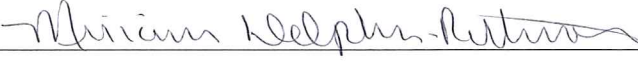




STATE OF CONNECTICUT
Department of Mental Health & Addiction Services

A Healthcare
 Service Agency

Commissioner's Policy Statement and Implementing Procedures

SUBJECT:	Serving Individuals and Families with Co-Occurring Mental Health and Substance Use Disorders
P & P NUMBER:	Chapter 6.4
APPROVED:	Miriam Delphin-Rittmon, Commissioner Date: 10/15/2015
EFFECTIVE	October 15, 2015 
REVISED:	4/15/2010
REFERENCES:	
FORMS AND ATTACHMENT	

STATEMENT OF PURPOSE: The purpose of the Department of Mental Health and Addiction Services (DMHAS) co-occurring disorders (COD) policy is to define and promote integrated mental health and addiction treatment services for individuals with COD. The single overarching goal of the Department of Mental Health and Addiction Services (DMHAS), as a healthcare service agency, is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. The full attainment of this goal is not possible if the service system design, delivery, and evaluation are not fully responsive to people with co-occurring mental health and substance use disorders. Given the high prevalence of COD, the high number of critical incidents involving individuals with COD, and the often poor outcomes associated with COD in the absence of integrated care, it is extremely important that we collectively improve our system in this area. There have been advances in research and practice related to COD and it is important that the system close the science to service gap. Through these and other related improvements, the citizens of the state can expect better processes of care and better outcomes for people with COD.

POLICY: It is the policy of the Department of Mental Health and Addiction Services to be highly responsive to the multiple and complex needs of persons and families experiencing co-occurring mental health and substance use disorders, in all levels of care, across all agencies, and throughout all phases of the recovery process (e.g., engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care).

Co-occurring disorders are defined as the coexistence of two or more disorders, at least one of which relates to the use of alcohol and/or other drugs and at least one of which is a mental health disorder. Integrated treatment is a means of providing both substance use and mental health interventions concurrently and in relation to each other; it is preferable if this can be done by one clinician, but it can be accomplished by two or more clinicians working together within one

program or a network of services. Integrated services must appear seamless to the individual and family participating in services.

The following guiding principles further define integrated services and DMHAS' COD policy:

People with COD are the expectation in our healthcare system, and not the exception.

There is "no wrong door" for people with COD entering into the healthcare system.

Although a "primary" diagnosis often needs to be identified for billing and some medical record procedures, services should be planned and delivered in a way that considers all identified mental health and substance use disorders, and other goals for treatment, as equally important and of high priority.

The system of care is committed to integrated treatment with one plan for one person.

Integrated approaches need to be matched to an individual's needs, strengths, culture, and readiness for change.

The system offers evidence-based techniques and protocols, and evaluates how these relate to outcomes.

The system strives to identify, develop, evaluate, and document emerging or promising practices. Improvements are made to program structures and milieu, staffing, and workforce development relative to the needs of individuals with COD.

Recovery support (including self-help, mutual support, peer-delivered and peer-run services) and family education and support are important components of a system of care that is responsive to people with COD.

Integrated care must be accomplished by preserving and capitalizing on the values, philosophies, and core technologies of both the mental health and addiction treatment fields.

Statewide continuous quality improvement processes ensure this policy statement is realized.

There has been significant national attention in recent years to the issues associated with COD. The Surgeon General's *Report on Mental Health* in 1999, the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2002 *Report to Congress* on COD, the President's New Freedom Commission Report on *Achieving the Promise* in 2003, and SAMHSA's Treatment Improvement Protocol (TIP) #42 on COD issued in 2005 all note the high prevalence of COD, the lack of integrated care available in our healthcare system, and the poor outcomes experienced in the absence of integrated care. In addition, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD) have jointly promoted a "four quadrant" model describing different groups of people with COD; the American Society of Addiction Medicine (ASAM) developed the vocabulary of "addiction only," "dual diagnosis capable," and "dual diagnosis enhanced" for program assessments; and SAMHSA began awarding Co-Occurring State Incentive Grants (COSIG) in 2002. As is evident throughout these developments and initiatives, there is a clear consensus in the field that the integration of mental health and addiction treatment services is a pre-requisite for meeting the needs of individuals with COD.

Connecticut has taken significant and important steps over the last several years to increase the system's capacity to provide accessible, effective, comprehensive, integrated, and evidence-based services for adults with COD. In this respect, Connecticut is fortunate to have combined separate agencies into a single state authority that has responsibility for both mental health and addiction treatment services. Subsequent to this merger, DMHAS has undertaken both an Integrated Dual

Disorders Treatment (IDDT) initiative and a Dual Diagnosis Capability in Addiction Treatment (DDCAT) initiative. Since 2002, DMHAS facilities and DMHAS-funded agencies have received onsite fidelity reviews and feedback reports, and training and consultation from DMHAS-funded national experts, and DMHAS staff, on integrating mental health and addiction treatment services. DMHAS established strong academic partnerships related to COD with Dartmouth Medical School, the University of Connecticut, and Yale University. Connecticut was one of several states to participate in the National Policy Academy on Co-Occurring Disorders and to receive a SAMHSA award for a Co-Occurring State Incentive Grant (COSIG) in 2005. In 2006, DMHAS' Education and Training Division formalized and expanded co-occurring related trainings, and added free web-based trainings on COD in 2009. DMHAS implemented a statewide requirement in 2007 that all state-operated and DMHAS-funded mental health and addiction treatment programs administer standardized mental health and substance use screens upon all admissions to services. This policy is yet an additional important step forward in achieving a fully integrated and COD enhanced system of care for all of the state's citizens receiving publicly funded behavioral health services.

PROCEDURE: All employees are responsible and accountable, within their positions, for being highly responsive to the multiple needs of individuals and families with COD in accordance with the COD policy of the Department of Mental Health and Addiction Services.

The following tools and resources are available and should be used to implement this policy:

The DMHAS Co-Occurring Disorders Initiative website: <http://www.ct.gov/dmhas/cosig>

Standardized mental health and substance use screening instruments and supporting materials:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=392802>

DMHAS Co-Occurring Capable Program Guidelines:

<http://www.ct.gov/dmhas/lib/dmhas/cosig/CODcapableprogram.pdf>

DMHAS Co-Occurring Enhanced Program Guidelines:

<http://www.ct.gov/dmhas/lib/dmhas/cosig/CODenhancedguidelines.pdf>

DMHAS Competencies for Providing Services to Individuals with Co-Occurring Mental Health and Substance Use Disorders:

<http://www.ct.gov/dmhas/lib/dmhas/cosig/CODcompetencies.pdf>

DMHAS Latino Co-Occurring Guide: Lessons Learned at the Hispanic Clinic of the Connecticut Mental Health Center:

<http://www.ct.gov/dmhas/lib/dmhas/cosig/latinocodguide.pdf>

Consultation from DMHAS Office of the Commissioner staff on ways to increase co-occurring capability and be in compliance with this policy

DMHAS Education & Training workshops and web-based curricula

Integrated Dual Disorders Treatment (IDDT) Toolkit:

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/>

Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit:

http://dms.dartmouth.edu/prc/dual/pdf/ddcat_toolkit.pdf

SAMHSA's Treatment Improvement Protocol (TIP) #42: Substance Abuse Treatment for Persons with Co-Occurring Disorders

Specialty credentials for serving people with co-occurring conditions

Standardized mental health and substance use screening measures in English and Spanish

Audiovisuals, books, curricula, pamphlets, and posters on co-occurring conditions:

<http://www.ct.gov/dmhas/LIB/dmhas/COSIG/resources.pdf>

The national Co-Occurring Center for Excellence website: <http://coce.samhsa.gov/>

Commissioner's Policy Statement #83: Promoting a Recovery-Oriented Service System:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334672>

Commissioner's Policy Statement #33: Individualized Recovery Planning:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334664>

Commissioner's Policy Statement #76: Policy on Cultural Competence:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334668>

Practice Guidelines for Recovery-Oriented Behavioral Health Care:

<http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf>

Although the Department of Mental Health and Addiction Services expects to continue this policy/procedure indefinitely, it reserves the right to interpret, amend or terminate it at any time.