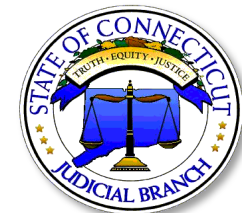
- “...address co-occurring mental and substance use disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning are described as ‘co-occurring capable’...”
- “...arrangements in place for coordination and collaboration between addiction and mental health services...also can provide medication monitoring and addiction and psychological assessment and consultation, either on-site or through coordinated consultation with off-site providers.”



# Co-occurring Capable, cont'd

## ASAM 3<sup>rd</sup> Edition (pg. 416)

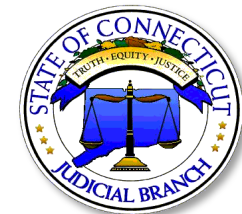
- “Program staff are able to address the interaction between mental and substance use disorders and their effect on the patient’s readiness to change – as well as relapse and recovery environment issues – through individual and group program content.”



# Co-occurring Capable, cont'd

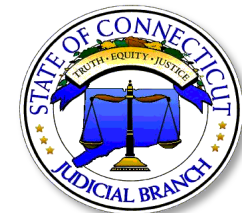
## CT Clinical Assumptions Grids & Provider Certification Standards and Process

- Training
  - Includes: co-occurring, psychotropic medications and interactions with substance use, motivational interviewing, stages of change, ASAM, evidenced based practices
- Supervision



# Why is being co-occurring capable important?

- “Approximately 21.5 million adults in the United States have a co-occurring disorder” (2022 National Survey on Drug Use and Health)
  - “...research suggests that adolescents with substance use disorders also have high rates of co-occurring mental illness; over 60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness” (NIDA) [Part 1: The Connection Between Substance Use Disorders and Mental Illness | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)
- Ability to serve a diverse population
- All individuals are screened for co-occurring
- Clients may or may not have mental health issues or trauma histories
- Integrated care can lead to better outcomes and better quality of care (SAMHSA) [Co-Occurring Disorders and Other Health Conditions | SAMHSA](#)



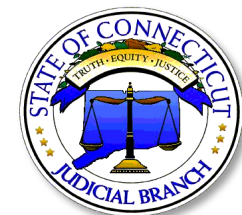
# Co-occurring Enhanced

ASAM 3<sup>rd</sup> Edition(pg. 417)

- “Describes treatment programs that incorporate policies, procedures, assessments, treatment and discharge planning processes that accommodate patients who have both unstable co-occurring mental and substance use disorders.”
- “Mental health symptom management groups are incorporated into addiction treatment and vice versa.”

## DMHAS Initiative: Co-Occurring Enhanced Program Guidelines

- “more severe mental disorder/more severe substance use disorder”

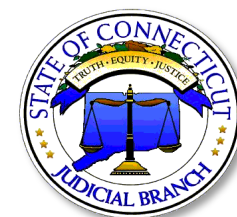




# Co-occurring Enhanced, cont'd

## ASAM 3<sup>rd</sup> Edition(pg. 417)

- “...ideally, there is close collaboration or integration between addiction and mental health services that provides crisis backup services and access to addiction and mental health case management and continuing care.”
- “In contrast to co-occurring capable services, co-occurring enhanced services place their primary focus on the integrations of services for mental and substance use disorders in their staffing, services, and program content such that both unstable addiction and mental health issues can be adequately addressed by the program.”



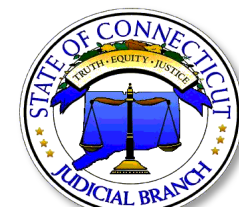
# Co-occurring Enhanced – CT Highlights

## 1115 Demonstration Waiver for SUD Treatment in CT

- The intake includes:
  - A screening for a co-occurring psychiatric disorder
  - Details of recent psychiatric history and mental status examination
  - History of follow through and adherence to psychotropic medications
- Treatment plans include:
  - Active reassessments of individual's mental status are performed as necessary and addressed
  - Documentation of history of follow through with behavioral health treatment and adherence to psychotropic medications are addressed

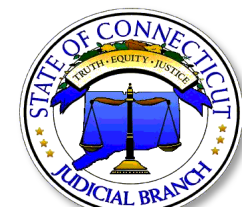
## DMHAS Co-Occurring Enhanced Program Guidelines

- “Assessment and treatment incorporates families and friends” pg 5
  - Review the DDCAT toolkit for family education and support requirement, pages 65 and 108.
    - “Routine and systematic co-occurring disorders family groups integrated into standard program format” (pg. 108)
- “Trauma-informed and trauma-specific services are an integral component”



## Co-Occurring Conditions and matching services to needs – ASAM 3<sup>rd</sup> Edition pg. 30

Patients	Services
<p><b><u>Patients with co-occurring mental health needs of mild to moderate severity:</u></b> Individuals who exhibit (1) sub-threshold diagnostic (i.e., traits, symptoms) or (2) diagnosable but stable disorders (e.g., bipolar but adherent with and stable on lithium)</p>	<p><b><u>Co-Occurring Capable (COC):</u></b> Primary focus on substance use disorders but capable of treating patients with sub-threshold or diagnosable but stable mental disorders. Psychiatric services available on-site or by consultation; at least some staff* are competent to understand and identify signs and symptoms of acute psychiatric conditions.</p>
<p><b><u>Patients with co-occurring mental health needs of moderate to high severity:</u></b> Individuals who exhibit moderate to severe diagnosable mental disorders, who are not stable, and who require mental health as well as addiction treatment concurrently</p>	<p><b><u>Co-Occurring Enhanced (COE):</u></b> All staff cross-trained in addiction and mental health and are competent to understand and identify signs and symptoms of acute psychiatric and substance use conditions and treat unstable mental and substance use disorders concurrently. Treatment for both mental health and substance use disorders is integrated.</p>

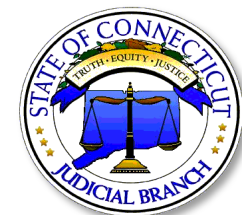


“Co-Occurring Condition” and “Co-Occurring Disorders” refer to individuals

“Co-Occurring Capable” and “Co-Occurring Enhanced” refer to types of programs

\*ASAM 3<sup>rd</sup> Edition pg. 27

-The ASAM Criteria in the 3<sup>rd</sup> Edition textbook, each level of care has descriptions of the difference between co-occurring capable and co-occurring enhanced



# Assessment Tools

Tools can include, but not limited to: (ASAM pg. 23)

- DDCAT (Dual Diagnosis Capability in Addiction Treatment)\*
- DDCMHT (Dual Diagnosis Capability in Mental Health Treatment)\*
- IDDT (Integrated Dual Disorders Treatment Fidelity Scale Information)\*
- COMPASS-EZ
- CCISC (Comprehensive Continuous Integrated System of Care)
- ASAM Interview Guide (Dimension 3 specifically)

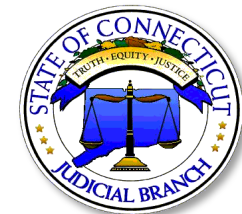
Common assessments include:

- PHQ-9
- GAD-7
- Ohio
- GAIN
- CAGE
- Modified Mini
- MSE
- ASUS (Adult Substance Use Survey)
- SBIRT/A-SBIRT
- ACES
- Columbia-Suicide Severity Rating Scale
- PCL-5



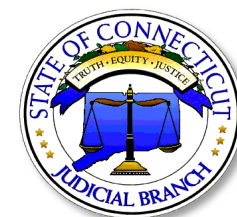
# Connecticut: Co-Occurring Key Highlights

- Programs must be co-occurring capable (SPA, pg. 5 and CT Clinical Assumptions Grids)
- Daily schedule in alignment with CT Assumptions Grid
- Physicians are available to conduct activities of medical necessity
- Psychiatric and other medical consultation is available by phone or person
- Medical staff is onsite (NP, RN, LPN, MD, etc.)
- Screening for medical needs (routine, emergent, urgent needs – including status with primary care)
- Certified Peers
- Family involvement (COE)
- Supervisions
- Use of evidenced based practices
- ASAM trainings
- Assessing/screening for trauma
- Co-occurring disorder assessments (COE)
- Continued on next slide...



# Connecticut: Co-Occurring Key Highlights, cont'd

- Trauma-informed and gender responsive trainings are available to staff
- Staff in adolescent programs are knowledgeable about adolescent development and can recognize the need for specialty evaluation and treatment for intoxication or withdrawal and arrange for evaluation or treatment
- Cross-training to understand the signs/symptoms of mental disorders and to understand and be able to explain uses of psychotropic medications(s) and their interaction(s) with substance use and other addictive disorder(s)
- Organizations coordinate concurrent services from other providers on the treatment plan
- Organization maintains MOUs
- Policies & Procedures that target (not limited to): MAT, pharmacotherapies, emergency services, drug screening, medication management, coordination of care between therapeutic and pharmaceutical interventions, family services



# Summary

- Co-occurring conditions vs. disorders
- Co-occurring capable vs. enhanced programs
- Assessment Tools for co-occurring
- Connecticut and Co-Occurring Key Highlights under the 1115 Demonstration Waiver





# Reminders

The next webinar in our series will be held on Nov 12, at 12pm and the topic will be Therapies.

Questions for the next topic should be submitted at least 7 days in advance of the webinar to [1115waiver@abhct.com](mailto:1115waiver@abhct.com), as well as any additional questions you may have regarding Co-Occurring Capabilities.

You will be able to review this webinar on the DSS webpage. [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment-- Training Opportunities](#)

Suggestions for future webinar topics should be submitted to [1115waiver@abhct.com](mailto:1115waiver@abhct.com).



# References/Resources/Links

Mee-Lee, D., Shulman GD., Fishman, MJ., Gastfriend, DR., & Miller, MM. (Eds.). (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> ed. The Change Companies.

[Co-Occurring Disorders and Other Health Conditions | SAMHSA](#)

[Part 1: The Connection Between Substance Use Disorders and Mental Illness | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

[Substance Use Disorder Demonstration Project – ct.gov \(SPA, Clinical Assumptions Grid\)](#)

[Co-Occurring Enhanced Program Guidelines \(ct.gov\) – Integrated Care, DMHAS Initiative](#)

[1115-sud-certification-standards-and-process-12-apr-2024---final.pdf \(ct.gov\)](#) Provider Certification Standards and Process



# State Partner Contacts

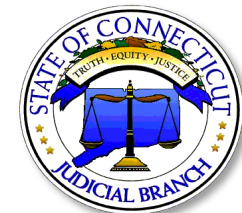
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