

Practice Guidelines: Screening for Co-Occurring Disorders: Adult Clients
Effective Date: April 23, 2003

Screening for Co-occurring Disorders (Non-Emergency)

Screening for co-occurring disorders should be completed on all clients being admitted to the NorthCare network. This screening should be part of the routine intake or assessment processes on new clients. Specialized co-occurring disorder programs that complete a co-occurring disorder assessment on all clients may elect not to screen. Screening information may be incorporated into the agency's intake forms or interview procedures (without changes that would invalidate the results) or in a separate screening form.

Community Mental Health Settings--The screening should include:

1. A self-report instrument validated and found reliable for patient care settings and designed to identify possible substance use (alcohol and other drugs) problems and disorders in accordance with DSM IV-TR criteria. Screening instruments may be self-administered with interpretation by the clinician or administered in an assessment or diagnostic interview. Validated screening instruments are essential.
2. Client history and current functioning including:
 - A history of any previous substance abuse counseling, treatment or support group attendance;
 - Past or current alcohol or other drug related legal offenses;
 - Alcohol, other drug, and medication use within the past 48 hours;
 - Current pattern of substance use including heavy drinking and binge drinking patterns;
 - Information, if available, from collateral sources including primary care health providers, family, and probation/parole officers.

A statement summarizing the results of the screening shall be included in the case record and should include:

- a. A brief summary of the results of the screening for substance abuse;
- b. The clinician's assessment as to whether additional assessment for substance disorders is indicated;
- c. Assessment of the client's willingness to follow through with any recommendations.
- d. Arrangements for a more intensive substance abuse assessment if appropriate.

Clients screened as having a possible substance abuse problem will be referred according to the following:

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- Substance Abuse Disorder/No Mental Illness—Arrange for further assessment through the Central Diagnostic and Referral service or other substance abuse access site who will refer to appropriate treatment services if needed.
- Substance Abuse Disorder and Non-Priority Population—Arrange for further assessment through the Central Diagnostic and Referral service or other substance abuse access site who will refer to a program that offers co-occurring disorder treatment services.
- Substance Abuse Disorder and Priority Population for CMH--Refer to the co-occurring specialist or designated team at the CMH for a co-occurring assessment. If the client is assessed as being a part of the Priority Population and has a Substance Disorder the CMH will be the lead agency for the determination of necessary services coordinating with the Substance Abuse Central Diagnostic and Referral Agency or their designated provider.

Clinicians completing the screening shall be trained and privileged by their agency to complete client screening. All access sites will have professional staff cross-trained and privileged to complete assessments for co-occurring disorders.

Substance Abuse Settings—The screening should include:

1. A self-report instrument validated and found reliable for patient care settings and designed to identify possible symptoms of mental health disorders. The ASI (Addiction Severity Index) Mental Health Screening section or other validated and reliable screening instrument may be used such as the Brief Symptom Inventory (BSI). Screening instruments may be administered by the clinician as part of an assessment interview or included in a client questionnaire with interpretation by the clinician if designed for self-administration.
2. Client history and current functioning including:
 - A history of any previous mental health counseling, treatment or support group attendance including as available the previous diagnoses, degree of functional disability, and duration of illness.
 - Current degree of disability and duration of symptoms.
 - Any current or past treatment with psychotropic medications.
 - Information, if available, from collateral sources including primary care health providers, mental health providers, family, and probation/parole officers.

A statement summarizing the results of the screening shall be included in the case record and should include:

- a. A brief summary of the results of the screening;
- b. The clinician's assessment as to whether additional assessment for co-occurring disorders is indicated;
- c. Assessment of the client's willingness to follow through with any recommendations.

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d. Arrangements for a more intensive mental health assessment if indicated.

Clients screened as having a possible mental health problem will be referred according to the following:

- Mental Disorder/No Substance Disorder—If the problem is initially assessed as mild to moderate mental illness with no substance disorder, refer to an Upper Peninsula Health Plan Provider or other mental health service for which the client is eligible. If the client is assessed as part of the Priority Population of the CMH and no substance disorder refer to Community Mental Health.
- Substance Abuse Disorder and Non-Priority Populations—Refer according to internal procedures for a co-occurring assessment. Care for the Non-Priority Population Medicaid client with a Co-occurring Disorder shall be provided in a program providing co-occurring disorder services.
- Substance Abuse Disorder and Priority Population for the CMH—Consult with the Central Diagnostic and Referral Agency to determine appropriate placement. If the client is assessed as being part of the Priority Population and having a Substance Disorder the CMH will be the lead agency for the determination of necessary services coordinating with the Substance Abuse Central Diagnostic and Referral Agency or their designated provider.

Clinicians completing the screening shall be trained and designated by their agency to complete client screening. All access sites will have professional staff cross-trained and privileged to complete assessments for co-occurring disorders.

Approved by:

Joseph M. Cools, M.D.
Medical Director

Date

Adopted by NorthCare Board:

Date