

Co-Occurring Disorder Competent Bulletin
DOH & DPW
06-03

Frequently Asked Questions

1. Will this credential allow an agency to provide integrated treatment for both disorders with a single license?

No.

Since not all individuals with a co-occurring disorder require integrated treatment services that are designed to treat more symptomatic or impaired individuals, but do require access to a facility that recognizes, welcomes, and makes accommodations to their program to address a co-occurring disorder, the bulletin criteria were developed to identify standards of co-occurring disorder competency for facilities that serve more stable functioning individuals with a co-occurring disorder.

The bulletin describes **co-occurring competent facilities** as licensed to treat psychiatric or substance use disorders (one license) or both (dual licensure), which routinely welcome and admit individuals diagnosed with a co-occurring disorder, who are otherwise eligible to participate in the program. A competent facility meets all the criteria established in the bulletin by providing integrated screening, assessment, and program services that recognize the co-occurring disorder through education, consultation, and coordination of care. Staff providing services meet the competencies outlined in the bulletin. Aftercare planning incorporates appropriate services to address both disorders. The program has made accommodations that recognize the co-occurring disorder, but are not providing integrated clinical treatment services.

A **Co-occurring Integrated Facility** is defined as 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 abuse disorders. The facility addresses co-occurring disorders using an integrated philosophy and treatment model in a single setting. This type of facility requires **dual licensure**.

The provision of integrated treatment currently requires the facility to be licensed by the Department of Health, Division of Drug and Alcohol Program Licensure as a substance abuse facility and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS) as a mental health program. **Any facility providing substance abuse treatment services to an individual with a substance-related disorder within the Commonwealth of Pennsylvania is required to be licensed by**

**the Department of Health, Division of Drug and Alcohol Program
Licensure.**

It is anticipated that some facilities will continue to provide either **substance abuse or mental health services only**. These facilities will continue to treat individuals diagnosed with either a substance use disorder or a mental health disorder only.

2. Please clarify the difference between “address” and “treatment”.

Address can be defined as: To direct attention to; to deal with (as a problem or person); making ready; or a state of preparedness.

Treatment is defined as: The provision of psychiatric, psychological, social, and other types of evidence-based therapies at a licensed facility to assist individuals in dealing with the effects of a psychiatric and/or substance use disorder.

Within the context of the bulletin, the facility must “address” co-occurring psychiatric and substance use disorders in its policies and procedures, provide an integrated screening and assessment process to determine appropriate interventions, provide education on co-occurring disorders in both individual and group programming, engage in an integrated care planning process, establish appropriate crisis intervention protocols, develop interagency coordination and referral procedures, and ensure co-occurring discharge planning occurs.

Program staff would provide a welcoming environment in which to deal with the interaction between psychiatric and substance related disorders as it affects the individual’s readiness to change, as well as relapse and recovery issues within the context of the established program, whether it is a mental health or substance abuse facility. The program is able to accommodate individuals who have co-occurring disorders that require ongoing services that can be provided by the facility under the current license. For example, an individual who has relapsed into drug use and also has been diagnosed with major depression which exhibits stable symptoms could be treated by the licensed substance abuse facility that has been approved to provide co-occurring competent services. The program would provide substance abuse treatment while recognizing the interaction of a co-occurring psychiatric disorder through screening, assessment, psycho-education, and coordination of care. Services with the mental health provider would be coordinated to ensure appropriate planning occurs.

3. If someone with a psychiatric diagnosis comes to a substance abuse only facility for detoxification, can the psychiatrist prescribe medication to treat a psychiatric disorder?

Yes.

Neither the bulletin, the DOH, or the DPW licensing regulations would prohibit a licensed psychiatrist within the Commonwealth from practicing within the scope of their medical license.

If the facility would furnish the medication, it would be required to comply with 28 Pa. Code §709.32 addressing Medication Control.

4. Can the treatment of a psychiatric disorder be documented in the substance abuse medical record, including but not limited to documentation of medications prescribed, medication education, treatment plan objectives and interventions, progress notes, etc?

Yes.

5. Is a dually licensed facility required to maintain 2 separate medical records to be in compliance with licensure?

No.

Procedure 1009, dated October 13, 2000 issued by OMHSAS addressed record keeping in multi-service systems. If the service or program is dually licensed by OMHSAS and the Division of Drug and Alcohol Program Licensure, there is no need to maintain separate records. There can be one record that meets both sets of regulations.

6. How is the term “credentialed staff” interpreted on Page 5 of the COD Bulletin?

To ensure that all recognized credentials, education, training, and experience are considered, the Departments will develop a list of accepted credentials, education, training, and experience that will meet Staff Competencies, Section H(1) of the bulletin.

7. If you have an ASAM Certified or Board Certified psychiatrist supervising the D&A clinicians, do you need a CCDP on staff?

The intent of the bulletin language is to ensure that staff providing clinical services to individuals with a co-occurring disorder have adequate knowledge and skills, as well as, access to ongoing supervision that can assist with addressing complex clinical cases. Having a CCDP is not a specific requirement of the bulletin; rather the goal is to ensure that competent trained staff provide clinical treatment to address co-occurring disorders.

8. Does a Social Worker require certification of proficiency from NASW?

Please reference the answer to Question 6 and 7.

9. What about proficiency for RN's?

Please reference the answer to Question 6. It is understood that RN's have a specific credential for COD that would meet the criteria.

10. Will documented training in D&A qualify as certification of proficiency?

It would depend on the clinical staff's education, training, and experience. As indicated in Question 6, the Departments will develop a list of accepted credentials, education, training and experience that will meet the Staff Competencies section of the bulletin.

11. Are there a certain number of hours of training required to be in compliance with the bulletin?

Although the core curriculum topics outlined in the bulletin include 50 hours of training, the Departments have not designated a specific amount of training hours at this time. To meet the criteria outlined in the bulletin, a facility can provide documentation of attendance at trainings in the specific topic area. The training certificates must include the number of hours for each course and who provided the training. Both Departments have approved trainers and curriculums. To document appropriate training in each topic area, educational transcripts from undergraduate and graduate courses can be used. The bulletin has attempted to provide flexibility and incorporate various types of training that program staff may have attended previously.

The Departments will not accept a one or two day internal training by a facility as documentation of adequate training in all topic areas outlined in the bulletin. It is expected that the training would include sufficient external training to meet the intent of the bulletin. As previously indicated, the experience, education, and previous training for each individual staff will be reviewed as part of the approval process.

12. In Section B, Co-Occurring Disorder Screening, does "qualified screener" mean they need to be credentialed?

The Bulletin language states "identify staff qualified to provide screening and document staff training on the screening procedures." The criteria allow the facility to determine what staff are "qualified" to perform this function and do not require a specific credential. There are no professional restraints on who can be trained to conduct the screening process. Any screening process should specify the protocols to be followed, the questions to be asked, and

the training provided to staff in this area. If a standard instrument is used, the staff should be trained on the instrument including what is to take place if the individual scores in the positive range according to identified “cut off scores” specific to the instrument and the protocols for documentation of this information.

The facility must have a specific screening tool that addresses both disorders, be able to document the training procedure for conducting the screening, and identify the staff who have been trained to provide screening.

13. In Section C, Co-Occurring Disorder Assessment Process, does the “qualified assessor” need to be credentialed?

The bulletin language does not require staff to be credentialed. The facility must document what staff conduct the assessment process, their qualifications to do so, and the training provided on the assessment process. This could include training on a specific instrument used by the facility or a variety of information gathering methods.

14. The bulletin requires all staff to be trained; do you really mean “all staff”?

Section I, Staff Competencies, (2), Documentation of **all Clinical Staff** at co-occurring training. This includes all clinical staff that would provide services to individuals with a co-occurring psychiatric and substance use disorder. It would not include non-clinical staff.

15. Do the training requirements apply to Part Time staff?

The training requirements would apply to any clinical staff that a facility would designate as providing services to individuals with co-occurring psychiatric and substance use disorders. Any part time clinical staff providing co-occurring services would need to meet the training criteria.

16. What percentage of staff must be trained prior to applying for approval as a co-occurring competent facility?

Section I, Staff Competencies (1), states there shall be documentation of, at a minimum, one credentialed clinical staff involved in the direct provision of co-occurring services. One trained, credentialed staff would meet the initial criteria for application.