

**NorthCare Assessment Guidelines for Co-Occurring
August 18, 2004**

Practice Guidelines: Assessment for Co-occurring Disorders

A co-occurring disorder assessment is defined as an assessment that integrates mental health history and mental health disorder diagnostic findings with a substance use and abuse history and substance disorder findings. The co-occurring disorder assessment is the basis for treatment planning and the delivery of integrated co-occurring disorder treatment. All access sites in the NorthCare system should have the capacity to complete a co-occurring disorder assessment when needed. It is recognized that there are levels of severity of need for assessment and these guidelines suggest indicators of severity for both community mental health and substance abuse treatment settings.

Community Mental Health Settings

Indicators of Need for a Co-occurring Disorder Assessment

Level of Severity	Indicators	Assessment Intervention	Co-occurring Specialist Role
Level I Severity (Low)	<p>There has been a positive screen for a substance disorder on routine screening during the intake process.</p> <p align="center">(or)</p> <p>History indicates the consumer has been or is being treated for a substance disorder.</p> <p align="center">(or)</p> <p>Intoxication or high on substances during an intake appointment or routine appointment.</p> <p align="center">(or)</p> <p>Symptoms of withdrawal during an intake or routine appointment.</p> <p align="center">(or)</p> <p>Consumer or family member expresses concern regarding use of substances.</p>	<p>At Intake—if individual is not a member of the priority population for community mental health services refer to Central Diagnostic and Referral Agency.</p> <p>If individual is eligible for community mental health services (in priority population) at intake or is a current consumer, further exploration by intake worker or assigned case manager including obtaining any previous substance abuse treatment records. May wish to use a substance disorder severity screening interview to determine level of need and motivational issues. Address in treatment plan as appropriate including continued assessment. Co-occurring concerns for current consumers should be addressed in the annual assessment.</p> <p align="center">(or)</p> <p>Seek case consultation from Co-occurring Disorder Specialist (internal or at CDR) regarding need for more intensive assessment.</p>	<p>Brief consultation, if requested—phone or face-to-face—which may address:</p> <ul style="list-style-type: none"> • Assessment methods. • Use of a screening or diagnostic instrument. • Community resources for referral. • Methods to address motivational issues. • Suggestions for integrated treatment plan.
Level II Severity (Medium)	<p>Documentation that the substance use or abuse is moderately impacting the course of treatment for the mental disorder. (i.e. compliance with medication or other aspect of treatment compromised by use of alcohol or other non-prescribed substances; symptoms of mental illness become more severe when using substances; intoxicated or high during an appointment.</p>	<p>Further assessment by the assigned case manager or therapist. May wish to use a substance disorder severity screening interview to determine level of need and motivational issues. Address in treatment plan as appropriate.</p> <p align="center">(or)</p> <p>Seek case consultation from Co-occurring Disorder Specialist (internal or at CDR) regarding need for more intensive assessment.</p>	<p>If requested provide chart review and brief consultation which may address:</p> <ul style="list-style-type: none"> • Integrating the assessment data. • Identification of barriers to integrated treatment and suggestions for resolution. • Recommendations for assessment and integration of care.

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Level III Severity (High)	Documentation that the substance use is severely impacting the course of treatment for the mental disorder. (i.e. Severe regression directly linked to substance use; intoxication or withdrawal symptoms are present at time of crisis services or inpatient admission; Legal offenses related to substance use.)	Comprehensive Co-occurring Disorder Assessment.	Review with clinician or team to develop an integrated plan for assessment or treatment. (or) Completion by Specialist of a co-occurring assessment with treatment recommendations.
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A comprehensive co-occurring assessment shall consist of:

1. An alcohol and other drug use history.
2. A diagnostic interview to determine which, if any, DSM diagnoses of substance disorders are met by the consumer.
3. A treatment history assessing the outcome of previous treatment experiences and barriers to effective treatment.
4. An assessment of the impact of the substance disorders on the consumer's life using the six ASAM dimensions:
 Dimension 1: Acute Intoxication and/or Withdrawal Potential
 Dimension 2: Biomedical Conditions
 Dimension 3: Emotional/Behavioral Conditions
 Dimension 4: Treatment Acceptance/Resistance—Stage of Change
 Dimension 5: Relapse/Continued Use Potential
 Dimension 6: Recovery Environment
5. An assessment of the impact of the substance use and disorder on the mental illness from a longitudinal/historical perspective.
6. An assessment of the consumer's awareness of the problem and stage of motivation to change.

Not all components used in an assessment must be completed by the same agency or the same clinician but all information should have been collected within the past year. Clinicians completing the assessment shall be trained and privileged by their agency to complete a co-occurring assessment. All access sites will have professional staff cross-trained and privileged to complete assessments for co-occurring disorders.

**NorthCare Assessment Guidelines for Co-Occurring
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Substance Disorder Treatment Settings**

Indicators of Need for a Co-occurring Disorder Assessment

Level of Severity	Indicators	Assessment Intervention	Role of Co-occurring Specialist
Level I Severity (Low)	<p>There has been a positive screen for symptoms of mild to moderate mental health symptoms on a routine screening during the intake process.</p> <p style="text-align: center;">(or)</p> <p>History indicates the consumer has been or is being treated for mild to moderate mental health disorder. (i.e. Client concern about symptoms of depression or anxiety, on prescribed psychotropic medications, previous mental health treatment.)</p> <p style="text-align: center;">(or)</p> <p>Recent suicidal thoughts but no history or plan.</p>	<p>Further exploration by intake worker or assigned counselor including obtaining any previous mental health treatment records. May wish to use a structured diagnostic interview or symptoms check-list to determine level of need and motivational issues. Address in treatment plan as appropriate including continued assessment.</p> <p style="text-align: center;">(or)</p> <p>Seek case consultation from Co-occurring Disorder Specialist (internal or at CDR) regarding need for more intensive assessment.</p>	<p>Brief consultation—phone or face-to-face—which may address:</p> <ul style="list-style-type: none"> • Assessment methods. • Use of a screening or diagnostic instrument. • Community resources for referral. • Methods to address motivational issues. • Suggestions for integrated treatment plan.
Level II Severity (Medium)	<p>Documentation from previous treatment history that the mental health disorder has negatively impacted the course of treatment for the substance disorder.</p> <p style="text-align: center;">(or)</p> <p>Indications of high risk for suicide or violence.</p> <p style="text-align: center;">(or)</p> <p>Documentation that the mental health symptoms are severely impacting the course of treatment for the substance disorder. (i.e. Intensity of mental health symptoms become more severe during treatment; mental health symptoms create a barrier to participation in treatment.)</p>	<p>Comprehensive Co-occurring Disorder Assessment.</p>	<p>Chart review and brief consultation which may address:</p> <ul style="list-style-type: none"> • Integrating the assessment data. • Identification of barriers to integrated treatment and suggestions for resolution. • Recommendations for assessment and integration of care.
Level III Severity (High)	<p>There is a history or indication of a severe mental illness during the pre-admission screening or intake.</p>	<p>If there is indication of a severe mental health disorder. (History of treatment in a community mental health center; previous diagnosis of a psychotic or borderline personality; indications of low functioning due to a mental illness.) refer to the community mental health center where the client resides for an evaluation.</p> <p>If within the Upper Peninsula system consult with the Co-occurring Disorder Specialist for the center of residence.</p>	<p>Review with clinician or team to develop an integrated plan for assessment or treatment.</p> <p style="text-align: center;">(or)</p> <p>Completion by Specialist of a co-occurring assessment.</p>

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A co-occurring assessment shall consist of:

1. A diagnostic interview to determine which, if any, DSM mental disorder diagnoses are met by the client.
2. A treatment history assessing the outcome of previous treatment experiences and barriers to effective treatment.
3. An assessment of the impact of the mental disorders on the substance disorder from a longitudinal perspective.
4. An assessment of the consumer's awareness of the problem and stage of motivation to change.

Not all components used in an assessment must be completed by the same agency or the same clinician but all information should have been collected within the past year. Clinicians completing the assessment shall be trained and privileged by their agency to complete a co-occurring assessment. All access sites will have professional staff cross-trained and privileged to complete assessments for co-occurring disorders.