

**Service Name: INTEGRATED CO-OCCURRING DISORDERS (COD)  
TREATMENT SERVICES**

**Service ID Code: A&D 73**

**I. Service Description**

Integrated co-occurring disorders treatment services are delivered to people with serious co-occurring mental health and substance use disorders (COD). Services include case management, clinical care, continuing care and psychiatric stabilization with non-medical detoxification funded by the Oregon Department for Human Services (DHS), Addiction and Mental Health Division (AMH). COD services build on resilience and promote recovery in an effort to provide clients the ability to attain the highest level of functioning and to prevent psychiatric hospitalization, substance use relapse, and criminal justice system involvement. For the purposes of A&D 73, case management, clinical care, continuing care and psychiatric stabilization with non-medical detoxification have the following meanings:

**Case management services** are community-based and specific to the identified client needs. Case management services support recovery from substance use and mental health disorders and provide the individual with a single point of contact for multiple health and social service systems and assist the individual in advocating for his or her needs. These services assist individuals transitioning through the continuum of care and in accessing necessary services and recovery supports for both substance use and mental health disorders.

**Clinical care** services consist of screening, comprehensive integrated assessments for substance use and mental health diagnosis, treatment for both substance use and mental health disorders concurrently, meeting the Standards for Outpatient Chemical Dependency and Mental Health Treatment Programs (set forth in OAR 415-050-0000 through 415-050-0095, 415-051-0000 through 415-050-0155, and 309-032-0525 through 309-032-0605 as such rules may be amended from time to time).

**Continuing care** services are provided to individuals in treatment to sustain their commitment to mental health and substance use recovery and consist of ongoing intermittent contact by the individual with a treatment staff including, but not limited to telephone outreach, home visits, participation in dual diagnosis recovery self help groups and programs, and transitional housing. Evidence Based practices identified for community-based services for this population shall guide the outreach activities.

**Psychiatric stabilization with non-medical detoxification**

Psychiatric stabilization with non-medical detoxification services consist of medically monitored inpatient stabilization and detoxification for people who meet medical criteria for withdrawal that include 24 hour medical monitoring and clinically managed residential detoxification called social detoxification. Services shall meet standards for ALCOHOL DETOXIFICATION CENTERS (set forth in OAR 415-050-0000 through 415-050-0095 as such rules may be amended from time to time). Services include a set of interventions to manage acute detoxification and withdrawal symptoms and meet the needs of individuals with co-occurring mental health and substance use disorders and other physical health problems. Psychiatric services include mental health status exam, psychiatric evaluation if indicated, psychotropic medication dispensing and medication management.

**Description of Program:**

The Provider shall provide services that are based on identified client strengths and needs, comprehensive, and geographically accessible. Services shall bridge continuing care responsibilities between all levels of a collaborative and integrated system of care. The Provider shall maintain policies and procedures which facilitate and document accessibility to a full range of services. The Provider shall ensure the provision of an integrated screening and comprehensive clinical assessment, integrated treatment and discharge planning for both mental health and substance abuse disorders.

**Target Population:**

Youth and adults with DSM-IV-TR Axis I mental health and substance use disorder diagnosis.

**Service Level Expectation:**

The Provider will administer the AMH approved standardized screening tool with each client to identify co-occurring symptoms and level of severity base on the SAMHSA Quadrant Model and determine appropriate level of ASAM placement. Clients identified for ASAM level IV who have addiction withdrawal shall be referred for a comprehensive integrated assessment. Clients identified for ASAM level I or II and who are exhibiting symptom severity for Quadrants II or III shall be referred for a comprehensive integrated assessment.

**Training:**

Staff competencies shall be evaluated in accordance with the AMH approved Co-occurring Disorders Competency Checklist. Training shall be provided and documented to assure each staff meets minimum basic competency in accordance with the AMH COD Competency Checklist.

**II. Performance Standards and Quality Measures**

Providers of A&D 73 funded through this contract must also have a current license for both chemical dependency and mental health issued by DHS in accordance with OAR 412-012-0000 through 412-012-0090 and 309-014-0000 through 309-032-0040 and comply with OAR 412-012-0000 through 412-012-0090 and 309-014-0000 through 309-032-0040 as such rules may be revised from time to time.

With respect to each individual that the Provider serves with funds provided under this Agreement, the Provider shall deliver all A&D 73 Services therapeutically necessary for the individual from the date the Provider begins serving the individual through the date set forth in the Financial Assistance Award.

A Provider may not use A&D 73 funds provided under this Agreement to deliver services to any individual enrolled in the Oregon Health Plan for either mental health or chemical dependency benefits. The Provider must refer such individuals to their managed care plan.

The quality of the COD services supported with funds provided under this Agreement will be measured in accordance with the criteria set forth below. These criteria are applied on a countywide basis each calendar quarter (or portion thereof) during the period for which the funds are awarded for COD services under this Agreement. The Provider must develop and implement quality assurance/quality improvement processes to improve, progressively as measured by the criteria set forth below, the quality of COD services supported by funds under this Agreement. DHS may recommend additional actions to improve quality.

**Access:** Access is measured by DHS as the percentage of County residents estimated by DHS surveys to need COD treatment who are enrolled in COD services.

**Engagement:** Engagement is measured by DHS as the percentage of people receiving COD services with funds provided through this Agreement who enter treatment following comprehensive integrated mental health and substance use assessment.

**Retention:** Retention is measured by DHS as the percentage of individuals receiving COD services with funds provided through this Agreement who are actively engaged in treatment for 90 days or more.

**Reduced Psychiatric Hospitalization:** Psychiatric Hospitalization is measured by DHS as the number of people enrolled in COD services funded by this Agreement who are admitted for psychiatric hospitalization while enrolled in treatment.

**Reduced Criminal Justice Involvement:** Criminal Justice Involvement is measured by DHS as the number of people enrolled in COD services funded by this Agreement who are arrested while enrolled in treatment.

**Research/Best Practice Expectation:**

The Provider will use evidence-based practices for people with COD that include, but are not limited to, Motivational Enhancement or Interviewing, Integrated Dual Disorder Treatment, Assertive Community Therapy, Supported Employment, Supported Housing, Dual Diagnosis Treatment Groups, Individual Substance Abuse Counseling, Seeking Safety, Dialectic Behavioral Therapy, and Family Psychoeducation.

**II. Special Reporting Requirements**

Clients enrolled in mental health and substance use (chemical dependency) COD treatment services will be enrolled in the Client Process Monitoring System (CPMS) using a dedicated provider number for either mental health or substance use (chemical dependency) according to the provider's site specific primary service.

**III. Financial Assistance Calculation and Disbursement Procedures**

- A. Calculation of Financial Assistance: The funds awarded for this service element are intended to be general financial assistance to the Provider for A&D 73. Accordingly, DHS will not track delivery of these services or service capacity on a per unit basis except as necessary to verify the performance requirements set forth above have been met. Total DHS financial assistance for all A&D 73 services delivered under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for A&D 73 as specified in that line of the Financial Assistance Award.
- B. Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of the Financial Assistance Award, DHS will disburse the funds awarded for A&D 73 services on a particular line of the Financial Assistance Award to Contractor in substantially equal monthly allotments during the period specified in the Financial Assistance Award, subject to the following:
  1. Department may, upon written request of County, adjust monthly allotments.
  2. Upon amendment to the Financial Assistance Award, Department shall adjust monthly allotments as necessary, to reflect changes in the funds awarded for A&D 73 services on that line of the Financial Assistance Award.

- C. Agreement Settlement: Agreement Settlement will be used to confirm the offer and delivery of these services, based on CPMS or through other reports required or permitted by this Service Description or an applicable Specialized Service Requirement.