STATE OF VERMONT
Agency of Human Services (AHS)

Co-occurring Mental Health and Substance Use Capable System of Care	ORIGINAL POLICY ADOPTED DATE: 5/16/08 REVISED DATE: 10/27/09	ORIGINAL POLICY NUMBER 1.10
	EFFECTIVE DATE: November 10, 2009	Category **General**

Authorizing Signature: _____ Date Signed: 11/17/09
Secretary, Agency of Human Services

PURPOSE:
To ensure that the Agency of Human Services (AHS) service delivery system recognizes the prevalence of co-occurring mental health and substance use conditions, including their influence on and interaction with trauma and domestic violence.

To ensure that AHS will maintain a welcoming, responsive, integrated and recovery oriented approach to care in which agency staff and contracted service providers are trained to have a basic understanding of co-occurring conditions and a working knowledge of the services and referral process that supports healthy individuals and families.

BACKGROUND AND REFERENCES:
The Agency of Human Services has defined Four Key Practices in the realization of an integrated one-agency approach to care. These Key Practices are Customer Service, Holistic Service, Strength-Based Relationships and a Results-Oriented Approach to care.

Individuals and their families with mental health and/or substance use conditions in Vermont are recognized as a population with complex needs. These cut across multiple clinical domains and service settings, including mental health, substance use, corrections, primary care, child welfare, economic services and other service settings. In substance use settings 50 to 75 percent of the people will have a co-occurring mental health condition and in mental health settings 25 to 50 percent of the people will have co-occurring substance use conditions. Nearly 50 percent of the people seeking care any clinical or service setting for a mental health or substance use condition will have a co-occurring condition. Because of this high prevalence co-occurring conditions should be considered an expectation rather than an exception. Thus an informed, responsive and integrated approach will increase positive outcomes while utilizing fewer resources.

Progress at the National Level
There has been significant national attention in recent years to the issues associated with co-occurring conditions. The Surgeon General's *Report on Mental Health* in 1999, the Substance Abuse and Mental Health Service 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, addiction services and physical health care is a pre-requisite for meeting the needs of an increasing number of individuals with co-occurring conditions.

Progress at the State Level in Vermont

Vermont has taken significant and important steps over the last several years to increase the systems' capacity to provide accessible, effective, comprehensive, integrated and evidence-based services for adults and adolescents with co-occurring conditions. In 2001, the Vermont Department of Developmental and Mental Health Services (DDMHS) obtained a Community Action Grant for the implementation of best practice in providing co-occurring services to individuals with severe and persistent mental illness receiving care in the Community Rehabilitation and Treatment (CRT) system of care. The grant utilized the Comprehensive Continuous Integrated System of Care (CCISC) model as a quality improvement approach characterized by incremental expectations for change. The result was extensive consensus building, training and a broad recognition of the value of integrated treatment that was outlined in a Consensus Document. Similar efforts to build co-occurring capacity and integrated treatment have been supported by the Juvenile Justice grant (2003-5) and the Adolescent Treatment Enhancement Grant (2006-2009). In addition, in 2006 Vermont became one of 17 states to receive a Co-Occurring State Incentive Grant (COSIG). COSIG will assist Vermont in advancing and connecting all current and previous change efforts into one statewide initiative called the Vermont Integrated Services Initiative (VISI).

In 2002, the Blueprint for Health outlined a comprehensive, proactive system of care that would improve the quality of life for people with or at risk of developing chronic conditions. The complete attainment of this vision 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 conditions.

In July 2004, the Agency of Human Services published practice guidelines for the identification and treatment of co-occurring mental health and substance use issues in children, youth and families. The guidelines are based on the Comprehensive Continuous Integrated Systems of Care (CCISC) model, which defines a *welcoming, integrated and relationship building* system of care for people with co-occurring conditions. These guidelines were created during the spring and summer of 2004 in consultations with over 90 stakeholders including youth and their families, community providers, state policy makers and staff from the Agency of Human Services.

In August 2006, the Department of Mental Health, in partnership with the community mental health agencies and other stakeholders, finalized a Consensus Document describing a continuing process in which every program will become a co-occurring capable program and every clinician will become a co-occurring competent clinician through the performance improvement process over time.

In August 2007, the Vermont Department of Health published its Policy Statement on Co-occurring Conditions and the need for integrated treatment for people with mental health, substance use and other chronic medical conditions.

In March 2008, AHS recognized that **domestic violence** is a cross-cutting issue that requires a holistic view of victims and their environment. AHS plays an integral role in supporting and enhancing the physical, emotional and psychological safety, security and well-being of individuals and families who directly or indirectly experience the effects of domestic violence.

In May 2008, AHS finalized its Policy on **Trauma Informed Systems of Care,** recognizing the widespread prevalence of trauma that individuals and families experience and the emotional, cognitive and physical implications of psychological trauma. AHS committed to enhancing all of the Agency's services through trauma awareness, staff training in trauma and implementation of trauma-informed principles in all of its programs and services.

RELATED DOCUMENTS/STATUTORY REFERENCES:

- Surgeon General's *Report on Mental Health*, 1999
- SAMHSA's *Report to Congress* on co-occurring disorders, 2002
- President's New Freedom Commission Report on *Achieving the Promise, 2004*
- SAMHSA's *Treatment Improvement Protocol (TIP) #42* on co-occurring disorders, 2005
- Vermont Blueprint for Health, 2003
- Agency of Human Service published practice guidelines, 2004
- Department of Mental Health (CRT Program) Consensus Document, 2006
- Vermont Early Childhood and Mental Health Competencies, 2006
- Vermont Department of Health Policy Statement on Co-occurring Conditions, 2007

DEFINITIONS:

Co-occurring conditions are defined as the co-existence (within an individual or – for children's services – a family system) of two or more conditions or 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 providing – in any setting - appropriately matched substance use and mental health interventions through a relationship with one clinician or two or more clinicians working together within one program or a network of services. Integrated services must appear seamless to the individual or family participating in services.

Co-occurring capability is based on the recognition that co-occurring conditions will be an expectation and a priority for attention within the population served. It refers to the capacity of any program to fully organize its infrastructure (policies, procedures, clinical practices, and staff competencies) within available resources. The aim is to provide welcoming, appropriately matched integrated interventions to its current caseload of co-occurring clients and families within the context of its existing program design and mission,

SCOPE:

This policy applies to all AHS departments, offices and contracted service providers.

STANDARDS:

The agency recognizes the prevalence of co-occurring mental health and substance use conditions including their relationship with trauma and domestic violence. The agency will therefore maintain a welcoming, accessible, integrated, and responsive system of care for people and families experiencing co-occurring mental health and substance use conditions.

It is the responsibility of the agency to ensure that key decision-makers, planning staff, program administrators and service staff in all levels of care, across all departments, and throughout all phases of the recovery process (e.g. engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care) recognize the prevalence of co-occurring conditions. We need to understand their impact on the people we serve, and welcome, and, when needed screen, assess, treat and refer people with co-occurring conditions.

The Agency will engage in a state-wide performance improvement process in which every program of care will become a co-occurring capable program within the context of its existing resources and scope of service. Every clinician will become a co-occurring competent clinician within the context of their current level of licensure or training. Over the next several years, the state will make a commitment to work in partnership with mental health, substance use and primary health care agencies, clinicians, and consumer/family advocates to make steady progress toward the following goals:

1. Welcoming engagement of all individuals with co-occurring conditions in a trauma sensitive manner.
2. Improved recognition of the presence of co-occurring conditions, trauma and domestic violence in the AHS information system.
3. Improved capacity to engage individuals and families with co-occurring needs in ongoing care that is matched to their needs and preferences.
4. Improved competency of all direct service staff in welcoming co-occurring competency and trauma informed practice.
5. Those departments providing treatment will have a continuous improvement process for integrated screening, assessment, treatment and recovery planning for individuals and families. Appropriate departments will move gradually towards co-occurring capable clinical services that are strengths based, trauma informed and aware of the causes and consequences of domestic violence for all individuals and families in accordance with best practice.

COMPLIANCE

The overall responsibility for providing co-occurring capable services rests primarily with AHS Departments and their Programs. To ensure a consistent and comprehensive approach, the Secretary's Office in conjunction with the Vermont Department of Health and the Department of Mental Health, shall oversee the implementation of this policy and provide the Agency with direction, support and consultation.

ENFORCEMENT:

The Office of the Secretary may initiate reviews, assessments or other means to ensure that this policy is being followed.