

APPENDIX C14
Department of Health and Human Services
Mental Health and Developmental Services Division
Substance Abuse Prevention and Treatment Agency
Division Criteria for Programs Treating Substance Related Disorders
Co-Occurring Endorsement

The co-occurring disorder (COD) service level endorsement requires the integration of substance abuse treatment and mental health services for persons diagnosed with both a substance abuse and mental health disorder. Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively; the term refers broadly to any mechanism by which treatment interventions for COD are combined within a primary treatment relationship or service setting. As such, integrated treatment reflects the longstanding concern within substance abuse treatment programs for treating the whole person, and recognizes the importance of ensuring that entry into any one system can provide access to all needed systems. The Division Criteria for the enhanced delivery of services employs a related system that classifies both substance abuse and mental health programs as advanced in terms of providing more integrated care.

The concept of no wrong door treatment strategies allow those suffering from persistent mental illness and chronic substance abuse disorders to engage in seamless treatment for co-occurring issues. This principle serves to alert treatment providers that the healthcare delivery system, and each provider within it, has a responsibility to address the range of client needs wherever and whenever a client presents for care. At the center of care for the co-occurring diagnosed is the easy access to treatment regardless of the presenting problem, e.g., mental health, substance abuse, or traditional health care concerns.

The Substance Abuse Prevention and Treatment Agency (SAPTA) follows the guiding principles regarding the treatment of COD and integrated care outlined in two key publications in the mental health and substance abuse fields to ensure responsiveness to the needs of individuals with co-occurring mental health and substance use disorders (COD) receiving treatment from all SAPTA COD funded programs who have received the COD endorsement. The intent of these guidelines is to provide direction and to emphasize factors that are crucial in the treatment of individuals diagnosed with co-occurring disorders.

Guiding Principles in Treating Individuals with Co-Occurring Disorders
(CSAT, Treatment Improvement Protocol #42, 2005)

1. Employ a recovery perspective
2. Adopt a multi-problem viewpoint
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.

Effective Date: July 2007

Date Revised: June 2012

Guiding Principles of Integrated Treatment

(Mueser, K.T., Noordsy, D.L., Drake, R.E., & Fox, L., Integrated Treatment for Dual Disorders, 2003).

1. Core value: Shared decision making
2. Seven Principles of integrated treatment consist of the following:
 - Integrated: The same clinician (or team of clinicians) provides treatment for mental illnesses and substance use disorders at the same time.
 - Comprehensiveness: When needed, access to residential services, case management, supported employment, family psychoeducation, social skills training, training in illness management, and pharmacological treatment is available.
 - Assertiveness: Clinicians must make every effort possible to actively engage reluctant individuals in the process of treatment and recovery.
 - Reduction of negative consequences: Reduce the negative consequences of substance use, while developing a good working alliance that can ultimately help develop the motivation to address their substance use and mental health challenges.
 - Long-term perspective: Recognizing that each individual recovers at his or her own pace, given sufficient time and support.
 - Motivation-based treatment: Interventions must be motivation-based – meaning they are adapted to clients' motivation for change.
 - Multiple psychotherapeutic modalities: Including individual, group, and family approaches has been found to be effective.

Co-Occurring Program Guidelines

This section identifies the SAPTA guidelines regarding program structure, screening, assessment, treatment planning, clinical and auxiliary services, staffing, and quality assurance for COD endorsements and programs.

Program Structure

1. Agency mission statement and/or policy are all inclusive of people with co-occurring disorders.
2. Program has the proper certifications to provide services.
3. Program displays, distributes, and utilizes literature and client/family educational materials addressing both mental health and substance use disorders.

Effective Date: July 2007

Date Revised: June 2012

4. Program utilizes a stage-wise treatment approach incorporating motivational interviewing and/or other evidence based practices for treating co-occurring disorders i.e. cognitive behavioral therapy.
5. Treatment providers view clients with COD and their treatment in the context of their culture, ethnicity, geographic area, socioeconomic status, gender, age, sexual orientation, religion, spirituality, and physical or cognitive disabilities. The provider especially needs to appreciate the distinctive ways in which a client's culture may view disease or disorder, including COD.

Screening, Assessment, and Treatment Planning

6. As required by SAPTA, the program uses standardized mental health and substance use screening instruments with established psychometric properties for routine screening for psychiatric and substance use symptoms.
7. Programs perform a formal, integrated, and comprehensive assessment. The assessment should identify and include the following information:
 - Psychiatric, substance use and trauma history including information pertaining to the interaction between an individual's mental health symptoms and substance use throughout the lifespan.
 - Stage of change for both disorders is documented.
 - Functional behavior and adjustment.
 - Contextual factors, i.e. person-situational factors such as vulnerability
 - An integrated formulation of strengths, history, current symptoms.
 - Documentation of both psychiatric and substance use diagnoses.
8. The treatment/recovery planning process focuses on the recovery potential of an individual. It includes a focus on:
 - Co-occurring conditions, including co-occurring medical conditions, and incorporates stage of change principles.
 - Relapse or non-adherence to medication or other treatment is not an automatic cause for termination from the program.
 - Co-occurring disorders are reflected as dual primary disorders, and a plan is developed in which each condition receives stage-specific and diagnostic-specific services concurrently.
 - Treatment for mental illnesses, including psychotropic medications if deemed clinically appropriate, continues at the needed intensity even when individuals are actively using substances.
 - Treatment for substance use disorders continues at the needed intensity even when individuals have psychiatric symptoms and are receiving interventions focused on their mental illnesses.

Effective Date: July 2007

Date Revised: June 2012

Services

9. The co-occurring endorsement can only be attached to an initial substance abuse Level I and Level II.I adult or adolescent Outpatient and Intensive Outpatient treatment levels. Therefore programs must meet all of the division requirements for these levels of service (please see the Division Criteria Appendix for information on requirements).

The program must have the ability and capacity to provide care to individuals with mild to moderate symptom acuity regardless of any prior history of more significant impairment. Substance use treatment programs admit individuals whose psychiatric disorders are primarily stable with no presence of being a threat or danger to self-or others and who have some capacity for self-regulation. The program will have the ability and capacity to provide care to individuals with mild to moderate severity of disability, including those who may be on chemical maintenance and/or psychotropic medications. Mild to moderate is defined as a degree of disability such that the individual is capable of independent functioning and the co-occurring disorder does not interfere significantly with participation in treatment or does not require inpatient care (for extensive description of this please see TIP 42).

Programs admit individuals who fall into what is known as **Quadrant III**, as described in the Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol/TIP 42, including individuals with:

- Stable Axis I mood, anxiety or posttraumatic stress disorders (Adolescents are usually admitted with an emotional disturbance)
- Less severe Axis II disorders or stable schizophrenia or bipolar disorders.

Mental health treatment programs admit individuals who fall into what may be commonly known as Quadrant II , as described in the Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol/TIP 42, including individuals who are not physiologically dependent on a substance. The Four Quadrants consist of:	
III. Less severe mental disorder/more severe substance disorder.	IV. More severe mental disorder/more severe substance disorder.
I. Less severe mental disorder/less severe substance disorder.	II. More severe mental disorder/less severe substance disorder.

Programs can admit an individual to rule out a diagnosis as long as there is a strong suspicion the individual will fall under a Quadrant III diagnosis. If this occurs the clinician needs to justify the placement and adequately track the mental health symptoms to ensure a co-occurring diagnosis. If the individual is found to not have a mental health diagnosis the treatment plan must be updated followed by the proper placement. V codes should be documented in the file however they are not suitable for placement in a COD program.

Effective Date: July 2007

Date Revised: June 2012

10. Program services integrate motivational interventions, education about the symptoms, course, and treatments for both mental health and substance use disorders, and information about the interactive nature of co-occurring conditions.
11. Programs will provide social skills training which can be incorporated into the treatment episode.
12. If psychopharmacologic and addiction pharmacotherapy interventions are not provided on-site, the program has a process in place to ensure that individuals have access to such interventions through a seamless and integrated collaboration with an appropriate entity.
13. Program will include families and/or others that are likely to support the individual's recovery process programs. Types of services include family psycho-education or multi-family peer support groups or family therapy, and incorporate a focus on co-occurring disorders.
14. Co-occurring disorders are addressed in the discharge planning process. Upon discharge, individuals should be connected to services that assist with maintaining and promoting recovery.
15. Case management services should be provided whether by the primary clinician or an individual whose job it is to provide case management services. The models most effective when working with co-occurring clients are the clinical case management and stage-wise models outlined in the Mueser et al (2003) text mentioned previously in this appendix.

Staffing

16. Clinical staff will have advanced backgrounds and experience in COD components of treatment, including dual licensure, i.e. Licensed Alcohol and Drug Counselor/ Licensed Clinical Alcohol and Drug Counselor (LADC/LCADC), Licensed Clinical Social Worker (LCSW), or Marriage and Family Therapist (MFT) and knowledge of the effects and use of psychotropic medications. Clinical supervisors must be licensed in either the addictions or mental health fields.
17. A multi-team approach is required. A psychiatrist is available on site in acute settings and through coordination in all other settings. Access to a continuum of care including educational and employment, medical referrals, and addressing housing needs are essential in providing services.

Effective Date: July 2007

Date Revised: June 2012

18. On-site, documented clinical supervision sessions, including a focus on co-occurring disorders, are provided, at the frequency of at least one hour per week for individuals providing clinical services.
19. Program must have a written training plan. The plan needs to include how the program will assist staff in maintaining and enhancing their competencies to provide services for people with co-occurring disorders through the use of current literature, films, other medium, in-service trainings, or external trainings. The plan needs to include training in specialized treatment approaches relating to COD and should include training in pharmacotherapy.

Quality Assurance

20. Program must have the ability to address, track, and achieve the requested outcome measures including the National Outcome Measures (NOMs).
21. Program must have a written quality assurance procedure, and evidence of its implementation.
22. Program must have a written procedure for self-monitoring their adherence to these co-occurring capable program guidelines over time.

Effective Date: July 2007

Date Revised: June 2012