
Integrated Co-Occurring Disorders Outpatient Treatment Program Development & Implementation



(Enter) DEPARTMENT (ALL CAPS)

(Enter) Division or Office (Mixed Case)

Background

- Co-Occurring Disorders are prevalent nationally and in Oregon
- Payment and service delivery systems have not been conducive to the provision of integrated co-occurring disorders treatment.
- Specialized training, support and resources have not been readily available for provider agencies or clinical staff.

An Integrated Model

- Many sources – Including SAMHSA’s TIP 42 – support an integrated model as the optimal best practice for COD Treatment.
- An integrated model supports addressing all client needs within a unified structure.
- An integrated model requires clinical and support staff with specialty training and experience in working with people dealing with co-occurring Addiction and Mental Health Disorders.
- An integrated model requires a unified payment system that does not create barriers in billing for services that address both Addiction and Mental Health Disorders.

House Bill 2086 (2021) Directives

- Develop and implement payment structures/models that support integration of treatment and recovery support for individuals dealing with addiction (Substance Use Disorders and Gambling Disorder) and mental health diagnoses under one payment model.
- Develop and implement a rate enhancement process for certified programs utilizing properly credentialed service and support providers. OHA will utilize the modifier HH to indicate clinical complexity involving two or more disorders at 10% rate increase, and an additional 10% increase for services facilitated by higher education level providers (QMHP/Masters and above) utilizing the modifier HO.

House Bill 2086 (2021) Directives

- Provide start-up funding for participating programs to use for development of internal operations processes and training of clinical staff.
- Develop a specialty clinical endorsement/credential for Integrated Co-Occurring Disorders treatment & support providers.
- Conduct a study of reimbursement processes for inclusion of Intellectual & Developmental Disorders and Problem Gambling into the Integrated Co-Occurring Disorders treatment framework. *Study is due December,2022.*

System Development Tasks

- System Needs
 - Changes in Oregon Administrative Rule specific to COD
 - Contract language for start-up funding
 - State Plan/CMS alignment
 - CCO Contract
 - Training and Support Structure for providers and agencies

System Model Integrations

- ❖ Treatment – Family Therapy
- ❖ Treatment – Peer Support Services
- ❖ Support – Supported Housing and Housing Resources
- ❖ Support – Supported Employment and Employment Resources
- ❖ Support – Supported Education and Education Resources

- ❖ Utilization of IDDT Model (Integrated Dual Disorders Treatment) as a foundation.
 - ❖ (Mueser, Noordsy, Drake & Fox)

Program Application & Capacity Assessment Process

- ❖ Programs will need to apply for approval.
- ❖ Approval will be based on updated Rule 309-019-0145 – Co-Occurring Disorders
- ❖ Suggested Application Requirement: Applicant Program to complete self-evaluation using the [DDCAT](#) or [DDCMHT](#) and Supplemental Questionnaire, followed by review and interview with OHA team.
- ❖ Programs will be required to have an existing Certification of Approval in either SUD or MH
- ❖ Programs approved during 21-23 biennium will qualify for start-up funding.

Provider Endorsement & Program Support – Training Process

- ❖ Program Development Training --- Technical Assistance on Implementing IDDT model, tailored to Rule update (TBD).
- ❖ Clinical Training (Identify the ‘sweet spot’ of robust training without burdensome time commitments)
 - ❖ Integrated Approaches & Considerations
 - ❖ Co-Morbid Physical Health Considerations
 - ❖ Population Specific Considerations
 - ❖ Family Behavioral Therapy
 - ❖ Military Culture
 - ❖ Suicide prevention, intervention and postvention

Provider Endorsement & Program Support – Training Process

- ❖ Proposed – ongoing “Project ECHO” format:
 - ❖ Program Development
 - ❖ Clinical Supervision
 - ❖ Clinical Topics for Provider Staff
 - ❖ Peer Services

Program Development Details

- Intake, Assessment & Service Plans
- Support linkage processes
- Integration of Peer Services and Family Therapy
- Team Case Consultation & Supervision Processes
- Specifics of Implementing IDDT model

Clinical Training

- Specific Training Topics
 - Functionalist and Relational Contexts of MH & Addiction Disorders
 - Family Systems, Addiction, and Mental Health
 - Physical Health
 - Suicide Prevention, Intervention and Post-vention
 - Population Relevant Contexts (not an exhaustive list)
 - SMI, Aging, I/DD, Youth, Veterans, MAT, LGBTQIA2S+, Problem Gambling
 - African American, Latinx, Asian, Native American

Potential Challenges

- Complexities involved with provider agency, CCO and OHA level infrastructure to support an integrated, multi-tier payment model.
- Provider/treatment staff time resources to participate in specialized trainings and complete certification and credentialing processes.
- Availability of workforce positioned to provide integrated services during the current Behavioral Health workforce shortage.