Policy: It shall be the policy of the Division that all MHDS mental health staff follow guidelines for providing co- occurring mental health and substance use disorders, in all levels of care, across all agencies, and throughout all phases of the recovery process (e.g., engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care).

Purpose: To outline procedures focused on the provision of services for MHDS clinicians providing co-occurring treatments, as well as, to ensure a process for a continuum of care to consumers statewide.

Scope: Division Wide

I. Definitions:

A. Co-occurring disorders are defined as: the existence of at least two disorders, one of which relates to the use of alcohol and/or drugs and another relating to mental illness.

B. Integrated treatment: is a means of coordinating both substance use and mental health interventions. It is preferable this is done by one clinician, however, maybe by two or more clinicians working cooperatively within one program or collaboratively with other service providers. Integrated services must be seamless to the individual participating in services.

II. Co-Occurring Guiding Principles:

A. Consumers with co-occurring disorders are common in our healthcare system, and not viewed as an exception.

B. There is no wrong door for consumers with co-occurring disorders entering into the healthcare system.

C. Both mental health and substance use disorders are to be diagnosed and treated simultaneously.

D. Service provision of integrated treatment includes one plan for one person.

E. To provide evidence-based practices and protocols, and evaluate how these relate to outcomes.

F. Identify, develop, and evaluate new practices to be used for evidence-based research.

G. To improve program structures, milieu, staffing, and training relative to co-occurring disorders.

H. The belief that family education and support, recovery support , self-help, mutual support, and peer-delivered services are important components of a co-occurring system of care.

I. Integrated care must be accomplished by preserving and capitalizing on the values, philosophies, and core technologies of both mental health and addiction treatment fields.

J. Alcohol or substance use level, presence of active use, and/or length of abstinence will not be a barrier to mental health assessment and treatment.

K. Relapse or non-adherence to treatment is not an automatic cause for termination from the program.

III. Procedures

A. Screening and Assessment must be completed to determine the existence of a co-occurring disorder. The screening and assessment will include:

1. Psychiatric, substance use and trauma history, interaction between an individual's mental health symptoms and substance use throughout the lifespan.

2. Documentation of both psychiatric and substance use diagnoses.

B. A Co-occurring Treatment Plan will then be developed based on the screening and assessment using a multi-disciplinary team approach where:

1. Both diagnosed disorders will be viewed as priority, and the plan will ensure that stage-specific and clinically indicated services be prescribed and completed concurrently.

2. The treatment plan will document and ensure that the treatment for mental illness, as well as, substance use will continue at the needed intensity regardless of if the consumer is actively using substances or exhibiting psychiatric symptoms

3. The treatment plan will identify and address any medical conditions as appropriate.

IV. Staffing:

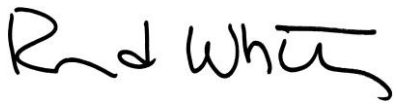
A. Professional who may treat consumers with co-occurring disorder may include but are not limited to:

1. Psychiatrists, Psychologists, Nurses, Licensed Clinical Social Workers (LCSW), Marriage and Family Therapist (MFT), Licensed Alcohol and Drug Counselor/ Licensed Clinical Alcohol and Drug Counselor (LADC/LCADC).

2. Qualified Mental Health Associate (QMHA) and Mental Health Technicians who have received training and have working knowledge of co-occurring disorders.

B. All agency staff working with consumers with co-occurring disorders will participate in orientation, and on-going training with curriculum specific to co-occurring disorders and treatment.

VI. Each Division mental health agency shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into the agency policy manual.



ADMINISTRATOR

EFFECTIVE DATE:
REVIEWED / REVISED DATE: 9/21/12
SUPERSEDES: #4.072 - Serving Consumers with Co-Occurring Mental Health and Substance Abuse Disorders
APPROVED BY MHDS ADMINISTRATOR: 9/21/12
APPROVED BY MHDS COMMISSION: 9/21/07, 9/21/12