

**THE VERMONT DEPARTMENT OF MENTAL HEALTH
AND
THE DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAM
JOINT POLICY EXPECTATION
FOR THE DEVELOPMENT OF A CO-OCCURRING CAPABLE SYSTEM OF CARE
FOR INDIVIDUALS AND FAMILIES WITH
MENTAL HEALTH AND SUBSTANCE USE CONDITIONS**

JOINT POLICY EXPECTATION # 3

INTEGRATED ASSESSMENT

Issued by

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Background

This is the second in a series of policy memoranda that are being issued jointly by ADAP and DMH in support of the implementation of the AHS Policy on the implementation of a Co-occurring Capable System of Care for individuals and families with co-occurring mental health and substance use conditions in the state of Vermont. This memorandum as well as prior and subsequent ones are intended to provide consistent policy direction to providers, clinicians, and consumers and families about all aspects of clinical practice that relate to co-occurring capability. Further, these memoranda are intended to be a vehicle by which ADAP and DMH can communicate to the field in an “integrated” manner, to demonstrate that we are all moving together, in partnership, to achieve a common vision.

These policy memoranda are informed by the activities of the Vermont Integrated Services Initiative, and specifically by the VISI Clinical Practices Committee. It is the intention of DMH and ADAP that this policy memorandum is carefully reviewed by a wide array of stakeholder representatives in an organized process that includes the VISI Clinical Practices Committee, the 26 VISI Change Teams, and the VISI Forum. Through these guidelines we hope to affect front line clinical best practice and match it to the needs and desires of consumers and families working toward recovery.

This policy memorandum addresses the integrated assessment process, a critical foundation of integrated treatment for people with complex needs. The past memorandum focused on welcoming and screening and subsequent memoranda will address treatment planning, recovery planning, stage matched interventions, skill based interventions, peer support and other topics.

JOINT POLICY EXPECTATION

Assessment is a process for defining the nature of a problem and developing specific treatment recommendations for addressing the problem. It is the joint expectation of both DMH and ADAP that providers will conduct an integrated assessment that includes the 11 specific steps in the assessment process. ADAP as part of these 11 steps is requiring the use of either the Addiction Severity Index (ASI); 2) the Global Appraisal of Individual Needs (GAIN) or 3) a reliable and valid tool approved by the ADAP Chief of Treatment in its *adult programs* and the 1) the Global Appraisal of Individual Needs; 2) the Teen Addiction Severity Index; 3) the Juvenile Automated Substance Abuse Evaluation; or 4) a reliable and valid tool approved by the ADAP Chief of Treatment in its *adolescent programs*. For adolescents, tools #2 and #3 must also be paired with one of the following diagnostic tools: 1) the Practical Adolescent Dual Diagnostic Interview 2) the Vermont Structured Diagnostic Interview.

DMH does not have a required tool at this time however the ADAP menu of tools for both adults and adolescents are components of the DMH expectation for integrated assessment and meet the DMH and Medicaid standard for Diagnosis and Evaluation.

DMH and ADAP: 11 Steps in the Assessment Process

- 1. Engage the Consumer in a Person-Centered Assessment:** The first step in the process is to engage the client in an empathic, safe, culturally competent, traumatic, sensitive and welcoming manner and to build a rapport to facilitate open disclosure of complex health conditions.
- 2. Identify and Contact Support System:** It is recommended that assessments include routine procedures for identifying and contacting family and other support people who may have useful information to provide and supplement the client's own report. This must be done in accordance with guidelines and laws regarding confidentiality and with the patient's permission.
- 3. Address both Mental Health and Substance Use Condition:** The content of the assessment should include a) screening for acute safety risk related to serious intoxication and withdrawal b) screening for past and present substance use c) screening for suicide, violence, inability to care for oneself, HIV and hepatitis C virus risky behaviors, and danger of physical or sexual victimization d) screening for past and present mental health symptoms and disorders e) screening for cognitive and learning deficits f) screening for past and present victimization and trauma.
- 4. Determine Level of Care:** The ASAM PPC-2R provides a mechanism to determine level of care for individuals with substance use conditions. The process involves consideration of six dimensions (See User's Guide).
- 5. Determine Diagnosis:** The first step in determining the diagnosis is to determine if the client has or has had a diagnosis and then attempt to tie any mental health symptoms to specific periods of time in the client's history in particular those times when active substance use disorder was not present.

- 6. Determine Disability and Functional Impairment:** This determination helps to identify the need for case management and/or higher levels of support and level of care.
- 7. Identify Strength's and Supports:** Attention to the individual's current strengths, skills, and supports in terms of life functioning and in relation to his or her ability to manage mental health and substance use conditions.
- 8. Identify Cultural Needs and Linguistic Supports:** At minimum should address how the person fits into the treatment culture for both mental health and substance use and identify cultural and linguistic barriers as well as problems with literacy.
- 9. Identify Problem Domains:** A review of challenges in multiple life domains including family, medical, legal, vocational and social is important to achieving better outcomes.
- 10. Determine Stage of Change:** This is a key evidence-based practice for treatment matching of individuals with COD in both substance use and mental health services.
- 11. Plan Treatment:** A major goal of the screening and assessment process is ensure the client is matched with appropriate treatment. Treatment interventions should be matched individually to needs of each client.

Conclusion

We welcome all providers and stakeholders to join us in a continuing partnership to improve the quality of our services for individuals and families with co-occurring conditions.