

The Road to Recovery
Discussion Guide
2018 Television and Radio Series



April Show

Treatment 101: Finding Effective Care

Final December 28, 2017

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

Show Description. **National Recovery Month** communicates the critical message that mental health services, treatment for substance use disorders, and recovery support services make it possible for those with mental and substance use disorders to lead healthy, rewarding, and productive lives. This show features the different types of evidence-based treatments and resources that are available today for persons recovering from mental and substance use disorders. The panelists discuss the importance of integrated and personalized treatment, including programs targeting families, faith-based program solutions, trauma-informed care, medication-assisted treatment (MAT), Cognitive Behavioral Therapy (CBT), peer-led support and others. Experts highlight the need for evidence-based research that measures the improvements and positive outcomes achieved when implementing best practices. Panelists also address the barriers to quality care, treatment of co-occurring disorders, and the role behavioral health counselors can play in primary care settings.¹ Finally, the show highlights recovery as an ongoing process, one that is best served by perseverance, open-mindedness and resiliency

¹ WilliamWhitePapers.com. *Addiction Counseling as a Profession: An Interview with Cynthia Moreno Tuohy*. By William L. White, M.A. (2016). Behavioral health specialists can play a key role in mainstream health care when integrated into teams of primary providers. From <http://www.williamwhitepapers.com/pr/2016%20Cynthia%20Moreno%20Tuohy.pdf> (accessed September 16, 2017).

Table of Contents

Segment 1: Evidenced-based Quality Care: What Is It and How Do We Get There?	3
Segment 2: Defining Evidence-Based Treatment Modalities and the Role of Integrated and Personalized Treatments. 9	
Segment 3: Identifying Barriers to Quality Care.....	21
Segment 4: Ways to Address Persons with Co-Occurring Disorders and Substance Use and Mental Disorder Prevention.....	31

Segment 1: Evidenced-based Quality Care: What Is It and How Do We Get There?

Key Questions:

1. Explain what evidence – based quality care and treatment is and why is it important for the public to understand its importance?
2. Why is it important to speak about evidence-based practices as we face the challenges of mental and substance use disorders especially the opioid crisis?
3. Beyond the opioid crisis what are the other challenges that we are facing related to mental and or substance use disorders?
4. What are the first steps family members or significant others should take when attempting to help a loved one find evidence-based treatment?
5. Is it important for a family member to be aware of the “continuum of care” concept as they attempt to get help for a loved one, or someone else?
6. How do we best integrate behavioral health and primary care?

Answers:

1. Explain what evidence – based quality care and treatment is and why is it important for the public to understand its importance?

Source: SAMHSA. (n.d.) MedTEAM (Medication Treatment, Evaluation, and Management) Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/MedTEAM-Medication-Treatment-Evaluation-and-Management-Evidence-Based-Practices-EBP-KIT/SMA10-4549> (accessed October 22, 2017).

- “Evidence-based practices are services that have consistently demonstrated their effectiveness in helping people with mental illness achieve their goals.”
- “Effectiveness was established by different people who conducted rigorous studies and obtained similar outcomes.”
- “Examples of Evidence-based practices include Medication, Treatment, Evaluation, and Management (MedTEAM), Assertive Community Treatment, Family Psychotherapy, Illness Management and Recovery, Integrated Treatment for Co-occurring Disorders, and Supported Employment.”

Source: SAMHSA. (n.d.). About Evidence-Based Programs. From <http://nrepp-learning.samhsa.gov/about-evidence-based-programs> (accessed October 19, 2017).

- National Registry of Evidence-based Programs and Practices (NREPP) defines evidence-based programs (EBPs) as “Interventions that have shown through program evaluation using accepted scientific methods that an observed effect is the consequence of the intervention.”

Source: Social Solutions. (n.d.). why Are Evidence-Based Practices Important? From <http://www.socialsolutions.com/blog/importance-of-evidence-based-practice-models/> (accessed November 15, 2017).

- “The most commonly cited definition of EBP is from Dr. David Sackett, which says the EBP is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996)”

2. Why is it important to speak about evidence-based practices as we face the challenges of mental and substance use disorders especially the opioid crisis?

Source: Cook, Bryan G. (2015, June 2). The Importance of Evidence-Based Practice. Psychology Today. From <https://www.psychologytoday.com/blog/psyched/201506/the-importance-evidence-based-practice> (accessed November 15, 2017).

- Evidence-based practices are important because, as with most fields, there is a research-to-practice gap in behavioral health. Practices shown to be effective by scientific research are seldom used in applied settings while some commonly implemented practices are not validated and can be ineffective or harmful. We should prioritize evidence-based practices backed by scientific research over relatively ineffective approaches.

Source: Social Solutions. (n.d.). why Are Evidence-Based Practices Important? From <http://www.socialsolutions.com/blog/importance-of-evidence-based-practice-models/> (accessed November 15, 2017).

There are several benefits of implementing evidence-based practices such as improved information, additional funding, and advanced technology.

- **“Improved Information** – In the medical field, the meaning of evidence-based practice is clearer than in the social services because treatments are much more cut-and-dry, and what constitutes evidence is somewhat clearer. However, this does not mean that the practice isn’t applicable or important in the social service sector. While it may not always be entirely clear what evidence is relevant in any particular situation, the utilization of evidence-based practice models forces service providers and organizations to think in terms of constantly seeking out new information and analyzing their pre-existing assumptions. Rather than stagnating in a “this is how it’s always been done,” mindset, programs and practices are encouraged to evolve and to constantly be questioning the best way to serve constituents.”
- **“Additional Funding** – There is no question that funders are looking for organizations that are working with evidence-based practice models. The United States governmental agencies, in particular, now have elaborate requirements for funding that often entail the collection of evidence and demonstrations of how that evidence is being used to improve program quality. If for no other reason than continued funding, it is important for social service organizations to assess how they are currently using evidence and whether there are more opportunities for them to embrace this new trend.”
- **“Advanced Technology** – We’ve talked before about how technology has truly been the catalyst for enabling evidence-based practice models to come into existence. And yet, many organizations are still working with sub-par technological systems for case management, service delivery and client tracking. By switching their thinking to an evidence-based approach, organizations also need to look at how they are using technology and often need substantial upgrades or improvements. While this can result in a certain amount of hassle during the time of change, encouraging organizations and service providers to use the available technology in the broadest way possible can often help them substantially improve their outcomes, often with significantly less effort. For this reason, re-evaluation, which is essentially the basis for EBP, helps all of us stay relevant in a time when things are changing frequently.”

Source: SAMHSA (n.d.). Leading Change: A Plan for SAMHSA’s Roles and Actions 2011 – 2014. From <https://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf> (accessed October 24, 2017).

- Given the resource constraints faced at all levels of the government, the need is great to track outcomes, improve the quality of services, and ensure that resources are directed to effective approaches. Both outside and inside of government, there is a demand for increased data.

- In addition, better coordination is needed around data collection and evaluation at multiple levels.
- Serious gaps exist between the number of people who need treatment for mental and substance use disorders and those who seek treatment.
- Attitudes and discrimination toward people with mental and substance use impeded their recovery and create barriers to their ability to lead full lives integrated within their communities.

3. Beyond the opioid crisis what are the other challenges that we are facing related to mental and or substance use disorders?

Source: SAMSHA. (n.d.) Leading Change 2.0: Advancing the Behavioral Health of the Nation. (2014). From <https://store.samhsa.gov/shin/content//PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf> (accessed October 22, 2017).

Some of the behavioral healthcare challenges we need to address are:

- **Disparities:** “Significant behavioral health disparities persist in diverse communities across the United States, including racial and ethnic groups, LGBT individuals, people with disabilities, girls, and transition-age youth and young adults. Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, and involvement in the foster care and criminal justice systems.”
- “Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes.”
- “Historically, low-income minority populations were less likely to have coverage or access to health care. As such, delivery systems often lack awareness, data and information, and infrastructure to effectively treat these populations.”
- “Additionally, while much attention has focused on the vital role of primary care providers, it is necessary to focus on other key providers and systems to decrease fragmentation.”
- **Fragmented healthcare system.** “While awareness is increasing of the high rates of physical health conditions and concurrent health care costs, alongside reduced life expectancy for people with behavioral health needs, greater attention is needed regarding goals and strategies for health care systems to support improved health for these individuals. Individuals with both physical and behavioral health conditions are served by fragmented systems of care with little to no coordination across providers, and little to no coordination across systems.”
- “This fragmentation leads to poor quality, disparate financing, and higher cost of care, as well as poor health, reduced productivity, and higher costs for businesses and publicly funded systems such as justice, education, and human services.”
- “Efforts must be made to tailor and customize certain aspects of health care systems to ensure access to treatment services and to support improved health for individuals with behavioral health needs, wherever they are present or are found.”
- **Improving treatment within the criminal and juvenile justice systems.** “While the effects of trauma and exposure to violence are found in all service sectors, it is particularly prominent among people with mental and/or substance use disorders involved in the criminal and juvenile justice systems.”
- “This SI particularly focuses on improving the well-being and personal recovery of individuals with mental, substance use, or co-occurring disorders involved with the justice system through innovative diversion practices, strategic links with community-based providers and correctional health, effective re-entry programs, and policy development.”
- **Workforce development.** “With the implementation of recent parity and health reform legislation, behavioral health workforce development issues, which have been of concern for decades, have taken on a greater sense of urgency. Identified problems include worker shortages; inadequately and inconsistently trained workers; education and training programs that do not reflect the current research base; inadequate compensation; and

high levels of turnover, poorly defined career pathways, and difficulties recruiting people to the field, especially from minority communities. “

4. What are the first steps family members or significant others should take when attempting to help a loved one find evidence-based treatment?

Source: SAMHSA. (n.d.). SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). From <http://www.nrepp.samhsa.gov/landing.aspx> (accessed November 6, 2017).

- “NREPP is a searchable online registry of more than 400 substance use and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. NREPP does not endorse or approve interventions. Please note that since each NREPP review represents a considerable investment of time and public funds, SAMHSA reserves the right to publish all programs on the website that were reviewed and rated.”

Source. SAMHSA. (n.d.). Behavioral Health Treatment Services Locator. From <https://findtreatment.samhsa.gov/> (accessed November 4, 2017).

- “The Behavioral Health Treatment Services Locator [is] a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.”

Other resources for families

Source: SAMHSA. (2012, June). Families Are the Frontline: Preventing, Treating, and Recovering from Substance Use and Mental Disorders. From <https://www.youtube.com/watch?v=GeCp1e-Ho54> (accessed November 4, 2017).

- This Road to Recovery episode explores prevention, treatment, and recovery from substance use and mental health disorders within the context of the family.

Source. SAMHSA. (2013, June). Recovery Is a Family Affair: The Complex Dynamics in Families Struggling With Mental and Substance Use Disorders. From <https://www.youtube.com/watch?v=H0IHjDogD-I> (accessed November 4, 2017).

- This Road to Recovery episode discusses the importance of engaging the entire family in the treatment and recovery process for the person with a mental or substance use disorder.

Source: NCADD. (n.d.). NCADD Can Help. From <https://www.ncadd.org/get-help> (accessed November 4, 2017).

- “NCADD Affiliates offer a range of services including help for individuals and family members. If you are concerned about your own substance use or that of someone you care about – a child or other relative, a friend or co-worker – please contact us.”
- “We will help you to assess your situation, provide information, and, if indicated, refer you to the most appropriate resources in your community, such as an inpatient residential facility, an outpatient, non-residential treatment program, or mutual aid/self-help resources like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or the Al-Anon Family Groups or Nar-Anon Family Groups, among others.”

5. Is it important for a family member to be aware of the “continuum of care” concept as they attempt to get help for a loved one, or someone else?

Source: SAMHSA. (2006, August). Families in recovery (PowerPoint slides)—part of Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorder: Counselor’s Family Education Manual. From <http://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-with-Stimulant-Use-Disorders-Counselor-s-Family-Education-Manual-w-CD/SMA13-4153> (accessed November 4, 2017).

- The benefits of family involvement in recovery include:
 - Participation by family members is associated with better treatment compliance and outcome.
 - Family members gain a clearer understanding of recovery.
 - Family members and the person in recovery understand their respective roles and goals.
 - Family members and the person in recovery get support in the recovery process.

Source: SAMHSA. (n.d.). Behavioral Health Treatments and Services. From <https://www.samhsa.gov/treatment> (accessed October 24, 2017).

- “Individual paths to recovery differ, and packages of treatments and supportive services for mental and substance use disorders should be tailored to fit individual needs.”
- “For many people with behavioral health problems the most effective approach often involves a combination of counseling and medication. Supportive services, such as case or care management, can also play an important role in promoting health and recovery.”
- “Because people with mental and substance use disorders often have more physical health problems than the general population, assistance in coordinating care across behavioral and physical health care providers can be a valuable support.”

Source. SAMHSA. (n.d.) Recovery and Recovery Support. From <https://www.samhsa.gov/recovery> (accessed November 4, 2017).

- “SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.”
- “SAMHSA has delineated four major dimensions that support a life in recovery:
 - **Health**—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
 - **Home**—having a stable and safe place to live
 - **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
 - **Community**—having relationships and social networks that provide support, friendship, love, and hope.”

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/shin/content//SMA08-4367/TheEvidence-ITC.pdf> (accessed October 24, 2017).

- Clients and family members need access to accurate information. Otherwise their opportunities to make informed choices, to request effective services, and to advocate for system changes are severely compromised.

6. **How do we best integrate behavioral health and primary care?**

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

The following should be considered when Integrating primary care with behavioral health:

- “Health care professionals are being encouraged to offer prevention advice, screen patients for substance misuse and substance use disorders, and provide early interventions in the form of motivational approaches, when appropriate.”
- “Primary care has a central role in this process, because it is the site for most preventive and ongoing clinical care for patients—the patient’s anchor in the health care system.”
- “For example, primary care settings can serve as a conduit to help patients engage in and maintain recovery. Also, approaches such as screening, brief intervention, and referral to treatment (SBIRT) provide primary care providers with tools for addressing patients’ substance misuse.”
- “A range of promising health care structures and financing models are currently being explored for integrating general health care and substance use disorder treatment within health care systems, as well as integrating the substance use disorder treatment system with the overall health care system.”
- “As part of ongoing health reform efforts, both federal and state governments are investing in models and innovations ranging from health homes and ACOs, to managed care and Coordinated Care Organizations (CCOs), to pay-for-performance and shared savings models.”
- “These new models are developing and testing strategies for effectively and sustainably financing high-quality care that integrates behavioral health and general health care.”
- “Technology can play a key role in supporting these integrated care models.”
- “Health care delivery organizations, such as health homes and accountable care organizations (ACOs), are being developed to better integrate care.”
- “The roles of existing care delivery organizations, such as community health centers, are also being expanded to meet the demands of integrated care for substance use disorder prevention, treatment, and recovery.”
- “Use of Health IT is expanding to support greater communication and collaboration among providers, fostering better integrated and collaborative care, while at the same time protecting patient privacy.”
- “Health care now requires a new, larger, more diverse workforce with the skills to prevent, identify, and treat substance use disorders, providing “personalized care” through integrated care delivery.”

The goal is to move toward a more diverse health care system that has many roles to play in addressing our nation’s mental and substance use disorder problem, including:

- “Screening for substance misuse and substance use disorders;
- Delivering prevention interventions to prevent substance misuse and related health consequences;
- Early intervention to prevent escalation of misuse to a substance use disorder;
- Engaging patients with substance use disorders into treatment;
- Treating substance use disorders of all levels of severity;
- Coordinating care across both health care systems and social services systems including criminal justice, housing and employment support, and child welfare;
- Linking patients to RSS; and
- Long-term monitoring and follow-up.”

Segment 2: Defining Evidence-Based Treatment Modalities and the Role of Integrated and Personalized Treatments

Key Questions:

1. We have briefly defined “evidence-based” care—however what does that look like and how do individuals and families in need of assistance actually determine where these theories are being applied?
2. There is a big push for behavioral health integration with primary care – why is it important for these two systems to be integrated and made more compatible?
3. Is there a role for medication-assisted treatment and how can those in need of services access this modality?
4. How do you define integrated and personalized treatment and why is it so critical to improving behavioral health outcomes?
5. What are some ways we can incorporate all kinds of practices – spiritual, social, psychological, physical – into recovery from mental and substance use disorders?
6. What is the best way to involve family in the recovery of person with mental and substance use disorders?
7. How can the behavioral health field make services and treatment more patient and family centered – offering people choices about treatment options and providers, versus programs that cater to the requirement of bureaucracies?
8. How do peer support programs play a role in personalized, integrated treatments?
9. How can evidence-based programs address trauma-related symptoms and incorporate trauma-informed care?

Answers:

1. We have briefly defined “evidence-based” care—however what does that look like and how do individuals and families in need of assistance actually determine where these theories are being applied?

Source: SAMHSA. (2016). Foundations Recovery Network (FRN) 2016 Research and Outcomes One Year Post Treatment. From <https://www.foundationsrecoverynetwork.com/white-papers/frn-2016-research-and-outcomes-one-year-post-treatment/>

- “Outcomes are an important measure of organizational performance and quality. Many programs in the addiction treatment industry generate their ‘success’ rates based on “successful completion of (their) programs.” This is not a fair reflection of the goal of treatment and not an accurate measure of organizational performance or the quality of services.”
- “[Foundations Recovery Network] reports on how our patients are doing after they receive treatment at one of our centers. These are not individual case studies, but actually the result of years of data collection both at treatment intake and again at one month, six months, and 12 months after treatment. We refer to these as outcomes.”
- “Healthcare in general is a data-rich environment which means that healthcare providers have the opportunity to measure many different types of outcomes using data collected before, during and after treatment is provided. Foundations Recovery Network reports on several types of outcomes, some of which are listed below:
 - **Abstinence rates** – The percentage of patients who are not using at specific points after treatment.
 - **Changes in use rates** – The overall average of substance use at intake and again at specific time points after treatment.
 - **Improvement in mental health symptoms** – The changes in days of symptoms and in the severity of symptoms between intake and several time points after treatment.
 - **Improvement in key areas of life functioning** – The changes in medical issues, relationship, employment and other life areas measured before and at several points after treatment.”

- “FRN programs are continuously developing and improving to sustain the highest possible level of efficacy. Over the past 15 years, the way the medical community approaches addiction changed dramatically. That is why it is so important to critically evaluate each program’s efficacy.”
- “Although it is not possible for clinicians to control and evaluate the behavior of patients 12 months after treatment, our patients retain a high level of abstinence and remission, suggesting that our treatment programs not only stabilize our patients, but also put them on a more rewarding life path founded on long-term recovery.”

Source. SAMHSA. (n.d.). Behavioral Health Treatment Services Locator. From <https://findtreatment.samhsa.gov/> (accessed November 4, 2017).

- The Behavioral Health Treatment Services Locator [is] a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.”

Source: SAMHSA. (n.d.). SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). From <http://www.nrepp.samhsa.gov/landing.aspx> (accessed November 6, 2017).

- “NREPP is a searchable online registry of more than 400 substance use and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. NREPP does not endorse or approve interventions. Please note that since each NREPP review represents a considerable investment of time and public funds, SAMHSA reserves the right to publish all programs on the website that were reviewed and rated.”

Source: SAMHSA. (n.d.). About NREPP. From <http://nrepp.samhsa.gov/about.aspx> (accessed November 4, 2017).

- “The National Registry of Evidence-based Programs and Practices (NREPP) is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions.”
- “All interventions in the registry have met NREPP’s minimum requirements for review. The programs’ effects on individual outcomes have been independently assessed and rated by certified NREPP reviewers.
- The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their needs.”
- “NREPP is one way SAMHSA is working to improve access to information on evaluated interventions and reduce the lag time between creation of scientific knowledge and its practical application in the field.”
- “Some intervention developers elect to participate in NREPP through self-nominations. Other interventions may be identified through literature searches or by SAMHSA; these can be reviewed based on documents in the public domain.”
- “NREPP assesses the research evaluating an intervention’s impact on outcomes and provides information on available resources to facilitate the effective dissemination and implementation of the program.”
- “NREPP ratings take into account the methodological rigor of evaluation studies, the size of a program’s impact on an outcome, the degree to which a program was implemented as designed, and the strength of a program’s conceptual framework.”
- “For each intervention reviewed, NREPP publishes a report called a program profile on this website. You will find research on the effectiveness of programs as reviewed and rated by NREPP certified reviewers. Each profile contains easily understandable ratings for individual outcomes based on solid evidence that indicates whether a program achieved its goals.”

Source: SAMHSA. (n.d.) Finding Evidence-based Programs and Practices. From <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs> (accessed November 6, 2017).

- “[This resource provides] information on evidence-based prevention programs and practices for prevention practitioners and individuals working in related behavioral health fields.”

2. There is a big push for behavioral health integration with primary care – why is it important for these two systems to be integrated and made more compatible?

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “A number of strong arguments underpin the growing momentum to integrate substance use disorder services and mainstream health care.”
- “The main argument is that substance use disorders are medical conditions like any other—the overarching theme of much of this Report. Recognition of that fact means it no longer makes sense to keep substance use disorders segregated from other health issues.”
- “A number of other realities support the need for integration:
- Substance use, mental disorders, and other general medical conditions are often interconnected;
- Integration has the potential to reduce health disparities;
- Delivering substance use disorder services in mainstream health care can be cost-effective and may reduce intake/treatment wait times at substance use disorder treatment facilities; and
- Integration can lead to improved health outcomes through better care coordination.”
- “Well-supported scientific evidence shows that the traditional separation of substance use disorder treatment and mental health services from mainstream health care has created obstacles to successful care coordination. Efforts are needed to support integrating screening, assessments, interventions, use of medications, and care coordination between general health systems and specialty substance use disorder treatment programs or services.”
- “Supported scientific evidence indicates that closer integration of substance use-related services in mainstream health care systems will have value to both systems. Substance use disorders are medical conditions and their treatment has impacts on and is impacted by other mental and physical health conditions. Integration can help address health disparities, reduce health care costs for both patients and family members, and improve general health outcomes.”
- “Supported scientific evidence indicates that individuals with substance use disorders often access the health care system for reasons other than their substance use disorder. Many do not seek specialty treatment but they are over-represented in many general health care settings.”
- “Promising scientific evidence suggests that integrating care for substance use disorders into mainstream health care can increase the quality, effectiveness, and efficiency of health care. Many of the health home and chronic care model practices now used by mainstream health care to manage other diseases could be extended to include the management of substance use disorders.”
- “When health care is not well integrated and coordinated across systems, too many patients fall through the cracks, leading to missed opportunities for prevention or early intervention, ineffective referrals, incomplete treatment, high rates of hospital and emergency department readmissions, and individual tragedies that could have been prevented.”

Source: White, W. (2016). Addiction Counseling as a Profession: An Interview with Cynthia Moreno Tuohy. From <http://www.williamwhitepapers.com/pr/2016%20Cynthia%20Moreno%20Tuohy.pdf> (accessed October 22, 2017).

- “Addiction treatment and addiction recovery are inseparable and in which the physical, psychological, and social barriers separating the treatment institution from indigenous recovery supports in the community no longer exist (a move toward ‘treatment without walls’).”

- “If you have a heart problem, you wouldn’t go to a General Practitioner, you would go to a cardiologist and they would be part of that person’s health care team. Well, if you’ve got someone with an addictive disorder, you need someone in your health home or your team who is a specialist in addiction.”

3. Is there a role for medication-assisted treatment and how can those in need of services access this modality?

Source: SAMHSA. (n.d.). Behavioral Health Treatments and Services. From <https://www.samhsa.gov/treatment> (accessed October 24, 2017).

- “Prescription medications ... are an important resource for treating mental and substance use disorders. Medications for mental and substance use disorders provide significant relief for many people and help manage symptoms to the point where people can use other strategies to pursue recovery. Medications work better for some people than others, even if they have the same disorders.”
- “Medications are also increasingly being used to treat substance use disorders. This practice, often referred to as Medication-Assisted Treatment (MAT), is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.”
- “Medications exist that can reduce the cravings and other symptoms associated with withdrawal from a substance, block the neurological pathways that produce the rewarding sensation caused by a substance, or induce negative feelings when a substance is taken.”

Source: SAMHSA. (n.d.). Know Your Rights: Rights for Individuals on Medication-Assisted Treatment. From https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Know_Your_Rights_Brochure_0110.pdf (accessed November 4, 2017).

- “Medication-Assisted Treatment (MAT) is treatment for opioid addiction that uses medications such as methadone or buprenorphine to treat addiction to short-acting opioids, such as heroin, morphine and codeine, as well as synthetic opioids, including oxycodone, OxyContin®, and hydrocodone.”
- “MAT operates to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the negative effects of the short-acting drugs of abuse.”
- “Patients who receive treatment in an Opioid Treatment Program (OTP) are required by Federal regulations to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to the medication for the opioid addiction.”

Source: SAMHSA. (n.d.). Training Material and Resources. From <https://www.samhsa.gov/medication-assisted-treatment/training-resources> (accessed November 4, 2017).

- “People who provide medication-assisted treatment (MAT) services work in a range of prevention, health care, and social service settings.”
- “They include psychiatrists, psychologists, pharmacists, nurses, social workers, counselors, marriage and family therapists, peer professionals, clergy, and many others.”

Source: SAMHSA. Buprenorphine Treatment Practitioner Locator (access November 20, 2017)

- Find physicians authorized to treat opioid dependency with buprenorphine by state.
- <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

4. How do you define integrated and personalized treatment and why is it so critical to improving behavioral health outcomes?

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367> (accessed October 24, 2017).

- “Integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package.”
- “Integration involves not only combining appropriate treatments for both [mental and substance use] disorders but also modifying traditional interventions.”

Source: SAMHSA. (September 11, 2014). The N-SSATS Report. From <https://www.samhsa.gov/data/sites/default/files/NSSATS-SR175-RecoverySvcs-2014/NSSATS-SR175-RecoverySvcs-2014.htm> (accessed October 24, 2017).

- “Treatment outcomes have been shown to improve when clients receive tailored services that match and address their specific needs.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “Research has shown that treatment needs can differ across various populations, suggesting that treatment interventions should be individually tailored and incorporate competent and linguistically appropriate practices relevant to specific populations and subpopulation groups.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “To address the spectrum of substance use problems and disorders, a continuum of care provides individuals an array of service options based on need, including prevention, early intervention, treatment and recovery support.”

Source: SAMHSA. (n.d.) Systems Integration: Overview Paper 7. From <https://store.samhsa.gov/shin/content//SMA07-4295/SMA07-4295.pdf> (accessed November 4, 2017).

- Systems integration is a process by which individual systems (e.g., mental health) or collaborating systems (e.g., mental health and substance abuse) organize themselves to implement services integration to clients with [co-occurring disorder] and their families.
- The goal of this process is to promote the adoption of best practices for engaging clients with COD in care and to provide for integrated screening, integrated assessment, and integrated services and interventions, in the service of producing the best possible outcomes.

5. What are some ways we can incorporate all kinds of practices – spiritual, social, psychological, physical – into recovery from mental and substance use disorders?

Source: SAMHSA. (n.d.) SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery. From <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf> (accessed October 25, 2017).

- “Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.”
- “This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental

care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. “

- “The array of services and supports available should be integrated and coordinated.”

SAMHSA. (n.d.). The Eight Dimensions of Wellness. From <https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness> (accessed October 26, 2017).

- “The Eight Dimensions of Wellness are:
 1. **Emotional**—Coping effectively with life and creating satisfying relationships
 2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
 3. **Financial**—Satisfaction with current and future financial situations
 4. **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
 5. **Occupational**—Personal satisfaction and enrichment from one’s work
 6. **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
 7. **Social**—Developing a sense of connection, belonging, and a well-developed support system
 8. **Spiritual**—Expanding a sense of purpose and meaning in life.”

Source: SAMHSA. SAMHSA’s Recovery Support Efforts. From <http://www.samhsa.gov/recovery/samhsas-efforts> (accessed November 4, 2017).

- “Wellness incorporates many dimensions of health: physical, emotional, financial, social, occupational, intellectual, environmental, and spiritual. It is essential for quality of life and recovery.”
- “For people with mental and/or substance use disorders, wellness is much more than the absence of disease or illness, it is the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body, and a safe living environment.”
- “SAMHSA promotes wellness for people with mental and substance use disorders by engaging, educating, and training providers, consumers/peers, and policy makers.”
- “SAMHSA also partners with other federal agencies to disseminate wellness messages and motivate individuals and community organizations to take action.”
- “Wellness promotion is important because people with mental and/or substance use disorders have high rates of co-morbidity and often die decades earlier than the general public due to preventable medical conditions and modifiable risk factors.”

Source: SAMHSA. (2017, Sept. 20). Recovery and Recovery Support. From <http://www.samhsa.gov/recovery> (accessed November 4, 2017).

- “The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one’s health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.”

Source: DiClemente, C. C. (2013, September). Paths through addiction and recovery: the impact of spirituality and religion. *Substance Use and Misuse*. From <https://www.ncbi.nlm.nih.gov/pubmed/24041188> (accessed October 29, 2017).

- “Spirituality and more formal religious affiliation and practice often play an important role in [the recovery] journey.”
- “Recently there has been renewed interest in exploring how spirituality and religious traditions can influence health as well as in the study of human nature, motivation and behavior change.”

- “[Interactions between spirituality or religion and the process of recovery and change] influence motivation and readiness to change, values and decision making, commitment, support for drug use or for recovery, stress production or reduction, sustaining change, and creating the foundation for a new lifestyle.”

Source: SAMHSA. (2014, March). Information for faith-based and community leaders. From <http://store.samhsa.gov/product/PEP14-FAITHLTP> (accessed October 29, 2017).

- “By taking part in this important discussion about mental health, faith and community leaders can help individuals and families in need by lifting up messages of support and providing information on how to access services if necessary.”
- “When individuals and families face mental health problems, many turn to trusted friends and communities. As leaders and members of congregations, and faith-based and other community organizations, your voices add great value to efforts to reduce negative attitudes about mental health conditions and those who experience them.”
- “Faith and other neighborhood leaders are often first responders when an individual or family faces a mental health challenge or when a community experiences a traumatic event. Knowing how to respond to these events can make a huge difference in how the individual and community copes and heals.”
- “Negative attitudes and discrimination of people with mental illnesses can impede recovery. Religious and civic leaders can help lessen negative attitudes, fear, and discrimination against people with mental illnesses by creating a safe and supportive environment where people can openly talk about mental health issues. Empathy and active listening can help build relationships and support recovery for people living with mental illnesses.”
- “Community connectedness and support, like that found in faith-based and other neighborhood organizations, are important to the long-term recovery of people living with mental illnesses.”
- “[Faith-based and community leaders’] understanding of behavioral health and the many pathways to recovery can help people achieve their full potential.”

Source: SAMHSA. (2017, Sept. 20). Recovery and Recovery Support. From <http://www.samhsa.gov/recovery> (accessed November 4, 2017).

- “The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches.”
- “The process of recovery is supported through relationships and social networks.”
- “Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.”
- “Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families.”
- “Recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services.”
- “These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services.”

6. What is the best way to involve family in the recovery of a person with mental and substance use disorders?

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- "Mainstream health care has long acknowledged the benefits of engaging family and social supports to improve treatment adherence and to promote behavioral changes needed to effectively treat many chronic illnesses."
- "This is also true for patients with substance use disorders. Studies of various family therapies have demonstrated positive findings for both adults and adolescents."
- "Family therapies engage partners and/or parents and children to help the individual achieve positive outcomes based on behavior change. Several evidence-based family therapies have been evaluated."
- "Family behavior therapy (FBT) is a therapeutic approach used for both adolescents and adults that addresses not only substance use but other issues the family may also be experiencing, such as mental disorders and family conflict."
- "FBT includes up to 20 treatment sessions that focus on developing skills and setting behavioral goals. Basic necessities are reviewed and inventoried with the client, and the family pursues resolution strategies and addresses activities of daily living, including violence prevention and HIV/AIDS prevention."

Source: Substance Abuse and Mental Health Services Administration. (2013, October). Family Therapy Can Help: For People in Recovery From Mental Illness or Addiction. <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784> (accessed November 4, 2017).

- "There are two main goals in family therapy. One goal is to help everyone give the right kind of support to the family member in behavioral health treatment, so that recovery sticks and relapse is avoided. The other goal is to strengthen the whole family's emotional health, so that everyone can thrive. "
- "Research suggests that behavioral health treatment that includes family therapy works better than treatment that does not. For people with mental illness, family therapy in conjunction with individual treatment can increase medication adherence, reduce rates of relapse and rehospitalization, reduce psychiatric symptoms, and relieve stress."
- "For people with addiction, family therapy can help them decide to enter or stay in treatment. It can reduce their risk of dropping out of treatment. It also can reduce their continued use of alcohol or drugs, discourage relapse, and promote long-term recovery. Family therapy benefits other family members besides the person in treatment."
- "By making positive changes in family dynamics, the therapy can reduce the burden of stress that other family members feel. It can prevent additional family members from moving into drug or alcohol use. Research also shows that family therapy can improve how couples treat each other, how children behave, how the whole family gets along, and how the family connects with its neighbors."

Source: SAMHSA. (n.d.). Family Psychoeducation Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SMA09-4423> (accessed October 24, 2017).

- "The practitioner-consumer-family alliance is essential."
- "Education and resources help families support consumers' personal recovery goals."
- "Consumers and families who receive ongoing guidance and skills training are better able to manage mental illnesses."
- "Problem-solving helps consumers and families define and address current issues."
- "Social and emotional support validates experiences and facilitates problem-solving."

- “Family psychoeducation (FPE) is a structured approach for partnering with consumers and families to support recovery.”
- “Consumers and families receive information about mental illnesses and learn problem-solving, communication, and coping skills.”

7. How can the behavioral health field make services and treatment more patient and family centered – offering people choices about treatment options and providers, versus programs that cater to the requirement of bureaucracies?

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/shin/content//SMA08-4367/TheEvidence-ITC.pdf> (accessed October 24, 2017).

- “Clients and family members need access to accurate information. Otherwise their opportunities to make informed choices, to request effective services, and to advocate for system changes are severely compromised.”

Source: SAMHSA. (n.d.). Illness Management and Recovery Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463> (accessed October 24, 2017).

- “Education about mental illnesses [and substance use disorders] is the foundation of informed decision-making.”
- “Consumers define recovery.”
- “Collaborating with professionals and significant others helps consumers achieve their recovery goals.”
- “People are empowered by knowledge. The more consumers understand the basic facts about their [substance use disorder or] mental illnesses, the better equipped they are to speak for themselves and take an active role in their recovery.”

Source: SAMHSA (n.d.). Leading Change: A Plan for SAMHSA’s Roles and Actions 2011 – 2014. From <https://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf> (accessed October 24, 2017).

- “Self-determination is the foundation of person-centered and consumer-driven recovery supports and systems, including such approaches as person-centered planning, shared decision-making, and peer-operated services.”
- “People in recovery should be meaningfully involved in all aspects of behavioral health services, including planning, policy development, training, delivery, administration, and research.”

Source: New Freedom Commission on Mental Health. From <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “The process of transforming mental health care in America drives the system toward a delivery structure that will give consumers broader discretion in how care decisions are made.”
- “This shift will give consumers more confidence to require that care be sensitive to their needs, that the best available treatments and support be available, and that demonstrably effective technologies be widely replicated in different settings.”

8. How do peer support programs play a role in personalized, integrated treatments?

Source: SAMHSA. (n.d.). What Are Peer Recovery Support Services? From <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf> (accessed October 24, 2017).

- “Research has shown that recovery is facilitated by social support, and four types of social support have been identified in the literature: emotional, informational, instrumental, and affiliational support.”
- “SAMHSA’s Recovery Community Services Program (RCSP) peer recovery support service projects have developed a variety of peer services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community.”

Source: SAMHSA. (n.d.) SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery. From <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf> (accessed October 25, 2017).

- “Mutual support and mutual aids groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.”
- “Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.”
- “Through helping others and giving back to the community, one helps one’s self.”
- “Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness.”
- “Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.”

Source: SAMHSA. (n.d.) SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery. From <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf> (accessed October 25, 2017).

- “An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recovery; who offer hope, support, and encouragement; and who suggest strategies and resources for change.”
- “Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles ... that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.”

Source: SAMHSA. Peer Support and Social Inclusion. From <http://www.samhsa.gov/recovery/peer-support-social-inclusion> (accessed November 4, 2017).

- “Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience.”
- “In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.”
- “Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one’s community is key to recovery and well-being.”
- “Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.”

9. How can evidence-based programs address trauma-related symptoms and incorporate trauma-informed care?

Source: SAMHSA. (2014). Tip 57: Trauma-Informed Care in Behavioral Health Services: From <https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf> (accessed November 4, 2017).

- “Trauma-informed services bring to the forefront the belief that trauma can pervasively affect an individual’s well-being, including physical and mental health.”
- “By recognizing that traumatic experiences and their sequelae tie closely into behavioral health problems, front-line professionals and community-based programs can begin to build a trauma-informed environment across the continuum of care.”
- “Key steps include meeting client needs in a safe, collaborative, and compassionate manner; preventing treatment practices that retraumatize people with histories of trauma who are seeking help or receiving services; building on the strengths and resilience of clients in the context of their environments and communities; and endorsing trauma-informed principles in agencies through support, consultation, and supervision of staff.”
- “Trauma-Informed Care (TIC) is an intervention and organizational approach that focuses on how trauma may affect an individual’s life and his or her response to behavioral health services from prevention through treatment.”
- “There are many definitions of TIC and various models for incorporating it across organizations, but a “trauma-informed approach incorporates three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice.”
- “Specifically, the TIP [Treatment Improvement Protocol] presents fundamental concepts that behavioral health service providers can use to:
 - Become trauma aware and knowledgeable about the impact and consequences of traumatic experiences for individuals, families, and communities.
 - Evaluate and initiate use of appropriate trauma-related screening and assessment tools.
 - Implement interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors.
 - Learn the core principles and practices that reflect TIC.
 - Anticipate the need for specific trauma-informed treatment planning strategies that support the individual’s recovery.
 - Decrease the inadvertent re-traumatization that can occur from implementing standard organizational policies, procedures, and interventions with individuals, including clients and staff, who have experienced trauma or are exposed to secondary trauma.
 - Evaluate and build a trauma-informed organization and workforce.”
- “Integrating TIC into behavioral health services provides many benefits not only for clients, but also for their families and communities, for behavioral health service organizations, and for staff.”
- “TIC stresses the importance of addressing the client individually rather than applying general treatment approaches.”
- “TIC provides clients more opportunities to engage in services that reflect a compassionate perspective of their presenting problems.”
- “Although many individuals may not identify the need to connect with their histories, trauma-informed services offer clients a chance to explore the impact of trauma, their strengths and creative adaptations in managing traumatic histories, their resilience, and the relationships among trauma, substance use, and psychological symptoms.”

Source: SAMHSA. (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. From <https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf> (accessed November 4, 2017).

- “A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.”
- “The six key principles fundamental to a trauma-informed approach include:
 - **Safety.** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
 - **Trustworthiness and Transparency.** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
 - **Peer Support.** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.
 - **Collaboration and Mutuality.** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.
 - **Empowerment, Voice and Choice.** Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.
 - **Cultural, Historical, and Gender Issues.** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsible services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.”
- “From SAMHSA’s perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA’s definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.”

Segment 3: Identifying Barriers to Quality Care

Key Questions:

7. What are some of the most common barriers to quality care that need to be addressed?
8. What are some strategies to improve cultural and linguistic competency in the behavioral health care systems to address disparities and ensure all populations have equal access to services and support?
9. What are some initiatives on the state and federal level that need to happen to increase access to behavioral health services?
10. What are some strategies to address the gaps in care among children, adults with serious mental illnesses, and older adults with mental illness?
11. How can we improve access to quality care in rural and geographically remote areas?
12. What are some strategies SAMHSA recommends for eliminating barriers to care and greater access to appropriate services?

Answers:

1. What are some of the most common barriers to quality care that need to be addressed?

Source: New Freedom Commission on Mental Health. From

<http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “The barriers may exist for a variety of reasons: stigma, fragmented services, cost, workforce shortages, unavailable services, and not knowing where or how to get care.”

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From

<https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367> (accessed October 24, 2017).

- “*Policy barriers*: State, county, and city mental health authorities often encounter policies related to organizational structure, financing, regulations, and licensing that militate against the functional integration of mental health and substance abuse services.”
- “*Program barriers*: At the local level, administrators of clinics, centers, and programs have often lacked the clear service models, administrative guidelines, contractual incentives, quality assurance procedures, and outcome measures needed to implement services.”
- “*Clinical barriers*: The beliefs of the mental health and substance abuse treatment traditions are inculcated in clinicians, which diminishes the opportunities for cross-fertilization.”
- “*Consumer and family barriers*: Clients and their families rarely have good information about appropriate services.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

Why people don’t receive treatment:

- “Despite the fact that substance use disorders are widespread, only a small percentage of people receive treatment. Results from the 2015 *National Survey of Drug Use and Health* (NSDUH) reveal that only about 2.2 million people with a substance use disorder, or about 1 in 10 affected individuals, received any type of treatment in the year before the survey was administered.”

- “There are many reasons people do not seek treatment....The most common reason is that they are unaware that they need treatment; they have never been told they have a substance use disorder or they do not consider themselves to have a problem.”
- “In addition, among those who do perceive that they need substance use disorder treatment, many still do not seek it. For these individuals, the most common reasons given are:
 - Not ready to stop using (40.7 percent). A common clinical feature associated with substance use disorders is an individual’s tendency to underestimate the severity of their problem and to overestimate their ability to control it.
 - Do not have health care coverage/could not afford (30.6 percent).
 - Might have a negative effect on job (16.4 percent) or cause neighbors/community to have a negative opinion (8.3 percent).
 - Do not know where to go for treatment (12.6 percent) or no program has the type of treatment desired (11.0 percent).
 - Do not have transportation, programs are too far away, or hours are inconvenient (11.8 percent).”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “Some racial and ethnic groups experience disparities in entering and engaging in treatment.”

2. What are some strategies to improve cultural and linguistic competency in the behavioral health care systems to address disparities and ensure all populations have equal access to services and support?

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “A fundamental way to address disparities is to increase the number of people who have health coverage. The Affordable Care Act provides several mechanisms that broaden access to coverage. As a result, more low-income individuals with substance use disorders have gained health coverage, changed their perceptions about being able to obtain treatment services if needed, and increased their access to treatment.”
- “Another way to address disparities is to ensure that substance misuse prevention, interventions, treatments, and recovery services are tailored and relevant to the populations serving them. Several interventions have been adapted explicitly to address differences in specific populations.”
- “Importantly, if health care systems systematically screen to identify individuals with risky use or potential substance use disorders, and respond appropriately to the level of the identified problem (with brief interventions, medications, and/or referral to specialty substance use disorder treatment), disparities in the use of treatment among those populations should lessen dramatically. In other words, it is expected that the number of people who seek treatment across all racial and ethnic groups will increase.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “Research has shown that treatment needs can differ across various populations suggesting that treatment interventions should be individually tailored and incorporate culturally competent and linguistically appropriate practices relevant to specific populations and subpopulation groups.”

Source: SAMHSA. (n.d.). Behavioral Health Treatments and Services. From <https://www.samhsa.gov/treatment> (accessed October 24, 2017).

- “Culture is often thought of in terms of race or ethnicity, but culture also refers to other characteristics such as age, gender, geographical location, or sexual orientation and gender identity.”
- “Behavioral health care practitioners can bring about positive change by understanding the cultural context of their clients and by being willing and prepared to work within that context.”
- “This means incorporating community-based values, traditions, and customs into work plans and project evaluations.”

Source: New Freedom Commission on Mental Health. From <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “Research and treatment must recognize both the commonalities and differences among Americans and must offer approaches that are sensitive to our diversity.”

Source: SAMHSA. (2016). Cultural Competence. From <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence> (accessed November 4, 2017).

- “To produce positive change, prevention practitioners and other members of the behavioral health workforce must understand the cultural context of their target community. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.”
- “Practicing cultural competence throughout the program planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can’t or won’t use. This is why understanding the needs, risk and protective factors, and potential obstacles of a community or specific population is crucial.”
- “Cultural competence applies to organizations and health systems, just as it does to professionals. A culturally competent organization:
 - Continually assesses organizational diversity
 - Invests in building capacity for cultural competency and inclusion
 - Practices strategic planning that incorporates community culture and diversity
 - Implements prevention strategies using culture and diversity as a resource
 - Evaluates the incorporation of cultural competence.”
- “SAMHSA’s Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:
 - Ensure community involvement in all areas
 - Use a population-based definition of community (let the community define itself)
 - Stress the importance of relevant, culturally-appropriate prevention approaches
 - Employ culturally-competent evaluators
 - Promote cultural competence among program staff that reflect the community they serve
 - Include the target population in all aspects of prevention planning.”

3. What are some initiatives on the state and federal level that need to happen to increase access to behavioral health services?

Source: Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- A fundamental way to address disparities is to increase the number of people who have health insurance. The Affordable Care Act provides several mechanisms that broaden access to coverage. As a result, more low-income individuals with substance-use disorders have gained coverage, changed their perceptions about being able to obtain treatment services if needed, and increased their access to treatment. However, in states that have elected not to expand Medicaid, some low-income adults who need substance use disorder treatment, especially single childless adults, are unable to receive their services. Individuals whose incomes are too high to qualify for Medicaid but are not high enough to be eligible for qualified health plan premium tax credits also rarely have coverage for substance use disorder treatment.
- Increasing substance use services with general health (e.g., in community health centers) provides opportunities to address longstanding health disparities.
- Technology-based interventions ... can increase care in underserved areas and settings; free up time so that service providers can care for more clients; provide alternative care options for individuals hesitant to seek in-person treatment; increase the chances that interventions will be delivered as they were designed and intended to be delivered; and decrease costs.
- Well-supported evidence shows that the current substance use disorder workforce does not have the capacity to meet the existing need for integrated health care, and the current general health care workforce is undertrained to deal with substance use-related problems. Health care now requires a new, larger, more diverse workforce with the skills to prevent, identify, and treat substance use disorders, providing "personalized care" through integrated care delivery.

Source: Curie, C. G., Minkoff, K., Hutchings, G. P., and Cline, C. A. (2005). Strategic Implementation of Systems Change for Individuals with Mental Health and Substance Use Disorders. *Journal of Dual Diagnosis*. From <http://kenminkoff.com/articles/dualdx2004-4-strategicimpl.pdf> (accessed November 4, 2017).

The following systems changes need to happen to increase access to behavioral health services.

- **"Committed leadership:** Systems change must be supported, designed, and consistently advanced by the key influence leaders in an organization."
- **"Integrated system planning and implementation:** Designing an integrated system requires a planning and implementation structure that is "over the top" of the separate system components involved in the system, and empowered to organize the various components and to make critical decisions to move the process forward."
- **"Value driven, evidence-based priorities:** The utilization of data that showcase unmet need, consistent with the overarching mission and vision of the organization, in a way that creates an alliance with key stakeholders at all levels."
- **"Shared vision and integrated philosophy:** The development of a shared vision to promote the capacity for a collaborative "horizontal" partnership between mental health and substance abuse treatment systems at the federal and state levels."
- **"Dissemination of evidence-based technology to define clinical practice and program design:** Systems change must be built on the foundation of evidence-based and consensus-based practices that articulate a broad vision of good clinical care and support the achievement of good clinical outcomes for consumers and families."
- **"True partnership between all levels of the system:** The responsibility for actual service delivery is organized through state behavioral health systems that in turn must work in collaboration with county or regional systems, as well as with providers, clinicians, consumers, and families."
- **"Data-driven, incentivized, and interactive performance improvement processes:** It has been well-recognized by industry for many years that systems change to implement innovation requires organized performance improvement processes, that require both strategic incentivization and empowerment at multiple levels, as well

as methodologies for performance measurement and performance management to create a feedback loop to drive the improvement process.”

Source: Hyde, Pamela S. (2015, Feb. 18). Five Point Plan to Improve the Nation’s Mental Health. From <https://blog.samhsa.gov/2015/02/18/five-point-plan-to-improve-the-nations-mental-health/#.WgCOrmhSyUk> (accessed November 6, 2017).

- “Similar to the disparities in the overall healthcare system, disparities based on culture, race and ethnicity, gender and gender identity, disability, and sexual orientation have an impact on the delivery and quality of care and outcomes in mental health.”
- “We need to target outreach and engagement strategies and treatment and services that are tailored to the backgrounds of individuals, families, and communities. In so doing, individuals and families should have access to and choice of both evidence-based medical supports as well as efficacious complementary and alternative services.”
- “While the implementation of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act will help, more resources are required at both the state and federal levels to adequately provide needed quality mental health services.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

Disseminating and implementing evidence-based programs:

- “A goal of prevention and public health professionals is to broadly disseminate all tested-and-effective EBIs, thus making them readily available to communities and consumers.”
- “Achieving population-level exposure of an EBI to all population groups—or “going to scale”—raises critical issues of ‘fit’ of the EBI’s contents and the needs and preferences of local community residents.”
- “Often, some form of local adaptation is necessary when a certain feature of the selected EBI fails to engage a specific group within a local community. The sometimes-delicate balance that needs to be struck between fidelity to the program as originally designed and tested and the need for adapting it to the needs of specific subgroups is an important issue and requires sophisticated methodology to address.”
- “The emerging field of dissemination and implementation research seeks to identify ways to increase the use and high-quality implementation of evidence-based programs and address challenges to implementation.”
- “This research indicates that the key to achieving significant gains in public health, including reductions in substance use initiation and substance misuse, is to build prevention infrastructure at the local level. This means increasing awareness of EBIs among community leaders, service providers, and local citizens. It also means providing tools to help communities select and use EBIs that will be feasible to implement and relevant for their populations.”
- “When local systems and agencies learn more about the effectiveness of prevention interventions, have a culture and climate that supports innovation and the use of EBIs, and have the budget and skills needed to plan for and monitor the implementation of EBIs, then effective dissemination and implementation will be fostered.”
- “Coalition-based systems have been developed to assist communities in building these capacities, and when tested in randomized trials, these systems have been shown to improve community capacity for effective prevention; increase dissemination, implementation, and sustainability of EBIs; and produce community-wide reductions in youth substance use.”
- “An important feature of these systems is the provision of community coalitions with multiple training workshops and ongoing technical assistance. Just as organizations require technical assistance to ensure high-quality implementation of specific EBIs, coalitions need technical assistance to support and develop their prevention capacities.”

- “Each community model has different steps that outline their process; the following four steps are one example of how to build broader implementation of evidence-based prevention.
 - Step 1: Form diverse, representative, cross-sector community coalitions.
 - Step 2: Conduct a needs assessment and a fit assessment.
 - Step 3: Enhance implementation, fidelity and implementers’ capacity.
 - Step 4: Plan for long-term sustainability.”

4. What are some strategies to address the gaps in care among children, adults with serious mental illnesses, and older adults with mental illness?

Source: SAMHSA. (n.d.) Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies. From https://www.integration.samhsa.gov/integrated-care-models/Overview_CIHS_Integrated_Care_Systems_for_Children.pdf (accessed October 26, 2017).

- “70% of children and adolescents who need mental healthcare do not receive it.”
- “Children and youth with mental health conditions that result in functional problems are more likely to see their primary care provider than a specialty mental health provider.”
- “There is a need for preventive and early identification strategies in primary care.”
- “Organizations providing integrated care to children with behavioral health conditions must have several core competencies in place to serve those children.”

Source: SAMHSA. (n.d.) Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies. From https://www.integration.samhsa.gov/integrated-care-models/Overview_CIHS_Integrated_Care_Systems_for_Children.pdf (accessed October 26, 2017).

- “When combined, the chronic care model and the system of care approach help illustrate the core competencies of an integrated care system for children with behavioral health conditions, regardless of what specialized population of children and youth is served, the severity of their condition(s), or which clinical integration model is adopted.”
- “The core competencies are distilled from the clinical and structural elements of the chronic care model, along with the youth/family engagement and systems-level focus of system of care.”
- “They include: 1. Family and youth-guided multidisciplinary teams with care coordination capability 2. Individualized and integrated care plans 3. Use of evidence-based guidelines 4. Established and accountable relationships with other primary or specialty care entities 5. Data-informed planning.”

Gerrity, Martha, M.D., MPH, PhD. (n.d.) Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness. From <https://www.integration.samhsa.gov/integrated-care-models/Integrating-Primary-Care-Report.pdf> (accessed October 26, 2017).

- “Fragmentation of the physical, mental, and chemical dependency care delivery systems has led to significant gaps in care for individuals with SMI and substance use disorder, as well as increased health care utilization and cost.”
- “These individuals have disproportionately high rates of physical health conditions making them especially vulnerable to the gaps in fragmented care.”
- “Primarily, the use of fully integrated care or enhancing collaboration through care management appears to improve mental health outcomes and use of preventive services for adult patients with bipolar disorder and other SMI.”
- “States and other health care programs have taken a variety of approaches to targeting patient populations, developing integration models and care management, and payment for integration efforts.”

- “Common among all programs is the use of integrated data and population health tracking systems and robust referral networks for physical and mental health care and social services coordination.”
- “Promising early data suggest that care systems for populations with SMI and substance use disorder are improving and that collaborative care management is a model that can be applied to populations with SMI and substance use disorder.”

Source: SAMHSA. (n.d.) Treatment of Depression in Older Adults Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD> (accessed October 26, 2017).

- “Despite the importance of providing effective care, many [evidence-based practices] EBPs for treating depression are not available to older people.”
- “Top recommendations from the White House Conference on Aging (2005) note that practitioners who care for older adults need training to do the following:
 - Address issues that are common or unique to older adults; and
 - Improve their ability to recognize, assess, and treat depression in older adults.”
- “EBPs must be available in the settings where older adults receive their health care.”
- “Delivering EBPs can help ensure that older adults receive effective depression care. There are several effective treatments for older adults with depression.”
- “EBPs for depression in older adults: psychotherapy interventions, cognitive behavioral therapy, behavioral therapy, problem-solving treatment, interpersonal psychotherapy, reminiscence therapy, cognitive bibliotherapy, antidepressant medications, multidisciplinary geriatric mental health outreach services, collaborative and integrated mental and physical health care.”

5. How can we improve access to quality care in rural and geographically remote areas?

Source: New Freedom Commission on Mental Health. From <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “In rural and remote geographic areas, service providers will be more readily available create a consumer-centered system.”
- “Using tools as videoconferencing and telehealth, advances in treatment will be brought to rural and less populated areas of the country.”
- “These technologies will be used to provide care at the same time they break down the sense of isolation often experienced by consumers.”

Source: New Freedom Commission on Mental Health. From <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “Health technology and telehealth will offer a powerful means to improve access to mental health care in underserved, rural, and remote areas.”

Source: Rural Health Information Hub. (2014, November 20). Rural Health Information Hub. From <https://www.ruralhealthinfo.org/community-health/toolkits> (accessed November 4, 2017).

- “The Rural Community Health Gateway’s evidence-based toolkits showcase program approaches that you can adapt to fit your community and the people you serve, allowing you to:
 - Research approaches to community health programs

- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact.”

6. What are some strategies SAMHSA recommends for eliminating barriers to care and greater access to appropriate services?

Source: Hyde, Pamela S. (2015, Feb. 18). Five Point Plan to Improve the Nation’s Mental Health. From <https://blog.samhsa.gov/2015/02/18/five-point-plan-to-improve-the-nations-mental-health/#.WgCOrmhSyUk> (accessed November 6, 2017).

- “The following are 5 steps America could take that would immediately and greatly improve the existing overburdened mental health system and would help ensure delivery of effective, high quality, coordinated, and evidence-based care for Americans with mental illnesses.”
- **“Increase Prevention, Treatment, and Recovery Services.** America should invest in increased 1) prevention – that includes reducing the tragedy of suicide; 2) integrated treatment and early intervention; and 3) recovery services – such as supported employment, supportive housing, and peer-operated services – and target much of these efforts for people with serious mental illnesses and their families.”
- **“Expand the Mental Health Workforce.** America should invest in training and education of the mental health workforce including evidence-based and effective clinical and psychosocial innovations that incorporate medications, counseling, crisis prevention and intervention strategies, engagement techniques, community support services, and use of peer and family providers.”
- **“Widen the Use of Health Information Technology.** New information technologies are revolutionizing health and behavioral healthcare and exponentially expand the outreach and engagement of populations into mental health treatment and services via electronic health records, telepsychiatry, self-care applications, on-line psychotherapies, and many other approaches. Such technologies can help to achieve needed efficiencies to address gaps in care availability and accessibility that will enable individuals to attain help in a confidential, easy-to-access manner. Use of these technologies can also help to support the workforce stay abreast of the most recent developments and training opportunities in the behavioral health field.”
- **“Educate the Public.** America should invest in multiple, evidence-based public education and awareness strategies, campaigns, and engagement activities to reduce prejudice and discrimination. Such efforts should be done in schools, workplaces, faith communities, and other settings until mental disorders are understood and treated the same as any other set of health conditions, and emotional health development is considered just as important as exercising and resting to take care of our bodies, and preventing death by suicide is just as important as preventing death from cancer.”
- **“Invest in Research.** Despite the gains in our knowledge about mental illness and what works best to ameliorate symptoms, restore and improve functioning, and assist persons with mental illness to live successfully in the community, we still have much to learn. We are just beginning to understand how the brain functions and how our genes and the environment – including trauma – impact our emotional well-being. Bio-markers for mental illnesses are not yet available, making the assessment and treatment of mental illnesses often less precise than other health conditions.
 - Our ability to identify and practice early intervention to prevent long term disability or death from these conditions needs to be further developed. The research about which services and supports work best for different kinds of people and in a variety of circumstances deserves more attention in and from the research community.

- We also need to understand more about moving what we do know into practice more quickly with a much wider reach. Evidence-based care is possible and more evidence is needed.”

Source: SAMHSA. (n.d.). Behavioral Health Treatments and Services. From <https://www.samhsa.gov/treatment> (accessed October 24, 2017).

- “The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities.”
- “Implementing strategies to improve and ensure cultural and linguistic competency in behavioral health care systems by using the CLAS standards is a powerful way to address disparities and ensure all populations have equal access to services and supports.”

<https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “The good news is that a spectrum of effective strategies and services are available to identify, treat, and manage substance use problems and substance use disorders. However, a number of barriers have limited the widespread adoption of these services, including lack of resources, insufficient training, and workforce shortages. This is particularly true for the treatment of those with co-occurring substance use and physical or mental disorders.”

Strategies for overcoming barriers:

- “The costs of care and lack of insurance coverage are particularly important issues for people with substance use disorders.”
- “Strategies to reduce the harms associated with substance use have been developed as a way to engage people in treatment and to address the needs of those who are not yet ready to participate in treatment. Harm reduction programs provide public health-oriented, evidence-based, and cost-effective services to prevent and reduce substance use-related risks among those actively using substances, and substantial evidence supports their effectiveness.”
- “Outreach activities seek to identify those with active substance use disorders who are not in treatment and help them realize that treatment is available, accessible, and necessary. Outreach and engagement methods may include telephone contacts, face-to-face street outreach, community engagement, or assertive outreach after a referral is made by a clinician or caseworker. These efforts often occur within or in collaboration with programs for intimate partner violence, homelessness, or HIV/AIDS.”
- “Treatment providers can improve engagement and retention in programs by building a strong therapeutic alliance with the patient, effectively using evidence-based motivational strategies, acknowledging the patient’s individual barriers, making reminder phone calls, and creating a positive environment. Further, providers who can recommend and/or provide a broad range of RSS, such as child care, housing, and transportation, can improve retention in treatment.”
- “Engaging, effective treatment also involves culturally competent care. For example, treatment programs that provide gender-specific and gender-responsive care are more likely to enhance women’s treatment outcomes. Tailoring treatment to involve family and community is particularly effective for certain groups.”
- “Substance use disorder treatment programs also have an obligation to prepare for disasters within their communities that can affect the availability of services. A disaster can disrupt a program’s ability to provide treatment services or an individual’s ability to maintain treatment.”

Segment 4: Ways to Address Persons with Co-Occurring Disorders and Substance Use and Mental Disorder Prevention

Key Questions:

13. Why is it important for behavioral health specialists to join forces across disciplines, addressing both mental illness and substance use disorders?
14. What are some ways we can assist the behavioral health workforce and the public in identifying scientifically-based approaches to treating mental and substance use disorders?
15. What are some federal, state, and local initiatives that are assisting communities in identifying and funding successful evidence-based programs?
16. What are some multi-faceted interventions and treatments that exist today that have been effective at prevention?
17. What are some strategies to reduce the time – typically six years -- between onset of symptoms and treatment?
18. How can we improve remission results, which right now is at about 50 percent at one year following treatment?
19. How can we close the gap of years that now exists between discovering effective forms of treatment and incorporating them into patient care?

Answers

1. Why is it important for behavioral health specialists to join forces across disciplines, addressing both mental illness and substance use disorders?

Source: SAMHSA. (n.d.). Behavioral Health Treatments and Services. From <https://www.samhsa.gov/treatment> (accessed October 24, 2017).

- “People with a mental disorder are more likely to experience a substance use disorder and people with a substance use disorder are more likely to have a mental disorder when compared with the general population.”
- “According to the National Survey of Substance Abuse Treatment Services (N-SSATS), about 45% of Americans seeking substance use disorder treatment have been diagnosed as having a co-occurring mental and substance use disorder.”
- “SAMHSA supports an integrated treatment approach to treating co-occurring mental and substance use disorders. Integrated treatment requires collaboration across disciplines.”
- “Integrated treatment planning addresses both mental health and substance abuse, each in the context of the other disorder.”
- “Treatment planning should be client-centered, addressing clients’ goals and using treatment strategies that are acceptable to them.”
- “Integrated treatment or treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes such as: reduced substance use, improved psychiatric symptoms and functioning, decreased hospitalization, increased housing stability, fewer arrests, and improved quality of life.”

Source: SAMHSA. (n.d.) Services Integration: Overview Paper 6. From <https://store.samhsa.gov/shin/content//SMA07-4294/SMA07-4294.pdf> (accessed November 4, 2017).

- “A core set of benefits of services integration to programs, clinicians, and consumers can be identified:
 - Improved client outcomes

- Improved adherence to treatment plans where both substance abuse and mental illness interventions are supported
- Improved efficiency because consumers do not have to shuffle between providers and clinicians do not have to make referrals and maintain communications among providers.”
- “Additional benefits to consumers include:
 - Better integrated information rather than conflicting advice from several sources
 - Improved access to services through “one-stop shopping.”
- “Additional benefits to programs and clinicians include:
 - Opportunities for agency and professional growth
 - Workforce development
 - Less frustration and increased job satisfaction.”
- “Research evidence supports the claim that services integration leads to better client outcomes.”

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367> (accessed October 24, 2017).

- “The goal of dual diagnosis interventions is recovery from two serious illnesses. In this context, “recovery” means that the individual with a dual diagnosis learns to manage both illnesses so that he or she can pursue meaningful life goals.”

2. What are some ways we can assist the behavioral health workforce and the public in identifying scientifically-based approaches to treating mental and substance use disorders?

Source: SAMHSA. (n.d.). About NREPP. From <http://nrepp.samhsa.gov/about.aspx> (accessed November 4, 2017).

- “The National Registry of Evidence-based Programs and Practices (NREPP) is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions.”
- “The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their needs.”
- “NREPP is one way SAMHSA is working to improve access to information on evaluated interventions and reduce the lag time between creation of scientific knowledge and its practical application in the field.”
- “NREPP assesses the research evaluating an intervention's impact on outcomes and provides information on available resources to facilitate the effective dissemination and implementation of the program.”

Source: SAMHSA. (2016). Foundations Recovery Network (FRN) 2016 Research and Outcomes One Year Post Treatment. From <https://www.foundationrecoverynetwork.com/white-papers/frn-2016-research-and-outcomes-one-year-post-treatment/>

- “Foundations Recovery Network reports on how our patients are doing after they receive treatment at one of our centers. These are not individual case studies, but actually the result of years of data collection both at treatment intake and again at one month, six months and 12 months after treatment.”
- “By meeting guidelines for enrollment and response rates from SAMHSA, FRN is able to say that the outcomes reported in this white paper are typical or reflect reasonable expectations.”

- “In 2016, FRN abstinence rates reported by patients at each time point not only exceed the national average (as reported in White, 2012) but also exceed prior years’ performance. FRN treatment settings continue to improve and produce sustainable results.”

Source: SAMHSA (n.d.). Leading Change: A Plan for SAMHSA’s Roles and Actions 2011 – 2014. From <https://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf> (accessed October 24, 2017).

- “SAMHSA will build on scientific evidence to create understanding of what works to help young people exhibiting risk factors for mental and substance use disorders and related problems before these conditions become disabling.”
- “SAMHSA will restructure multiple prevention programs and activities to focus these resources, enhance collaboration, identify problems, and develop plans for addressing the health and well-being of whole communities.”

3. What are some federal, state, and local initiatives that are assisting communities in identifying and funding successful evidence-based programs?

The following resources are initiatives by SAMHSA to assist communities in identifying and funding successful evidence-based programs:

Source: SAMHSA. (n.d.) Finding Evidence-based Programs and Practices. From <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs> (accessed November 6, 2017).

- “[This resource provides] information on evidence-based prevention programs and practices for prevention practitioners and individuals working in related behavioral health fields.”

Source. SAMHSA. (n.d.). Behavioral Health Treatment Services Locator. From <https://findtreatment.samhsa.gov/> (accessed November 4, 2017).

- “The Behavioral Health Treatment Services Locator [is] a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.”

Source: SAMHSA. (2016). Foundations Recovery Network (FRN) 2016 Research and Outcomes One Year Post Treatment. From <https://www.foundationsrecoverynetwork.com/white-papers/frn-2016-research-and-outcomes-one-year-post-treatment/>

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Hyde, Pamela S. (2012, June 13). Behavioral Health – Evidence-Based Treatment and Recovery Practices. From <http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Resources/Documents/Behavioral%20Health%20-%20Evidence-Based%20Treatment%20and%20Practices.pdf> (accessed October 22, 2017)

- “National Behavioral Health Quality Framework (NBHQF) is part of the National Quality Strategy (NQS) to improve health care in American.”

Source: SAMHSA. (n.d.). SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). From <http://www.nrepp.samhsa.gov/landing.aspx> (accessed November 6, 2017).

- “NREPP is a searchable online registry of more than 400 substance use and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. NREPP does not endorse or approve interventions. Please note that since each NREPP review represents a considerable investment of time and public funds, SAMHSA reserves the right to publish all programs on the website that were reviewed and rated.”

The following is a resource for state entities to identify, evaluate, and partner with various communities on evidence-based practices and promote evidence-based practices.

Source: University of Washington Department of Psychiatry and Behavioral Sciences Public Behavioral Health and Justice Policy. (n.d.) From <https://depts.washington.edu/pbhjp/evidence-based-practice-institute/about-institute> (accessed November 6, 2017).

- “The Washington Legislature sought to improve mental health treatment and access for children. It passed House Bill 1088 (2007 – 2008) which established the Evidence Based Practice Institute (EBPI) serves as a resource for state entities in identification, evaluation, and partnering with various communities (e.g. families, providers) on evidence based practices and offers provider training and consultation on the implementation of EBPs in communities, as well as the promotion of evidence based or promising practices.”

4. What are some multi-faceted interventions and treatments that exist today that have been effective at prevention?

Source: SAMHSA. (n.d.). Applying the Strategic Prevention Framework (SPF). From <https://www.samhsa.gov/capt/applying-strategic-prevention-framework> (accessed on November 17, 2017).

- “Prevention professionals use SAMHSA’s Strategic Prevention Framework (SPF) as a comprehensive guide to plan, implement, and evaluate prevention problems.”
- “SAMHSA’s Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse.”
- “The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.”
- The SPF also includes two guiding principles:
 - Cultural competence: The ability to interact effectively with members of diverse population
 - Sustainability: The process of achieving and maintaining long-term results
 - The SPF planning process has four distinctive features. The SPF is:
 - **Data driven:** Good decisions require data.
 - **Dynamic:** Assessment is more than just a starting point.

- **Focused on population-level change:** Effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse in a given community.
- **Intended to guide prevention efforts for people of all ages:** The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.
- **Reliant on a team approach:** Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.”

Source: U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. From <https://addiction.surgeongeneral.gov/> (accessed November 8, 2017).

- “The IOM has described three categories of prevention interventions: universal, selective, and indicated. 18 Universal interventions are aimed at all members of a given population (for instance, all children of a certain age); selective interventions are aimed at a subgroup determined to be at high-risk for substance use (for instance, justice-involved youth); indicated interventions are targeted to individuals who are already using substances but have not developed a substance use disorder.”

Successful prevention programs:

- “This section identifies universal, selective, and indicated prevention programs that have been shown to successfully reduce the number of people who start using alcohol or drugs or who progress to harmful use. Inclusion of the programs here was based on an extensive review of published research studies. Of the 600 programs considered, 42 met criteria to be included in this Report.”
- “Programs that met the criteria are categorized as follows: Programs for children younger than age 10 (or their families); programs for adolescents aged 10 to 18; programs for individuals ages 18 years and older; and programs coordinated by community coalitions.”

Evidence-based community coalition-based prevention models:

- “Community-based prevention programs can be effective in helping to address major challenges raised by substance misuse and its consequences. Such programs are often coordinated by local community coalitions composed of representatives from multiple community sectors or organizations (e.g., government, law enforcement, health, education) within a community, as well as private citizens.”
- “These coalitions work to change community-level risk and protective factors and achieve communitywide reductions in substance use by planning and implementing one or more prevention strategies in multiple sectors simultaneously, with the goal of reaching as many members of the community as possible with accurate, consistent messages.”
- “For example, interventions may be implemented in family, educational, workplace, health care, law enforcement, and other settings, and they may involve policy interventions and publicly funded social and traditional media campaigns.”

Source: SAMHSA. (n.d.) Prevention Approaches. From <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches> (accessed on November 4, 2017).

- “Individual and environmental intervention strategies are two primary approaches to preventing substance use disorders.”
- “Some prevention interventions are designed to help individuals develop the intentions and skills to act in a healthy manner. Others focus on creating environments that support healthy behavior.”

- “Research indicates that the most effective prevention interventions incorporate both approaches.”
- “Targeted prevention identifies and reaches out to populations that are at a higher risk for substance misuse.”
- “Any prevention approach should be used with the Strategic Prevention Framework (SPF).”
- “The prevention workforce must also have the cultural competence to effectively engage with the individuals or communities they are targeting.”
- “Sustainability is another important component of prevention efforts, and the focus of any such effort should be on sustaining positive outcomes, not sustaining any particular program.”

5. What are some strategies to reduce the time – typically six years -- between onset of symptoms and treatment?

Source: SAMHSA. (n.d.). Prevention of Substance Abuse and Mental Illness. From <https://www.samhsa.gov/prevention> (accessed November 20, 2017).

- “Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.”
- “If communities and families can intervene early, behavioral health disorders might be prevented, or symptoms can be mitigated.”
- “Data have shown that early intervention following the first episode of a serious mental illness can make an impact.”
- “Coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes.”

Source: SAMHSA. (n.d.). Risks and Protective Factors. From <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors> (accessed November 20, 2017).

- “All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person’s biological and psychological characteristics exist in multiple contexts.”
- “Targeting only one context when addressing a person’s risk or protective factors is unlikely to be successful, because people don’t exist in isolation. For example:
 - **In relationships**, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.
 - **In communities**, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.
 - **In society**, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.”
- “Risk and protective factors ... have a cumulative effect on the development—or reduced development—of behavioral health issues.”
- “These correlations underscore the importance of:
 - Early intervention
 - Interventions that target multiple, not single, factors.”
- “Risk and protective factors can have influence throughout a person’s entire lifespan.”

Source: New Freedom Commission on Mental Health. From <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html> (accessed October 22, 2017).

- “Improving services for individuals with mental illnesses will require paying close attention to how mental health care and general medical care systems work together.”
- “While mental health and physical health are clearly connected, the transformed system will provide collaborate care to bridge the gap that now exists.”
- “Effective mental health treatments will be more readily available for most common mental disorders and will be better used in primary care settings.”

- “Primary care providers will have the necessary time, training, and resources to appropriately treat mental problems.”
- “Informed consumers of mental health service will learn to recognize and identify their symptoms and will seek care without the fear of being disrespected or stigmatized.”

Source: SAMHSA. (n.d.). Illness Management and Recovery Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463> (accessed October 24, 2017).

- “Illness Management and Recovery provides education about mental illnesses and strategies that help consumers manage their illnesses and pursue personal recovery goals.”
- “People are empowered by knowledge. The more consumers understand the basic facts about their mental illnesses, the better equipped they are to speak for themselves and take an active role in recovery.”

6. How can we improve remission results, which right now is at about 50 percent at one year following treatment?

Source: White, William. (2012, March). Recovery/Remission from Substance Use Disorders: An Analysis of Reported Outcomes in 415 Scientific Reports, 1868-2011. From https://www.naadac.org/assets/1959/whitewl2012_recoveryremission_from_substance_abuse_disorders.pdf (accessed November 20, 2017).

The following are conclusions and recommendations from an analysis of 415 scientific studies of recovery outcomes:

- **Fluid” perspective of recovery:** “Both addiction and recovery are best viewed as fluid rather than fixed states, but buried within this fluidity is a natural momentum toward remission and recovery. Even the most chronic, intractable patterns of addiction contain opportunities for full recovery, and buried within even the most seemingly solid recoveries lie vulnerabilities for reactivation of addiction. This fluidity underscores the need for sustained and assertive recovery management.”
- **Windows of opportunity for early re-intervention:** “Of those who resume AOD use following treatment, most do so in the first days and weeks. This finding underscores the need for and value of assertive approaches to post-treatment monitoring, support, and early re-intervention for both adults and adolescents.”
- **Role of community in recovery:** “Recovery prevalence is influenced by personal and family factors and by broader historical, cultural, political, and economic influences on the resources available to those who have developed severe AOD problems. Recovery prevalence is shaped as much by community recovery capital as by personal recovery capital.”
- **Solution perspective versus problem perspective:** “Much of the data available about recovery in this analysis have been extracted from the study of other issues, e.g., studies of the duration of treatment effects, relapse rates, or mortality rates. It is time for focused attention on the lived solutions to AOD problems at personal, family, organizational, community, and cultural levels.”
- **Recovery mobilization:** “There is a significant population of individuals and families in recovery from alcohol and other drug problems in the United States who could be mobilized more widely to support prevention and early intervention programs, serve as volunteers in addiction treatment and recovery support programs, and provide leadership of AOD-related policy advocacy initiatives. Those who were once part of the problem constitute underutilized resources in the search for fresh solutions to America’s alcohol and other drug problems.”

Source: SAMHSA. (n.d.). Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367> (accessed October 24, 2017).

- *Program strategies:* At the level of the mental health clinic or program leadership, the fundamental task is to begin recognizing and treating substance abuse rather than ignoring it or using it as a criterion for exclusion.
 - “After consensus-building activities to prepare for change, staff need training and supervision to learn new skills, and they must receive reinforcement for acquiring and using these skills effectively.”
- *Clinical strategies:* “Mental health clinicians need to acquire knowledge and a core set of skills related to substance abuse that includes assessing substance abuse, providing motivational interventions for clients who are not ready to participate in abstinence-oriented treatment, and providing counseling for those who are motivated to try to maintain abstinence.”
 - “Clinicians adopt new skills as a result of motivation, instruction, practice, and reinforcement.”
- *Consumer and family-level strategies:* “Clients and family members need access to accurate information. Otherwise their opportunities to make informed choices, to request effective services, and to advocate for system changes are severely compromised.”
 - “Consumer demand and family advocacy can move the health care system toward evidence-based practices, but concerted efforts at the national, state, and local levels are required.”
 - “Researchers can facilitate their efforts by offering clear messages about the forms, processes, and expected outcomes of evidence-based practices.”
 - “Similarly, local programs should provide information on available dual diagnosis services to clients and their families.”

Source: SAMHSA. (n.d.). Illness Management and Recovery Evidence-Based Practices (EBP) KIT. From <https://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463> (accessed October 24, 2017).

- “Relapse prevention involves helping consumers identify triggers of past relapses and early warning signs of impending relapse.”
- “Consumers learn how to develop plans for preventing relapses.”

7. How can we close the gap of years that now exists between discovering effective forms of treatment and incorporating them into patient care?

Hyde, Pamela S. (2012, June 13). Behavioral Health – Evidence-Based Treatment and Recovery Practices. From <http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Resources/Documents/Behavioral%20Health%20-%20Evidence-Based%20Treatment%20and%20Practices.pdf> (accessed October 22, 2017)

- “The purpose of the National Registry of Evidence-Based Programs and Practices (NREPP) is to reduce the lag time between the creation of scientific knowledge and its practical application in the field.”

SAMHSA. (n.d.) National Behavioral Health Quality Framework. From <https://www.samhsa.gov/data/national-behavioral-health-quality-framework> (accessed October 22, 2017).

- “The NBHQF provides a mechanism to examine and prioritize quality prevention, treatment, and recovery elements at the payer/system/plan, provider/practitioner, and patient/population levels.”
- “The NBHQF is aligned with the NQS in that it supports the three broad aims of better care, healthy people/healthy communities, and affordable care.”

Source: McGovern, Mark P. and Carroll, Kathleen M. Evidence-based Practices For Substance Use Disorder. *Psychiatric Clinics of North America*. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678283/> (accessed November 6, 2017).

- “The research to practice gap is well documented in the field of addiction treatment. Currently, an individual or a family member seeking treatment for an addictive disorder is not likely to be offered a treatment drawn from the extensive list of well-studied and empirical evidence-based practices provided previously.”
- “How, and whether, an evidence-based intervention is translated and implemented into routine clinical settings may be the final element of evaluating its evidence base. For example, an intervention could not be considered effective in clinical practice if it is found to be too costly to do, ethically untenable, too complicated to implement, not economically supported, not suitable for regular patients, or too complex for most clinicians to learn.”
- “Efforts are now underway to transfer research-developed practices into community settings through the NIDA Clinical Trials Network and numerous bridging the gap meetings and conferences.”
- “Dissemination research has become an important field of interest, beyond the field of addiction to all technology transfer activities. Several EBPs outlined in this article are involved in dissemination research into routine community settings, such as BSFT, CBT, CM, MET, and a variety of pharmacotherapies. Consensus about conducting an intervention to prescribed levels of adherence and competence is emerging, and models of training are being developed and compared. Once trained in an EBP, how clinicians implement and sustain the practice is a critical aspect to dissemination research.”
- “Systematic efforts are underway to address the effectiveness of treatments as practiced in the real world.”
- “Treatment dissemination research, conducted comparatively early in its development, may ease a new clinical technology’s way into clinical practice. This is embodied in research to assess practitioners for their attitudes toward certain practices, including medications, manual-guided therapies, treatments for co-occurring disorders, or specific interventions.”
- “This more advanced stage of research has particular relevance for problem-service matching and the development of treatment service fidelity scales akin to therapy adherence/competence measures.”