CALIFORNIA DEPARTMENT OF
Mental Health

April 14, 2004

TO: California Mental Health Directors Association
County Alcohol and Drug Program Administrators of California
California Council of Community Mental Health Agencies
California Association of Alcohol and Drug Program Executives
Co-Occurring Disorders Workgroup Members

FROM: California Department of Mental Health (DMH)
California Department of Alcohol and Drug Programs (ADP)

SUBJECT: Joint Policy Statement on Co-Occurring Disorders

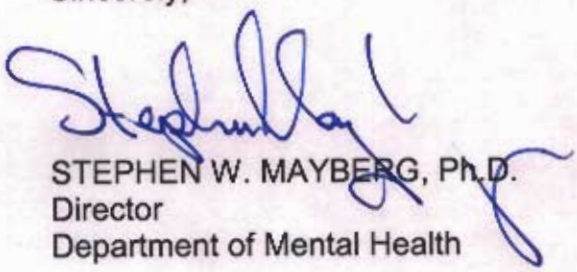
In October 2002, the Directors of DMH and ADP established the Co-Occurring Disorders (COD) Workgroup to recommend strategies to improve treatment outcomes for persons with co-occurring substance-related and mental disorders. The COD Workgroup was a 13-member committee with membership representing the County Alcohol and Drug Program Administrators Association of California, the California Mental Health Directors Association, as well as nationally recognized professionals with multiple expertise in the fields of behavioral health, treatment, housing, financing, and criminal justice.

One of the four key short-term recommendations that emerged from the COD Workgroup was the issuance of a joint, interagency policy statement confirming the two Departments' commitment to, and expectations for, treatment for persons with co-occurring disorders. The COD Workgroup concluded this was an opportunity that would have the most noticeable impact on the systems of care for persons with co-occurring disorders at the local level.

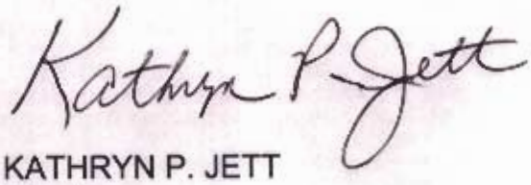
The attached policy statement was guided by various reports such as the "Co-Occurring Disorders Workgroup Final Report," the Substance Abuse and Mental Health Services Administration's "Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Health Disorders," and "Achieving the Promise: Transforming Mental Health Care in America" by the President's New Freedom Commission on Mental Health.

We encourage your review, distribution and promotion of this interagency statement at all levels within your local systems of care. Should you have any questions, or wish to provide comments on the policy statement, please contact Mel Voyles, DMH, at (916) 653-3885, mvoyles@dmhhq.state.ca.us, or Carmen Delgado, ADP, at (916) 445-0136, cdelgado@adp.state.ca.us.

Sincerely,



STEPHEN W. MAYBERG, Ph.D.
Director
Department of Mental Health



KATHRYN P. JETT
Director
Department of Alcohol and Drug Programs

Attachment

California Departments of Mental Health and Alcohol and Drug Programs
Joint Policy Statement on Co-Occurring Disorders

Introduction

The term 'co-occurring disorders' is defined as the simultaneous occurrence of a substance-related disorder and a mental disorder within the same individual. The California Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP), in collaboration with the California Mental Health Directors Association (CMHDA), the County Alcohol and Drug Program Administrators Association of California (CADPAAC), and the Co-Occurring Disorders Workgroup, have worked diligently to provide this unified and comprehensive policy statement on co-occurring disorders. The elimination of any barriers to coordinated/integrated treatment at the federal, state, and local levels as a way to provide more effective treatment services for children, adolescents, adults and older adults with co-occurring disorders is the goal.

The concept of coordinated/integrated treatment for individuals with co-occurring disorders is grounded in the recognition that both disorders are considered primary illnesses and should be treated as such. Coordinated/integrated treatment is a means of providing both alcohol and other drug (AOD) and mental health interventions to treat the whole person more effectively.

Background and Analysis

DMH and ADP have demonstrated a commitment toward advancing respective service delivery systems in the treatment of persons with co-occurring disorders. There has been much work by the Departments in the form of interagency agreements, funded pilot projects, and the recently convened Co-Occurring Disorders Workgroup, who have completed a report of recommendations. Additionally, this joint policy statement is supported by *The President's New Freedom Commission on Mental Health Final Report (2003)*, the Substance Abuse and Mental Health Services Administration's *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders (2002)*, and the efforts by the Co-Occurring Disorders Workgroup, as documented in its *Final Report (March 2, 2004)*.

Effective treatment for individuals with co-occurring disorders is grounded in the recognition that both disorders are considered primary illnesses and should be treated as such. Coordinated/integrated treatment is a means of providing both AOD and mental health interventions to treat the whole person more effectively.

Fundamental to coordinated/integrated treatment is a positive working relationship with, and an appreciation for, the competencies and strengths of providers in both the substance abuse and mental health systems. Adding mental health specialists to substance abuse programs or substance abuse

specialists to mental health programs can establish a beginning level of collaboration. Substance abuse and mental health staff should have cross training in both disciplines to further ensure collaboration. The richest training includes knowledge/skill development, as well as experience participating in both substance abuse and mental health treatment settings.

Guiding Principles for California

DMH and ADP support and endorse positive service coordination/integration and increased competencies in treating persons with co-occurring disorders by encouraging adoption of the following guiding principles:

- emphasize the importance of a coordinated/integrated approach to treatment;
- commit to the concept of one team with one plan for one person;
- implement cross training and skill development to enhance core competencies in serving the co-occurring disorders population;
- promote positive working relationships with, and an appreciation for, the competencies and strengths of providers in both the substance abuse and mental health systems (strategies may include adding mental health specialists to substance abuse programs or substance abuse specialists to mental health programs to foster coordination/integration of services and enhance competencies);
- encourage screening and assessing for substance-related disorders in mental health programs and screening and assessing for mental health disorders in AOD settings;
- encourage collaborative relationships among service providers and systems; and
- emphasize the importance of linking identified persons with co-occurring disorders to culturally competent and appropriate services, support, and programs.

Adopting these principles is expected to result in clients and consumers encountering 'no wrong door,' increased cooperation and collaboration at all service and system levels, enhanced skill and competencies among treatment providers, and more effective screening and assessment practices.

Conclusion

We believe that effective coordination/integration of services, in a manner that does not exclude persons with substance-related disorders from mental health treatment, as well as persons with mental disorders from AOD treatment, is crucial for the achievement of positive outcomes. Strategies designed to improve services to persons with co-occurring disorders should ultimately be measured in the areas of health, safety, economic well-being, social and emotional well-being, education, and workforce readiness.