**Colorado Practice Guidelines for Adolescents with Co-Occurring Substance Use and Psychiatric Disorders**

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**Objectives**

- How the guidelines came to be
- Develop a set of best practice standards for assessing and providing integrated treatment
- Provide overview of ongoing process of implementation – How to operationalize guidelines

**Colorado’s challenges**

- Legalization of Medical and Recreational Marijuana
- Medical Marijuana: 258,780 applications received since 2001
- 307 are youth under 18 (parent signature required)
- Average age is 42
- 94% approved for severe pain
- More than 800 different physicians signed for current patients

**Colorado’s challenges contd.**

- Colorado high school students are more likely to have used marijuana than cigarettes
- 1 and 3 Colorado high school students consumed alcohol in the past 30 days
- In 2012 there were 2,845 emergency department visits for THC in Denver
- 2012, hospital discharges for TAY increased by 47%

*2013 Healthy Kids Colorado, Denver Epidemiology Work Group, 2014*

**Current Behavioral Health System**

- **FY 12** CO Substance Use Disorder TX
  - 3,492 adolescents
  - 6250 Transition Age Youth
- In the Mental Health Centers Served
  - 4,887 adolescents
  - 6,673 Transition Age Youth

**How to begin true integration?**

- Experience as a clinician in a locked adolescent facility
- Nothing was working!
- Seldom did the MH therapists interact with the SUD clinicians...
- Line staff “tolerated” the review of the SUD issues the youth were demonstrating
- After to many funerals.....fast forward
“We can’t help you until you quite drinking, doing drugs, smoking pot...”

discussions...

Times have changed

- Empirically supported treatment approaches, guiding principles and common sense
- On going discussions with clinicians in the field

Process development contd.

- Consulted with adolescent providers across the State on best practices
- They identified the ability to apply the guidelines in both residential programs and out-patient programs
- Significant focus on training both sides of the house! Mental Health Centers and Substance Use Disorder Programs

Focus on clinicians

- 17 Mental Health Centers
- 54 27-65 Designations
- 5 Acute Treatment Units
- 43 RCCF for MH services
- 710 licensed Substance Use Disorder Programs
- 300 licensed to treat Adolescents

Where to begin...

- Contracted with:
  - Paula Riggs, MD
  - Joseph Sakai, M.D.
  - Elizabeth Whitmore, Ph.D.

- All with the University of Colorado, Denver, Division of Substance Dependence, School of Medicine

Process continued:

- Conducted a comprehensive literature review which included CO state rules as well as other state treatment rules.
- Presented the draft to Adolescent Providers Group
- APPROVED!
Next Steps- Training on Implementation

- Developers presented at the Office of Behavioral Health’s, Research Forum
- All SUD & MH providers were invited
- Each attendee received a copy
- Through review of the document and how to implement at respective programs

Issues of implementation

- Key to achieving integrated clinical care for adolescents:
  - Agencies and clinicians must have a strong therapeutic alliance with the client
  - Effective communication between different providers
  - Staff providing integrated care should not have pre-existing biases against concurrent/integrated treatment services

Implementation contd.

- Must have a high-level leadership to implement Guidelines
- Belief that this is the best approach for clients
- Staff need to work together to develop comprehensive treatment strategies to ensure all elements of are available under one roof.

Continue..

- If not possible...
  - Develop a system whereby clients have seamless access to both substance and psychiatric treatment concurrently
  - IT’S VERY IMPORTANT THAT CLIENTS NOT HAVE TO WAIT TO RECEIVE OR BE SUCCESSFUL IN ONE TYPE OF SERVICE BEFORE THEY CAN RECEIVE THE OTHER

FAMILY AND YOUTH FRIENDLY

- FAMILY AND YOUTH ARE VIEWED AS RESOURCES

USE THE MANUAL!

- An extremely helpful guide!
- Very clear
- Conduct a readiness assessment of your agency and staff
- Bring programs/staff together immediately to begin the process
- Staff should have the demonstrated ability to assess the criteria for and diagnose using the current DSM
Knowledge in Axis I disorders: Conduct disorder, depression, anxiety, bipolar and attention deficit hyperactivity disorder

All staff should have a clear understanding of addiction (models and theories, behavioral, psychological, physical health and social effects of psychoactive substances)

Continued

Adolescents and Young Adults Provider Group meet on a quarterly basis and will review the manual once every two years.

Trainings are available from the trainers, on an as needed basis (currently suspended)

Questions?

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Next steps for Colorado

Developed a “At Minimum” implementation plan for providers: Using the manual:

Integrated Screening and Assessment for Co-Occurring Disorders- page 6-12

Focus on Competencies and Guiding Principals

Abstinence should be a goal of treatment, NOT a requirement