



## **Co-Occurring Disorders**

# **Clinical Standards**

August 24 DRAFT- 2010

# Purpose :



- Introduce the Change Agent Leadership
- Role of the Clinical Standards Workgroup
- Materials reviewed
- Presentation of the clinical standards.
- Open discussion

# Change Agent Leadership Group



- How long
- Membership
- Why the group was formed
- Purpose of the group
- Regional groups
- Change Agent is more inclusive than just co-occurring (promoting and supporting client needs)

# **Role of the Clinical Standards Workgroup**

A hand holding a globe, symbolizing global impact or international standards.

The role of the group is to develop a general Clinical Standards of practice resource guide to be used when working with individuals experiencing co-occurring disorders.

The group noted a difference between clinical standards and core-competencies.

# Materials Reviewed



- 1 Christie A. Cline, MD and Kenneth Minkoff, MD, COCAP™ Version 2.0, Co-Occurring Capability For Substance Abuse and Mental Health, Beta Testing Edition, 2007.**
- 2 Connecticut Department of Mental Health and Addiction Services : Co-Occurring Capable Program Guidelines , *February 2009* .**
- 3 Winnipeg Region Co-occurring Disorders Initiative , Clinical Training Guidelines for Co-occurring Mental Health and Substance Use Disorders, September 2003**
- 4 NSW (New South Wales - Australia) Department of Health: NSW Clinical Guidelines For the Care of Persons with Co-morbid Mental Illness and Substance Use Disorders in Acute Care Settings, 2009.**

# Materials Reviewed



- 5 Maine COSII Clinical Practices Committee Definition of COD Capable 12/3/07.**
- 6 Genesee County CMH, PIHP Procedure Manual : Staff Competency Standards for Working with Individuals with Co-Occurring Mental Health and Substance Disorders ; 9/1/2009.**
- 7 Kenneth Minkoff, MD. Developing Standards of Care for Individuals with Co-Occurring Psychiatric and Substance Use Disorders, Psychiatric Services, May 2001, Vol.42, No 5**



# Clinical Standards

August 24 DRAFT- 2010

# Standard 1



The agency/program has designed specific clinical practice protocols that define welcoming practice with co-occurring clients and families.

- The program has a mission statement, set of principles, and/or written philosophy that emphasizes a welcoming, empathic, integrated approach to the treatment of individuals with co-occurring disorders.
- Agency mission statement and or policy is inclusive of people with co-occurring disorders.

# Standard 1 Continued



- If a program is not licensed to provide both mental health and addiction treatment services, it has a formal process to ensure that individuals have access to those services and that concurrent services are integrated.
- Program displays, distributes, and utilizes literature and client/family educational materials addressing both mental health and substance use disorders.

## Standard 2



The agency/program has eliminated arbitrary access barriers based on co-morbidity.

- At no time will an individual presenting for mental health services be told that they must/should address substance use issues first before accessing mental health services.
- There is to be no arbitrary imposition of a length of sobriety requirement before accessing mental health or substance use services.

# Standard 2 Continued



- At no time should individuals presenting for substance use disorder services be told that they must/should address mental health issues before accessing substance use disorder services.
- At no time should individuals presenting for substance use or mental health services be arbitrarily excluded based on class of medication used.

# Standard 3



The agency/program has an organized, universal, integrated screening process for all clients and families, using population appropriate screening tools.

- The agency/program demonstrates ability to complete basic screening for co-occurring disorders.



## **Standard 4**

The agency/program performs or obtains an integrated, strength-based, stage-based assessment for individuals screened with mental health and/or substance use disorders.

# Standard 5



Treatment/recovery plans are individualized, person/family centered and integrate appropriately matched attention to both mental health and substance use disorder issues.

- The treatment/recovery planning process focuses on the recovery potential of an individual. It includes a focus on the co-occurring conditions and incorporates stage of change principles. A plan is developed that addresses each condition with stage-specific approaches.

## Standard 6



Agency/program organizes the provision of interventions to individuals with co-occurring disorders, and their families, in accordance with the best practice principles of integrated treatment.

- Agency programs assure that the staff providing interventions have co-occurring competencies and are appropriately credentialed, trained and/or licensed in accordance with best practices principles and existing regulations.

# Standard 7



The agency/program provides an array of programming and group interventions that are appropriately matched to the needs of persons with co-occurring disorders and their families.

- Program service integrates 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.



## Standard 8

Peer support for people with co-occurring disorders is available on-site or through collaboration. Examples of peer support include recovery coaches, certified peer support specialists and a variety of support groups (e.g. assertive linkage to 12 step groups, DRA groups, Double Trouble, alumni groups, and others) that are welcoming to people with co-occurring disorders.

## Standard 9



Both Mental Health and Substance Use Disorders are seen as primary and are addressed in the recovery/transition/discharge planning process.

# Standard 10



The agency/program has designed and implemented organized psychopharmacology policies and protocols that attend to the needs of individuals with co-occurring disorders.

- 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 seamless and effective integrated collaborations with an appropriate entity.

# Standard 10 Continued



- Medication will not be interrupted without appropriate coordination of care.
- Assure continuity of care for psychiatric and medication assisted treatment.

# Standard 11



The agency/program has established staff development policies and procedures that support treatment services that address the needs of the co-occurring populations.

- Program must have a written staff training plan.
- The plan needs to include how the program will assist staff in maintaining and enhancing their competencies to provide services for persons with co-occurring disorders through the use of current literature, films, other medium, in-service trainings, and/or external trainings.

# Standard 11 Continued



- The plan needs to include training in specialized treatment approaches and pharmacotherapies.

# Standard 12



Agency/program services are trauma-informed.

- Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors.
- Services will be delivered in a way that avoids inadvertent retraumatization.

# Standard 13

The agency/program has a quality assurance/improvement process.

- Written quality assurance/improvement procedures and evidence of implementation.
- Written procedures for self-monitoring adherence to the co-occurring clinical standards.





# Definitions

August 24 DRAFT- 2010

# Integrated Treatment



Integrated treatment is the process where both mental health and substance use disorders are addressed at the same time in the same place. Integrated treatment is most effective when treatment consists of the same health professionals, working in one setting, providing appropriate treatment for both mental health and substance use in a coordinated, consistent manner that corresponds with a person's motivation to change and his or her level of involvement in the treatment system.

# Recovery Coach



As defined in the administrative rules:

Peer recovery and recovery support means recovery support programs that are designed to support and promote recovery and prevent relapse through supportive services.....

Peer recovery programs are designed and delivered primary by individuals in recovery and offer social emotional and/or educational supportive services to help prevent relapse and promote recovery.

# Recovery Coach



- The role of the recovery coach is to support individuals
- Recovery coaches work in both in the treatment center and in their natural environment.
- Recovery coaches can work with individuals one-on-one or in groups providing education or other types of group support.
- They must be employed by a substance use program that has a license for peer recovery/ recovery support services.

# Recovery Coach Continued



## Minimum requirements

- Must be a peer in recovery, have a high school diploma or equivalent.
- Stable recovery
  - Each program must have written policies and procedure defining stable recovery and must be actively working in a recovery program (e.g. twelve-step..)
- Interpersonal Skills.
  - Communication skills, listening skills, recovery expertise, and organizational skills.
- Ability to adapt to changing circumstances and situations.

# Recovery Coach Continued



- MDCH/BSAAS currently considers these positions as specially focused staff that are to be supervised by an individual with appropriate credentials.
- The MDCH/ BSAAS policy Technical Advisory # 7 outlines training expectations for Recovery Coach.

# Peer Specialist Services



Peer specialist services provide individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities, and with planning and negotiating human services systems.

# Peer Specialist Services Continued

A close-up photograph of a hand holding a small, translucent globe of the Earth. The hand is positioned in the upper right corner of the slide, with fingers gently cradling the globe. The background is a soft, out-of-focus light blue and white.

- Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must meet MDCH specialized training and certification requirements.

# CO-Occurring Capable Programming

A close-up photograph of a hand holding a small, translucent globe of the Earth. The hand is positioned in the upper right corner of the slide, with fingers gently cradling the globe. The background is a soft, out-of-focus light blue and white.

Co-occurring capable programs are those that “address Co-occurring mental and substance related disorders in their policies and procedures, assessment, treatment planning, program content, discharge planning” (ASAM, 2001, p. 362) even when such programs are geared primarily towards substance use or mental health disorders, program staff are “able to address the interaction between mental and substance related disorders and their effect in the patient’s readiness to change as well as, relapse and recovery environment issues through individuals and group program content” (ASAM, 2001, p.362).

# Co-occurring Enhanced Programs

A close-up photograph of a hand holding a small, translucent globe of the Earth. The hand is positioned in the upper right corner of the slide, with fingers gently cradling the globe. The lighting is warm, highlighting the texture of the skin and the reflective surface of the globe.

Programs have a higher level of integration of substance abuse and mental health treatment services. These programs are able to provide unified substance abuse and mental health treatment to clients who are, compared to those treatable in COD capable programs, “More symptomatic and/or functionally impaired as a result of their co-occurring mental disorder” (ASAM, 2001, p.10). Enhanced-level services “place their primary focus on the integration of services for mental and substance-related disorders in their staffing, services and program content” (ASAM, 2001, p. 362). The integrated Dual Disorder Tool Kit describes a particular type of dual diagnoses enhanced program for adult with Severe Mental Illness (CMHS, 2003).