

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1015 (SYS) 86-22 Services for Individuals with Co-Occurring Disorders

Authority Board Minutes Dated October 22, 1986
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Approved by Board Chairman s/James C. Windsor

References *Current Comprehensive State Plan for Mental Health, Mental Retardation, and Substance Abuse Services*
Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System, 2005
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement

Supersedes STATE BOARD POLICY 1013 (SYS) 86-19 Facility and Community Alcohol and Other Drug Services
STATE BOARD POLICY 1017 (SYS) 86-31 Facility and Community Services Board Services to Persons with Mental Retardation and Mental Illness

Background As assessment technologies have improved over time, co-occurring mental health or substance use disorders or intellectual disability have become an increasingly significant consideration in planning, developing, providing, and evaluating mental health, mental retardation, and substance abuse treatment and habilitation services. In this policy, references and provisions are updated to reflect people first language and current terminology. Mental health and substance use disorders and intellectual disability refer to the conditions that individuals have, while mental health, substance abuse, and mental retardation refer respectively to the services that address those conditions. Also, individual or individual receiving services replaces consumer, unless the context dictates otherwise.

National studies have estimated the prevalence rate for co-occurring substance use disorders among individuals with severe mental illness to be about 50 percent. [Drake, R.E., Essock, S.M., Shaner, A. et al. (2001) Evidence-Based Practices: Implementing Dual Diagnosis Services for Clients with Severe Mental Illness. *Psychiatric Services*, 52 (April): 469-476.] The prevalence of co-occurring mental health disorders among individuals with intellectual disability is estimated

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to be three to four times greater than that among the general population, and incidence estimates range from 20-35 percent. [National Association for the Dually Diagnosed, information retrieved from <http://www.thenadd.org>] Thus, in many instances, co-occurring disorders are the norm, rather than the exception. At this time, there is little information about the prevalence of co-occurring substance use disorders and intellectual disability.

The public mental health, mental retardation, and substance abuse services system has struggled to serve individuals with co-occurring mental health or substance use disorders or intellectual disability appropriately and effectively, in part because of the unique challenges posed by co-occurring disorders, but also due to organizational, administrative, financing, and bureaucratic barriers. Traditionally, the public services system has been organized and operated within separate program structures, with distinct funding streams, treatment or habilitation philosophies, professional disciplines, and advocacy networks. Historically, programs have been funded and established to serve only one population, such as people with mental health disorders. For individuals with co-occurring disorders, this often has resulted in fragmented and ineffective care, and these individuals are more likely to experience poorer treatment outcomes, incur higher treatment costs, and utilize other service systems, public and private, to a greater extent.

The *Integrated Strategic Plan* and *Comprehensive State Plan* describe the actions that need to be taken to implement a consumer-focused and community-based system of services and supports that will provide more appropriate and effective care for individuals with co-occurring mental health or substance use disorders or intellectual disability.

STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of the consumer-focused and community-based public mental health, mental retardation, and substance abuse services system. The vision is of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership. In order to realize this vision, the services system must respond more effectively to the needs of individuals with co-occurring disorders.

The Virginia System Integration Project, initiated in 2005, has sought to align the broad system vision and values with the capacity to provide integrated services that address the needs of individuals with co-occurring disorders throughout the services system. This goal of this project, based on the Comprehensive Continuous Integrated System of Care, is that every service becomes a welcoming, recovery-oriented, and co-occurring disorder capable program and every person providing care becomes welcoming, recovery-oriented, and co-occurring competent.

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Purpose To articulate policy for providing services to individuals with co-occurring mental health or substance use disorders or intellectual disability.

Policy It is the policy of the Board to recognize the prevalence and significance of co-occurring disorders, where individuals are diagnosed with more than one, and often several, of the following: mental health disorders, substance use disorders, or intellectual disability.

Further, given that recognition, it is the policy of the Board that the Department, state hospitals and training centers, hereinafter referred to as state facilities, and community services boards and behavioral health authorities, hereinafter referred to as CSBs, shall integrate the following principles for serving individuals with co-occurring disorders into the mental health, mental retardation, and substance abuse services that they provide and shall incorporate these principles in their policies, procedures, and daily operations. These principles shall be reflected in and implemented through all instructions, contracts, and documents issued, entered into, or distributed by the Department, state facilities, and CSBs.

1. The potential for co-occurring disorders shall be considered for every person seeking mental health, mental retardation, or substance abuse services. This expectation shall be included in every aspect of service system planning, program design, service delivery, and direct care staff competency, and it shall be incorporated in a welcoming manner into every contact a state facility or CSB has with an individual who is referred for or seeks services or who is receiving services.
2. State facilities and CSBs shall conduct thorough and comprehensive evaluations and assessments of any person referred for or seeking services, including individuals being screened for admission to state or local hospitals or training centers pursuant to § 37.2-800 et seq. of the *Code of Virginia*. These evaluations and assessments shall be performed by staff with appropriate training and competencies and shall include the identification and diagnosis of any co-occurring mental health or substance use disorders or intellectual disability. During evaluations and assessments, special focus shall be given to any immediate medical care requirements that the person may have. Whenever possible, acute medical care needs shall be met in the community. While not responsible for providing primary medical care, CSBs are responsible for appropriate referrals to primary medical care, particularly in acute or emergency situations, and for considering medical care needs in services planning and care coordination.
3. State facilities and CSBs shall ensure, to the greatest extent possible within available resources, the availability of integrated treatment, coordination of care during each episode of care, and continuity of care across multiple

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treatment episodes for individuals with co-occurring disorders. Integrated treatment means the flexible utilization of qualified clinicians, case managers, or other direct care staff to provide appropriate interventions and supports in a coordinated manner to address all of an individual's mental health, mental retardation, or substance abuse service needs. Because of the high prevalence of co-occurring disorders, state facilities and CSBs also shall engage in processes to the greatest extent possible within available resources that continuously improve the capacity of all programs and direct care staff to deliver integrated services to the individuals they serve.

4. Individuals with co-occurring disorders shall receive integrated care at a level appropriate to their particular needs and in a timely manner to the greatest extent possible within available resources.
5. Each CSB's contracts with all providers shall contain a requirement that contractors engage in a quality improvement process to be able to welcome individuals with co-occurring disorders and to provide integrated screening, assessment, and services that are appropriately matched to the mission of the provider and the service needs of individuals with co-occurring disorders.
6. State facilities and CSBs shall ensure, to the greatest extent possible within available resources, that every clinician or direct care staff develops competencies for the assessment and treatment of individuals with co-occurring disorders, within the context of the design of the program in which he or she works, his or her specific job description and license, and the individuals with co-occurring disorders whom he or she already serves. Competencies should include sensitivity to differences among individuals based on culture, ethnicity, age, physical abilities, and health issues.
7. State facilities and CSBs shall establish, to the greatest extent possible within available resources, the ability to serve individuals with co-occurring disorders and shall not deny services to an individual based solely on the presence of co-occurring mental health or substance use disorders or intellectual disability. Where this ability does not exist, a state facility or CSB shall take reasonable actions to obtain the resources to acquire this ability.
8. State facilities shall admit and serve individuals with co-occurring disorders whenever preadmission screening and evaluation indicate that the individual meets the admission criteria for the particular state facility and requires inpatient treatment for acute stabilization of a mental health disorder or severe behavioral challenges that cannot be provided in any less restrictive setting. Admission shall be to the most clinically appropriate state hospital or training center, based on the particular nature and severity of an individual's co-occurring disorders. Services shall be provided to these individuals consistent with their current treatment goals and applicable rules and regulations.

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Stabilization in state hospitals shall include assessment and appropriate treatment of substance use disorders and adaptation of services to best meet the needs of individuals with intellectual disability.

9. CSBs shall prepare discharge plans for individuals they serve with co-occurring disorders who are determined to be clinically ready for discharge from state facilities, pursuant to §§ 37.2-837 and 37.2-505 of the *Code of Virginia*, in consultation with appropriate state facility staff, and shall implement those discharge plans expeditiously, to the greatest extent possible within available resources. Appropriate referral to welcoming and recovery-oriented community-based treatment services with the capability of serving individuals with co-occurring disorders shall be one major component in discharge planning by CSB and state facility staff.

It is also the policy of the Board that the Department, in collaboration with state facilities and CSBs, shall develop and implement regional protocols or mechanisms or modify existing protocols or mechanisms to provide preadmission screening and state facility placements for individuals with co-occurring disorders that are most appropriate to their needs and to facilitate their discharge when inpatient treatment or habilitation in a state facility is no longer needed.

Further, it is the policy of the Board that the Department shall support the development and implementation of integrated services for individuals with co-occurring disorders through its planning and budgeting processes that identify issues, needs, and projections of resources. The Department shall provide training, technical assistance, and information, to the greatest extent possible within available resources, to state facilities and CSBs on providing services for individuals with co-occurring disorders and work with CSBs and state facilities to address administrative and regulatory barriers to integrated service delivery.

It is also the policy of the Board to encourage the development of programs and services funded by more than one program area (mental health, mental retardation, or substance abuse services) to meet the needs of individuals with co-occurring mental health or substance use disorders or intellectual disability. The Board encourages the Department and funding partners such as the Department of Medical Assistance Services to issue guidance on how funding sources that they administer can be used to support integrated service delivery statewide.

Finally, it is the policy of the Board that the Department shall work with the Department of Planning and Budget, staff of the House Appropriations and Senate Finance Committees, and appropriate federal funding agencies to explore the feasibility of consolidating existing separate program or service area funding streams for community mental health, mental retardation, and substance abuse services to enable funding and providing services for individuals with co-occurring disorders in a more effective and efficient manner.