

BHCS Co-Occurring Conditions Initiative

Frequently Asked Questions

1. What is a co-occurring condition (COC) or co-occurring disorder?

A co-occurring condition (also called a co-occurring disorder) is when an individual has been diagnosed with a mental health disorder and a substance use disorder and/or other health-related conditions that should be considered for effective treatment and recovery.

2. What is the Co-Occurring Conditions Initiative?

At Alameda County BHCS, we are working diligently to ensure there is “no wrong door” for adults, children and families with Co-Occurring Conditions (COCs) who want to receive services in our County. The Co-Occurring Conditions Initiative is an effort to improve the way services are provided to persons with mental health, substance use disorders and other conditions. The intent is for BHCS at every organizational level and all contracted services to be welcoming, hopeful, recovery-oriented and culturally responsive in the delivery of services to these individuals and when appropriate, their families.

3. What are Change Agents?

Change Agents are representatives from BHCS provider agencies who have volunteered to participate in Quarterly Change Agent meetings and trainings. Their role is to:

- Work with their supervisor or Executive Director to identify agency training needs and program and staffing needs that will enhance the delivery of services to adults, children, and families with COCs.
- Collaborate with other Change Agents.
- Assist leadership in developing an agency action plan for integrated co-occurring condition services.
- Inform County policy to support the development of appropriate clinical practices related to Co-Occurring Conditions.

4. How can my program become more “Co-Occurring capable”?

AOD Programs:

- Routinely accept and welcome clients with co-occurring conditions.
- Work with clients with mild-moderate mental health symptoms that don't seriously interfere with substance abuse treatment.
- Develop policies and procedures regarding co-occurring assessments, prescribing psychotropic medications safely for actively using clients, and discharge planning
- Provide groups which address co-occurring conditions openly
- Cross-train staff in basic competencies
- Provide routine access to MH/MD consultation/coordination

Mental Health Programs:

- Welcome active substance users
- Develop policies and procedures regarding co-occurring assessments, prescribing psychotropic medications safely for actively using clients, and discharge planning
- Insure that assessments include integrated MH/SA history, substance use diagnosis, phase-specific treatment needs
- Insure that client's discharge plan identifies substance specific skills
- Cross-train staff in basic competencies

5. What do we do when a client shows up “high” or inebriated?

The answer to this question cannot be the same for all programs, individuals or situations. It requires attention to the complexity of each unique program and the consumers it serves. The answer can, however, be shaped by the principles of the COC Initiative. These include making every effort to meet the client where they are in order to welcome them into whatever treatment services they are ready and interested in accessing. This can be accomplished by using motivational interviewing to help determine their current stage of change and by focusing on the individual’s presentation in the moment rather than on the substance they may have used. If the consumer is able to establish and maintain reasonable communication and poses no safety risk to him/herself and others, then their participation may provide an opportunity for active engagement or re-engagement in their recovery process.

6. As a physician, how can I safely prescribe medication for a patient who is actively using alcohol, illicit drugs or other substances?

Evidence based guidelines and expert consensus support the use of psychiatric medications for co-occurring conditions despite ongoing use. In most cases antipsychotics, antidepressants and mood stabilizers can be safely prescribed. Use of benzodiazepines and other potentially addictive medications are generally not recommended. All decisions to use medications should be based on careful evaluation and assessment and should be done on a case-by-case basis, weighing the risks and benefits for each individual patient.

7. How are the confidentiality requirements different for Substance Abuse Programs compared to Mental Health Programs?

Exchange of substance use treatment information by entities whose primary function is providing substance use treatment and who receive at least some federal dollars to subsidize that treatment are regulated by Federal Law 42CFR.2. Under this law the client must sign a consent form to release the information. The elements of the consent must include specification of the type of information to be shared, the person who can share it, and the person with whom it can be shared, the purpose of the communication, and the time frame within which the consent is valid.

8. What are the BHCS contractual expectations related to the Co-Occurring Conditions Initiative?

The contractual requirement for FY 11-12 is to submit an online Annual Assessment to BHCS by July 10, 2012, describing their COC activities in the past year. The COC contractual expectations include:

- Development and dissemination throughout the organization of a statement that commits to implementation of co-occurring informed practices.
- Development of Action Plans (using tools such as COMPASS-EZ or NIATx strategies or identification of Change Agent(s) for participation in the Co-Occurring Conditions Initiative.
- Data collection methods for identification of individuals with co-occurring conditions and plans for improving the accuracy of that data.