

## Co-Occurring Disorders FACT SHEET

**Co-occurring Disorders (COD)** describes the serious medical condition in which a person has both at least one mental health disorder and at least one substance use disorder (SUD) at the same time. Both disorders have to be diagnosed separately from each other and not be one set of symptoms described as two disorders. COD is a condition best diagnosed by a doctor with training in both psychiatry and addiction medicine.

There is no defining set of disorders to produce a diagnosis of COD. The combination of any mental health disorder and any substance use disorder may be present in the patient. There may be multiple disorders of each type in the patient.

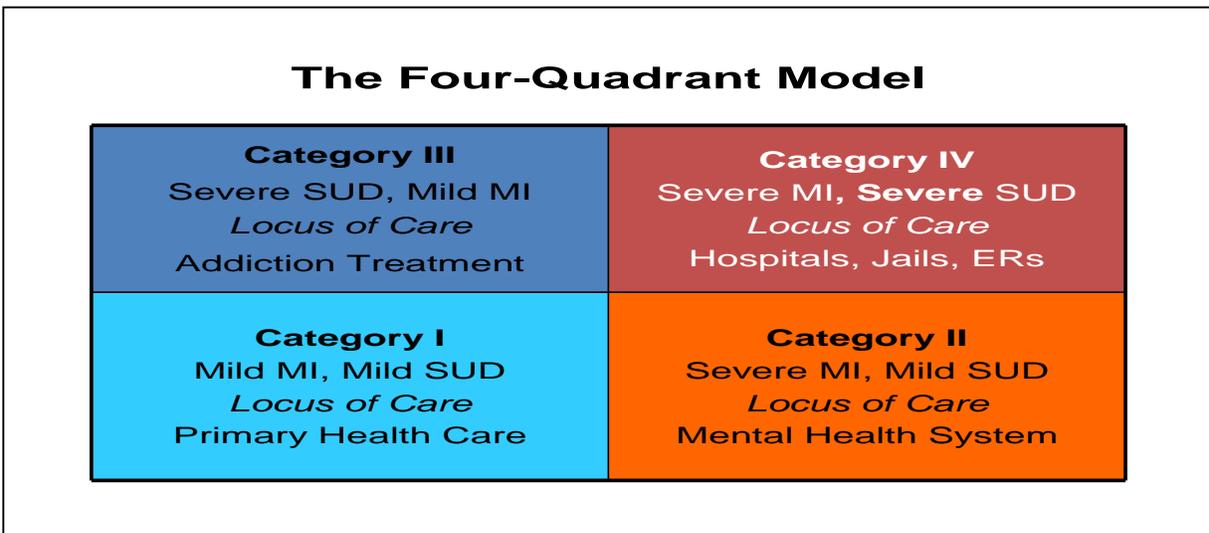
In COD treatment, ideally, the treatment of the mental health condition and the SUD should be integrated, regardless of the kind of treatment program or facility.

### The Quadrant Model is a basis for directing care

The decision on if treatment should take place in a substance use treatment program or a mental health treatment one is based on the levels of intensity of each type of disorder. The intensity of disorders may differ in a client, complicating decisions about treatment location.

The “Four-Quadrant Model” is frequently used to identify the preferred kind of location for integrated treatment, based on the severity of client’s the mental health condition and SUD. Stefan Larkin Ed.D. created this model as the result of a workshop held in 1987, and the quadrant model has been widely used and modified since then.

A multi-state study<sup>1</sup> concluded, “The feasibility of applying the quadrant model was supported. The quadrant model has been well adopted conceptually by community providers and policy makers.”



### Prevalence

The United States Substance Abuse and Mental Health Services Administration (SAMHSA) reports<sup>2</sup>, “In the decades from the 1970s to the present, substance abuse treatment programs typically reported that 50 to 75 percent of their clients had COD, while corresponding mental health settings cited proportions of 20 to 50 percent.”

The prevalence in the criminal justice system is higher, as reported in the American Correctional Association's *Corrections Today* in an article by Lance Couturier, Ph.D., Frederick Maue, Ph.D., and Catherine McVey, MA: "The number of offenders with mental illness is staggering. According to recent Department of Justice estimates, approximately 700,000 adults with mental illness entered U.S. jails, and approximately 75 percent of these individuals suffered from co-occurring disorders, particularly substance abuse."

### **Treatment for Co-occurring Disorders**

The consensus is that *integrated treatment* is required, with a professional team working in coordination to simultaneously treat both the mental health and substance use aspects of the patient's disorders. An integrated treatment team meets regularly to discuss the patient, therapy, medications, and progress to first stabilize the patient, then work together to treat the problems and help the patient make progress toward recovery.

Because mental health disorders and substance use disorders are widely understood to be chronic conditions, relapse is part of these conditions. Consequently, renewed treatment after relapse and some "recovery support" can be important parts of comprehensive treatment.

The choice of residential or outpatient treatment, including intensive outpatient treatment, is generally made in consultation with professionals, based on a various considerations, such as severity of disorders and specific substance(s) involved (alcohol and kind(s) of drugs).

### **Funding for Co-occurring Disorders Treatment**

The specific extent of publicly funded coverage of co-occurring disorders treatment under the Affordable Care Act is still being determined. Many private health insurances cover some amount of mental health treatment by particular medical personnel under specific circumstances. Also, some health insurances cover certain kinds of substance use treatment. However, insurance coverage may not extend to integrated treatment.

Public funding for treatment depends on a number of factors. In some cases, public funding (through Medi-Cal) may be available for mental health treatment and for Methadone treatment for opioid addiction. Other publicly funded treatment for substance use disorders treatment is limited. For further information, individuals may contact their local county departments of mental health, alcohol and drugs, or behavioral health.

### **Challenges in Treatment**

Public funding for treatment of COD with the complete array of funding streams is challenging. The resolution lies in a behavioral health funding model that allows all funds to be used properly.

Some persons with COD may need additional support services, including health, social, and economic services, such as housing, job training, family services, and care for other medical conditions.

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<sup>1</sup> Published in 2007, conducted by Mark P. McGovern, Ph.D., Robin E. Clark, Ph.D. and Mihail Samnaliev, Ph.D., the study additionally concluded, "The consistency of the findings across six state Medicaid systems supports the potential utility of the model to articulate patient characteristics and service use patterns.:"

<sup>2</sup> In *Treatment Improvement Protocols Series, Number 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders*, 2005, 588 pages, available for free download at <http://162.99.3.213/products/manuals/tips/pdf/TIP42.pdf>