# Carelon Behavioral Health
# Co-Occurring Mental Health and Substance Use Disorder Screening
# Program Description

**Purpose**

Carelon's *Co-Occurring Mental Health and Substance Use Disorder Screening Program* assists in determining the likelihood that a member has the coexistence of both a substance use and mental health disorder or that presenting signs and symptoms may be influenced by Co-Occurring issues.

This screening program establishes the formal process of assessing and ensuring early detection and treatment of Co-Occurring mental health and substance use disorders. The screening program is bi-directional, meaning that screening for possible mental health disorders should occur when a diagnosis of a substance use disorder is present and screening for potential substance use disorder should occur when a mental health disorder is present. This information is shared with participating practitioners and providers so that they are informed of the screening program and can assist in promoting optimal health for individuals.

**Background/Rationale**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) screening is an essential part of identifying and treating Co-Occurring substance use and mental health issues. SAMHSA (2022) indicates that integrated treatment leads to better outcomes for individuals with Co-Occurring disorders. SAMSHA further promotes a "No Wrong door" treatment model. This ensures that any person needing treatment will be identified, assessed, and receive treatment either directly, or through appropriate referral. The screening process for Co-Occurring disorders seeks to answer a "yes" or "no" question: Does the person being screened show signs of a possible mental health (or substance use) problem? Note that the screening process does not necessarily identify what kind of problem the person might have or how serious it might be but determines whether or not further assessment is warranted. A screening process can be designed to be conducted by counselors using their clinical skills. Additionally, there are seldom any legal or professional restraints on who can be trained to conduct a screening.

The high rate of Co-Occurring substance use and mental illness points to the need for a comprehensive approach that identifies, evaluates, and simultaneously treats both disorders. According to the SAMHSA website (2022), the federal government has been collecting and reporting on data from the National Survey on Drug Use and Health since 1971 to identify national and state estimated volumes of individuals with substance use and mental health disorders. Carelon also conducts population assessments to understand and monitor the needs of its members.

Individuals with Co-Occurring disorders often exhibit more severe symptoms than those caused by either disorder alone, underscoring the need for integrated treatment. Careful diagnosis and monitoring will help ensure that symptoms related to drug use (e.g., intoxication, withdrawal) are not mistaken for a discrete mental disorder. Even in people whose co-existing conditions do not occur simultaneously, mental disorders can increase vulnerability to subsequent drug use and that drug use constitutes a risk factor for subsequent mental disorders. Therefore, diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve prognosis for the person.

According to the National Institute on Drug Abuse (2023), there are possibilities for the common co-occurrence of a mental health disorder and substance use disorder in instances such as, but not limited to the following situations:

- Common risk factors can contribute to both SUDs and other mental disorders. Both SUDs and other mental disorders can run in families, meaning certain genes may be a risk factor. Environmental factors, such as stress and trauma, can cause genetics to change that are passed down through generations and may contribute to the development of a mental disorder, or substance use disorder.
- Substance Use and SUDs can contribute to the development of other mental disorders. Substance use may trigger changes in brain structure and function that make a person more likely to develop a mental disorder.
- Mental disorders can lead to drug use, possibly as a means of "self-medication". Individuals suffering from anxiety or depression may rely on alcohol, tobacco, and other drugs to temporarily alleviate their symptoms.

The National Institute on Drug Abuse (2020) also noted the following shared risk factors.

- Overlapping genetic vulnerabilities: Predisposing genetic factors may make a person susceptible to both addiction and other mental health disorders or to having a greater risk of a second disorder once the first appears.
- Overlapping environmental triggers: Stress, trauma,(such as physical or sexual use), and adverse childhood experiences are common environmental factors that can lead to addiction and other mental health disorders.
- Involvement of similar brain regions: Certain circuits of the brain such as those that mediate impulse control, reward, emotion, and decision making may be affected and disrupted by addictive substances in substance use and other mental health disorders such as depression, schizophrenia and other psychiatric disorders

Medical providers are encouraged to screen for both mental health and substance use disorders – especially when prescribing pain medication - in order to treat individuals fully and properly (Chou, 2014). SAMHSA (2022) recommends using the Screening, Brief Intervention and Referral to Treatment (SBIRT) model for early intervention for persons with substance use disorders, as well as those who are at risk of developing these disorders. The SBIRT model focuses the provider on:

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation towards behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

To access SBIRT resources, click here: Screening, Brief Intervention, and Referral to Treatment (SBIRT) | SAMHSA

Carelon endorses two Clinical Practice Guidelines around opioid use disorder and treating pregnant and parenting women with opioid use disorder and their infants . The first is developed by the American Society of Addiction Medicine, titled *National Practice Guideline for the Treatment of Opioid Use Disorder*. To access this resource, click here. The second is developed by SAMHSA, tilted *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their infants.* To access this resource, click here .

**Eligible Members**

All adolescents and adults, over the age of 12, who are members of a client managed by Carelon are eligible.

**Planned Co-Occurring Screenings**

The *Co-Occurring Mental Health and Substance Use Disorder Screening Program* includes protocols and clinical screenings for network practitioners and providers. When indicated, the tools include a frequency of administration as well as recommendations for specific screening tools such as:

SUD Screening Tools

- **AUDIT** (Alcohol Use Disorders Identification Test): A simple method of screening for excessive drinking to assist in brief assessment. To access the AUDIT screen tool, click here.
- **CAGE-AID**: A drug and alcohol assessment tool, developed by various clinical experts, for determining whether a patient may be currently abusing drugs or alcohol. It can be used to detect existing substance use problems prior to prescribing alcohol or drug therapy for Individuals over the age of 16. To access the CAGE-AID screening tool, click here.
- **CRAFFT:** Developed by the Center for Adolescent Substance Abuse Research (CeASAR), is a behavioral health screening tool for use with adolescents to assess the need for conversations about the risks of drug and alcohol use and further treatment if deemed applicable. To access the CRAFFT screening tool, click here.
- **PHQ-2 and PHQ-9:** Multipurpose, self-administered tools for assessing depression in adults. They incorporate DSM depression criteria with other leading major depressive symptoms into brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. To access the PHQ-2 screening tool, click here. To access the PHQ-9 screening tool, available in over 30 languages, click here.
- **PHQ-A:** A modified version of the PHQ-9 sensitive to the adolescent experience of depression that is an acceptable and efficient tool for early detection and recognition of mental disorders in this high-risk group (Johnson, Harris, Spitzer, and Williams, 2002). To access the PHQ-A screening tool, click here .
- **Modified Mini Screening tool:** Uses a set of gateway questions and threshold criteria found in the Diagnostic and Statistical Manual (DSM), the Structured Clinical Interview for Diagnosis (SCID) and the Mini International Neuropsychiatric Interview (MINI) (Rush, 2015). The questions are divided into 3 major categories of mental illness: mood disorders, anxiety disorders and psychotic disorders. To access the Modified Mini Screening tool, click here

- **NIDA Quick Screen and Modified Assist:** The NIDA Quick Screen is a brief screening tool that asks the patient about their use of alcohol, tobacco, prescription drugs, and illegal drugs. There is a decision tree that instructs the clinician on how to proceed when a patient endorses use of a substance. Depending on response, education or further screening may be recommended. The NIDA Quick Screen can be accessed here: NIDA Screen

Behavioral Health Screening Tools

- The Columbia Suicide Severity Rating Scale (http://cssrs.columbia.edu/) is a best practice tool that providers are encouraged to use to screen for the potential for suicide in individuals with depressive symptoms and Co-Occurring risks. The scale was developed through a collaboration among multiple institutions, including Columbia University, with NIMH support. The scale is evidence-based and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.
- Patient Health Questionnaire-2 (PHQ-2): The sole purpose of PHQ-2 is to screen for depression, encompassing only the first two questions of the PHQ9, identifying the degree to which an individual experienced depressed mood and anhedonia over the past two weeks. To access the PHQ-2 screening tool, click here.
- Patient Health Questionnaire-9 (PHQ-9): The PHQ-9 is used to screen for depression but is also valid for the assessment of depression severity. Thus, when used successively during a treatment episode, the PHQ-9 is a practical means to quantitatively monitor the patient's response to depression treatment (NCQA, n.d.). To access the PHQ-9 screening tool, available in over 30 languages, click here.
- Patient Health Questionnaire-A (PHQ-A): The PHQ-A is a modified version of the PHQ-9 sensitive to the adolescent experience of depression that is an acceptable and efficient tool for early detection and recognition of mental disorders in this high-risk group. To access the PHQ-A screening tool, click here .
- Mood Disorder Questionnaire (MDQ): The MDQ is a self-report questionnaire designed to help detect bipolar disorder. To access the MDQ, click here.
- ASQ: The ASQ is one of the more commonly used depression screening tools for children. It has been validated in emergency departments with a reported sensitivity of 96.5% and specificity of 87.6%. To access the ASQ tool, click Ask Suicide-Screening Questions (ASQ) Toolkit | Zero Suicide (edc.org)
- MFQ: The MFQ consists of a series of descriptive phases regarding how the child/adolescent has been feeling or acting recently, click here to access the MFQ.

Carelon also provides a list of assessment and screening tools (including links) on some network specific provider portals. For one example, click here and choose New Hampshire as the state and choose a client. Carelon's PCP/ Provider Toolkit additionally describes and links to topical screening tools. To access Carelon's PCP/ Provider Toolkit, click here

**Conditions Required for Screening**

Carelon's network practitioners and providers are encouraged to conduct screenings for Co-Occurring mental health and substance use as a best practice. The screening is part of an initial assessment when a member presents with the following risk factors and may be repeated overtime to demonstrate improvements:

- Members with a past or current history of substance use who present for an initial evaluation with symptoms of depression, psychosis or anxiety.
- Members who present with symptoms of depression, bipolar disorder, psychosis or anxiety who may be self-medicating by using drugs or alcohol;
- Members with a family history of mental health and/or substance use disorders;
- Members with a history or currently experiencing stress, trauma (such as physical or sexual use, marital and work-related problems), and early exposure to drugs; and
- Adolescent members that have developmental changes such as, but not limited to, early exposure to drugs of use or early symptoms of a mental disorder (Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorders in particular.

In addition, Substance Abuse and Mental Health Services Administration surveys individuals over the age of 12 for potential substance use and mental health disorders.

**Input for Program Design**

- Provider/Practitioner Input:
  - Elicitation of feedback at Provider Advisory meetings, response to newsletter communications and via provider surveys.
  - Consultation with Carelon's team of board certified and actively practicing psychiatrists

- Carelon Clinical Input:
  - Literature reviews on current clinical practice guidelines for screening and treatment of substance use disorders.
  - Update and review at least every two years or more often if there is new evidence, including review by the Carelon Scientific Review Committee and Oversight and approval of revisions to program and use of screening tools at Carelon's Corporate Quality Medical Management Committee

**Screening Promotion**

Carelon encourages and promotes the importance of screening using a variety of interventions to include:

- Online access to provider educational materials, including links to screening tools including but not limited to the:
  - AUDIT, CAGE-AID , CRAFFT, and NIDA Screen tools for substance use disorder screening,
  - PQH-2, PHQ-9, and PHQ-A depression screening tools,
  - GAD Screening for generalized anxiety disorders,
  - Patient Stress Questionnaire PSQ , and the

  - Mood Disorder Questionnaire (MDQ) MDQ for bipolar disorders.
  - Columbia Suicide Severity Rating Scale. http://cssrs.columbia.edu/
- Online access to member focused self-management tools which can be used by members and providers on Carelon's Achieve Solutions website. To access Achieve Solutions, click here.
- Carelon endorses several Clinical Practice Guidelines which recommend proper screening and assessments such as the following.
  - Substance Abuse and Mental Health Services Association (SAMHSA), titled Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants. To access this resource, click here
  - American Society of Addiction Medicine (ASAM), The National Clinical practice guidelines for the Treatment of Opioid use Disorder. To access this resource, click here
  - American Society of Addiction Medicine (ASAM), The Clinical practice guidelines on Alcohol withdrawal management. To access this resource, click here

- Carelon posts approved clinical practice guidelines/ resources online and educates its provider network at least annually.
- Distribution of provider postcards, provider bulletins, and provider newsletters that are mailed, emailed, or faxed to providers at least annually and list educational and screening materials posted on Carelon's website.
- Education and feedback during site visits and medical record reviews by Carelon clinicians.
- Targeted questions on the adult (18+) medical record audit tool used on provider record reviews regarding screening and assessment of Co-Occurring and Co-Occurring disorders:
  - Is there documentation of a substance use assessment?
    - Substance use may include tobacco, alcohol, or other substances (e.g., marijuana, cocaine, heroin, hallucinogens) and any misuse of prescribed or over the counter (OTC) medications or supplements assessed.
  - Is there documentation of a medical assessment?

**Screening for Suicide Risk**

There is an increased risk of suicide associated with the presence of a mental health and /or substance use disorder. According to the U.S. Preventative Task Force (USPSTF), the majority of people who die by suicide have a psychiatric disorder, many of which have recently been seen in primary care[1]Carelon encourages providers to administer risk screening using tools such as the Colombia Suicide Severity Rating Scale (C-SSRS) described above.

After screening members, behavioral and physical healthcare providers should follow the recommendations outlined on each screening tool assessment to assist members in obtaining appropriate care.

**Conclusion**

Carelon will continue to work with its clients, industry experts, and internal subject matter experts to decrease the stigma of mental health and substance use disorders to help people to live their lives to the fullest potential. In particular, Carelon promotes Co-Occurring screening in order to aid members in receiving full and proper treatment for their needs.

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