

**Community Mental Health Affiliation  
of Mid-Michigan**

PROCEDURE #: 2.6	Page: 1 of 3	SUBJECT: Co-Occurring Disorders
Related Policy(ies) #: 2.0		SUBJECT: Clinical Policy
<b>Issuing Director:</b> Director of Affiliation Operations		<b>Original Effective Date:</b> 05/19/09

**REVISED DATE**

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**Review Date(s)**

05/20/2010					

**I. PURPOSE:**

To assure that the PIHP and affiliates of Community Mental Health of Mid Michigan (CMHAMM) have common policies and procedures concerning the assessment and service provision for individuals with co-occurring mental health and substance use disorders that are consistent with the standards set by the Michigan Department of Community Health (MDCH).

**II. STANDARDS:**

DCH Interpretive Guidelines – B.15.2.

AFP 3.8.4

**III. DEFINITION(S):**

**A. Co-Occurring Disorder (COD):**

Individuals with mental illness are considered to have co-occurring substance abuse disorder when they have a history of alcohol and/or drug dependency that interferes with their ability to function in an age-appropriate manner in the key life domains. (e.g. Axis IV, current DSM).

**B. Substance Use:**

The use of any psychoactive substance that interferes with the consumer’s mental status and functioning in the key life domains, but does not meet current DSM criteria for substance abuse or dependence.

**C. Substance Abuse and Dependence:**

The use of any psychoactive substance meeting current DSM criteria for psychoactive substance dependence or abuse. Potential drugs of abuse include alcohol, as well as other psychoactive drugs.

**D. IDDT:**

Integrated Dual Disorder Treatment is an Evidenced Based Practice Model used for the treatment of those consumers who have a serious mental illness and a co-occurring substance abuse disorder. This treatment approach helps consumers recover by offering treatments that combine or integrate mental health and substance abuse interventions at the level of the clinical encounter.

#### **IV. PROCEDURES:**

##### **A. Screening and Assessment**

1. Screening and assessment of consumers referred to CMHAMM must include psychiatric (if appropriate), substance use, physical health, and psychosocial components.
2. When screening identifies substance-related problems, a referral is made to the appropriate service(s) where a comprehensive assessment and placement, or referral, to services specifically matched to the assessed level of need will be completed.

##### **B. Treatment Principles:**

Each CMHSP within the Affiliation will ensure that the following Treatment Principles are followed:

1. Consumers with COD require specialized services to support their stability and functioning in the community. Integrated treatment of the mental health and substance-related disorders within a single treatment setting is the standard of care.
2. Treatment of co-occurring disorders shall focus on staged interventions with a longitudinal perspective.
  - a. Abstinence is a hallmark of recovery from substance-related disorders.
  - b. Interventions that result in reduced symptomatology and engage and retain individuals with a COD in treatment reduce morbidity even without achieving abstinence.
  - c. Adherence to prescribed medication regimens is fundamental to recovery for those individuals with a COD where medication is a principal part of their treatment and recovery.
3. Clinical Treatment of individuals with a COD shall be based on scientific evidence and conform to all applicable therapeutic guidelines/parameters, standards of care, and quality improvement measures developed by DCH.
  - a. Consumers with a COD can benefit from treatment whether initiated by the individual, court order, family intervention, threat of loss of employment, etc.
  - b. Alternatives for individual with a COD who use substances, or are non-compliant with medication, shall be provided within the continuum of care.
  - c. Interventions designed to improve the general health status of individuals with a COD, including smoking cessation, diet and exercise, and sexually transmitted disease (STD) prevention are essential components of the overall treatment.

##### **C. CMHAMM Co-Occurring Philosophy:**

Each CMHSP within the Affiliation will ensure that the CMHAMM Philosophy is followed in the assessment and service provision for individuals with co-occurring mental health and substance use disorders:

1. CMHAMM will not develop or follow Policies and practices that restrict access to treatment for consumers with a COD or are in conflict with effective treatment principles and CMHAMM's primary responsibility.
2. Policies and practices requiring no substance use for specific periods of time prior to receiving indicated mental health services, including medication services, are not consistent with this procedure. Policies and practices that involve withholding treatment to entire categories of individuals with a COD because of substance use and abuse history are unacceptable.

3. The recognized standard of care for consumers with a COD is that the individual's support systems (family members, significant others, etc.) should be involved with treatment. Program design, procedures, and structures should specify how this principle is incorporated.

**V. APPLICATION:**

All CMHAMM CMHSP's and contractors who provide Medicaid Covered Services.

**VI. MONITOR AND REVIEW:**

Compliance to this procedure will be monitored by the Director of Affiliation Operations and each CMHSP affiliate through the use of the established Quarterly Record Review and Level of Care review processes. The procedure will be reviewed annually by the Director of Affiliation Operations, with input from the Improving Practices Leadership Team, the Affiliation Compliance Committee, the PIHP Senior Management Group and the Consumer Advisory Council. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy #2.0 Clinical Policy