
Chapter: **CLINICAL PRACTICE**
Title: **INTEGRATED DUAL-DIAGNOSIS TREATMENT - CO-OCCURRING DISORDERS - EVIDENCE-BASED PRACTICE**

Prior Approval Date: N/A
Current Approval Date: 1/3/08

Approved by: _____
Executive Director Date

I. Abstract

This policy establishes the standards of the Macomb County Community Mental Health (MCCMH) Board for the engagement and treatment of consumers of the MCCMH Board with co-occurring disorders through the implementation of Integrated Dual-Diagnosis Treatment - Co-Occurring Disorders - Evidence-Based Practice (IDDT-COD-EBP).

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that every network provider within the MCCMH service system, including MCOSA providers, shall be capable of providing a comprehensive, continuous, integrated system of care for consumers with co-occurring psychiatric and substance-related disorders throughout all levels and modes of care through the implementation of IDDT-COD-EBP.

IV. Definitions

- A. Co-Occurring Disorders (COD)
Refers to co-occurring substance-related and mental disorders, where an individual is said to have at least one disorder of each type that can be established independently of the other and is not simply a cluster of symptoms resulting from a single disorder.
- B. Evidence-Based Practice (EBP)
An approach to a system of care wherein professionals use the best evidence possible, i.e. the most appropriate information available, to make clinical decisions for individual patients. EBP values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-

making based not only on the available evidence but also on patient characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.

- C. Integrated Dual-Diagnosis Treatment (IDDT)
Treatment programs that address co-occurring mental and substance-related disorders in policies and procedure, assessment treatment planning, program content and discharge planning.

V. Standards

- A. MCCMH will provide integrated treatment for individuals with co-occurring serious mental health and substance use disorders. Integrated treatment is delivered by one treatment team in one setting and assumes that when mental health and substance use disorders co-exist simultaneously, each is primary. In every clinical contact, MCCMH providers will welcome individuals with co-occurring mental health and substance use disorders by approaching and engaging them in an on-going treatment relationship that will facilitate overall recovery. MCCMH and its providers will incorporate integrated treatment of these co-occurring disorders in system planning, program design, clinical procedure, and clinical competency.
- B. MCCMH will implement treatment for individuals with these co-occurring disorders throughout all levels and modes of care within its behavioral health and substance abuse provider panels. All providers will be capable of initiating dual disorder interventions that engage individuals with co-occurring disorders in the recovery process. Specific providers at each level of care will also be able to provide substance abuse treatment along with mental health services (enhanced dual disorder treatment capability). Select providers on the behavioral health panel will implement the SAMHSA “tool-kit” for treating co-occurring disorders among adults with serious mental illness.
- C. Recovery from mental illness and substance use conditions occurs in stages. MCCMH providers will match treatment interventions to the individual’s stage of recovery and his / her cultural background. Treatment providers must accommodate stages of recovery for both mental health and substance use conditions.
- D. MCCMH providers shall engage individuals in on-going relationships that continue across multiple treatment episodes and interruptions in care. These relationships shall instill hope for recovery from co-occurring disorders and shall be tailored to individuals’ recovery processes.
- E. The goal of integrated dual disorder treatment is to reduce symptoms of both mental health and substance use disorders and improve individuals’ functioning. This may include improvement in disease management skills, increase in treatment participation, reduction in risk of harm, and other positive outcomes.

VI. Procedures

- A. MCCMH shall routinely screen and assess individuals for co-occurring disorders.
- B. No individuals will be inappropriately denied access during screening, or initial assessment because of co-occurring mental health and substance disorders.
- C. The person-centered planning process shall integrate mental health and substance disorder goals, objectives and service needs.

VII. References / Legal Authority

- A. *American Academy of Psychiatry*, Vol. 1, Issue 1, 2003. *Co-Occurring Psychiatric and Substance Use Disorder Treatment Policy*, pp.5-6.
- B. McKibbin KA (1998). Evidence based practice. *Bulletin of the Medical Library Association* 86 (3): 396-401.
- C. Center for Substance Abuse Treatment. *Definitions and Terms Relating to Co-Occurring Disorders*. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.
- D. Application for Participation 3.12.4. (February 22, 2002)

VIII. Exhibits

- A. None.