Chapter: CLINICAL PRACTICE

Title: INTEGRATED DUAL-DIAGNOSIS TREATMENT – CO-OCCURRING DISORDERS

- EVIDENCE-BASED PRACTICE

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Proposed by: Traci Smith 06/13/2025

Executive Officer Date

Approved by: Al Lorenzo 06/14/2025

County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the engagement and treatment of MCCMH persons served with co-occurring disorders through the implementation of Integrated Dual-Diagnosis Treatment - Co-Occurring Disorders - Evidence-Based Practice (IDDT-COD-EBP).

II. APPLICATION

This policy shall apply to all MCCMH directly operated and contract network providers and Certified Community Behavioral Health Clinics (CCBHC) in Macomb County.

III. POLICY

It is the policy of MCCMH that every network provider within MCCMH's service system shall be capable of providing a comprehensive, continuous, integrated system of care for persons served with co-occurring psychiatric and substance-related disorders throughout all levels and modes of care through the implementation of IDDT-COD-EBP.

IV. DEFINITIONS

A. <u>Co-Occurring Disorders (COD)</u>

Refers to co-occurring substance-related and mental disorders, where an individual is said to have at least one disorder of each type that can be established independently of the other and is not simply a cluster of symptoms resulting from a single disorder.

B. Evidence-Based Practice (EBP)

A term to denote treatment models that have been proven as therapeutically effective through peer-reviewed research. It also refers to the decisions of care made by clinicians that use research-led evidence and clinical expertise to provide treatment that integrates the best practices based on research with clinical judgement in the context of the individual's characteristics, culture and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.

C. Integrated Dual-Diagnosis Treatment (IDDT)

An individualized multidisciplinary approach to treating mental health and substance use disorders simultaneously, in the same agency or organization by the same team. IDDT combines psychological, pharmacological, educational and social interventions to address the needs of the individual and their family members.

V. STANDARDS

- A. MCCMH shall provide integrated treatment for individuals with co-occurring serious mental health and substance use disorders. Integrated treatment is delivered by one treatment team in one setting and assumes that when mental health and substance use disorders co-exist simultaneously, each is primary. During every clinical contact, MCCMH providers shall welcome individuals with co-occurring mental health and substance use disorders by approaching and engaging them in an on-going treatment relationship that will facilitate overall recovery. MCCMH and its providers will incorporate integrated treatment of these co-occurring disorders in system planning, program design, clinical procedure, and clinical competency.
- B. MCCMH shall implement treatment for individuals with co-occurring disorders throughout all levels and modes of care within its behavioral health and substance use provider panels. All providers shall be capable of initiating dual disorder interventions that engage individuals with co-occurring disorders in the recovery process. Specific providers at each level of care will also be able to provide substance use treatment along with mental health services (enhanced dual disorder treatment capability).
- C. Recovery from mental illness and substance use conditions occurs in stages. MCCMH providers shall match culturally competent treatment interventions to the individual's stage of recovery and the individual's needs and preferences. Treatment providers must accommodate stages of recovery for both mental health and substance use conditions.
- D. MCCMH providers shall engage individuals in on-going care coordination across treatment episodes, where applicable, to prevent potential interruptions in care. Treatment relationships shall instill hope for recovery from co-occurring disorders and shall be tailored to individuals' recovery processes.
- E. The goal of integrated dual disorder treatment is to facilitate recovery through realistic expectations and incremental changes over time, establishing a therapeutic alliance that instills hope for recovery, supports engagement, and helps individuals understand and manage the symptoms of their disorder(s).
- F. MCCMH shall routinely screen and assess individuals for co-occurring disorders. Refer to MCCMH Policy 2-014, "Assessment Services," for additional assessment specific information.
- G. Individuals shall not be denied access during screening or initial assessment due to co-occurring mental health and substance disorders.
- H. The person-centered planning process shall integrate mental health and substance disorder goals, objectives, and service needs.

VI. PROCEDURES

None.

VII. REFERENCES / LEGAL AUTHORITY

- A. <u>American Academy of Psychiatry</u>, Vol. 1, Issue 1, 2003. *Co-Occurring Psychiatric and Substance Use Disorder Treatment Policy*, pp.5-6.
- B. McKibbon KA (1998). Evidence based practice. Bulletin of the Medical Library Association 86 (3): 396-401.
- C. Center for Substance Abuse Treatment. Definitions and Terms Relating to Co-Occurring Disorders. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.
- D. Application for Participation 3.12.4. (February 22, 2002)
- E. American Psychological Association. (2021). *Policy statement on evidence-based practice in psychology*. https://www.apa.org/practice/guidelines/evidence-based-statement
- F. Christina M. Delos Reyes, Paul M. Kubek, Ric Kruszynski, Patrick E. Boyle, Lenore A. Kola (2012). Clinical Guide for Integrated Dual Disorder Treatment. Cleveland, Ohio: Center for Evidence-Based Practices at Case Western Reserve University.

VIII. EXHIBITS

None.