



**OPENING  
REMARKS &  
INTRODUCTION**

Cindy Sneed, NCC, LPC/MHSP-S  
*Director of TNCODC*  
Tennessee Co-Occurring Disorders Collaborative (TNCODC)  
Tennessee Association of Mental Health Organizations (TAMHO)



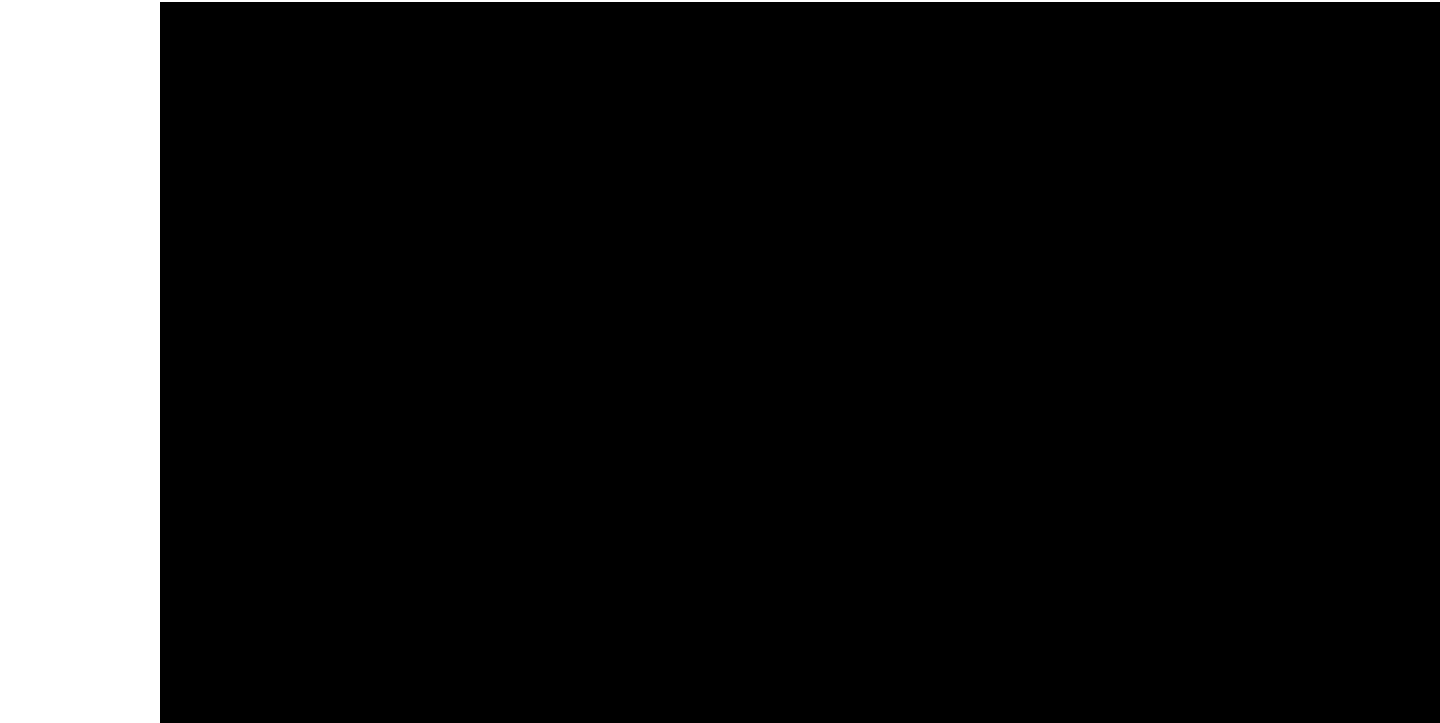
# FROM LOSS TO LEGACY

## Transforming Systems to Better Serve Individuals with Co-Occurring Disorders

Stephanie Marquesano  
*Founder & President*  
the harris project







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**From Loss to Legacy:  
Transforming Systems to  
Better Serve Individuals  
With Co-Occurring  
Disorders**

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Stephanie Marquesano, Founder and President, The Harris Project Inc.

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## Session Objectives

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- Identify system-level strategies that advance COD-competent care through collaboration, workforce development, and aligned policies and practices.
- Apply practical steps to launch or strengthen COD system-transformation efforts in organizations and communities.
- Drive improved outcomes for individuals with COD by taking steps to integrate prevention, treatment, recovery, and community supports.




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## Co-Occurring Disorders

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- The combination of one or mental health challenges and substance misuse/addiction
- 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 21.5 million individuals in the US have co-occurring disorders







# 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!**






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** - **Co-Occurring Disorders Awareness**
  - 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





# Fast facts

- 49.5% of US youth will face a mental health challenge
- 22% have a mental health disorder with “significant impact”
- 50% of lifetime mental health disorders begin by age 14, 75% by age 24
- Only about 20% of youth in need of mental health services receive them
- Approximately 50% of youth receiving services for their mental health have a co-occurring substance use disorder
- Approximately 65% of youth receiving treatment for a substance use disorder have a co-occurring mental health disorder
- **Approximately 47% of individuals in carceral settings have COD.**



# Developing Co-occurring disorders

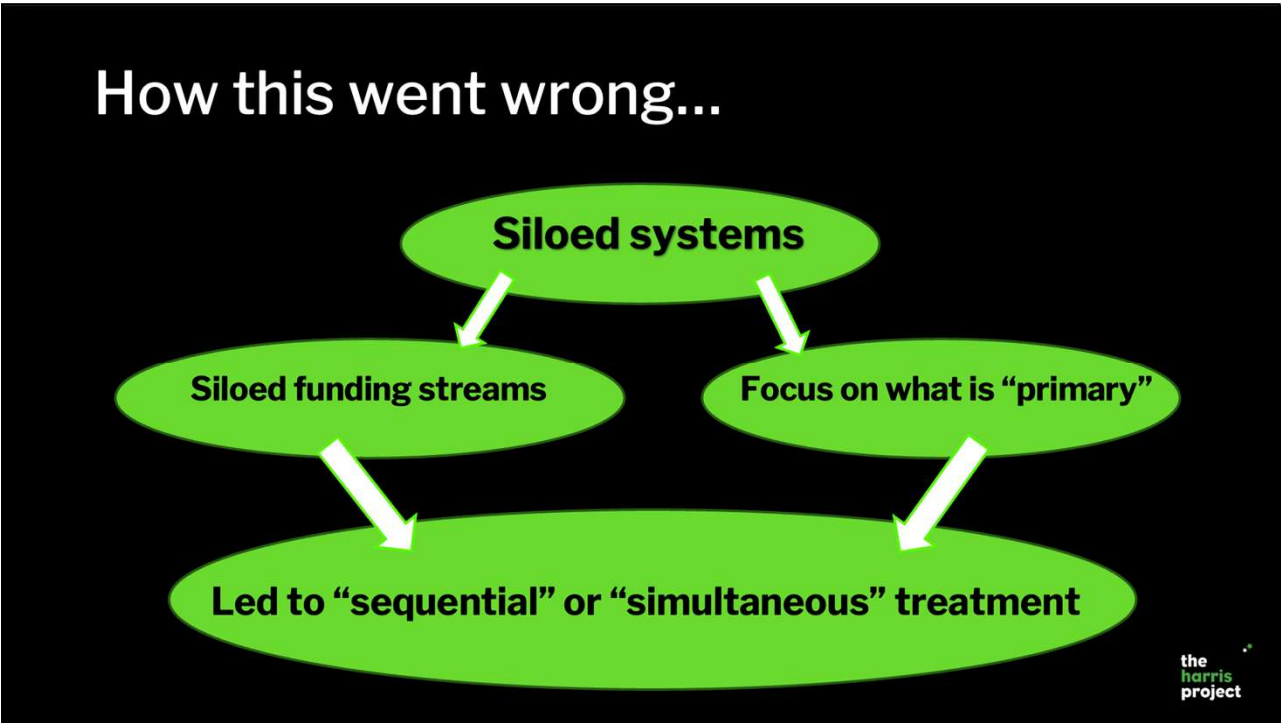
- Existing or emerging mental health disorder(s) - using substances to feel typical, reduce stress, elevate mood, self-medicate
- Predisposition to both mental health and substance use disorders
  - genetics, family history, biology
  - environmental factors
- Substance use
  - brain isn't fully developed until 25 or later
  - alcohol, nicotine, marijuana (smoking, vaping, edibles), illicit substances, prescription medication – can cause brain changes particularly in those 25 and under
  - impact of legal prescriptions – sports injury, wisdom tooth removal
- Other considerations – trauma

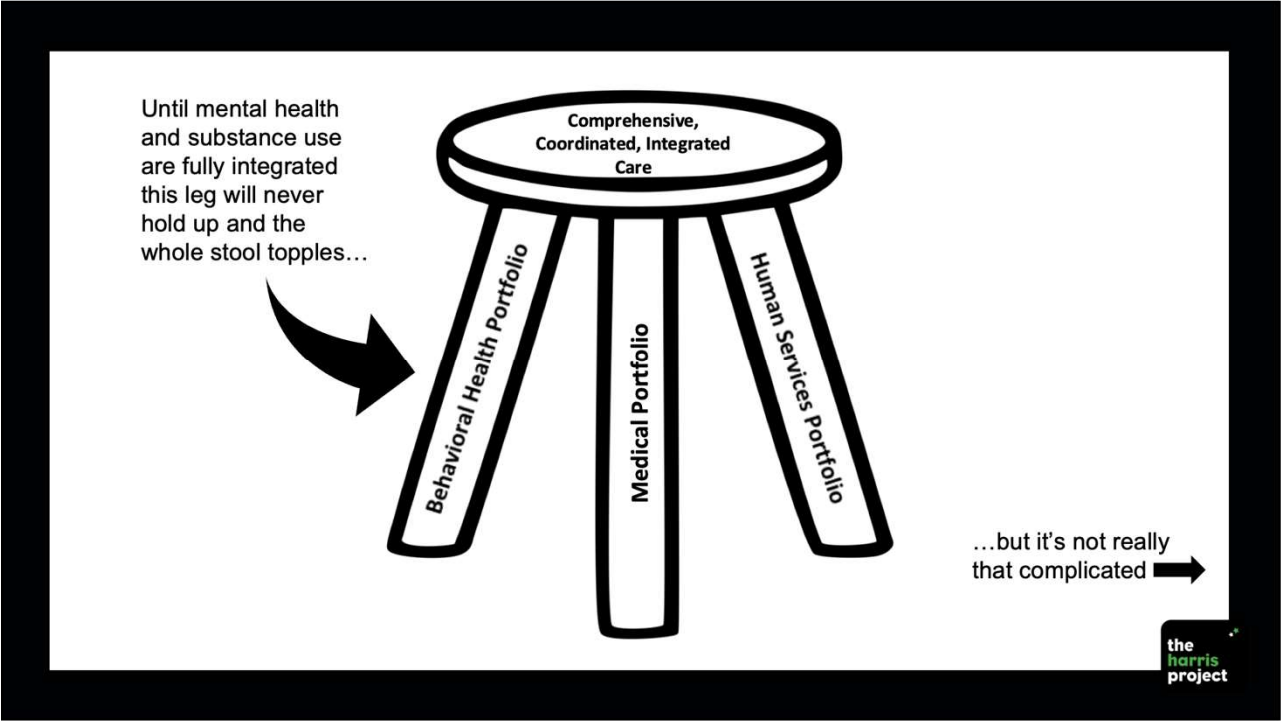


# A Public Health Crisis In Plain Sight


Overdose Deaths.	105,000
Suicide.	49,000
Alcohol Deaths.	178,000

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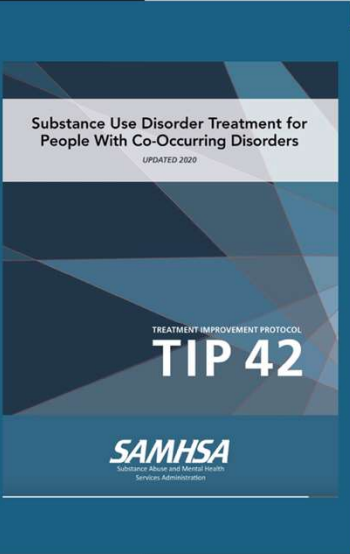
**New York's Siloed Systems of Care**



- 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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## Effective Treatment For COD

- Coordination of mental health and substance use professionals and supports utilizing integrated intake and assessment tools.
- Creation of an integrated comprehensive treatment plan to meet the needs of the individual.
- Care delivered in the least restrictive setting (not about “more beds” and “longer treatment”).
- Medication for mental health and/or substance use when indicated.
- Positive and supportive social interactions.
- Family and loved one involvement when beneficial - and appropriate support for them too!
- Every door is the right door!




Things came together




- Regional Coordination Drs. Ken Minkoff & Chris Cline – ZiaPartners
- Stephanie Marquesano – Youth Advocate NYS Regional Planning Consortium Board
- Commissioners from all 7 counties committed to the work
- Planning 11/17 System Transformation Forum
- **Comprehensive Continuous Integrated System of Care or CCISC** evidence-based model (Minkoff & Cline, 2004, 2005) - a SAMHSA “best practice” for system design





First Westchester COSOCC meeting  
January 2018




Westchester DCMH COD Forum  
May 2018 with Dr. Marc Fishman


# Westchester County Co-Occurring System of Care Committee (COSOCC)

Initial  
Priorities

- System Reform - Licensing, Regulatory
- Prevention - Awareness, Education
- Cross-training, Quality Improvement, Core Competencies




At the Table




First Westchester COSOCC meeting  
January 2018

- 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




**Provider  
Concerns**

- Been there, done that – MICA, CAMI, Dual Diagnosis, Co-Occurring Disorders
- More training!?!
- Another “initiative”!?!
- Staff overwhelmed
- Adding to existing financial strain
- State regulations won’t let us treat conditions that are outside of our regulatory oversight/funding
- Staff are not comfortable/trained in treating substance use/mental health conditions
- How will this be different, better, more likely to succeed?



**Co-Occurring  
the  
Expectation**

- People are complex
- Welcoming
- Meet them where they are
- No wrong door
- What happened to you?
- Hopeful, engaging, person-centered
- Each individual is unique
- All conditions are primary
  - common assessment
  - integrated treatment planning
- System needs to meet this need
- Serenity prayer of change



Engagement  
/Momentum

Charter

- Create “CHARTER” - Living/breathing
  - Meeting needs of diverse populations
  - Includes the identified action steps that the county providers and partners will commit to, including:
    - Commitment to the process
    - Say it out loud
    - Compass EZ
- NO consequences for not meeting all action steps or objectives
- Nothing “binding” about signing the Charter except a stated commitment to change process
- Outreach to agencies/providers not engaged or involved in the process

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Deliverables

**In every program, improving integrated services for individuals (and their supports) with co-occurring MH/SUD and other complex needs results in:**


- People with complexity better engaged and achieving better outcomes.
- Staff feeling more empowered and less burned out by making changes in policy, procedure, paperwork, and practice that help them to be more successful with individuals most in need.
- The whole organization gaining skills to become a high performing change management organization, involving all levels of staff as change agents.
- Collaboration in the co-occurring effort with expertise offered to other types of providers, and help received from them in return.
- A service delivery model that is better for the bottom line because there is higher engagement, fewer missed appointments, reduction in crisis visits, and more value for the payer dollar.

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### Core Competencies

- One framework setting forth skill sets and knowledge that might be needed to effectively work with individuals with co-occurring substance use and mental health conditions.
- Each skill includes basic competencies, intermediate competencies, and advanced competencies.
- Included are links to online trainings available to assist in obtaining these different sets of knowledge and skills.



### 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 Manesau OASAS & Dr. Flavio Casey OMH



How to make  
it happen

- Fall 2019 COSOCC/DCMH Forum
  - Office of Addiction Services & Supports (OASAS)
  - Office of Mental Health (OMH)
- New York Senate Opioid Task Force
- In-service, law enforcement, workforce development, MANY conferences
- Recognized on floor of NYS Senate - 2/20
- White Paper prepared by Westchester COSOCC - 4/20
- OASAS/OMH Listening Sessions - 11/20
- OAMHS workgroup series - 3/21
- NYS Assembly Hearing on 6/21
- Legislative Briefing 5/22
- Ongoing presentations and workshops

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Renewed Commitment – 2024-25



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# COSOCC - Key Areas of Focus & Solutions

- **System Transformation & Workforce:** Build a unified COD-competent workforce and create aligned, cross-sector structures that ensure access to integrated care in all settings.
- **Prevention:** Embed COD awareness in schools, youth programs, and communities to strengthen early identification, resilience, trusted-adult connection, and help-seeking.
- **Treatment:** Expand access to integrated mental health + substance use care, scale evidence-based models, and require COD competencies across provider roles.
- **Peers:** Develop COD specific peer certification, training, and advancement pathways to strengthen comprehensive, lived-experience-informed support.
- **Justice:** Implement COD and trauma-informed training across all justice roles to improve responses, transitions, and recovery continuity.
- **Housing:** Equip housing providers with COD training and workforce supports to meet residents' mental health and substance use needs.
- **Harm Reduction:** Ensure the workforce has mental health + substance use competencies to meet needs of individuals safely and effectively, understanding that this is not just about supplies



## 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



Why mental health matters when it comes to substance use prevention...

The time between onset of a mental health disorder and subsequent substance use disorder is a “key window of opportunity” where COD can be prevented.


Treating Adolescents with Co-Occurring Disorders, Hills, 2007



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





# Multi-prong approach to CODA

## Stakeholder engagement

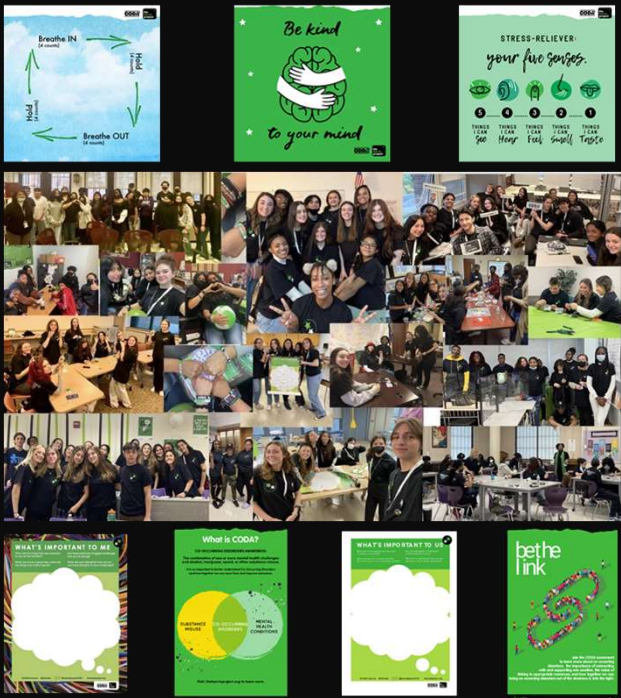


- Students –highly motivated
- School Administrators – teachers, coaches, counseling staff
- Coalitions, Community Organizations, Faith
  - increased collaboration
  - training
- Parents/Caregivers – meet them where they are
  - presentations
  - family universities
  - field
  - stage
- Local Government As Partner



## 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



Encompass

CRAFT

Inclure

Wraparound  
Coordinator

Teen/Young Adult

Family and Loved Ones

Pro-Social Platform

Westchester Navigator

Encompass


- 6 Westchester providers
- 40 clinicians
- initial 2-year pilot
- train-the-trainer component
- community and school-based
- meet a wide variety of needs
- phase 4 – SAMHSA Grant
- phase 5 - Meadows Institute Grant

Integrated Treatment for Adolescents and Young Adults

ENCOMPASS

EVIDENCE-BASED RESOURCE GUIDE SERIES


Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use



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EVIDENCE-BASED RESOURCE GUIDE SERIES

### Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use



**SAMHSA**  
Substance Abuse and Mental Health Services Administration

#### Encompass: Integrated Mental Health/Substance Treatment

University of Colorado School of Medicine, Department of Psychiatry, Division of Adolescent Science, Prevention and Treatment (Jahans, CCS)

Encompass is an evidence-based, outpatient treatment program for youth and young adults with substance use disorders and co-occurring mental health issues. A clinical research team at the University of Colorado's School of Medicine created Encompass in 2010 and 2011. The program has expanded to other sites at Colorado, Illinois, and Kentucky.

The Encompass team works individually with residents and clinical staff who have co-occurring depression, anxiety, attention deficit disorder, conduct disorder, and other mental health issues. They also treat co-occurring substance use and trauma. Participants are referred by parents, schools, mental health clinics, primary care providers, clinics, health insurance, adolescent medicine clinics, substance use treatment programs that do not have expertise in co-occurring disorders, juvenile justice, college/university mental health clinics, or self-referrals.

An estimated 2,500 youth and young adults have received the Encompass intervention across 46 sites in all states. Participants are aged 13 to 24 with an average age of 17. Most are male (77 percent), 12 percent are White, 13 percent are Black/African American, and 10 percent are other races.

Encompass uses MET/CBT along with contingency management (CM), a behavioral reinforcement technique and pharmacotherapy to reduce substance use and psychiatric symptoms.

Treatment consists of 16 weekly individual sessions in a broad range of treatment settings, including outpatient mental health settings, school-based settings, primary care, and substance use treatment programs. The program is designed to provide an individualized level of care. Pharmacotherapy may be incorporated after the first month of the co-occurring psychiatric symptoms severity is not responding to MET/CBT alone.

**Treatment Practice Implemented by the Program**  
Pharmacotherapy Setting  
Encompass program located within the Department of Psychiatry outpatient clinic at University Hospital.

**Population of Focus**  
Youth and young adults with substance use disorders and co-occurring mental health issues.

**Program Location**  
16 weeks  
Primary Care  
Outpatient Clinic  
Treatment Center  
CM

**Key Implementation Considerations**  
• Treatment practice selection: Assessment, Fidelity  
• Training and staffing  
• Treatment engagement

The core treatment team works regularly (weekly or monthly) and consists of a clinical research, clinical social workers, doctoral-level professionals, a medical doctor (MD), a doctor of philosophy (PhD), and registered nurse practitioners (RNPs) based in the Encompass intervention. This team works with a MD, DA, or NP/PA provider with the Encompass treatment model. The core practice professionals conduct the treatment sessions and are clinically supervised. The Encompass-affiliated MD/DA/PA/NP do not have to attend the regular team meetings. However, additional staff must be familiar with the Encompass model and clinical research team in training (e.g., Patient

Health Questionnaire (PHQ-9), generalized anxiety disorder 7-item scale (GAD-7), Attention Deficit Hyperactivity Disorder Rating Scale (ADHD-RS) as they can measure treatment response. They must also be aware of modifications done to the site and effective or not substance use with co-occurring disorders (based on individualized needs).

Encompass therapists receive weekly case-driven clinical supervision in their first year, twice weekly clinical supervision in the second year, and monthly clinical supervision thereafter. The Encompass therapists receive case-driven supervision in the first year following treatment. Encompass therapists receive an initial and ongoing MET/CBT, clinical fidelity adherence review by the Encompass consulting team. Therapists who receive the fidelity adherence feedback receive additional clinical supervision until they are at an acceptable rating range.

**Model Features and Elements**


- Semi-structured interviews at baseline to identify co-occurring disorders.
- Manual-driven MET/CBT as weekly individual sessions.
- CM to enhance substance treatment effectiveness and personal attention.
- Pharmacotherapy provided as clinically indicated.
- Individualized treatment particularly significant at baseline and throughout treatment (e.g., PHQ-9 for depression, GAD-7 for anxiety).

**Findings and Outcomes**

- Reduced to parent-reported rates of the Encompass program.
- Over 90 percent compliance with weekly MET/CBT sessions.
- Reduction in symptoms of psychiatric disorders using validated instruments.
- Reduction in substance use using validated instruments.
- Reduction in psychiatric symptoms often associated with reduced substance use and vice versa.

**Lessons Learned**

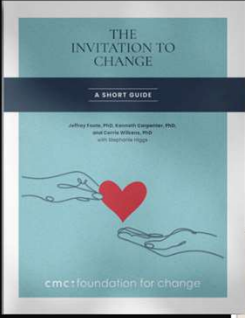
- Understand that completion of a co-occurring mental disorder may be triggering substance use, and be attentive to these external triggers.
- Be thoughtful as you structure your Encompass. Focus on teaching skills and coping strategies associated with external triggers that are often responses to co-occurring mental disorders. Co-occurring and psychiatric symptoms may both decline under the same treatment approach (e.g., CM to enhance substance treatment effectiveness).
- Add CM to MET/CBT to improve treatment effectiveness.



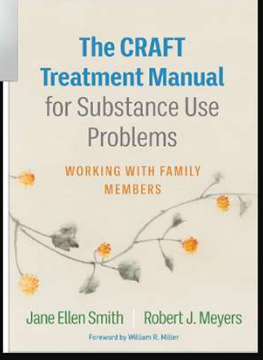
Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances, Serious Mental Illnesses, and Co-occurring Substance Use  
Encompass Program

# ENCOMPASS


# Approaches to support loved ones



**THE INVITATION TO CHANGE**  
A SHORT GUIDE  
Jeffrey Evans, PhD, Kenneth L. Granger, PhD, and Kevin Williams, PhD  
with Stephanie Higgs  
emc: foundation for change



**The CRAFT Treatment Manual**  
for Substance Use Problems  
WORKING WITH FAMILY MEMBERS  
Jane Ellen Smith | Robert J. Meyers  
Foreword by William R. Miller





SAMHSA TREE GRANT

Westchester Co-Occurring System of Care (COSOC)- TREE  
Supporting Adolescents and Transitional Aged Youth with Co-Occurring Disorders,  
and their Families, through a Wraparound System of Care

Westchester County Office of Mental Health

GOALS

- Increase awareness & identification of youth with substance use issues and mental health challenges
- Increase clinical workforce, capacity and youth access & engagement in integrated treatment for co-occurring disorders---Encompass

- Enhance recovery support services and resources & services for parents/caregivers

**ENCOMPASS training** > 40 clinicians @ 5 participating agencies  
**Youth & Recovery Support Coordinator (YRSC)**--Encompass therapist and trainer; SBIRE trained (L.R. LCSW) provides centralized “concierge” referral triage

- SBIRE --Direct outreach using MI to youth referrals throughout the county
- Actively facilitates treatment engagement & Encompass therapist assignment across 5 participating agencies
- Leads learning collaboratives w/ Encompass therapists at each site alternating w/weekly Encompass clinical consultation calls
- Supports intervention fidelity & collects detailed clinical progress and outcome data on all Encompass enrolled patients (reductions in substance use/psychiatric symptom severity, treatment compliance)

- **CRAFT and Invitation To Change** (parents of Encompass--enrolled youth)
- **INCLUDE PROGRAM**--leveraging community-based resources to provide substance free social and recreational activities to support well-being and recovery ([theharrisproject.org](http://theharrisproject.org))

Stephanie Margosano  
Executive Director  
The Harris Project

HEAL

AdAge

24. Harris Project 'You Don't Know the Half of It'

WELCOME to the 2021 CODA You(th) Summit!

CODA Advocacy

PANELISTS

YOUTH LED TOWN HALL

JANUARY 27TH, 6:30PM

CO-OCcurring DISORDERS & MENTAL HEALTH

WILL BE DISCUSSING AT BOSTON TOWN HALL

JANUARY 27TH

AdAge

24. Harris Project 'You Don't Know the Half of It'

WELCOME to the 2021 CODA You(th) Summit!

CODA Advocacy

Statewide Call To Action:

- Create Co-Occurring Disorders Awareness – Health Curriculum
- Create single state agency to better meet the need
- Opioid Settlement \$\$
- Federal Grant Opportunities

ADVOCACY IN ACTION

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December 4-5, 2025

20




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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NYS Guidelines for Opioid-Settlement Funding

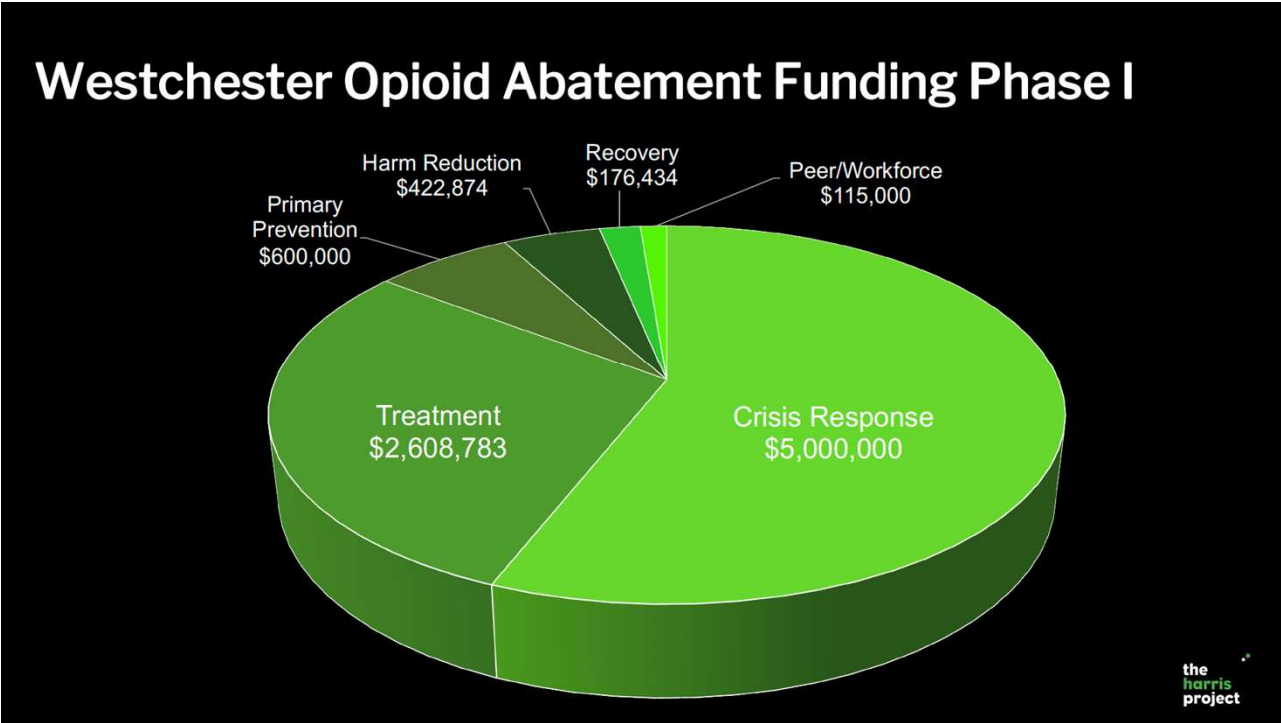


The guidelines include supporting:

- Prevention
- Education
- Harm Reduction
- Outreach
- Treatment & Services
- Recovery
- Special Populations
- Research/Data

*.... of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder and Mental Health (SUD/MH) conditions.*

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### SCHOOL-BASED PREVENTION PROGRAMS

Select examples where OSF are being used to fund school-based prevention programs:

- Westchester County, New York has allocated a substantial portion of its OSF to programs and initiatives that address co-occurring substance use and mental health across the full spectrum of care. For prevention, this includes the development, implementation, and evaluation of a specialized school curriculum to raise awareness and reduce stigma related co-occurring disorders and to provide education and resources to students, faculty, and families.<sup>16</sup>

Westchester County Distributes Millions in Opioid Settlement Funds for Treatment, Prevention, Harm Reduction and Recovery

Published: 22 May 2024

A group photo of seven individuals, including officials and community members, standing in front of a backdrop featuring the American flag and the Westchester County flag. They are dressed in professional attire.

### Guidance for Investing the Opioid Settlement Funds in Primary Prevention

A graphic with a purple background. On the left, there are several stacks of US dollar bills. On the right, there is a white silhouette of a family consisting of a man, a woman, and two children. The man is wearing a hard hat. At the bottom, there is a logo for 'Partnership to End Addiction'.

Partnership to End Addiction

# Opioid settlement funds - role of state & local government

Innovation

Collaboration

Assessment

Consistent

Sustainable

- Partnership to End Addiction
- the harris project
- Coalitions
- School Districts
- Faith Community
- Pace University



JUUL settlement funds have been approved for use!

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## Call to action

### Bridging the Gaps

Enhancing Behavioral Health Treatment and Support for Tennesseans



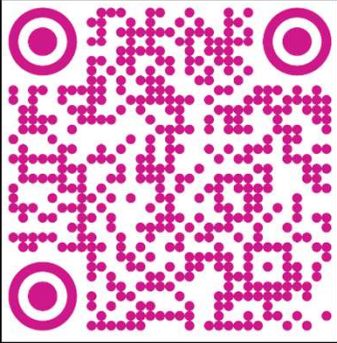
**tamho**

tennessee association of  
mental health organizations

- 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 organization, staff, and population served.
- Find: strategic ways to infuse this into great work already happening.
- Prioritize: legislative action and advocacy statements, platforms, days.

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Stephanie Marquesano, JD, Founder and President, the harris project  
[stephanie@theharrisproject.org](mailto:stephanie@theharrisproject.org) 914.980.6112  
[www.theharrisproject.org](http://www.theharrisproject.org) Instagram: @theharrisprojectCOD



## Questions & Answers

Please raise your hand if you'd like to ask a question or share a comment.

A Mic Runner will bring a wireless handheld microphone to you.  
Kindly speak directly into the mic so that everyone can hear you clearly.

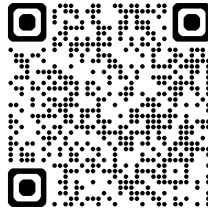


# COMPLETE CONFERENCE EVALUATION FORMS AND THE REQUEST FOR DOCUMENTATION OF CE<sub>s</sub> EARNED

**Up to 5.75 CE units or contact / clock hours available for this event.**

**QUESTIONS?**  
Email: [tamho@tamho.org](mailto:tamho@tamho.org)

## EVALUATIONS



## REQUEST FOR CE DOCUMENTATION

