	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	03-02
		Issued Date	10-15-07
		Revision Date	
AREA: Clinical & Psychosocial Rehabilitation Services	TITLE: Co-Occurring Disorders (COD) Practices		
Approved by:	Approved By:		
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I. POLICY

Adult Mental Health Services expects clients to receive assessment, education, treatment, and supportive services appropriate to their unique needs. Assessment of co-occurring substance abuse, and integrated service provision when feasible, is indicated for individuals diagnosed with co-occurring disorders.

In order to increase our Adult Mental Health System of Care’s “co-occurring capability,” defining terms, practice concepts and program assessment is essential.

II. DEFINITIONS

- A. Co-Occurring Disorder (COD): Having one or more diagnosable psychiatric disorders and one or more diagnosable substance use disorders, with concomitant functional disability in one or more areas of psychosocial function. A previous term is “Dual Diagnosis.”

Within Adult Mental Health Services, the mental health diagnosis must meet Target Population or Expanded Target Population criteria.

- B. Integrated Treatment: An Integrated Treatment approach acknowledges the best outcomes occur when both illnesses are considered primary diagnoses. In an integrated approach, one clinician or treatment team provides services for both disorders. Integrated Treatment is:
 1. Welcoming, empathic and hopeful.
 2. Has an expectation that co-occurring disorders is the norm.
 3. Ensures a cultural formulation of the client’s service needs.
 4. Provides stage specific interventions to persons with more than one chronic relapsing illness.

- C. Stages of Change: The six stages of change defined by Prochaska and DiClemente (*e.g.*, pre-contemplation, contemplation, preparation, action, maintenance and relapse). Services and intervention strategies must be stage based to be successful.
- D. Substance Use Disorder: Substance Use Disorder shall mean either Substance Abuse or Substance Dependence as defined in the *DSM-IV-TR* APA, 2000.

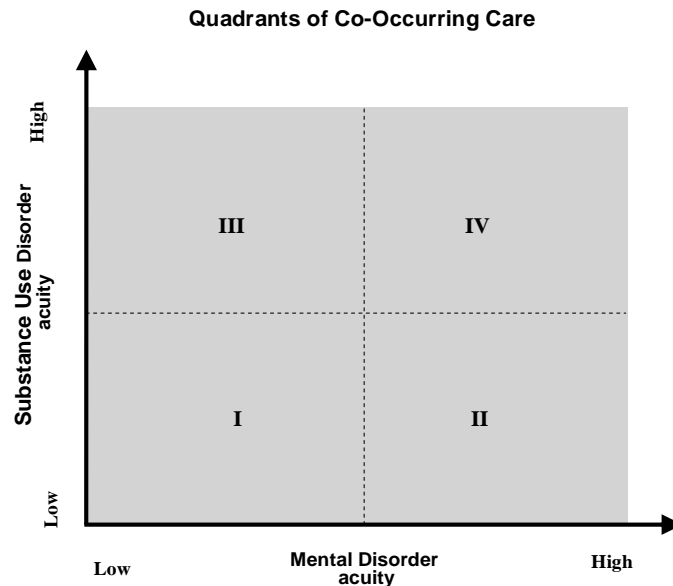
III. SYSTEM PRINCIPLES

- A. Accessibility: The system of care must be accessible from multiple points of entry, *i.e.*, “no wrong door.” Any person seeking care for a mental health and/or related substance use disorder must be welcomed, accepted and actively engaged s/he seeks treatment.
- B. Collaboration with multiple systems: The system of care must collaborate with alcohol and drug services, primary care, human services, housing, criminal justice, education and related fields in order to meet the complex needs of consumers.
- C. Continuity: Integrated services promote the seamless delivery of mental health and substance abuse services while maintaining the strength of systems to serve individuals with a single diagnosis. The system must provide consumers with services matched to their specific needs with levels of care matched to the immediate intensity of those needs.
- D. Cultural Competence: Assessment and treatment includes a formulation of cultural factors that have an impact on treatment including heritage, history, expectations, beliefs, traditions, values, customs, institutions and ways of communicating.
- E. Expectation: Individuals diagnosed with COD are expected in all behavioral health settings. COD is the rule not the exception. Services must incorporate this assumption into screening, assessment, treatment (case) planning, and service delivery.
- F. Evidence-based and promising practices: Use of evidence-based and promising practices, ensure consumers are obtaining services with the greatest potential of positive outcomes.
- G. Individualized Treatment: Treatment should be individualized to accommodate the specific needs, personal goals, and cultural perspectives of unique individuals in different stages of change. One size does not fit all: The system of care should not be limited to a single “correct” model. Care Plans are based on an assessment of individual needs and preferences, matched to appropriate levels of care, and provided or coordinated by a single treatment team or within a comprehensive treatment model.
- H. Recovery Perspective: Belief in the individual’s capacity for recovery is a fundamental provider attitude, and is characterized by empathy, respect and hopefulness.

IV. POPULATION SERVED

A. The Quadrants:

Adult Mental Health Service Providers provide services to clients who fall within quadrants II and IV in the chart below.



B. Diagnoses:

1. Co-occurring Disorders refers to co-occurring substance abuse and mental health disorders. Within the Adult System of Care mental health disorders must meet the diagnostic criteria for “Target Population” or “Expanded Target Population” as defined by the Sacramento County Mental Health Plan.
2. Within the treatment context, both co-occurring disorders are considered primary. Within the Mental Health Plan, the core focus of treatment must be the mental disorder; the substance use disorder is addressed due to its deleterious effect on an individual’s ability to manage and recover from the mental disorder.
3. Each program is responsible for remaining within the guidelines of their funding source and authorizing entity.

C. Service Definitions:

Providers deliver COD services to qualified mental health service recipients who meet the following service definitions with respect to the co-occurring substance use disorder(s):

1. Pre-diagnosis: Signs and symptoms of an evolving substance use disorder are evident along with their qualifying mental health diagnosis. Example - client who discloses substance abuse, or who experiences negative consequences of abuse.
2. Post-diagnosis: Signs and symptoms have led to a diagnosis of a substance use disorder that may be currently active or may be in remission. Example - client who requires treatment and support for a substance use disorder or a client with a substance use disorder in remission who requires support in maintaining their recovery.
3. Unitary disorder: Signs and symptoms of a of substance use disorder, in clients with a diagnosed mental disorder who present for services. Example - a known mental health

client presents with an acute substance-induced disorder, or a known mental health client who presents with acute intoxication and/or the need for detoxification services.

D. Treatment Planning:

Planned services are guided by several factors:

1. Service definitions
2. Clients assessed readiness to change (see definitions)
3. Relative stability /acuity of their mental illness
4. Need for immediate safety planning.

V. SERVICE DELIVERY

A. Within Adult Mental Health Services, the following are expected of a program providing services for co-occurring disorders:

1. Engagement: The ability to approach clients in a manner that promotes disclosure by easing anxiety and reassuring that help is available.
2. Screening: The ability to consistently identify clients who may have Substance Use Disorders, and who may benefit from intervention.
3. Assessment: The capacity to accurately assess the client's level of substance use, its impact on the client's domains of functioning, any immediate safety issues, and the client's stage of readiness to change.
4. Early Intervention: Pretreatment Groups intended to provide education about recovery, increase self-awareness of the impacts of use, promote the understanding of the need for treatment, increase awareness of resources, and generate motivation to change.
5. Case Management/Brokerage: Facilitating and coordinating the clients' utilization of appropriate supports and services.
6. Service Strategies (*interventions must be stage based*):
 - a. Motivational Interviewing (MI)
 - b. Motivational Enhancement (ME)
 - c. Substance Abuse Management Module (SAMM)
 - d. Self-Help (12 step)
 - e. Cognitive Behavioral Therapy (CBT)
 - f. Relapse Prevention

VI. PROGRAM ASSESSMENT

A. It is useful to assess the level of program proficiency in order to determine service provision and organizational steps toward integrated services. Program proficiency (defined by TIP 42 [SAMHSA]) can be assessed and categorized as follows:

1. Basic: A basic program has the capacity to provide treatment for one disorder (mental health) but also screens for the other disorder and can access necessary consultations.

2. Intermediate: An intermediate level program focuses on one disorder (mental health) but explicitly addresses some specific needs of the other disorder. Example: during an intake assessment a services coordinator provides motivational interviewing techniques in an attempt to move a client to act towards active treatment of a substance use disorder.
3. Advanced: A program with an advanced level of co-occurring capacity provides integrated mental health and substance use disorder treatment services. Example: a program that provides stage specific interventions for a substance use disorder, (Pre-treatment, DBT, SAMM, Relapse prevention) concomitantly during the course of their mental health treatment, utilizing a coordinated plan.
4. Fully Integrated: A fully integrated program actively combines substance abuse and mental health interventions to treat disorders, related problems, and the whole person more effectively.

B. The Division will provide training, evaluation and technical support as follows:

1. Provide agencies with assessment tool(s) in support of their planned movement from Basic toward Fully Integrated.
2. Provide educational and training opportunities for the provider workforce as indicated.
3. Conduct focused program reviews for the purpose of identifying existing components of co-occurring competency, identifying service gaps and developing training specific to the needs of the agency.
4. Adult Mental Health Services staff and Research Evaluation, and Performance Outcomes (REPO) will identify and provide outcome data on specific program elements.

Form References:
N/A

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	Adult MH 01-03 Access to Services	N/A
	Adult MH 03-01 SacPort Requirements	
	Adult MH 03-03 Co-Occurring Disorders Assessment	
	QM P&P 01-07 Determination for Medical Necessity and Target Population	
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VI. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff	<input checked="" type="checkbox"/> Adult Contract Providers
	<input type="checkbox"/> Mental Health Treatment Center	<input type="checkbox"/> Children's Contract Providers
	<input type="checkbox"/> Specific grant/specialty resource	