Breaking Down Silos: Harm Reduction, Mental Health & Co-Occurring Care Across Systems

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YOU DON'T KNOW THE HALF OF IT.

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Co-Occurring Disorders

- The combination of one or mental health challenges and substance use issues

- According to the National Institute on Drug Abuse (NIDA) one in two individuals with substance use issues also struggle with mental health challenges

- According to the National Survey on Drug Use and Health more than 21 million individuals in the US have co-occurring disorders

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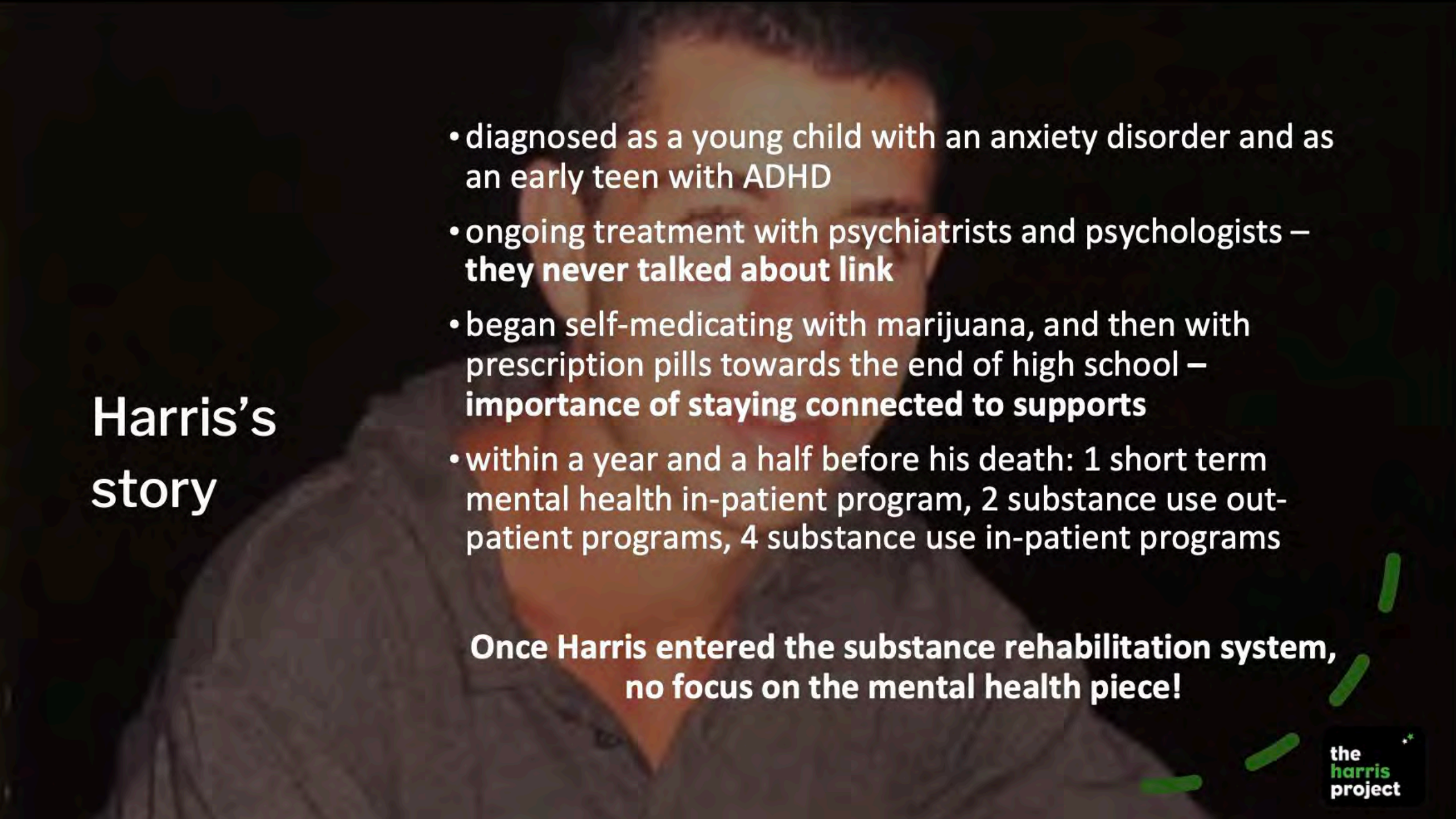

Harris's story

- diagnosed as a young child with an anxiety disorder and as an early teen with ADHD
- ongoing treatment with psychiatrists and psychologists – **they never talked about link**
- began self-medicating with marijuana, and then with prescription pills towards the end of high school – **importance of staying connected to supports**
- within a year and a half before his death: 1 short term mental health in-patient program, 2 substance use out-patient programs, 4 substance use in-patient programs

Once Harris entered the substance rehabilitation system, no focus on the mental health piece!

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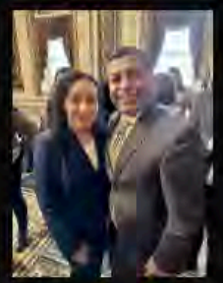
Nonprofit focused on improving the lives of teens and young adults with, or at risk of developing, co-occurring disorders:

- Integration from prevention to sustainable recovery
  - government - de-silo agencies, value of co-occurring competency across continuum
  - **prevention** - **C**o-**O**ccurring **D**isorders **A**wareness
  - providers/agencies – support building infrastructure
  - clinicians – quality improvement and core competency, utilizing evidence-based treatment modalities – Encompass/SAMHSA Tree
  - support for family and loved ones





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New York's Siloed Systems of Care

- Substance use and mental health systems of care siloed
- Siloed systems of care have resulted in siloed educational systems and training systems
- Professionals not trained or supported in implementation of integrated treatment
- To meet the needs of the individual and providers we must move towards a SINGLE System of Care
- True parity requires access to co-occurring competent care across the continuum

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Merging Harm Reduction Measures

- Despite proliferation, harm reduction options remain inaccessible
- Siloed systems of care complicate access
- Doors people are most likely to walk through unaware of larger range of community resources
- Not all access points are brick & mortar
- Create centralized list of harm reduction resources and how to access them
- Harm reduction supplies must be available where people in need enter
- Harm reduction is more than supplies

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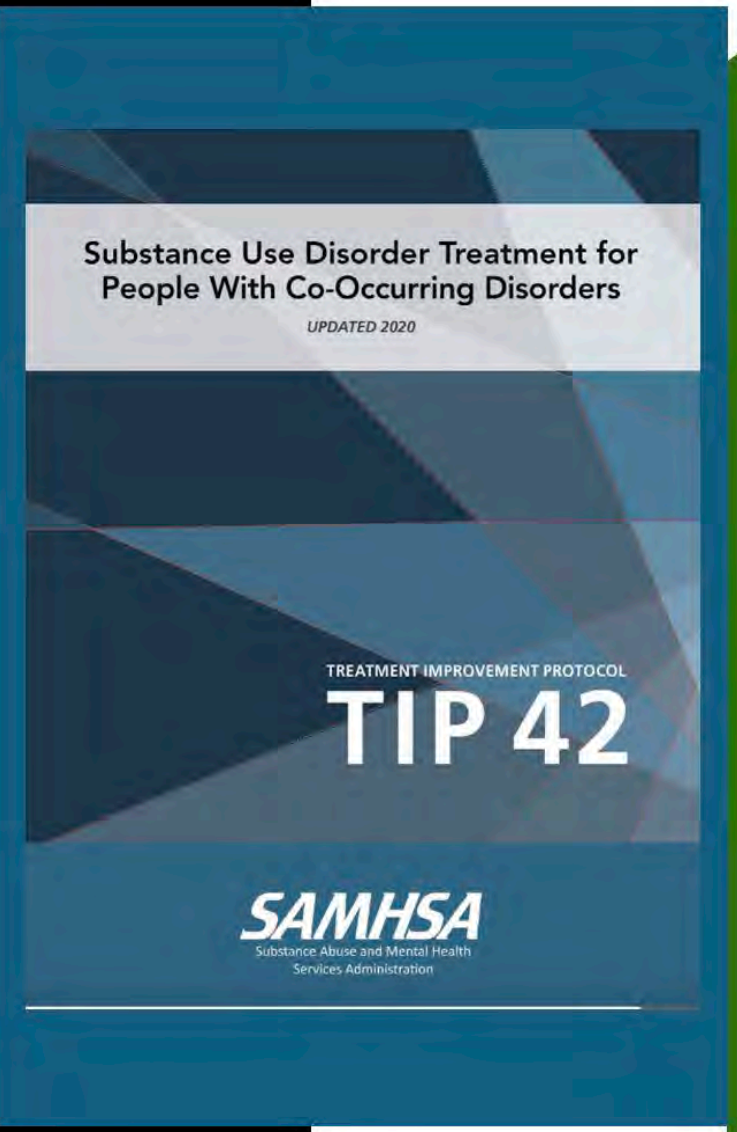

Effective COD Assessment and Treatment

- How this went wrong
  - silos
  - separate funding
  - sequential/simultaneous treatment
- Coordination of mental health and addiction professionals to create an integrated comprehensive treatment plan to address the whole person:
  - meets the needs of the individual
  - medication for mental health and/or addiction when appropriate
  - positive and supportive social interactions
  - healthy recreational activities
  - family involvement when beneficial
  - NO “WRONG DOOR”

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What's needed

Fully integrated:

- regulations
  - move away from who can be seen where ("no wrong door")
  - diagnostic criteria aligned
  - recognized and interpreted consistently
- electronic medical records
- billing codes
- reimbursement rates
- licensure

Resulting in increased staff commitment, competency and comfortability

Westchester DCMH and COSOCC Fall Forum 2019
480 participants, 12 workshops, Keynotes Dr. Marc Manseau OASAS & Dr. Flavio Casoy OMH

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Westchester County Co-Occurring System of Care Committee

- Leadership champions from as many diverse organizations as possible
  - rule of thirds
  - stay the course
- Key stakeholders from MH, SU, DD
  - LGU
  - Hospitals
  - Health, Mental Health, Substance Use
  - Care Management
  - Housing providers
  - Criminal Justice
  - Prevention
  - Peers
  - Advocates
- Diverse Co-Chairs of COSOCC
  - Local Government Unit (LGU)
  - Provider
  - Family/Peer
- NYSPI - Center for Practice Innovations

COSOCC model across Mid-Hudson region

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CODA – Co-Occurring Disorders Awareness

A youth-driven movement empowering young people and the adults that care:

- increasing awareness and understanding of COD, highlighting paths to substance misuse/addiction
- increasing early intervention for mental health challenges and substance misuse
- increasing help-seeking behavior in those with or at risk of developing COD
- creating a generation without stigma
- empowering a broad range of youth leaders who can make positive impact

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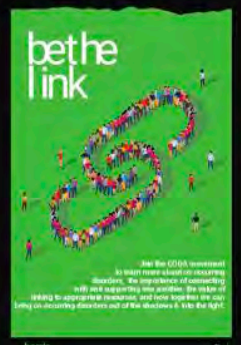
CODA in action

- Youth Summit
- Awareness Games
- April CODA Week Celebrations
- Social Emotional Tools
- Social Media and Poster Campaigns
- Presentations & Programs
- Infusing CODA in traditional mental health and substance use programming



Prevention Curricula

- Tailored for high school students and adult supports
- Common language and understanding
- Integrates evidence-based approaches with relatable scenarios
- Includes refusal skills, identifying trusted adults, and increasing help-seeking behaviors
- Three sessions for students; and one-hour sessions for school/community supports and parents/caregivers

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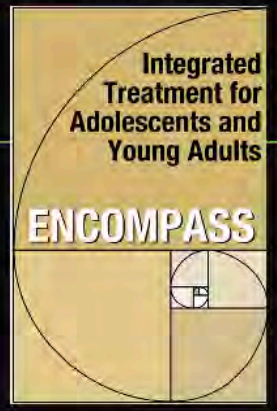
Evidence-Based Practices and SAMHSA TREE Grant



- Encompass as a model of care:
  - Integrated treatment approach
  - Proven to reduce COD symptoms and improve functioning
  - Delivered in school and community settings
- Invitation to Change to support loved ones
- COD curricula designed to align with SAMHSA's Strategic Prevention Framework
- Utilization of a Wraparound Coordinator for access and support

Integration in New York: Where COD Care Fits

Article 31 Clinics (OMH)

Article 32 Clinics (OASAS)

Health Hubs (DOH)

Federally Qualified Health Centers

Certified Community Behavioral Health Centers

Bottom line: New York has many entry points for integration;
a truly co-occurring capable system where every door is the right door!!

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NYS Legislative Opportunities

- Opioid Settlement Law
- Office of Addiction and Mental Health Services
- Amend State Education Law to include Co-Occurring Disorders in Health Curriculum
- Patient Bill of Rights
- Statement of Purpose

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All funds, including Opioid settlement funds

Innovation

Collaboration

Assessment

Consistent

Sustainable

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Call to action

- Recognize: there are many competing interests, but prioritizing co-occurring disorders can have positive impact across many domains
- Explore: efforts currently underway, including which stakeholders are engaged and who might be missing
- Determine: the value add for your agency, staff, service providers and populations served
- Find: strategic ways to infuse this into great work already happening
- Prioritize: legislative action and advocacy statements, platforms, days

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CONNECT:

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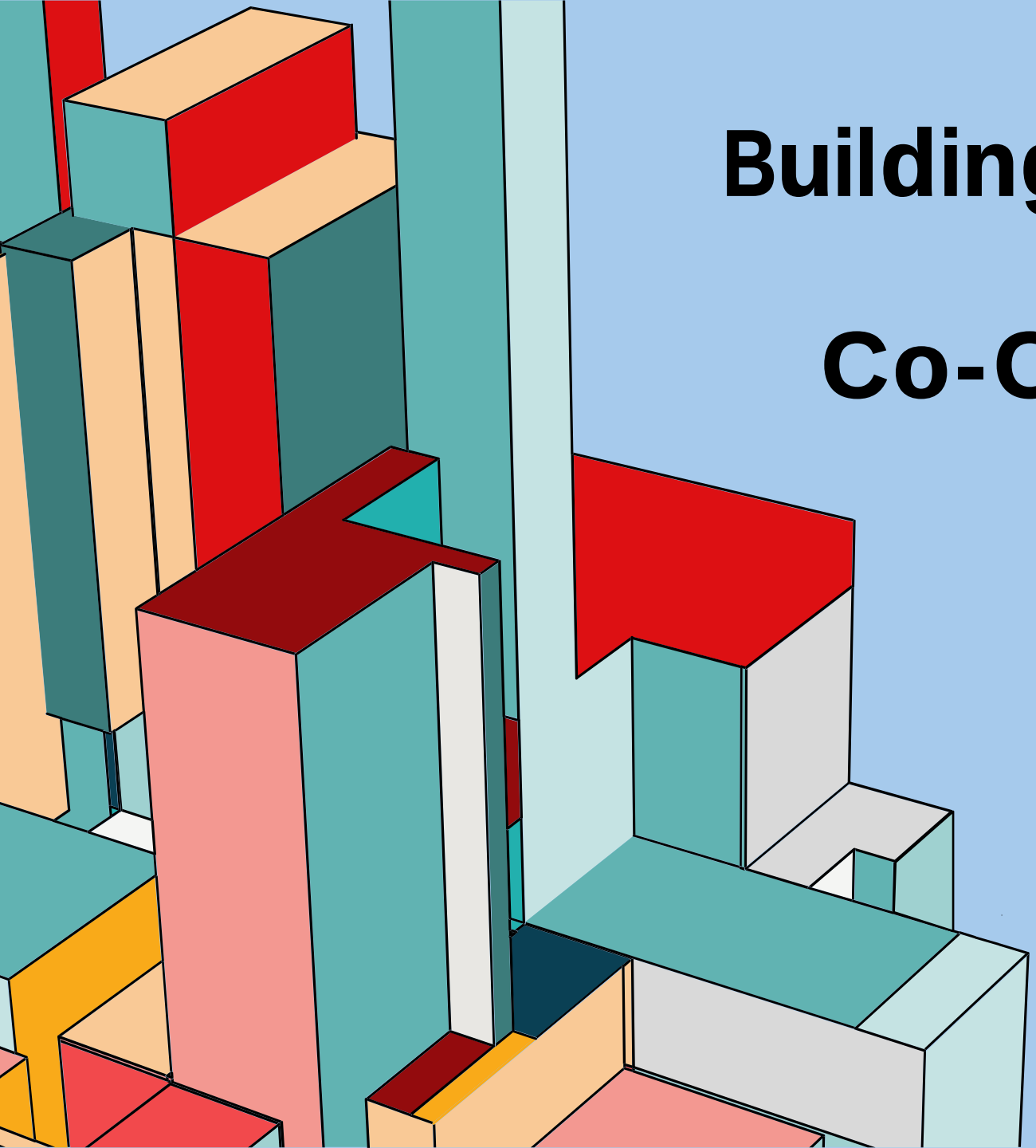


Building the Capacity and Framework for a Co-Occurring System of Care

Putnam County Co-Occurring Systems of Care Committee(COSOCC)
and Intersecting Supports and Services

September 11, 2025

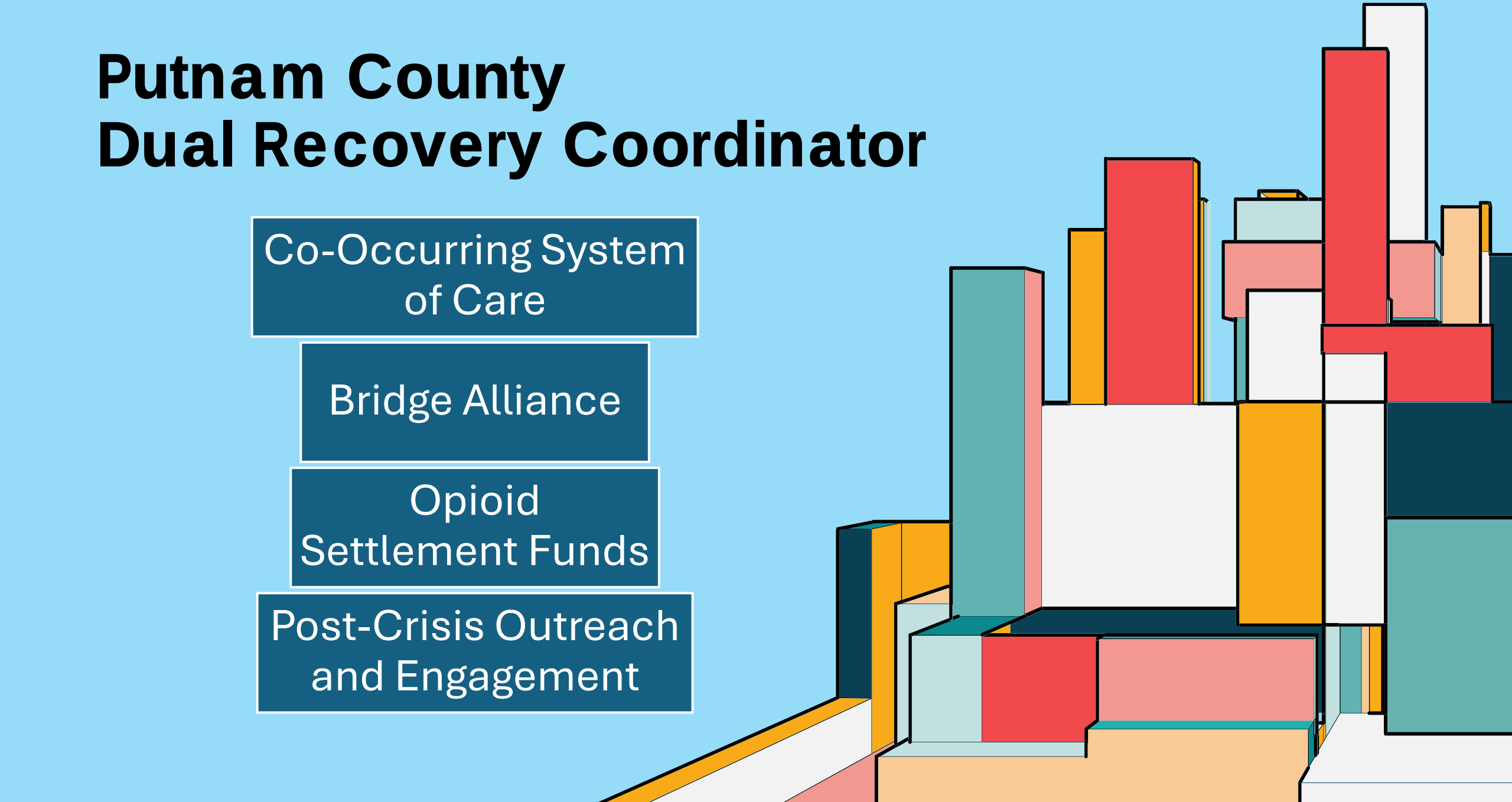
Putnam County
Dual Recovery Coordinator

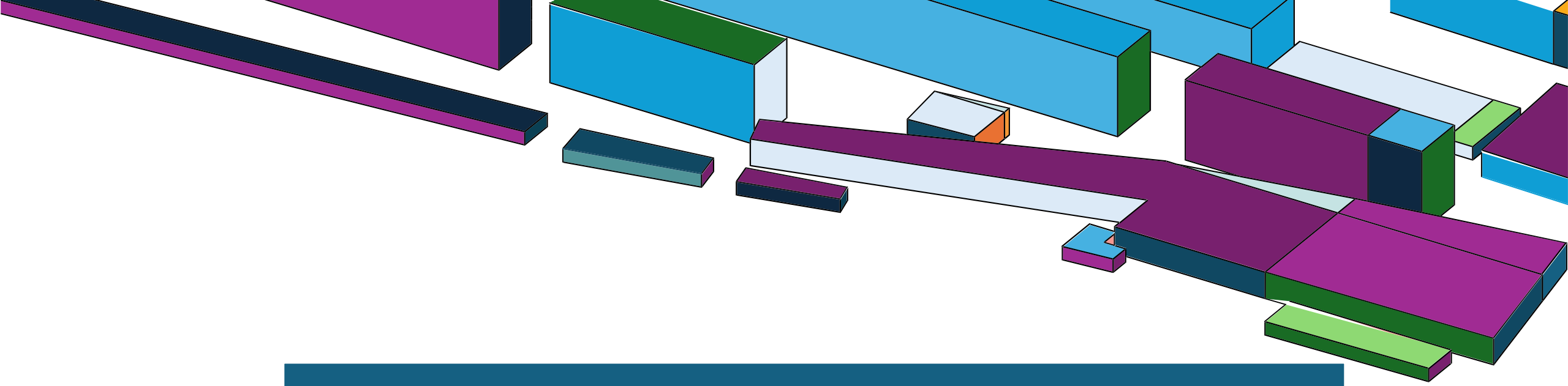
Co-Occurring System of Care

Bridge Alliance

Opioid Settlement Funds

Post-Crisis Outreach and Engagement





Commissioner of Mental Health, Social Services and Youth Bureau

Sara Servadio

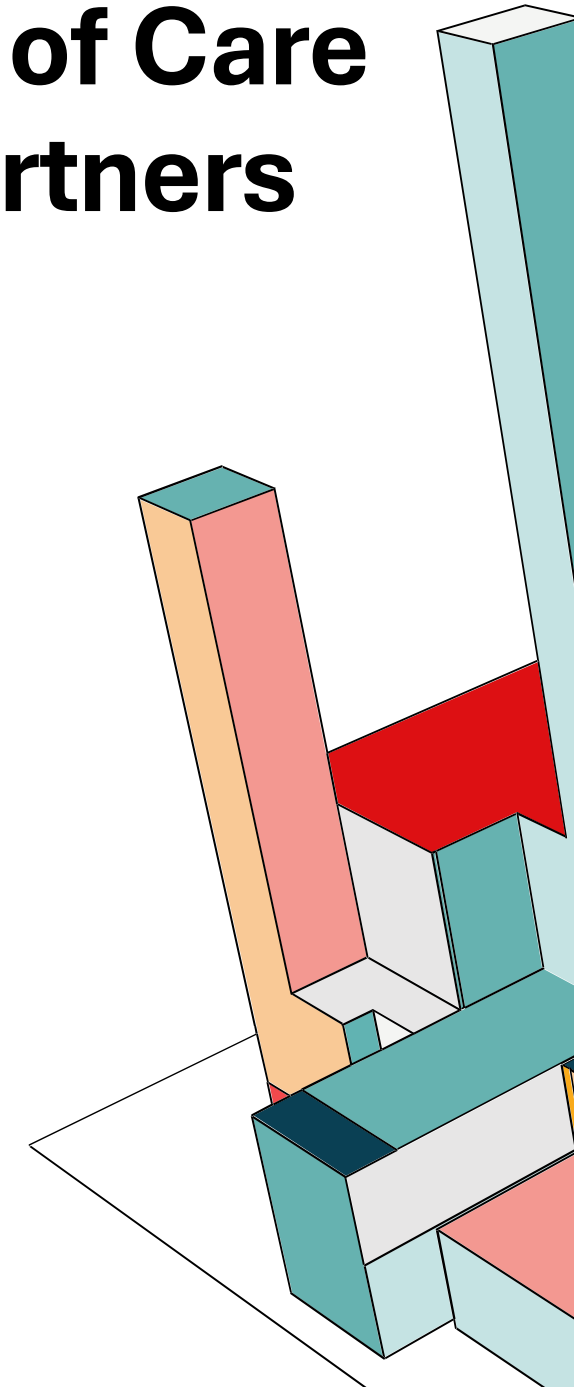
Director of Mental Health

Paul Tang

- Dual Recovery Coordinator, Lauren Johnson
- Adult Mental Health Coordinator, Renee Prato
- Children's SPOA Coordinator , Christina McGuigan
- Crisis Response Coordinator, Katie DeStephano
- Coordinator for Office for People with Disabilities, Dana Touponse

Putnam County Co-Occurring System of Care Committee (COSOCC) Chartered Partners

- Putnam Northern Westchester Women's Resource Center
- Putnam County Children's Advocacy Center
- Community Action Program
- People USA
- Search for Change
- Putnam County Probation
- St. Christopher's Inn
- Haldane Central School District
- Prevention Council of Putnam
- Putnam County Office for Senior Resources
- The Arc MidHudson
- Putnam County Department of Mental Health
- CoveCare Center
- MHA Putnam County
- Green Chimneys



Putnam County Co-Occurring System of Care (COSOCC) CompassEZ Data (2024)

Identified Areas for Improvement:

- Quality Improvement Data
- Screening
- Assessment
- Treatment Programming
- Treatment Policy
- Collaboration
- General Competency

Strategies:

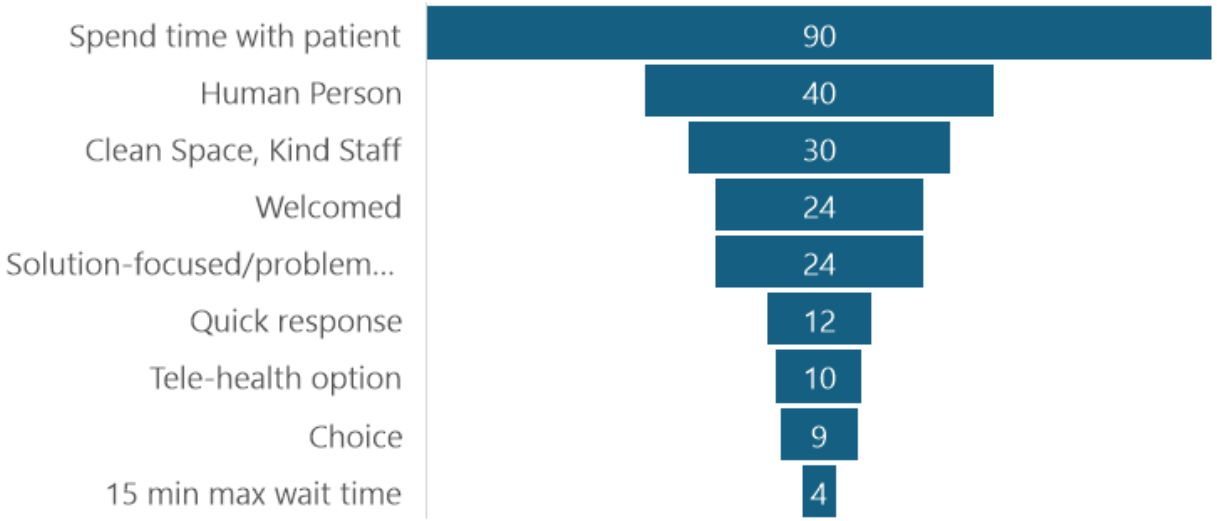
- Mental Health First Aid Adult Training
- Trauma Informed Training
- Motivational Interviewing Training Series
- Policy Review and Patient Bill of Rights
- Community/ Networking Events
- Staff Orientation
- Screening and Integrated Assessment

Goal:

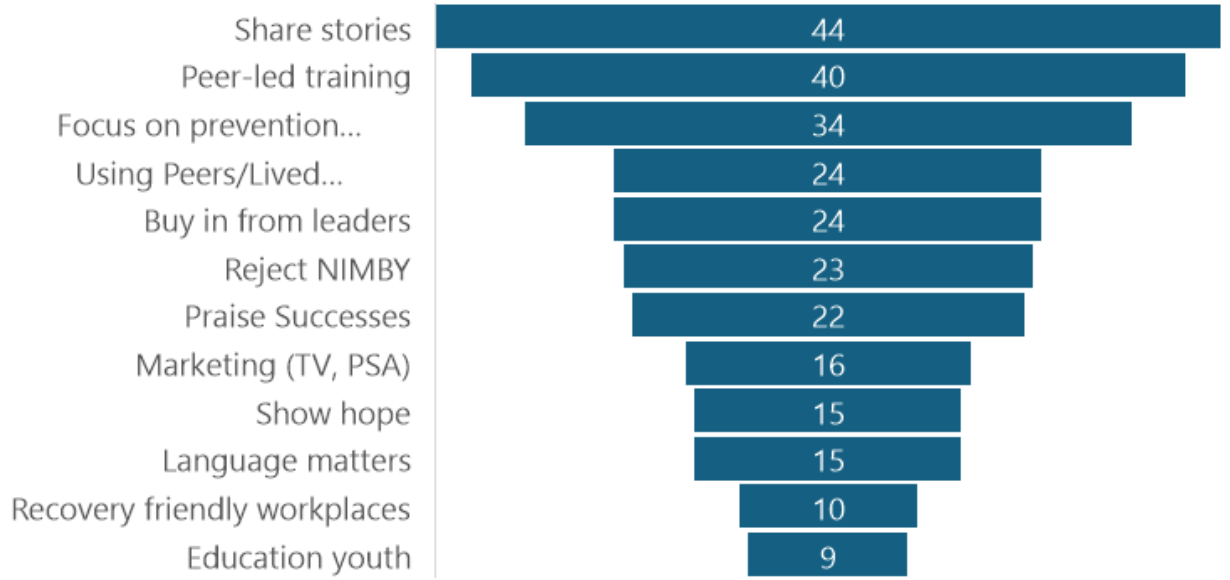
Putnam will create a system of care that is welcoming, accessible, person- and family-centered, recovery- and resiliency-oriented, trauma-informed, culturally competent, integrated, and co-occurring capable.

Appreciative Listening Session 2024

Think about a time you had access to quality care. What were the components of that experience that made it high quality and easily accessible?

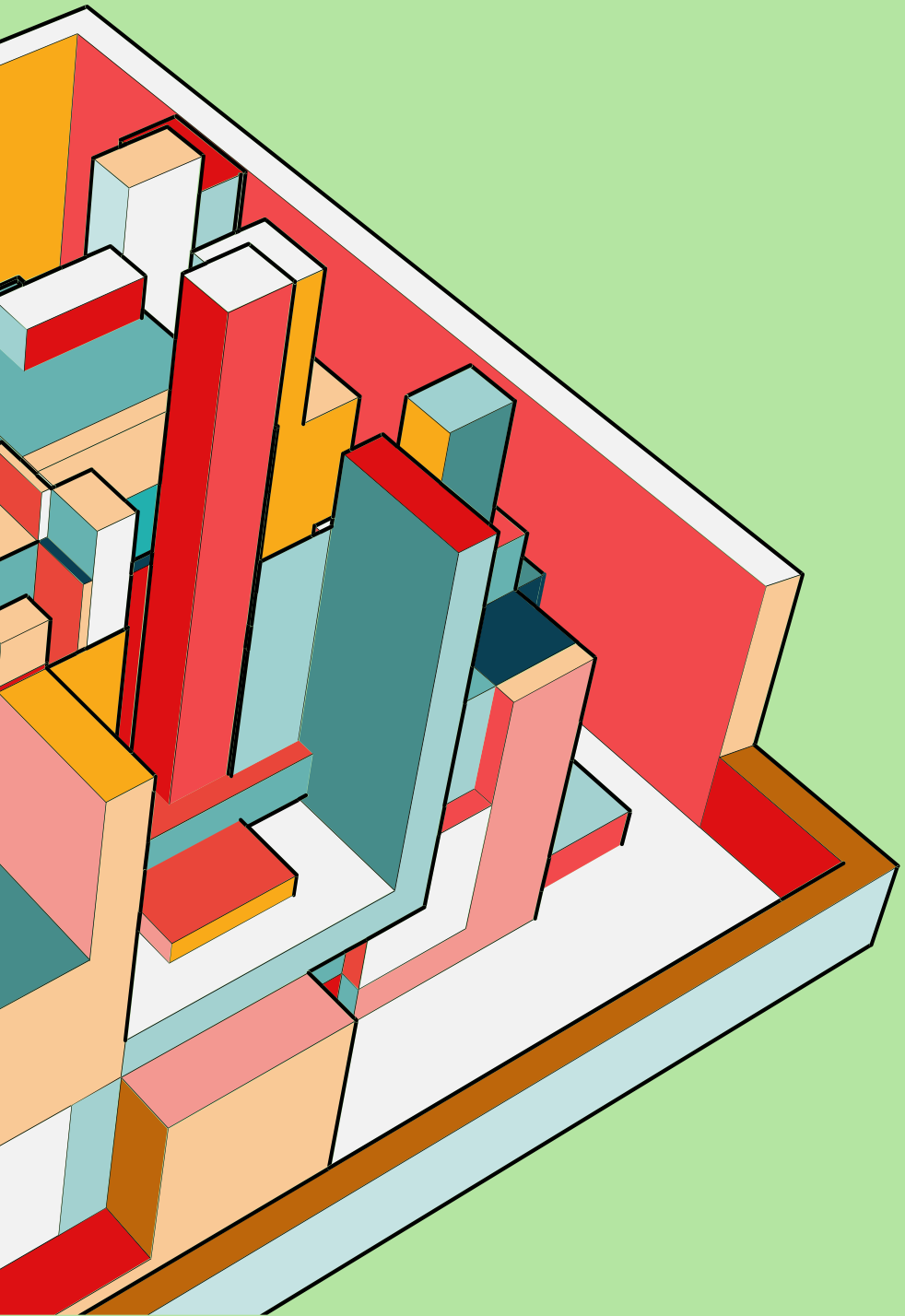


How can we get our community to understand that most people recover?



Action Plan

Goal #1	**Establish continuous quality improvement systems within Putnam COSOCC by June 2026.**
Goal #2	**Establish a 12-month training schedule to address identified needs for 2025 by 1/1/2025, 2026 by 1/1/2026, 2027 by 1/1/2027.**
Goal #3	**Develop and implement a Putnam County Staff Orientation by 12/31/2025.**
Goal #4	**Develop a networking and community events calendar to be published and distributed each year; 2025 by 1/1/2025, 2026, 1/1/2026 and 2027 by 1/1/2027.**
Goal #5	**Putnam County COSOCC will participate in a county-wide public and consumer facing policy review by 12/21/2026.**
Goal #6	**Improve behavioral health screening and assessment by September 2025.**



Putnam COSOCC Work Groups

Youth Focused
Lead: Christina McGuigan

- Create youth focused training calendar to include YMHFA
- Integrate COD Prevention Curriculum in all Putnam Schools.

Continuous Quality Improvement (CQI)
Lead: Paul Tang

- Establish/Evaluate Key Performance Indicators
- Data collection for baseline and annual targets
- Provide annual recommendations for quality improvements

Events Planning
Lead: Sarah Doyle

- Meets as needed to plan and execute events
- Assists with the logistics of events

Policy Review
Lead: Liza Szpylka

- Establish policy review rubric
- Gathers and reviews policies with all Charter Members

Staff Orientation
Lead: Dana Touponse

- Create curriculum for orientation training
- Assists with logistics of planning and executing bi-annual trainings including recruitment of trainings

Screening and Assessment
Lead: Marla Behr

- Inventory screening and assessment tools used at behavioral health and screening sites including but not limited to treatment, schools, government agencies, law enforcement
- Research evidence base practices and recommend training based on findings

Calendar of Events 2025

January 28th- Welcoming, Integrated Services for People with Co-Occurring Disorders
February 27th- Appreciative Listening Session- Philipstown HUB
February 25th- General Meeting with Work Group Breakouts
March 25th- Networking/Community Event
April 22nd- Motivational Interviewing Program Launch Meeting
May 22nd- Putnam County Mental Health Forum
May 9th- Mental Health First Aid Training- Adult
May 13th- General Meeting with Work Groups
June 11th- MI Skill Building Event
June 18th- MI Skill Building Event
July 1st- Trauma Informed Leadership Training
July 21nd- Networking Event
August 26th– General Meeting with Work Groups
September 23rd- Screening and Assessment Training
October 3rd- Youth Mental Health First Aid
October 28th – Mental Health First Aid Training - Adult
November 18th – General Meeting with Work Groups
December 16th – Putnam County Staff Orientation

Thank you!

Lauren Johnson, MA, CASAC-M

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Co-Chair Putnam County COSOCC
CO-Chair Bridge Alliance
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Questions?