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POLICY MANUAL

**State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services**

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

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Approved by Board Chairman s/James C. Windsor

References 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 illnesses, substance use disorders, or developmental disabilities have become an increasingly significant consideration in planning, developing, providing, and evaluating mental health, developmental, and substance use disorder treatment and habilitation services. National studies have estimated the prevalence rate for co-occurring substance use disorders among people with severe mental illness to be 20 to 50 percent. The rate of mental illness among people with substance use disorders is estimated to be 50 to 75 percent. [*The Epidemiology of Co-Occurring Substance Use and Mental Disorders* OVERVIEW PAPER 8, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, DHHS Publication No. (SMA) 07-4308 Printed 2007] The prevalence of co-occurring mental illnesses among people with intellectual disability is estimated to be three to four times greater than that among the general population, and incidence estimates range from 20 to 35 percent. [National Association for the Dually Diagnosed, information retrieved from <http://www.thenadd.org>] Thus, because the frequency of co-occurring disorders is significant, services and programs should make appropriate adjustments in assessments and services to assure delivery of appropriate and effective treatment and support. At this time, there is little information about the prevalence of co-occurring substance use disorders and intellectual or other developmental disabilities.

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Background The public mental health, developmental, and substance use disorder services (*continued*) system has struggled to serve individuals with co-occurring mental illnesses, substance use disorders, or intellectual or other developmental disabilities 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 illnesses. For people with co-occurring disorders, this often has resulted in fragmented and ineffective care, and these people are more likely to experience poorer treatment outcomes, incur higher treatment costs, and use other public or private service systems to a greater extent.

STATE BOARD POLICY 1036 articulates the vision of a system of quality services and supports that respects the rights of people with mental illnesses, developmental disabilities, or substance use disorders, is driven by individuals receiving services, and promotes self-determination, empowerment, recovery, resilience, health and overall wellness, 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 quality, 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.

Purpose To articulate policy for providing services to individuals with co-occurring mental illnesses, substance use disorders, intellectual disability, or other developmental disabilities who are receiving Medicaid developmental disability waiver services.

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 illnesses, substance use disorders, intellectual disability, or other developmental disabilities when individuals are receiving Medicaid developmental disability waiver services.

Therefore, it also is the policy of the Board that the Department, state hospitals and training centers, hereafter referred to as state facilities, and community services boards and behavioral health authorities, hereafter referred to as CSBs, shall integrate the following principles for serving individuals with co-occurring disorders into the mental health, developmental, and substance use disorder 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.

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Policy

1. The potential for co-occurring disorders shall be considered for every person (*continued*) seeking mental health, developmental, 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 in 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 disorders. During evaluations and assessments, special focus shall be given to any immediate medical care requirements of the person. 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 treatment episodes for individuals with co-occurring disorders. Integrated treatment means the flexible use 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, developmental, or substance use disorder service needs. Because of the significant 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 who receive services from them.
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 include 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 appropriately match the service needs of individuals with co-occurring disorders to the services they provide.
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 program in which he or she works, his or her specific job description and qualifications, and the

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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 disorders. 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 illness 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. 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 developmental disabilities.

9. CSBs shall prepare discharge plans for individuals 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 and 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 of discharge planning by CSB and state facility staff.

Further, it is 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.

It also 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.