

	<b>Policy Category/Number</b>	<b>HCS 210.5</b>
<b>POLICY TITLE</b>	<b>Date Approved</b>	
<b>Provincial Policy for Service to Individuals with Co-occurring Mental Health and Substance Use Disorders</b>	<b>Applicable to</b>	<ul style="list-style-type: none"> <li>• Regional Health Authority (RHA) - Mental Health Programs</li> <li>• Addiction Foundation of Manitoba</li> <li>• Selkirk Mental Health Centre</li> <li>• Provincial government and Regional Health Authority funded mental health and addictions agencies with Service Purchase Agreements</li> </ul>
<b>Branch/Division</b>	<b>Review Date</b>	<b>February 2009</b>
<b>Mental Health, Addictions and Spiritual Care</b>	<b>Date Revised</b>	<b>February 27, 2007</b>
<b>Responsible Authority</b>	<b>Page</b>	<b>1 of 3</b>
<b>Executive Director, Mental Health, Addictions and Spiritual Care</b>		

**1.0 POLICY STATEMENT**

Whereas individuals with co-occurring mental health and substance use disorders are an expectation and are not an exception in both the mental health and the addictions service systems, Manitoba Health in partnership with Regional Health Authorities (RHAs), The Addictions Foundation of Manitoba (AFM), and other funded mental health and addiction agencies will create a system of coordinated and integrated treatment and support for both disorders. All components of the mental health and addictions service systems will develop “co-occurring capability” within their existing program mandate, consistent with the Comprehensive, Continuous, and Integrated System of Care (CCISC) best practice model.

**2.0 BACKGROUND**

In March 2002, the Co-occurring Disorders Initiative (CODI) was implemented for the purpose of improving services for people with co-occurring mental health and substance use disorders. Individuals with co-occurring disorders are prevalent in all mental health and addiction service settings, but it is recognized that they have been poorly served. The CCISC model is based on eight best practice principles that support integrated clinical service (see 6.0 Supporting Documents). These principles are relevant to both the mental health and the addictions service systems.

**3.0 PURPOSE**

RHAs, AFM and applicable agencies will have policies to govern and to provide direction to staff that is consistent with the spirit and intent of this provincial policy.

## **4.0 DEFINITIONS**

### **4.1 Co-occurring Disorders**

“A combination of mental, emotional, psychiatric problems with the abuse of alcohol and/or other psychoactive drugs. In diagnostic terms, it refers to any combination of mental health and substance use disorders, as defined for example on either Axis 1 or Axis 2 of DSM-IV”: (Health Canada, 2000).

### **4.2 Co-occurring Capability**

The capacity for providing services to individuals with co-occurring disorders within the usual service mix of the program through modification of program infrastructure. Basic modifications for programs would include welcoming policy and practices, universal screening and assessment and integrated treatment planning, depending on the mandate and scope of practice of the program.

### **4.3 The Comprehensive, Continuous, Integrated System of Care (CCISC) Model**

The CCISC model is based on the eight clinical consensus best practice principles (Minkoff, 2000) that support an integrated and coordinated service for individuals with co-occurring mental health and substance use disorders. In a CCISC environment, all programs meet minimum standards of co-occurring capability, but each program has a different function, depending on its mandate within the system.

### **4.4 Consensus Document**

The Manitoba Health CODI consensus document (2004) specifies the best practice principles of the CCISC model, the implementation characteristics of the model and an action plan for the roll-out of the initiative.

### **4.5 CODI Leadership Teams**

Leadership teams are made up of representatives from partner agencies (both mental health and addictions) working jointly to achieve system change toward coordinated and integrated service to individuals with co-occurring disorders. The role of the leadership team is to oversee planning, to coordinate resources and to communicate its activities to stakeholders.

### **4.6 Integrated Treatment Plan**

An Integrated Treatment Plan documents and addresses both problems concurrently with appropriately matched interventions. An integrated plan individualizes care based on disorder subtype, specific diagnoses, phase of recovery, stage of change, level of functioning, strengths and supports, and level of care requirements.

### **4.7 Regional Health Authority**

Regional health authorities or organizations established by the Government of Manitoba for the delivery of health services.

## **POLICY**

RHAs (mental health programs), AFM and applicable mental health and addictions agencies will:

- Attain and maintain “co-occurring capability” within the existing mental health and addictions program design.
- Establish and implement organizational policies and procedures that reduce barriers to access for individuals with co-occurring disorders by adopting specific welcoming policies,

and ensuring that policies and procedures are consistent with the goals of the Co-occurring Initiative.

- Ensure that all clients entering the system are screened for a co-occurring disorder.
- Ensure that all clients who screen positively for a co-occurring disorder receive a comprehensive integrated assessment.
- Ensure that all clients who are assessed as having a co-occurring disorder have an integrated treatment plan (if consenting).
- Ensure data is collected to obtain accurate statistics on numbers of clients with co-occurring disorders.
- Provide a report yearly to Manitoba Health and Healthy Living on the implementation of the policy on the template provided.

## **5.0 Core Supporting Documents: Standards, Procedures, Guidelines**

1. Co-occurring Mental Health and Substance Use Disorders Initiative Consensus Document, Manitoba Health, March, 2002
2. CCISC Best Practice Principles, Minkoff, 1998
3. CODI Training Guidelines, Winnipeg Region CODI Leadership Team, 2003
4. Overview of the Principles of the Co-occurring Mental Health and Substance Use Disorders Initiative (CODI), Manitoba Health, 2005

## **6.0 Reference Documents**

Centre for Addiction and Mental Health. (2000). Best Practices Concurrent Mental Health and Substance Use Disorders. Health Canada, Ottawa.

Kirby, M. (chair). (2004). "Report 3: Mental Health, Mental Illness and Addiction: Issues and Options for Canada". The Standing Senate Committee on Social Affairs, Science and Technology, Ottawa.

Mueser, K et al. (2003). Integrated Treatment for Dual Disorders: A Guide to Effective Practice. Guilford Press, New York.