



**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES**

**CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS
CONSENSUS DOCUMENT**

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Vision Statement

Live Well San Diego - A region that is Building Better Health, Living Safely and Thriving.

Mission Statement

To efficiently provide public services that build strong and sustainable communities.

Guiding Principles

- Recovery, Resiliency, Discovery and Well-Being are the basic tenets of BHS services planning, enabling individuals to build on their success and enjoy the highest quality of life.
- Stakeholder and community partnerships guides and directs system development and use of resources.
- Resources are leveraged and available funding maximized to provide the highest quality of care.
- Data is used to drive decision making and guides all changes and enhancements to the Systems of Care.
- Evidence Based/Informed Practices are utilized in developing and implementing high quality services.

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Overview

The County of San Diego, Health and Human Services Agency, (HHSA), is committed to the health of and quality of care for residents throughout the county. This commitment encompasses the provision of services in a culturally competent, trauma informed, and age appropriate manner. Individuals with co-occurring mental health and substance use disorders in San Diego County are recognized as a population with high treatment costs and poor outcomes in multiple clinical domains, including physical health and social well-being. There is a recognized significant disparity in life expectancy for this population.

In both mental health and alcohol and drug treatment settings there is a need to continually improve the availability of co-occurring or integrated services to prevent over utilization of resources in the criminal justice system, the primary health care system, the homeless shelter system, and the child welfare system. In addition to having poor outcomes and high costs, individuals with co-occurring conditions across cultures and ages are sufficiently prevalent in all behavioral health settings that they can be considered an expectation, rather than an exception.

In order to provide more welcoming, accessible, integrated, age appropriate, participant-driven, trauma-informed, culturally competent, continuous, and comprehensive services to these individuals, HHSA's Behavioral Health Department, along with the support of the Behavioral Health Advisory Board, have agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing systems change to improve outcomes within the context of existing resources. In addition, we are committed to a partnership with Primary Care to serve our joint population to ensure continuity of care and accessibility of needed services in both environments.

The CCISC model is consistent with the overarching expectation of providing developmentally appropriate and culturally competent services within our delivery system. This model is based on the following eight clinical consensus best practice principles (Minkoff and Cline, 2004, 2005)

which espouse an integrated treatment and recovery philosophy:

- The CCISC principles are:

Principle 1. Co-occurring issues and conditions are an expectation, not an exception.

Principle 2. The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.

Principle 3. All people with co-occurring conditions are not the same, so different parts of the system have responsibility to provide co-occurring-capable services for different populations.

Principle 4. When co-occurring issues and conditions are present, each issue or condition is considered to be primary.

Principle 5. Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.

Principle 6. Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue.

Principle 7. Recovery plans, interventions, and outcomes must be individualized. Consequently, there is no one correct dual-diagnosis program or intervention for everyone.

Principle 8. CCISC is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring-capable.

Using these principles, we have agreed to implement a culturally competent and age appropriate CCISC within HHSA 's Behavioral Health service system with the following four core characteristics:

1. The CCISC requires participation from all components of the behavioral health system including mental health and alcohol and drug service programs, with expectation of achieving, at minimum, Co-occurring Capability standards (and in some instances Co-occurring Enhanced capacity), and planning trauma-informed, participant-driven, culturally competent and age appropriate services to respond to the needs of co-occurring participants.
2. The CCISC is implemented within the context of existing treatment operational resources, by maximizing the capacity to provide integrated age appropriate and culturally competent

treatment proactively within existing funding streams and contracts.

3. The CCISC incorporates utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with mental health and substance use disorders, and promote integration of age appropriate, culturally competent, trauma informed, gender responsive, appropriately-matched best practice treatments for individuals with co-occurring conditions.
4. The CCISC incorporates an integrated treatment philosophy and common language using the eight principles which have been adapted by HHSA to embed age appropriateness and cultural competence as listed above, and develop specific strategies to implement clinical programs, policies, and practices in accordance with the principles throughout the system of care.

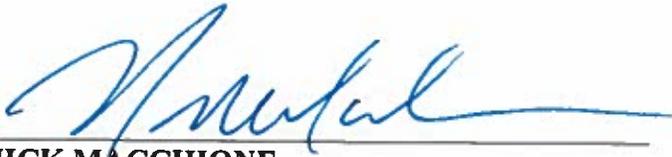
Action Plan

All HHSA programs and contractor agency programs participating in this initiative shall agree to implement the following action steps. All programs and/or agencies participating in the train-the-trainer initiative, whether voluntarily or by contract requirement, shall:

1. Adopt this document as an official policy statement of the program and/or parent agency, with approval of Board of Directors or similar governing body as appropriate. Circulate the approved document to all staff, and provide training to all staff regarding the principles and the CCISC model.
2. Assign appropriately empowered administrative and program staff to participate in County of San Diego's integrated system planning and program development activities.
3. Adopt the goal of achieving co-occurring capability (at minimum) as part of the program and/or parent agency's short and long range strategic planning and quality improvement processes. Participate in the program survey using approved instruments or tools, such the COMPASS-EZ instrument, on a periodic basis, or other instrument as directed by COR to evaluate the current status of co-occurring capability or enhanced.
4. Develop a program specific action plan outlining measurable changes at the agency level, the program level, the clinical practice level, and the clinician competency level to move toward co-occurring capability or enhanced. Monitor the progress of the action plan at quarterly and annual intervals. Participate in system wide training and technical assistance with regard to implementation of the action plan.

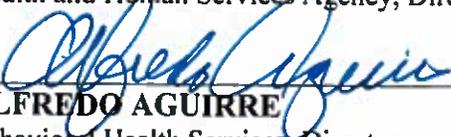
5. Participate in system-wide efforts to improve identification and reporting of individuals with co-occurring conditions by incorporating program-specific improvements in screening and data capture in the action planning process.
6. Participate in system wide efforts to improve welcoming access for individuals with co-occurring conditions by adopting program specific welcoming policies, materials, and expected staff competencies.
7. Assign staff to participate in system wide efforts to develop co-occurring capability/enhancement standards, and systemic policies and procedures to support welcoming access in both emergency and routine situations.
8. Assign appropriate programmatic and administrative leadership to participate in interagency care coordination meetings as they are developed and organized.
9. Participate in system-wide efforts (e.g., CADRE) to identify required attitudes, values, knowledge, and skills for all clinicians and direct service staff regarding co-occurring conditions, age appropriate, trauma informed, gender responsive, evidence based treatment/interventions and adopt the goal of co-occurring competency for all clinicians and direct staff as part of the agency's long range plan.
10. Participate in clinician and program staff competency self-survey using the CODECAT-EZ annually, and use the findings to develop an agency and/or program specific training plan.
11. Identify appropriate clinical supervisory and administrative staff to participate as trainers in the system wide train-the-trainer initiative, to assume responsibility for implementation of the agency's or program's training plan, and assist in tool administration and implementation of the agency's or program's co-occurring capability/enhanced action plan.
12. Engage with primary care providers to develop formal partnerships that provide for cross-referral, continuity of care and access to needed services in the primary care and behavioral health environments.

The following parties are in agreement with the Consensus Document.



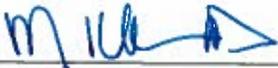
NICK MACCHIONE
Health and Human Services Agency, Director

5/19/17
DATE



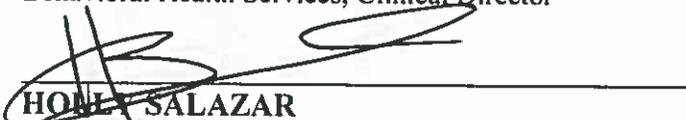
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