

No Wrong Door No Wrong Door

CODI Update



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé



ADDICTIONS FOUNDATION OF MANITOBA
FONDATION MANITOBAINE DE LUTTE CONTRE LES DÉPENDANCES

Manitoba Health



Co-occurring Mental Health and Substance Use Disorders Initiative Winnipeg Region

CODI Update#3.4

November 2004

Co-occurring Mental Health and Substance Use Disorders Initiative: An Overview and Update

What is CODI?

In the spring of 2001, the **Co-occurring Mental Health and Substance Use Disorders Initiative (CODI)** was undertaken as partnership project of the Winnipeg Regional Health Authority (WRHA), the Addictions Foundation of Manitoba (AFM), and Manitoba Health. The goal of this project is to create a coordinated mental health and addiction service delivery system that is able to provide universally accessible, welcoming, and integrated services for persons with co-occurring mental health and substance use disorders.

Following a project planning phase, international consultants, Drs. Kenneth Minkoff and Christie Cline, were hired to provide training and consultation during a 12-month period from April 2002 to March, 2003.

During this first phase of implementation (2002/3), the project operated with a geographic focus corresponding to the WRHA regional area. In the spring of 2003, planning began for introducing the project to other regional health areas across Manitoba. This provincial rollout process is now underway. Ten additional Regional Health Authorities are now participating. See the *Provincial Rollout for CODI* section below.

Adopting A Systems Change Model

Individuals with co-occurring mental health and substance use were recognized as a population with unacceptable outcomes and higher costs in multiple clinical domains. They are often poorly served in both mental health and substance abuse settings, with resulting over-utilization of resources in criminal justice, primary health care, child protection, and women's and homeless shelter systems. In addition to having unacceptable outcomes and high costs, individuals with co-occurring disorders are sufficiently prevalent in all mental health and addiction service settings that they can be considered an expectation, rather than an exception.

In order to provide more welcoming, accessible, integrated services to these individuals, the Initiative adopted the Comprehensive, Continuous, Integrated System of Care (CCISC) model developed by Dr. Minkoff. This model is based on a set of clinical consensus **best practice principles**. The following CCISC principles were adopted by Winnipeg CODI:

1. Co-occurring disorders as an expectation, not an exception.

This expectation must be a consideration in every aspect of system planning, program design, clinical procedure, and clinician competency, and incorporated in a welcoming manner into every clinical contact.

2. Empathic, hopeful clinical relationships

The core of success in any setting is the availability of empathic, hopeful clinical relationships that provide integrated and coordinated service during each episode of care, and across multiple episodes.

3. Four population sub-groups

The population of individuals with co-occurring disorders can be organized into four subgroups for service planning purposes, based on high and low severity of each type of disorder.

4. Balancing support with empathic detachment

Within the context of any clinical or helping relationship, supportive case management needs to be balanced with empathic detachment at each point in time, based on each individual's specific needs, goals and strengths.

5. Addressing both conditions as primary disorders

When mental health and substance use disorders co-exist, a comprehensive, continuous, integrated approach, which supports the provision of concurrent responses to both as primary disorders, is recommended.

6. Parallel phases of recovery

Mental health and substance use disorders both tend to be persistent, biopsychosocial problems that can be addressed using a CCISC model. Each disorder has parallel phases of recovery and stages of change. Helping services for individuals with co-occurring disorders need to be matched across all levels of care.

7. Individualization of interventions

There is no one correct program or intervention. Service responses or interventions must be individualized for clients/patients according to: assessment/diagnosis, disability, strengths/supports, problems/contingencies, phase of recovery, stage of change, and assessment of level of care requirements. Programs must also be sensitive to age, culture and gender specific needs of its clients/patients.

In a CCISC environment, all programs are co-occurring disorder programs that meet at least minimum criteria of "dual diagnosis capability"¹, but each program has a different "job," that is matched to a specific cohort of patients/clients.

8. Individualization of outcomes

Similarly, outcomes for patients/clients need to be individualized.

Outcome variables need to include not only abstinence, but also reduction in harm, movement through stages of change, changes in type, frequency, and magnitude of substance use or psychiatric symptoms, and improvements in specific problem management skills and program adherence.

¹ Capacity for providing services to individuals with co-occurring disorders within the usual service mix of the program through modification of program infrastructure within the context of the existing program design

Implementation Characteristics

Using these principles, implementation of the CCISC is based on the following four core characteristics:

1. The CCISC requires participation from all components of the mental health and addiction service systems, with expectation of achieving, at minimum, *Dual Diagnosis Capability* standards (and in some instances *Dual Diagnosis Enhanced capacity*²), and planning services to respond to the needs of appropriately matched clients/patients.
2. The CCISC will be implemented initially with no new funding, within the context of existing operational resources, by maximizing the capacity to provide integrated services proactively.
3. The CCISC incorporates utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with mental health and substance use disorders, and promotes integration of appropriately matched best practices for individuals with co-occurring disorders.
4. Using the eight principles listed above, the CCISC incorporates an integrated services philosophy, develops common clinical language, and develops specific strategies to implement clinical programs, procedures, and practices in accordance with the principles throughout the service system.

CCISC systems change is designed to be undertaken in incremental stages, starting with a core group of key stakeholder programs and a small cadre of associated trainers. System change momentum will build upon this core group over time as their program and human resource capability grows, and as interagency coordination progresses to the point where they can provide leadership and training for other service providers... initially in mental health and addiction and then in allied health and social service fields. An Ongoing Training Plan has been developed to guide this process.

² More extensive modification to provide services to individuals with more severe conditions (e.g., modified addictions program), or to provide services that are more specialized or integrated (e.g., intensive addiction rehabilitation within a psychiatric inpatient program)

Clinical Training Guidelines

Clinical Training Guidelines for CODI have been established. These Guidelines identify nine areas of clinical competency recommended for “Dual Diagnosis Capable” programs. Not all of the guidelines will apply to all programs. Application guidelines and a glossary of terms have also been developed to accompany the Clinical Training Guidelines document.

Clinical Training Guidelines:

- 1. Welcoming, Empathic and Hopeful Stance**
Demonstrate a welcoming, empathic and hopeful attitude in the provision of services to persons with co-occurring disorders.
- 2. COD Population Needs and Barriers**
Demonstrate a working knowledge of the needs and concerns of persons with co-occurring disorders as a special population
- 3. Mental Health and Addiction Clinical Knowledge and Best Practices**
Demonstrate basic knowledge of etiology for mental health and substance use disorders and best practices in treatment/rehabilitation for co-occurring disorders.
- 4. Change and Recovery Models**
Demonstrate an understanding of change and recovery models use in the treatment/rehabilitation of mental health and substance use disorders.
- 5. Crisis Response**
Demonstrate practical knowledge on a range of crisis prevention, intervention, and resolution approaches
- 6. Screening and Assessment**
Demonstrate ability to complete basic screening for co-occurring disorders and an integrated, longitudinal, strength-based assessment.
- 7. Integrated Treatment/Rehabilitation Plans**
Demonstrate the ability to design, implement and ensure highly individualized, integrated treatment / rehabilitation, discharge and continuing care plans.
- 8. Coordination of Services**
Demonstrate knowledge and skills to facilitate the client’s experience of integrated, continuous and coordinated service.
- 9. Facilitation of Recovery**
Demonstrate ability to facilitate client learning and recovery

Training Resource Modules

Training resource modules are now being developed to support each of the Clinical Training Guidelines. The target date for completion of this project is March 31, 2005.

Project Development Challenges for Winnipeg Region CODI

The contract with Drs. Ken Minkoff and Christie Cline for training and technical support during the initial phase of implementation for Winnipeg Region concluded on March 31, 2003. Challenges for the current phase of Winnipeg Region CODI implementation include:

- Maintaining and further developing the core of CODI trainers;
- Strengthening inter-program coordination and collaboration;
- Expanding the reach of the initiative into program and agencies not included in Phase 1; and
- Establishing a system-wide database to identify and monitor prevalence of co-occurring disorder and the range of services available.

Performance Deliverables for Winnipeg Region CODI Partners

Manitoba Health has established a performance deliverable agreement with both the Winnipeg Regional Health Authority and the Addictions Foundation of Manitoba, that requires bi-annual reporting of evidence of progress in implementing CODI, including evidence of measurable changes at agency, program and clinical practice levels.

Provincial Rollout for CODI

In April of 2003, Manitoba Health and the Addictions Foundation of Manitoba began a provincial rollout process for CODI. The purpose was to extend the project, initiated in Winnipeg region, to all eleven regional health areas across the province. A one-day kick-off event with Drs. Ken Minkoff and Christie Cline was held in Winnipeg in April 2003. Following that, a 3-day consultation and training workshop was then held in November, and a follow-up leadership development workshop was held in June of 2004.

A separate Provincial CODI Leadership Team has been established, along with 7 new Regional Leadership Teams (some of which represent more than one regional health authority). Manitoba Health is in the process developing project deliverables with each of the regional partners involved.

For further information on the Provincial CODI project, call Beverly Pageau, Policy Analyst with Manitoba Health, Mental Health and Addictions Branch at 788-6671 or email to bpageau@gov.mb.ca

Training Opportunities

In it's 2004/5 training course calendar, the Addictions Foundation of Manitoba includes several courses that may be of interest to individuals seeking to enhance knowledge and skills applicable to their work with persons who have co-occurring disorders. Of particular interest may be courses such as: The Fundamentals of Addiction; Intervention Strategies; Pharmacology, Relapse Management, Stages of Change; Women and Addiction; Families and Addiction; Aboriginal People and Addictions; and Youth and Drugs. In addition, the Addictions Foundation of Manitoba is also developing two, 2-day introductory courses for service providers specifically on the topic of co-occurring disorders. They should be ready for inclusion in it's 2005/6 Course Calendar. For further information on these and other courses, dates and delivery locations across the province, contact the AFM Community Education and Prevention Services at (204) 944-6260, or go online to www.afm.mb.ca

CODI Webpage

The Addictions Foundation (AFM) is now hosting the master website for CODI. This site can be accessed at <http://www.afm.mb.ca/codi.html>.

Contents of the Initiative's *Core Documents Package* (November, 2003) including the Consensus Document, Winnipeg CODI Action Plan, Clinical Training Guidelines, Glossary, Training Plan Framework and Websites Resource Links are posted here in downloadable format.

COD Resource Library Services

The AFM Library and the Mental Health Education Resource Centre (Manitoba) have agreed to collaborate in efforts to develop a broad combined collection of resource holdings on the topic of co-occurring disorders and associated best practices for professionals, consumers and the general public.

Resources

Web Resources...

Encompass: A Community Service Information Database

Find mental health, addiction, health service program near you. Go to <http://www.wrha.mb.ca>, look under the Finding Care menu item, then open Encompass to search the community information database.

Alternately, use direct access address at <http://www.wrha.mb.ca/encompass/index.php>

Co-occurring Disorders Initiative Web Page

The Addictions Foundation of Manitoba is now hosting the new CODI site within its larger website. Go to

<http://www.afm.mb.ca/codi.html>

Mental Health Resource Library

The Mental Health Education Resource Centre (MHERC) of Manitoba is presently setting up an on-line library that will include all resources available through MHERC. The plan is to have on-line booking and reservations available through this program. Stay tuned at

<http://www.mherc.mb.ca/resources.html>

Looking for resource materials or videos on the subject of co-occurring disorders? ...

- Call the **Addictions Foundation of Manitoba Library**. A complete, up-to-date listing of holdings related to this topic is available. Telephone: (204) 944-6233. Email to library@afm.mb.ca, or go online to <http://www.afm.mb.ca>
- Call the **Mental Health Education Resource Centre** of Manitoba. A complete, up-to-date listing of holdings related to this topic is available. Telephone (204) 772-4917. Call Toll Free at 1-866-9979918. Email to info@mherc.mb.ca, or go online to <http://www.mherc.mb.ca/home.html>

