COD Competency Readiness
Provider Questions

January 5, 2007

1. What is a Co-Occurring Disorder Competent programming?

Co-Occurring Disorder Competent programming represents a measurable basic standard of care, which can be implemented within the context of existing program requirements, with technical assistance and training support, but without significant additional clinical operational cost, and can be reliably assessed through routine program audit and approval process, such as would occur during licensure review.

Programs should examine COD Competent standards in the context of their facility license.

To support the principle of a "no wrong door" approach to service, a goal of the Commonwealth is to have all licensed mental health and substance abuse facilities become cod competent over time. It is currently a voluntary process.

2. Will this allow a facility to provide integrated treatment services for both disorders with a single license?

No. The standards delineate general program competency for facilities that serve more stable functioning individuals with a co-occurring disorder. *A cod competent facility meets all the criteria established in the bulletin by providing screening, assessment, and program services that recognize co-occurring conditions through education, consultation, and coordination of care.* Currently, dual licensure is required in the Commonwealth for facilities that provide integrated MH and D&A treatment. (Integrated treatment standards are currently being developed by the Commonwealth via stakeholder committees, and a single license approach is being examined.)

3. Is the Bulletin only for Adults and Children's programs?

Yes. The Co-Occurring Disorder Competency Approval Criteria was developed for all facilities licensed by the Department of Health, Division of Drug and Alcohol Program Licensure or the Department of Public Welfare, Office of Mental Health and Substance Abuse Services. This would include **both** adult and children's facilities.

4. If a facility would like to become COD competent and they employee mostly consultants who are fee for service, it would be burdensome financially to have all their consultants trained. Would the State have any suggestions regarding this?

Section I, Staff Competencies, states that "at a minimum, the program shall have *one* credentialed clinical staff involved in the direct provision of co-occurring services." Additionally, there shall be *one* credentialed supervisor on staff who is responsible for the direct supervision of the clinical staff providing services. The program can determine what staff will provide services to individuals that are identified with a co-occurring disorder and ensure that the required training is available to this staff. Ideally, all staff will have an opportunity to be trained and develop appropriate skills to serve individuals with a co-occurring disorder if the program becomes co-occurring competent.

5. What are the differences between Dual license and COD Competent in regard to training requirements?

A program that is dually licensed holds a license to provide substance abuse treatment issued by the Department of Health and a license to provide mental health treatment services issued by the Office of Mental Health and Substance Abuse Services. Training requirements would be based upon the requirements of the licenses held.

The Co-Occurring Disorder Competent Approval Criteria Bulletin addresses various topic areas. The staff providing direct services to individuals with a co-occurring psychiatric and substance use disorder are required to document training in these specific topics.

6. If a D&A license provider has a dual license what inspection review will take place and by what oversight committee, DOH, OMHSAS OR both?

The procedure for any licensed provider wishing to pursue approval as a co-occurring disorder competent program is outlined on pages 6 and 7 of the bulletin. A dually licensed provider can submit a written request to either DOH *or* OMHSAS. The licensing entity that receives the request will be responsible for the review and issuance of the approval. The goal of both Departments is to

include this process as part of the regular licensing review for any interested providers rather than a separate and distinct site review.

7. If a Community Hospital with a MH in-patient unit addresses and assesses for COD, would treatment plans need to include stage of readiness? (this is an entity that does not want to become COD competent).

The bulletin criteria apply only to programs that pursue approval as a co-occurring competent program.

8. For a program that has both a MH and a D&A license on site what would be the benefit of adding the additional expense of training, education and credentialing?

Programs can have both a mental health and a drug and alcohol license, and still not provide integrated services to individuals with a co-occurring disorder as there are currently, as of this date, no regulations to establish minimum standards for this service. The co-occurring disorder competent criteria provide a consistent standard for services to be delivered by a program that both Departments have approved. Programs that have been approved as co-occurring competent will be recognized on both Departments websites and provider directories. They also have the ability to negotiate higher rates with payers. The cod competency standards are identifiable standards of quality care, designed to support increased client benefit and better client outcomes.

9. If a provider with an MH license wanted to become COD competent and they assessed for drug and alcohol- would they have to purge their charts of all drug and alcohol mention when sending to referral agency for further treatment? Would they have to have a drug and alcohol consent signed?

Section C, Co-Occurring Disorder Assessment Process, requires the facility to assess for both psychiatric and substance use disorders as part of the comprehensive strength-based assessment protocols. The clinical records for a program approved as co-occurring competent would include documentation of both disorders. With the agency consent to release information signed by the individual receiving services, the information can be disclosed to other treatment

providers. The agency consent must incorporate all the required elements outlined in applicable confidentiality regulation:
(42 CFR Part 2, Subpart C, §2.31(a). Please note that Chapter 5100, Mental Health Procedures, Section 5100.37 states that drug and alcohol records are subject to the confidentiality provisions of 71 P.S. §1690.108(c) and 4 Pa. Code § 255.5(b). The information disclosed to the referral agency may be limited based upon 255.5(b). This would be determined on a case by case basis dependent upon the entity receiving the information.)

10. How does this COD work in hospitals that have separate access to Mental Health and Drug and Alcohol treatment? If a mental health intake worker were to assess for drug and alcohol issues what training must this individual have? When does an individual need those core trainings identified in the Bulletin? On the drug and alcohol side, what trainings must the drug and alcohol assessor possess to assess for mental health disorders?

It is unclear what information is being requested for the first question addressing COD services in hospitals that have separate access to MH/SA treatment. Please clarify this question to ensure an accurate response.

In Section C, Co-Occurring Disorder Assessment Process, documentation of staff training on the co-occurring disorder assessment process is required. The bulletin language does not identify specific training. The facility should document what staff conducts the assessment process, their qualifications to do so, and the training that has been provided on the assessment process. This could include training on a specific instrument used by the facility or variety of information gathering methods included in the assessment process. It could include various trainings or courses that have been completed by the assessment staff personnel in mental health and/or substance use topic areas.

The bulletin requires one credentialed staff to provide direct services and one credentialed supervisor. Staff may have attended trainings on the cod topic areas in various venues. The facility should have documentation of this in the form of training certificates, course outlines, or educational transcripts. This will be reviewed as part of the competent approval process by the licensing entity conducting the site review.

11.In a hospital where there are separate units with a drug and alcohol license and mental health license- what

happens if the drug and alcohol section of the hospital wants to become COD credentialed but the MH section does not, does that mean that the MH section of the hospital can only treat straight MH individuals? Does that mean that all others would have to be referred over to the COD area?

At this time, approval as a co-occurring competent program is a voluntary process, but it is recommended that all programs begin to understand the criteria and establish a plan to begin the transition to co-occurring competent service delivery to support the principle of a “no wrong door” approach to service. The Commonwealth’s goal is to have all licensed mental health and substance abuse facilities become cod competent over time. Currently, no time line has been established for this process to be completed.

12. What training must psychiatrists have who work in these hospitals?

Please refer to Section I, Staff Competencies regarding credentials and/or training for any staff providing direct services to individuals with a co-occurring disorder, which may include the program’s psychiatrist depending on the specific duties of the position. Based upon the training that is required to maintain a psychiatric specialty license, many of the requirements may have been met. The program must be able to document the training in the specific topic areas of all staff involved in direct service to individuals with a co-occurring disorder. This can be accomplished utilizing various training opportunities and resources.

13. How does it work with a community hospital that only has a mental health component (Acute In-patient unit) and they assess for drug and alcohol issues. They do not want to be credentialed but competent. What training must those have that conduct assessment.

If the program wishes to pursue the Co-occurring Disorder Competent approval, it would have to meet the criteria outlined in the bulletin. This is currently the only process that is available in the state to be *recognized* as being competent to provide co-occurring services. Please refer to Question 8 regarding assessment and training requirements.