

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

COORDINATION OF SERVICES AGREEMENT FOR CO-OCCURRING CONDITIONS (Mental Health and Substance Abuse)

PURPOSE

The purpose of this Agreement is to support state and local policy of coordination and collaboration between the public mental health and substance abuse service systems so as to improve services to persons with co-occurring conditions. In Macomb County, the substance abuse coordinating agency (MCOSA) is a Division of Macomb County Community Mental Health Services (CMHS).

DEFINITIONS

A. Substance Abusing Mentally Ill (SAMI/MISA):

This term is reserved for clients with an Axis I diagnosis of substance dependence (or a need for direct action to reduce substance abuse that interferes with mental health treatment), and a serious mental illness (adults) or severe emotional disturbance (children) and requires continuing mental health services beyond substance abuse treatment. Attached to this agreement are expanded definitions to be used in making SAMI/MISA service eligibility determinations.

B. Dual Diagnosis:

This term is reserved for clients who are chemical abusers or dependent, and have concurrent psychiatric disorders or symptoms (non-serious). Generally, psychiatric symptoms remit after a period of abstinence. Disorders are generally Axis II, but could be Axis I disorders such as Dysthymia, Adjustment Disorder, or Major Depression, single episode. Generally, ongoing mental health services are not anticipated once substance abuse treatment is completed.

C. Substance Abusing Developmentally Disabled:

A developmentally disabled (DD) person is an individual that has a severe and chronic condition attributable to a mental and or/physical condition(s) that is manifested before age 22, leads to substantial impairment in three or more of seven specific functional life domains, and is likely to continue indefinitely. Persons with a developmental disability can also be chemical abusers or dependent. Further, persons with a developmental disability can also have a concurrent substance use and psychiatric disorder.

- d. **Dual Diagnosis** - Substance abusers with a coexisting psychiatric disorder or symptoms that do not meet the SAMI criteria will be directed to **CARE** for authorization of substance abuse services.
- e. **Substance Abusing Developmentally Disabled** - Substance abusers with a developmental disability will be directed first to CMHS Access Center for CMHS care management and possible referral to CARE for a substance abuse assessment. CARE will report to Access and coordinate services depending on the persons level of functioning, substance use and possible psychiatric disability. DD individuals with a serious mental illness and substance use may be served by the FIRST locations.

3. **Emergency**

- a. **Psychiatric Emergency** - due to mental illness, person who is suicidal, homicidal, or unable to care self or has severe/atypical medication effects or medical conditions requiring medication stabilization or initiation in a structured setting.

For Adults: St. Joseph's Mercy of Macomb - East
 Emergency Psychiatric Services
 215 North Avenue
 Mt. Clemens, Michigan
(586) 466-9895
Hours: 24 hour face-to-face evaluations

Any community psychiatric hospital can assess Medicaid and Mental Health Code defined consumers for psychiatric admission. All admissions are subject to approval for payment by the Access Center.

For Youth: Harbor Oaks
 35031 23 Mile Road
 New Baltimore, Michigan 48047
(586) 725-5777
Hours: 24 hour face-to-face evaluations

Henry Ford Kingswood
 10300 W. 8 Mile Road
 Ferndale, Michigan 48220
(248) 398-3200
Hours: 24 hour face-to-face evaluations

Havenwyck Hospital
 1525 University Drive
 Auburn Hills, Michigan 48326
(800) 401-2727
Hours: 24 hour face-to-face evaluations

- b. **Assertive Community Treatment Program (A.C.T.)** - Macomb County CMHS funds A.C.T. services that includes counseling and educational services to intervene with identified substance abuse problems experienced by enrolled consumers. A.C.T. services provide community-based clinical and case management services to an ongoing caseload who require intensive service to remain independent in the community. Access and authorization is through the CMHS Access Center.

**Ventures Assertive Community Treatment
(586) 469-6210**

Hours: Monday - Friday, 8:30 a.m. to 5:00 p.m.

- c. **HUD Supportive Services Project** - Macomb County CMHS receives funding through a Supportive Services HUD grant to provide homeless individuals with technical, financial and case management assistance during a period of transition from homelessness to permanent housing. Eligible individuals must have a diagnosis of severe mental illness, chronic substance abuse and/or coexisting conditions of severe mental illness and chronic substance abuse. Individuals should also express a desire to live independently, possess basic skills necessary to assure independence and agree to participate in treatment appropriate to disability.

**HUD Supportive Services
(586) 948-0224**

Hours: Monday - Friday, 8:30 a.m. to 5:00 p.m.

B. SCREENING CRITERIA AND ASSESSMENT TOOLS TO BE USED FOR ASSESSING CO CONDITIONS

1. **CARE** utilizes a standardized assessment process for all publicly funded clients. The American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the treatment of substance abuse disorders is used for client placement decisions. MCOSA has incorporated the ASAM criteria into their Quality Assurance Guidelines and these Guidelines are utilized for placing clients in the appropriate level of care. Also incorporated into these Guidelines are the DSM-IV criteria for substance abuse and dependency, as well as dual diagnosis, in accordance with the definition attached to this Agreement.
2. **CMHS** has incorporated specific questions regarding alcohol and drug use into the initial Access Center telephonic screening for all service applicants. After the telephonic screening and subsequent face-to-face assessment, mental health clinical staff complete the LOCUS, which requires judgements regarding substance abuse/dependence and co-occurring substance abuse/mental health disorders. DSM-IV criteria are utilized to establish substance abuse/dependence and mental health diagnoses. The attached is used to guide treatment and referral recommendations.

D. **DISCHARGE PLANNING PROCEDURES IN CONJUNCTION WITH HOSPITAL AND RESIDENTIAL DETOX PROVIDERS**

1. Publicly funded Residential Detox providers in Macomb are limited to Salvation Army Harbor Light and Sacred Heart Rehabilitation Center and have a limited number of sub-acute detox beds. Emergency Psychiatric Services (EPS) staff can contact either center to inquire about the availability of detox beds for individuals who do not have a severe psychiatric or medical complication. Prior authorization is not required for detox services.
2. Clients being transferred from Emergency Psychiatric Services to a residential substance abuse program will require authorization from CARE. The program should contact CARE and an assessment will be scheduled either face-to-face or via telephone.
3. Transfers from a substance abuse residential program to the Emergency Psychiatric Services will require the substance abuse program to arrange for transportation. Contact will also be made with EPS staff in regard to the circumstances and reason for the referral prior to transport.

E. **CASE MANAGEMENT AND TREATMENT PLAN COORDINATION**

1. Counseling and interventions for SAMI consumers are provided on a scheduled basis at the three CMHS FIRST locations. SAMI Outpatient Services integrate counseling for substance abuse problems with ongoing psychiatric and case management services for existing CMHS consumers. In instances where SAMI consumers require intensive substance abuse or detoxification services, CMHS Access will coordinate services with CARE.
2. The A.C.T. Program has responsibility for both the mental health and substance abuse services unless consumers require intervals of intensive or detoxification services. CMHS Access will coordinate substance abuse assessments and authorizations through CARE. In these instances, A.C.T. will continue to provide case management services.

F. **RESOLUTION MECHANISMS AND PROCEDURES**

1. Clinical treatment or service access disputes between a mental health and substance abuse service program regarding coordination of care are initially handled by the clinical unit supervisor of the respective substance abuse or mental health programs. Clinical differences at the clinician/case manager level are first directed to the individual's supervisor, who will then contact the corresponding clinic supervisor to discuss the problem. Disagreements that cannot be resolved at this level must be reported by staff to their respective administrative manager/contact person who represents the SAMI Oversight Committee. The SAMI Oversight team member will then discuss the problem

I. **TRAINING AND STAFF DEVELOPMENT**

The coordination of staff/provider cross-training in the areas of co-occurring disorders and coordination of services will be responsibility of the Network Training Office. This Office will work with the SAMI Oversight Committee in planning co-occurring disorder training activities.

1. A representative of the Substance Abuse Network Services Division will be represented on the Staff Development Sub-Committee. A minimum of one (1) in-service/workshop will be scheduled each year through this committee to address cross-training needs, unless other regional training opportunities are scheduled.
2. Training materials developed by the Network Services Divisions (Substance Abuse and Mental Health) to address system interface issues will be reviewed by the SAMI Oversight Committee. Applicable training materials related to co-occurring disorders will be incorporated into orientations for new staff for CMHS and contract agencies.
3. Once defined, information related to Mental Health and Substance Abuse systems interface issues and specific procedural detail will be distributed to all staff.

J. **COLLABORATION**

CMHS Divisions including MCOSA will collaborate in the area of Intra agency planning through the following mechanisms.

1. CMHS will continue Intra agency planning through the longstanding SAMI Oversight Team. Membership on this committee includes:

Assistant Director of MCOSA
Director of Network Operations for Behavioral Health
Director of Business Management
Manager of Comprehensive Community Services
Consultant with expertise in the area of co-occurring conditions

This committee will meet Quarterly or as necessary to address issues related to the provision of services to individuals with co-occurring conditions. The Medical Director will consult with the committee on any medical or medication related planning.

2. CMHS will continue to hold weekly Executive Staff meetings involving the Executive Director of CMHS and Division Directors. The Director of MCOSA will continue to hold a position on the CMHS Executive Staff. Joint recommendations regarding mental health and substance abuse service coordination are considered and discussed through this forum, including those developed within the SAMI Oversight Committee.

CHILDREN AND ADOLESCENTS: Definition of "Severe Emotional Disturbance"

- A. For HMO or Clinic Plan enrollees, severe emotional disturbance is defined by diagnosis and ONE of the following: (1) degree of disability, (2) duration of illness, or (3) prior service utilization criteria.
- 1) Diagnoses as defined by DSM-IV:
Schizophrenia and Mood Disorders (Major Depressions and Bipolar Disorder), Reactive Attachment Disorder (313.39),
Medicaid-Covered Gender Identity Disorder (302-.6, 302.85),
Autism with accompanying mental disorder, or
Conduct Disorders
 - 2) Degree of Disability:
Marked to severe emotional/behavioral impairment (not solely the result of alcoholism, drug abuse, epilepsy, mental retardation, or other developmental disability) which results in substantial functional limitation of major life activities two or more of the following areas: (1) self-care at an appropriate developmental level, (2) self-direction, including behavioral control, (3) capacity for living with family or family equivalent, (4) social functioning, (5) learning, or (6) perceptive and expressive language.
 - 3) Duration - Evidence of ONE of the following:
 - a) six continuous months of illness, symptomatology or dysfunction
 - b) six cumulative months of symptomatology/dysfunction in a 12-month period
 - c) disability is likely to continue for more than a year on the basis of a specific diagnosis.
 - 4) Prior Service Utilization (ONE of the following):
 - a) four or more admissions to a community inpatient unit/facility in a calendar year.
 - b) community inpatient hospital days of care in a calendar year exceeding 45 day,
 - c) state hospital utilization of over 60 days in a calendar year,
 - d) use of over 20 mental health visits (e.g., individual or group therapy) in calendar year.
- B. For Code-defined priority populations, there are three necessary, interrelated dimensions: (1) a diagnosable behavioral or emotional disorder, (2) substantial functional impairment/limitation of major life activities, and (3) duration of the condition.
- 1) Diagnosis:
The child/adolescent currently or any time in the past year had a diagnosable behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-IV excluding those with a diagnosis, other than (or in addition to) alcohol or drug disorders, a developmental disorder, or social conditions (V Codes). The following diagnostic categories are illustrative, not comprehensive, of the mental disorders typically eligible for enhanced services: Schizophrenia (all 295); Major Depressive Disorder (all 296), Bipolar Disorder; Dysthymic Disorder, when coexisting with one additional Axis-I or Axis-II diagnosis, not including alcohol or drug disorders, a developmental disorder or V code; Delusional Disorder, Shared Psychotic Disorder; Reactive Attachment Disorder; Gender Identity Disorder - Child; Gender Identity Disorder - Adolescent; Conduct Disorder; Oppositional Defiant Disorder; Tourette's Disorder; Encopresis; Enuresis; Reactive Attachment Disorder; Attention-Deficit /Hyperactivity Disorder.
 - 2) Functional Impairment:
The Mental Health Code refers to a "substantial interference with or limitation" of the child's proficiency in performing certain age-appropriate skills, but it does not provide any definition of "substantial" or describe a means to measure the severity of a functional impairment. The Child and Adolescent Functional Assessment Scale (CAFAS) is being employed by a number of states, including Michigan, to rate functional impairments in children ages 7-17. The CAFAS is comprised of eight scales (role performance at school/work, role performance at home, role performance in the community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking) on which the youth is rated, plus two scales (family material needs and family/social support) to rate the youth's caregivers and/or caregiving.

ADULTS: Definition of "Serious and/or Persistent Mental Conditions"

- A. For HMO or Clinic Plan enrollees, severe and persistent mental illness is defined by diagnosis and ONE of the following: (1) degree of disability, (2) duration of illness, or (3) prior service utilization criteria.
- 1) Diagnoses as defined by Diagnostic and Statistical Manual - IV Version (DSM-IV): Schizophrenia and Other Psychotic Disorder (295.xx: 297.1 297.3: 298.8) or Mood Disorders (Major Depressions and Bipolar Disorders 296.xx), and one of the following:
 - 2) Degree of Disability - Substantial disability/functional impairment in three or more primary aspects of daily living (personal hygiene and self-care, self-direction, activities of daily living, learning and recreation, or social transactions and interpersonal relationships) such that self-sufficiency is markedly reduced. In persons 55 years or older, loss of functional capacity might also include loss of mobility, sensory impairment, loss of physical stamina to perform activities of daily living, loss of ability to communicate immediate needs as the result of medical conditions requiring professional supervision, or conditions resulting from long-term institutionalization.
 - 3) Duration (ONE of the following):
 - a) evidence of six continuous months of illness, symptomatology, or dysfunction OR six cumulative months of symptomatology/dysfunction in a 12-month period
 - OR
 - b) there is a reasonable expectation that the symptoms/dysfunctions will continue for more than six months, based upon current condition and diagnosis
 - 4) Prior Service Utilization (ONE of the following):
 - a) four or more admissions to a community inpatient unit/facility in a calendar year
 - b) community inpatient hospital days of care in a calendar year exceeding 30
 - c) state hospital utilization of over 60 days in a, calendar year. OR.
 - d) use of over 20 mental health visits (e.g., individual or group therapy in a calendar year).
- B. For Code-defined priority populations, the formulation by the National Institute of Mental Health (NIMH) identifies three necessary, interrelated dimensions: (1) a diagnosis that is the primary cause of disability, (2) functional limitation, (3) and duration of the severe dysfunction.
- 1) Diagnosis:

The individual must be diagnosed with a designated mental illness, specifically a DSM-IV diagnosis in the diagnostic code range of 290-319 (or ICD-9-CM equivalent) other than (or in addition to) (a) alcohol or drug disorders, (b) developmental disabilities, (c) organic brain syndromes, dementias (except for: dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance) OR mental disorders due to general medical conditions, except those with predominant psychiatric features, (iv) social conditions (V Codes).
 - 2) Functional Disability:

The NIMH model proposes four areas (activities of daily living; interpersonal functioning; concentration, persistence, and pace; and adaptation to change) for the assessment of functional limitations. Each area is assessed based on the following five-point scale: (1 = no limitation/dysfunction, 2 = mild limitations/dysfunction, 3 = moderate limitations/dysfunction, 4 = marked limitations/dysfunction, 5 = extreme limitations/dysfunction). The following scale patterns define severely functionally disabled: (1) any one "5", or "extreme" dysfunction/disability, or (2) at least two "4", or "marked", disability and no "1" or "no" disability, or (3) at least one "4", or "marked", and three "3" or "moderate" disability.
 - 3) Duration of Functional Disability (rather than time since onset of the disorder):

A 12-month duration is the criterion or threshold for consideration of persistence, but since functional limitations fluctuate even within acute episodes, the criterion of duration is considered satisfied if there was dysfunction in at least 6 cumulative out of 12 continuous months or if, based upon current condition and diagnosis, there is a reasonable expectation that the symptoms/dysfunctions will continue for more than six months.

CMH/MCOSA REFERRAL GUIDELINES

INDIGENT for CARE services must have no insurance and income under \$45,000)

MI----->CMH
SA----->CARE
Dual Disorder----->CARE (currently not able to provide meds, refer CMH)
SPM----->CMH
SED----->CMH
DD----->Voc/Day
SAMI/MISA----->CMH, CARE for intensive SA services

MEDICAID (STRAIGHT)

MI----->Contract Agency, CMH, If medications are needed can refer to Primary Care Physician.
SA----->CARE
Dual Disorder----->CARE for SA part, Psych services CMH (may have to be dual opted)
SPMI----->CMH
SED----->CMH
DD----->Voc/Day
SAMI/MISA----->CMH, CARE for intensive SA services

MEDICAID QHP

MI----->QHP, Contract Agency, CMH
SA----->CARE
Dual Disorder----->CARE, QHP for psych services
SPMI----->CMH
SED----->CMH
DD----->Voc/Day
SAMI/MISA----->CMH, CARE for intensive SA services

MEDICARE

MI----->Medicare provider, CMH
SA----->Medicare provider or CARE
Dual Disorder----->Medicare provider, CMH for Mental Health, CARE for SA
SPM----->CMH
SED----->CMH
DD----->Voc/Day
SAMI/MISA----->CMH, Care for intensive SA services

MEDICARE/MEDICAID

MI----->CMH
SA----->CARE
Dual Disorder----->CARE, QHP or CMH for psych services
SPM----->CMH
SED----->CMH
DD----->Voc/Day
SAMI/MISA----->CMH, CARE for intensive SA services