

Commissioner's Policy Statement No. 84

Serving People with Co-Occurring Mental Health and Substance Use Disorders

Effective Date: January 11, 2007

Purpose

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 co-occurring disorders, the high number of critical incidents involving individuals with co-occurring disorders, and the often poor outcomes associated with co-occurring disorders 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 co-occurring disorders 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 co-occurring disorders.

Policy Statement

The publicly funded healthcare system in Connecticut will 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).

Definitions

- 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 coordinating both substance use and mental health interventions; 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 participating in services.

Guiding Principles

- People with co-occurring disorders are the expectation in our healthcare system, and not the exception.
- There is "no wrong door" for people with co-occurring disorders entering into the healthcare system.
- Mental health and substance use disorders are both "primary".
- The system of care is committed to integrated treatment with one plan for one person.
- The system will offer evidence-based techniques and protocols, and evaluate how these relate to outcomes.
- The system will strive to identify, develop, evaluate, and document new emerging or promising practices.
- Improvements will be made to program structures and milieu, staffing, and workforce development relative to co-occurring disorders.
- Recovery support (including self-help, mutual support, peer-delivered and peer-run services) and family education and support are important components of a co-occurring enhanced system of care.
- 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.

Background

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 co-occurring disorders. 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 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. DMHAS has also established strong academic

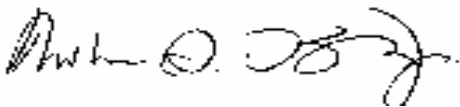
partnerships related to co-occurring disorders with Dartmouth Medical School, the University of Connecticut, and Yale University. Finally, Connecticut was one of several states to participate in the National Policy Academy on Co-occurring Disorders and to receive a SAMHSA award for a Co-Occurring State Incentive Grant (COSIG) in 2005. This policy is yet an additional important step forward in achieving a fully integrated and co-occurring disorders enhanced system of care for all of the state's citizens receiving publicly funded behavioral health services.

There has been significant national attention in recent years to the issues associated with co-occurring disorders. 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 co-occurring disorders, the President's New Freedom Commission Report on *Achieving the Promise* in 2003, and SAMHSA's Treatment Improvement Protocol (TIP) #42 on co-occurring disorders issued in 2005 all note the high prevalence of co-occurring disorders, 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) jointly developed a "four quadrant" model describing different groups of people with co-occurring disorders; 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 services is a pre-requisite for meeting the needs of an increasing number of individuals with co-occurring disorders.

Tools for Implementing the Policy

The DMHAS Co-Occurring Disorders Initiative website - <http://www.dmhas.state.ct.us/cosig.htm> - includes the following resources to help implement integrated mental health and addiction treatment:

- Definitions and standards for co-occurring enhanced services
- Integrated Dual Disorders Treatment (IDDT) Toolkit
- Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit
- SAMHSA's Treatment Improvement Protocol (TIP) #42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
- DMHAS Co-Occurring Training Academy
- Access to consultants to assist with organizational and practice changes
- Specialty credentials for serving people with co-occurring disorders
- Standardized mental health and substance use screening measures in English and Spanish
- Outcome reports specific to people with co-occurring disorders
- Audiovisuals, books, curricula, pamphlets, and posters on co-occurring disorders
- The national Co-Occurring Center for Excellence: coce.samhsa.gov/
- Commissioner's Policy Statement #76: Policy on Cultural Competence: <http://www.dmhas.state.ct.us/policies/policy76.htm>
- Commissioner's Policy Statement #83: Promoting a Recovery-Oriented Service System: <http://www.dmhas.state.ct.us/policies/policy83.htm>
- Practice Guidelines for Recovery-Oriented Behavioral Health Care: www.dmhas.state.ct.us/documents/practiceguidelines.pdf
- Key Principles and Practices of Person-Centered Care: www.dmhas.state.ct.us/recovery/pcc.pdf



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