

# Comprehensive Services for People With Co-Occurring Disorders

A NACo Opioid Solutions Strategy Brief

## What are comprehensive services for people with co-occurring disorders?

Co-occurring disorders are any combination of mental or substance use disorders (SUDs) that affect someone at the same time. People who live with co-occurring disorders, including post-traumatic stress disorder, anxiety, depression, bi-polar disorder and ADHD, are at greater risk of developing opioid use disorder (OUD).<sup>1-3</sup> Similarly, people with OUD are at greater risk of developing co-occurring disorders.<sup>4,5</sup>

Comprehensive services integrate multiple forms of substance use, mental health and case management services and may include:

- Evidence-based treatments for SUD<sup>6-8</sup>
- Integrated SUD and mental health treatment services<sup>9</sup>
- Housing support through a Housing First approach<sup>10</sup>
- Transportation support<sup>11</sup>
- Employment and educational services<sup>12-14</sup>
- Income support<sup>15</sup>
- Social support and peer recovery services<sup>16</sup>
- Legal services,<sup>17</sup> and
- Child care.<sup>12</sup>

## What evidence supports comprehensive services for people with co-occurring disorders?

Comprehensive services are proven to produce better outcomes for people with co-occurring disorders.<sup>18-20</sup> The most effective treatment modality for co-occurring disorders is integrated SUD and mental health care.<sup>18-20</sup> This is especially true for people with co-occurring SUDs<sup>20</sup> and those who engage in mental health care prior to initiating SUD treatment.<sup>21-24</sup>

Strong scientific evidence supports the integration of multiple behavioral health and case management services for people with co-occurring disorders.



**Medications for opioid use disorder (MOUD):** FDA-approved medications are the gold standard treatment for OUD, proven to reduce substance use, prevent overdose and retain patients in care for longer.<sup>6,25-27</sup>



**Contingency management:** Contingency management is an evidence-based treatment for stimulant use disorders that is endorsed by the National Institute on Drug Abuse (NIDA) and the American Society for Addiction Medicine (ASAM).<sup>7,8,28</sup>



**Housing support:** Supportive housing options increase engagement and improve outcomes in both SUD and mental health treatment.<sup>29,30</sup> Housing First programs offer housing options regardless of ongoing substance use. This approach produces substance use outcomes that are equal to or better than housing options that require sobriety or treatment participation. Further, residents in Housing First programs report less isolation, higher social integration and higher overall quality of life.<sup>10,31,32</sup>



**Legal services:** Criminal justice involvement is more common among people who use opioids.<sup>33</sup> Unresolved criminal justice concerns, such as outstanding warrants, often bar access to housing and other basic needs. Legal services can assist in overcoming these concerns.<sup>17</sup>



**Transportation support:** Lack of reliable transportation is one of the most significant barriers to SUD treatment for people who are seeking care.<sup>34,35</sup> Providing transportation support – including direct payments to taxi or ride share services or reimbursement for mileage or time spent – has been shown to help people stay engaged in SUD and mental health treatment even when the treatment location is far away.<sup>11</sup>



**Education and employment services:** People living with current or past OUD are more likely to be facing unemployment.<sup>36</sup> When provided as part of a holistic suite of recovery services, educational services – including vocational counseling – predict higher rates of employment among adult participants.<sup>12,37</sup>



**Child care services:** Family-oriented systems of care, which allow parents to reside with their children while in residential treatment or managed housing, improve treatment outcomes for pregnant and parenting people.<sup>38</sup> Similarly, the availability of child care services significantly improves access to and uptake of integrated SUD and mental health services among female patients.<sup>12</sup>

## Are there risks to my community if we don't implement comprehensive services for people with co-occurring disorders?

**Yes.**

People with mental health disorders are significantly less likely to receive life-saving MOUD when they need it due to treatment silos, social stigma and other systemic barriers to care.<sup>4,18,39-42</sup>

Certain populations are especially vulnerable, including young people, military veterans, pregnant and parenting people, rural residents with OUD and persons linked to treatment by the criminal justice system.<sup>12,34,43-46</sup>

Failure to meaningfully address these barriers to treatment and recovery may increase the rate of OUD and overdose among these populations and drive up the utilization of costly crisis services.

## What are best practices for providing comprehensive services for people with co-occurring disorders?

- Assess for polysubstance use and for co-occurring disorders in all standard SUD screens.<sup>47,48</sup>
- Support contingency management services, a proven treatment for stimulant use disorder, alongside MOUD and other recovery supports for those who need it.<sup>7,28</sup>
- Develop supportive housing options using a Housing First approach.<sup>10,49</sup>
- Create a public-facing, comprehensive dashboard of wraparound treatment and recovery services to assist in service navigation and referrals.<sup>15</sup>
- Utilize existing services and funding streams to support the expansion of comprehensive treatment and recovery services, using local tax dollars and opioid settlement funds to meet any remaining need.



## What are some examples of successful efforts to provide comprehensive services for people with co-occurring disorders?

These and many other model programs are described online at the Brandeis Opioid Resource Connector.



The Maintaining Independence and Sobriety Through Systems Integration Outreach and Networking (MISSION) model is an evidence-based intervention designed to meet the needs of people living with co-occurring SUD and mental health disorders through dual-recovery therapy, peer support, vocational support and trauma-informed care.<sup>50</sup> When implemented in tandem with permanent supportive housing, the MISSION model has been shown to significantly improve substance use and mental outcomes and keep people housed.<sup>29</sup>

The California Department of Healthcare Services recently implemented a Health Homes Program to provide Medicaid-eligible residents with chronic and complex physical and behavioral health conditions (including SUDs) with comprehensive care management, coordinated care delivery, transitional care, family support and access to social support services. Patients who accessed the Health Homes Program showed better engagement in SUD treatment and fewer emergency room visits and hospitalizations. After Medicaid reimbursements, the average cost of operating the Health House Program was less than \$500 per person per month.<sup>51</sup>

### ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.

