



**GENESEE COUNTY
COMMUNITY MENTAL HEALTH
PIHP PROCEDURE MANUAL**

Date Issued: 09-01-2009

SUBJECT: Staff Competency Standards for Working with Individuals with Co-Occurring Mental Health and Substance Disorders		PAGE: 1
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Relates To Policy:	02-000-99	
Relates To Admin Directive:	n/a	
Relates To Human Resource Handbook:	n/a	

I. AFFECTED DEPARTMENTS:

Access	<input checked="" type="checkbox"/>	Housing	<input checked="" type="checkbox"/>
ACT	<input checked="" type="checkbox"/>	Medication Clinic	<input checked="" type="checkbox"/>
Consult & Coordinating Services	<input checked="" type="checkbox"/>	MI Services - Adults	<input checked="" type="checkbox"/>
Child and Family Services	<input checked="" type="checkbox"/>	Older Adults/OBRA	<input checked="" type="checkbox"/>
Customer Services	<input checked="" type="checkbox"/>	PSR	<input checked="" type="checkbox"/>
DD Services - Adults	<input checked="" type="checkbox"/>	Substance Use Disorder	<input checked="" type="checkbox"/>
DD Support Centers	<input checked="" type="checkbox"/>		

II. PURPOSE

In the context of infrastructure development for services to individuals and families with co-occurring mental and substance disorders, as part of the Michigan Department of Community (MDCH) Health Project entitled Co-Occurring Disorders: Integrated Dual Disorders Treatment grant, Genesee County Community Mental Health (CMH) has developed this procedure to move the mental health and substance network toward the achievement of core competency to serve individuals with co-occurring mental health and substance use disorders. The *GCCMH Staff Competency Standards for Working with Individuals with Co-Occurring Mental Health and Substance Disorders* policy is a work in progress, and as such, will evolve over time.

III. BACKGROUND

Genesee County CMH received their 2 year grant from MDCH beginning October 2007. Since that time, CMH has been working collaboratively with mental health and substance providers to develop a county wide system of care for individuals who have or are at risk of experiencing a co-occurring mental health and substance disorder. The decision to address staff competency standards was arrived at by consensus of the designated representatives' from each of the mental health and substance network providers.

This collaboration is based on the Comprehensive, Continuous, and Integrated System of Care (CCISC) model by Dr. Ken Minkoff. Implementation of the CCISC model includes the establishment of the development of dual diagnosis capable competencies for all clinicians. The goal of CMH and its network of mental health and substance providers is to provide the most appropriate care for individuals with co-occurring disorders who present in each component of the system.

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Development of basic dual diagnosis capable competencies for all staff who work with individuals with co-occurring mental health and substance disorders will be a universal expectation, including attitudes and values as well as knowledge and skill.

IV. STAFF COMPETENCIES

CMH funded mental health and substance providers must be able to demonstrate staff competency and supervision capability regarding co-occurring disorders in the following ways:

- A. Documentation is required for all mental health and substance abuse staff, who provide billable services, of:
 - a minimum of 24 specific, Co-occurring training hours beginning within 2 years of date of hire or beginning October 1, 2009, and
 - 12 hours every 2 years thereafter.

- B. All Individuals employed at mental health and licensed substance abuse agencies that provide billable and non-billable services must receive a basic training on Welcoming and Co-occurring Disorders:
 - within 60 days of date of hire or beginning October 1, 2009, and
 - every 2 years thereafter.

This training will be offered by the Genesee County CMH PIHP.

- C. Physicians are exempt from any training requirements, however, American Society of Addiction Medicine (ASAM) certification for physicians is strongly recommended.

- D. The number of credentialed billable/clinical staff should be appropriate for the size of the mental health and/or substance abuse facility and the number of programs; however, there shall be documentation of, at a minimum, one credentialed clinical staff beginning within 2 years of date of hire or beginning October 1, 2010, with the following:
 1. Certified Co-Occurring Disorders Professional Diplomat (CCDP-D)* credential through the Michigan Certification Board of Addiction Professionals (MCBAP)
 2. Certified Co-Occurring Disorders Professional (CCDP)*,
 3. Certification of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders through the American Psychological Association (APA),
 4. American Society of Addiction Medicine (ASAM) certification for physicians, involved in the direct provision of co-occurring services.

- E. The number of credentialed supervisors should be commensurate with and appropriate for the size of the facility and the number of programs; however, there shall be documentation of, at a minimum, one credentialed supervisor beginning within 2 years of date of hire or beginning October 1, 2010, with the following:
 1. CCDP-Diplomat *
 2. Certification of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders through the American Psychological Association (APA),
 3. American Society of Addiction Medicine (ASAM) certification for physicians, involved in the direct provision of co-occurring services.

* when it becomes available.

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V. TRAININGS

Training selection is to be based on individual provider and clinician need. Trainings may be offered via the Provider, PIHP, Michigan Association of Community Mental Health Boards, or other trainings which offer contact hours.

The following is a list of trainings. These identified core and elective trainings including length of training is intended as a guide only. It is recommended that all core and elective trainings be at a minimum 3 hours in length.

Recommended Core Trainings:

- A. Co-Occurring Psychiatric and Substance Use Overview
- B. Principles of Engagement with Individuals with a Co-Occurring Disorder and Family Members (e.g. stages of treatment, motivational interviewing)
- C. Individualized Approaches and Supports for Co-Occurring Disorders
- D. Co-occurring Treatment (Care) Planning and Documentation Issues
- E. Psychopharmacology
- F. Crisis and Relapse Intervention
- G. Recovery, Rehabilitation, and Self-help for Co-Occurring Disorders
- H. Ethics and Boundaries for Effective Co-occurring Services
- I. Working Respectfully with Family Members

Recommended Elective Trainings:

- A. Adolescents with Co-occurring Disorders
- B. Co-occurring Disorders in Older Adults
- C. Persons with Co-occurring Disorders in the Justice System
- D. Women and Co-occurring Disorders
- E. Co-occurring Disorder: Groups and Group Skills
- F. PTSD/Veterans and Co-occurring Disorders
- G. Developmental disabilities and Co-Occurring Disorders
- H. Cultural Competency and Co-occurring Disorders
- I. American Society of Addiction Medicine (ASAM) certification for physicians, who is responsible for the direct supervision of staff providing co-occurring services.

VI. CO-OCCURRING DISORDER COMPETENCY APPROVAL PROCESS

Providers are responsible to review and comply with the COD Staff competency standards. It is each Providers responsibility to remain current with the staff qualifications as defined in this document. Privileging and credentialing will be completed and tracked on an organizational basis.

VII. ACKNOWLEDGEMENTS

Special thanks go to the Staff Competency Workgroup members for their diligence in completing this project and their vision for the Co-Occurring competency standards for the Provider network staff of Genesee County. Those individuals are as follows:

- Robert Brasseur, Director of Operations, Consumer Services
- Tisha Deeghan, Senior Vice President, Chief Operating Officer, Genesee County CMH
- Michael Hunt, Program Director, Catholic Charities
- Nancy Maier, Clinical Director, Training and Treatment Innovations

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 Kathryn Young, Administrative Director, New Passages

VIII. FUTURE CONSIDERATION

As stated previously, the *GCCMH Staff Competency Standards for Working with Individuals with Co-Occurring Mental Health and Substance Disorders* policy is a work in progress, and as such, will evolve over time. Items identified below are areas that may be considered in the future as the system of care becomes more competent to deliver services to individuals with co-occurring disorders:

1. Policies include staff competencies for co-occurring service delivery.
2. Staff competencies are tied to definable job functions including staff job descriptions, i.e. assessment, treatment planning, discharge planning, groups, etc.
3. Competencies are evaluated as part of annual staff performance reviews
4. There are specific clinician competencies in all programs and settings that require welcoming attitudes, accepting values, and skills in conveying empathy and hope to individuals with co-occurring disorders
5. Clinicians have required competencies in integrated culturally competent screening and engagement in services.
6. Clinicians have training in integrated treatment planning and scope of practice.
7. Clinicians have specific training concerning the four quadrant model, matching of service responsibility, and maintaining continuity of care.

IX. TRAINING AND DISSEMINATION

Agency and/or Department Supervisors are to review these procedures with all personnel and monitor compliance on a periodic basis.