



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT ASSESSMENT AND TREATMENT OF CO-OCCURRING SUBSTANCE ABUSE	POLICY NO. 305.01	EFFECTIVE DATE 10/01/2005	PAGE 1 of 5
APPROVED BY:  Director	SUPERSEDES 202.19 10/01/2005	ORIGINAL ISSUE DATE 05/01/1995	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To provide guidelines for the identification and treatment of individuals with co-occurring mental health and substance-related disorders in Los Angeles County Department of Mental Health (DMH) treatment programs.

POLICY

- 2.1 Recognizing that co-occurring substance-related disorders (COD) are a significant problem for large number of people with mental disorder, the policy and goals of DMH are to:
 - 2.1.1 Improve the quality of care for individuals with a COD;
 - 2.1.2 Ensure that treatment planning for individuals with a COD is comprehensive, addressing the person’s substance-related and mental illness needs; and
 - 2.1.3 Ensure that individuals who are qualified for DMH services and substance-related services are not denied access to these services because of concomitant substance abuse problems.

DEFINITIONS

- 3.1 Co-occurring Disorder: Individuals with mental illness are considered to have co-occurring substance abuse disorder when they have a history of alcohol and/or drug use, abuse or dependency that interferes with their ability to function in an age-appropriate manner in the key life domains (e.g., Axis IV, current DSM).
- 3.2 Substance Use: The use of any psychoactive substance that interferes with the individual’s mental status and functioning in the key life domains, but does not meet current DSM criteria for substance abuse or dependence.



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3.3 Substance Abuse and Dependence: The use of any psychoactive substance meeting current DSM criteria for psychoactive substance dependence or abuse. Potential drugs of abuse include alcohol, as well as other psychoactive drugs.

TREATMENT PRINCIPLES

4.1 Individuals with a COD require specialized services to support their stability and functioning in the community. Integrated treatment of the mental health and substance-related disorders within a single treatment and setting is the standard of care

4.2 Treatment of co-occurring disorders shall focus on staged interventions with a longitudinal perspective.

4.2.1 Abstinence is a hallmark of recovery from substance-related disorders.

4.2.2 Interventions that result in reduced symptomatology and engage and retain individuals with a COD in treatment reduce morbidity even without achieving abstinence.

4.2.3 Adherence to prescribed medication regimens is fundamental to recovery for those individuals with a COD where medication is a principal part of their treatment and recovery.

4.3 Clinical treatment of individuals with a COD shall be based on scientific evidence and conform to all applicable therapeutic guidelines/parameters, standards of care, and quality improvement measures developed by DMH.

4.3.1 Individuals with a COD can benefit from treatment whether initiated by the individual, court order, family intervention, threat of loss of employment, etc.

4.3.2 Alternatives for individuals with a COD who use substances, or are non-compliant with medication, shall be provided within the continuum of care.

4.3.3 Interventions designed to improve the general health status of individuals with a COD, including smoking cessation, diet and exercise, and sexually transmitted disease (STD) prevention are essential components of the overall treatment.



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4.4 Department Mission

- 4.4.1 Policies and practices that restrict access to treatment for people with a COD are in conflict with effective treatment principles and the Department's primary responsibility.
- 4.4.2 Policies and practices requiring no substance use for specific periods of time prior to receiving indicated mental health services, including medication services, are not consistent with this policy. Policies and practices that involve withholding treatment to entire categories of individuals with a COD because of substance use and abuse history are unacceptable.
- 4.4.3 The recognized standard of care for individuals with a COD is that the individual's support systems (family members, significant others, etc.) should be involved with treatment. Program design, procedures, and structures should specify how this principle is incorporated.

4.5 Screening and Assessment

- 4.5.1 Screening and assessment of individuals referred to DMH must include psychiatric, substance use, physical health, and psychosocial components. When screening identifies substance-related problems, a comprehensive assessment and placement in services specifically matched to the assessed level of need must be completed.

4.6 Individuals with a Co-Occurring Disorder Either Under the Influence of Alcohol and Other Drugs and/or Presenting with Mental Health Symptoms

- 4.6.1 Individuals with a COD either under the influence of alcohol and other drugs and/or presenting with mental health symptoms shall be provided, among other interventions, services, referral services, and outreach services based upon their level of impairment. Case management services shall be used to assist in such instances.
- 4.6.2 Individuals with a COD either under the influence of alcohol and other drugs and/or presenting with mental health symptoms, shall be screened for the presence of Lanterman-Petris-Short (LPS) involuntary detention criteria and given the appropriate level of intervention to ensure the safety of the individual(s) and the community.



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- 4.6.3 Individuals with a COD currently receiving treatment and who present as under the influence of alcohol and other drugs shall have their treatment, including medication services, modified based on their level of impairment.
- 4.6.4 For reasons of safety, the evaluator shall assess for the need for additional personnel and/or security during an interaction with an individual under the influence of alcohol and other drugs. Management shall be notified of those incidences where it has been necessary to terminate an evaluation because of an individual being under the influence. Professional judgment, safety, ethics, and courtesy must be exercised and observed at all times.
- 4.7 Integrated Treatment/Continuum of Care Integrated, simultaneous utilization of mental health and substance-related treatment interventions is the Department's standard of care.
- 4.7.1 Individuals shall receive a screening specific to determining substance-related problems. If positively identified by the screening, a comprehensive assessment and placement in services specifically matched to the assessed level of need will be completed. Access to specialty services, in a single care plan and case coordinator(s) and continuing assessment and care will be provided.
- 4.7.2 All efforts shall be made to retain the individual in treatment, regardless of the individual's current alcohol and/or drug use and compliance with psychiatric treatment. Specific retention and treatment strategies are based on the individual's needs.
- 4.7.3 Every attempt shall be made to include family members and significant others in the individual's treatment, consistent with the rights and the best interests of the individual.
- 4.8 Professional Training Clinicians and treatment providers shall be trained in COD treatment. Expert consultation and specific COD training shall be available on an ongoing basis.



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4.9 Psychopharmacologic Treatment of Substance Abusing Clients by Mental Health Psychiatrists Psychopharmacologic management of individuals with a COD shall be informed by a comprehensive knowledge of potential pharmacologic inter-relationships among drugs of abuse and associated general medical conditions, psychopharmacologic medications, and anti-craving medications.

4.9.1 Drug testing results are part of the individual’s clinical record and the information is subject to confidentiality laws and regulations.

4.9.2 Laboratory examinations relevant to substance use disorders must be available, including toxicology, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), tuberculosis, liver enzymes, hepatitis B virus (HBV), hepatitis C virus (HVC), complete blood count (CBC) and indices, serology for STDs and thyroid function.

PROGRAM QUALITY

4.10 All treatment providers shall utilize a system of information gathering that measures the quality, efficiency, and customer satisfaction with the substance abuse services provided. This information shall be used by program management as the basis for an ongoing process of planning and quality improvement.

REVIEW DATE

This policy shall be reviewed on or before October 2010.