



**BULLETIN**

**COMMONWEALTH OF PENNSYLVANIA**

**Department of Public Welfare**

**Department of Health**

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**SUBJECT: Co-Occurring Disorder Competency Approval Criteria for All Facilities Licensed by the Department of Health, Division of Drug and Alcohol Program Licensure, or the Department of Public Welfare, Office of Mental Health and Substance Abuse Services**

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**SCOPE:**

County MH/MR Programs  
Single County Authorities  
Licensed Substance Abuse Facilities  
Licensed Mental Health Facilities  
County Human Service Administrators

**PURPOSE:**

In the context of statewide infrastructure development for services to individuals and families with co-occurring psychiatric and substance use disorders, as part of the SAMHSA Co-Occurring State Infrastructure Grant activity, and in recognition of the high prevalence, poor outcomes, and high cost of sequential treatment services, the Department of Health and the Department of Public Welfare have jointly developed this bulletin to accomplish the following objectives:

- To move the entire behavioral health system toward the achievement of core competency to serve individuals with co-occurring psychiatric and substance use disorders who are already engaged in a facility program;
- To provide the framework for delineating objective criteria for defining Co-Occurring Disorder Competency for any facility within the Commonwealth licensed by the Department of Health, Division of Drug and Alcohol Programs or the Department of Public Welfare, Office of Mental Health and Substance Abuse Services;
- To describe the process by which licensed facilities can achieve Co-Occurring Disorder Competency; and,
- To provide direction for County MH/MR Programs and Single County Authorities in supporting the development of Co-Occurring Disorder Competent programs in all facilities.

**Comments and Questions regarding this Bulletin should be directed to:**

Department of Health, Division of Drug and Alcohol Program Licensure 717-783-8675  
Department of Public Welfare, OMHSAS, Bureau of Policy & Program Development 717-772-7900

## **DEFINITIONS:**

**Co-occurring Disorder Competent Facility:** A facility that is currently licensed to treat psychiatric or substance use disorders or both, which routinely welcomes and admits individuals with co-occurring disorders, who are otherwise eligible to participate in its program. The facility addresses co-occurring psychiatric and substance use disorders in its policies and procedures; provides an integrated screening and assessment process to determine appropriate interventions, provides education on co-occurring disorders in both individual and group programming, engages in an integrated care planning process, establishes appropriate crisis intervention protocols, develops interagency coordination and referral procedures for co-occurring services, and ensures co-occurring disorder discharge planning occurs. For example, a singly licensed mental health facility would provide mental health treatment, and for those individuals with co-occurring substance use disorders, address the co-occurring disorder within the context of the mental health services currently provided. The facility would not provide substance use treatment. The singly licensed substance abuse facility would provide substance abuse treatment, and for those individuals with co-occurring psychiatric disorders, address the co-occurring disorder within the context of the substance abuse services currently provided. The facility would not provide mental health treatment.

**Co-Occurring Disorder:** Any combination of one or more psychiatric disorders with any substance use disorder.

**Co-occurring Disorders Integrated Facility:** A specialized program that may exist at any level of care with the primary function of providing integrated substance abuse and mental health treatment to individuals with co-occurring disorders, as well as, having the ability to provide independent treatment for both mental illness and substance use disorders. The facility addresses co-occurring disorders using an integrated philosophy and treatment model in a single setting. This facility requires dual licensure. (Co-Occurring Disorder Integrated Treatment Program Criteria is beyond the scope of this bulletin.)

**Credentialed Co-occurring Disorders Professional (CCDP):** A Pennsylvania Certification Board credential that indicates acquired professional competency in the treatment of co-occurring psychiatric and substance use disorders. It is neither intended to be nor expected to be the only acceptable credential that indicates dual competency.

## **BACKGROUND:**

Emphasis on the relationship between psychiatric and substance use disorders dates to the late 1970's, when practitioners increasingly became aware of the implications of these disorders, when occurring together, in the results of treatment outcomes. In the 1980's and 1990's both the substance abuse and mental health professions found that a wide range of psychiatric disorders were associated with substance abuse use. (e.g., De Leon 1989; Pepper et al. 1981; Rounsaville, et al. 1982b; Sciacca 1991). National studies continue to imply that co-occurring disorders are common. It is estimated that 41 to 65 percent of persons diagnosed with a substance use disorder have a lifetime history of mental illness (U.S. DHHS, 1999). Results from recent epidemiological and clinically based studies also suggest that between 50 percent and 58 percent of persons with serious mental illness either abuse or have developed a dependence on alcohol and/or other drugs (Rickards, 2002).

In recognition of the prevalence of co-occurring disorders, as well as, the inability of either the mental health or substance abuse service system to adequately meet the needs of these individuals, the Departments of Health and Public Welfare have been working collaboratively since 1997 to develop a statewide system of care for individuals with co-occurring psychiatric and substance use disorders. This collaboration has been based on the principles contained in the January, 1998, Report of the Center for Mental Health Services Managed Care Initiative on Co-Occurring Psychiatric and Substance Disorders chaired by Dr. Kenneth Minkoff, and adapted to Pennsylvania by the work of the statewide MISA Consortium in 1998/99. The objective of both Departments is to provide the most appropriate care for individuals with co-occurring disorders. Consequently, the Departments of Health and Public Welfare continue to collaborate to ensure the entire system of care develops a welcoming, accessible, and comprehensive process for service delivery, in which each facility is, at a minimum, Co-Occurring Competent to support the principle of a "no wrong door" approach to accessing quality services within the Commonwealth. The goal is to have all licensed mental health and substance abuse

facilities become Co-Occurring Disorder Competent over time. The time frame for this transition has not yet been determined, but it is recommended that all programs begin to understand the criteria for Co-Occurring Disorder Competency and establish a plan to begin the transition to co-occurring competent service delivery.

To assist programs in developing Co-Occurring Competent philosophies and capacity, numerous resources are available as background information and reflect current best practice standards such as:

1. Report of the Center for Mental Health Services Managed Care Initiative on Co-Occurring Psychiatric and Substance Disorders – Dr. Kenneth Minkoff, Chair
2. MISA Consortium Report
3. Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders
4. Changing the Conversation – The National Treatment Plan
5. President's New Freedom Commission on Mental Health, Final Report
6. Treatment Improvement Protocol (TIP) 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders

To access any of the above resources, contact the Department of Public Welfare, OMHSAS, Bureau of Policy and Program Development at (717) 772-7900 or via the following website, [www.pa-co-occurring.org](http://www.pa-co-occurring.org).

### **POLICY:**

To be approved by the Department of Health or the Department of Public Welfare as a co-occurring disorder competent facility, the facility must meet all of the co-occurring disorder competency criteria set forth in this bulletin and the following conditions:

1. The facility must have a current full license or certificate of compliance from the Department of Health, Division of Drug and Alcohol Program Licensure.
2. The facility must have a current full license or certificate of approval from the Department of Public Welfare, Office of Mental Health and Substance Abuse Services.

### **CO-OCCURRING DISORDER COMPETENCY PROGRAM APPROVAL CRITERIA:**

The Departments of Health and Public Welfare have jointly developed the following criteria for a facility to be approved as co-occurring disorder competent within the Commonwealth of Pennsylvania.

#### **A. Co-occurring Disorder Mission and Philosophy**

The facility policies and procedures or operations manual shall include, but not be limited to, the following:

1. Mission statement and program philosophy which incorporates an understanding of the provision of effective co-occurring disorders services approved by the governing body of the facility.
2. Description of intervention strategies that include consensus and evidence-based practices for age and culturally appropriate co-occurring services.
3. Quality improvement plan that monitors compliance with program philosophies, intervention strategies, and consumer satisfaction with services.
4. Co-occurring program performance measures linked to the quality improvement activities.

## B. Co-Occurring Disorder Screening

The facility shall:

1. Develop written procedures for screening for co-occurring issues.
2. Utilize population appropriate screening instruments that identify both psychiatric and substance use disorders.
3. Identify staff qualified to provide screening.
4. Document staff training on screening procedures.

## C. Co-Occurring Disorder Assessment Process

The facility shall:

1. Develop written procedures for a strength-based assessment process for co-occurring disorders.
2. Utilize assessment instruments that gather information about both psychiatric and substance use disorders, including information about symptoms of either disorder when the other is at baseline.
3. Identify how the assessment findings are incorporated into the treatment planning process.
4. Identify staff qualified to complete the assessment process for individuals with co-occurring disorders.
5. Document staff training on the co-occurring disorder assessment process.

## D. Program Content

In the context of current licensed activities, the facility shall document how, within its existing array of interventions, services, and programming, the following consensus and evidence-based intervention strategies are routinely provided:

1. Individual and Group Interventions,
2. Skill-Building Interventions,
3. Mental Health Education or Addiction Education or both,
4. Medication Education,
5. Co-occurring Disorder Education for Individuals and Families,
6. Co-occurring Disorder Relapse Prevention, and
7. Access to Peer Support Services and Self-Help Recovery Resources.

In addition, it is recommended that facilities include the following strategies:

8. Stage of Change Matched Interventions,
9. Motivational Enhancement Interventions,
10. Contingency Management.

## E. Integrated Care Planning

The comprehensive integrated care plan shall, at a minimum, include the following:

1. The individual's full participation in the development of his integrated care plan.
2. Input from the multidisciplinary team, collaborating agencies, practitioners and family, if appropriate.
3. Goals and measurable learning and skill building objectives that reflect the presence of both disorders and how intervention strategies may vary to meet the needs of the individual.
4. Individualized goals that are stage-specific based upon the assessment of co-occurring needs.
5. Identification and incorporation of the individual's strengths and supports needed to accomplish the identified goals.
6. Reviews and revisions based upon additional clinical information obtained through the ongoing assessment and evaluation process.
7. Recovery supports for both disorders.

#### F. Medication

All facilities shall develop policies regarding prescription medications which address the following:

1. Documentation that includes medication, dose, frequency, and prescribing physician.
2. Monitoring medication adherence, including self-report.
3. Access to medication, if not available within the facility.
4. Documentation of communication and coordination of care between all programs providing treatment services and medications to the individual.
5. Education about the medications, including side effects.

#### G. Crisis Intervention Procedures

The facility shall develop policies and procedures to address the following situations in a manner that facilitates engagement, safety, and continuity of care, and does not create barriers to accessing appropriate care based upon the presence of a co-occurring disorder:

1. Psychiatric emergencies.
2. Withdrawal emergencies.
3. Medication emergencies.
4. Medical emergencies.
5. Intoxication.
6. Social Safety emergencies ( e.g., Child Abuse, Domestic Violence, Unexpected Homelessness)

#### H. Communication, Collaboration, and Consultation

The facility shall, at a minimum, develop the following:

1. Written agreements to maintain linkages with practitioners and organizations necessary to support co-occurring service needs.
2. Policies and procedures for integrating input from collaborating agencies and family members, if appropriate.
3. Procedures for obtaining written consent from the individual receiving services for all communication and collaboration with other agencies.
4. Procedures for identifying situations requiring consultation.
5. Protocols for referrals to integrated co-occurring services or ancillary treatment services, when indicated.

#### I. Staff Competencies

The facility must be able to demonstrate staff competency, and supervision capability regarding co-occurring disorders as evidenced by:

1. The number of credentialed clinical staff should be appropriate for the size of the facility and the number of programs; however, there shall be documentation of, at a minimum, one credentialed clinical staff such as the CCDP, or the Certification of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders through the American Psychological Association (APA), a Certificate of Specialty in Addiction through the National Association of Social Work (NASW), or the American Society of Addiction Medicine (ASAM) certification for physicians, involved in the direct provision of co-occurring services.
2. Documentation of all clinical staff attendance at Co-occurring core training that, at a minimum, includes:
  - a. Co-Occurring Psychiatric and Substance Use Overview
  - b. Principles of Engagement with Individuals with a Co-Occurring Disorder and the Family Members
  - c. Individualized Approaches and Supports for Co-Occurring Disorders
  - d. Co-Occurring Care Planning and Documentation Issues
  - e. Psychopharmacology
  - f. Crisis and Relapse Intervention



