

## CHAPTER 3

### Section 3.6.1 Best Practices for Providing Services for Individuals with Co-occurring Disorders (COD) Overview

*Note: for information regarding Integrated Dual Disorder Treatment information please refer to Chapter 2, Section 6*

Since 2008, NorthCare and the five Community Mental Health (CMH) agencies in the Upper Peninsula have been providing treatment services for individuals with co-occurring disorders. The evidence is conclusive that providing services for individuals who experience both mental health and substance use disorders in an integrated treatment setting leads to more positive outcomes and greater satisfaction of the individuals being served. Clear guidelines for creating a system of care that is comprehensive, continuous and integrated to serve individuals with co-occurring disorders have been established at a national level. Training and education about this system of care were provided to staff for several years before we began offering co-occurring services at all five CMH. Treatment of co-occurring disorders utilizes a variety of methods as the degree of impairment for both mental health and substance use disorders experienced by individuals varies widely. The material in this section is organized in subsections to provide background and educational information (Section 3.6.2); basic material on the system of care developed in Michigan to provide better services to individuals with co-occurring disorders (Section 3.6.3); treatment information (Section 3.6.4); and legal information about the protections afforded medical records with substance use disorder information used for referral and/or diagnosis within them (Section 3.6.5).

**Section 3.6.2** contains background and educational material on the topic of co-occurring disorders.

- 3.6.2. A. US Community Hospital Care of Adults with Mental Health and Substance Abuse Disorders 2004
- 3.6.2. B. Science of Addiction
- 3.6.2. C. The Overarching Principles to Address the Needs of Individuals with Co-occurring Disorders- the summary of this consensus document created by the Co-occurring Center for Excellence(COCE) at the national Substance Abuse and Mental Health System Administration (SAMHSA) states:  
*This overview paper outlines 12 overarching principles for working with persons with co-occurring disorders (COD). These principles are intended to help guide, but not define, systemic and clinical responses. They are grouped according to whether they guide systems of care or individual providers and can be used as benchmarks to assess whether plans in development, or programs in operation, are grounded in the field's best thinking.*
- 3.6.2. D. COCE Integrated System of Care for COD explains the application of the above principles in a system of care

**Section 3.6.3** provides the material necessary for Community Mental Health staff to integrate COD treatment within the mental health agency framework.

- 3.6.3. A. Comprehensive Continuous Integrated System of Care (CCISC) DCH Consensus Document v2 FY10 outlines how the national consensus documents have been operationalized in the state of Michigan.
- 3.6.3. B. NorthCare Performance Improvement Committee's approval of adopting the CCISC Model of Care
- 3.6.3. C. Summary of the Key Elements in CCISC model of treatment
- 3.6.3. D. CO-FIT-- an assessment tool to measure system change at a macro level toward a CCISC

- 3.6.3. E. COMPASS—an assessment tool to measure system change at a program level
- 3.6.3. F. CODECAT—an assessment tool to measure clinical core competencies to deliver COD services

**Section 3.6.4** addresses basic treatment models for working with individuals with COD. This is introductory material and it is not intended to be prescriptive. The reader is encouraged to pursue further study on any of the topics presented here.

- 3.6.4. A. COCE Overview of Screening & Assessment & Treatment
- 3.6.4. B. COD Clinical Standards draft August 24, 2010—these standards have been developed by the Michigan Change Agent Leaders Team and outlines specific standards to demonstrate achieving competency in providing clinical care for individuals with COD. The standards are still in draft but are provided here as a measuring tool for what work remains to be done.
- 3.6.4.C. Co-occurring Disorder Treatment Manual produced by the Department of Mental Health Law & Policy Louis de la Parte Florida Mental Health Institute University of South Florida. The regional NorthCare COD project team selected this manual as a basic guide for group treatment.
- 3.6.4. D. Co-occurring Disorder Treatment Workbook—this is the workbook to accompany the manual listed above.
- 3.6.4. E. Navigating Self Help Groups and Support Groups is a guide for clinical staff developed by a Peer Support Specialist who has lived experience with co-occurring disorders.

**Section 3.6.5** provides information regarding the confidentiality of medical records for individuals with co-occurring disorders. There are three sets of laws and regulations that may impact individuals with mental illness who are diagnosed with substance use disorder(s) and referred and/or treated for the substance use disorder. The federal HIPPA regulations define privacy regulations for the individual medical record. 42CFR Part2 is the body of federal law that establishes protections of medical records containing substance abuse diagnosis and referral and/or treatment information. The Michigan Mental Health Code which establishes the right of confidentiality of records containing mental health information. The documents listed here are introductory and the reader is referred to the source documents for further study.

- 3.6.5. A. Confidentiality of Alcohol and Drug Abuse Patient Records, 2004. This document was developed by SAMHSA to assist local programs in developing procedures to protect records according to the law 42CFR Part 2.
- 3.6.5. B. MDCH Substance Abuse and Mental Health Rights Comparison was developed by the Office of Recipient Rights to illustrate the similarities and differences between the Michigan Mental Health Code and the Michigan Public Health laws that establish protections for individuals who have substance use disorders.
- 3.6.5. C. Training and Case Studies on the Confidentiality Rules of 42CFR Part 2. This PowerPoint was created by the NorthCare Recipient Rights Officer for training CMH staff on 42CFR Part 2 and how to apply the rule to specific case scenarios.