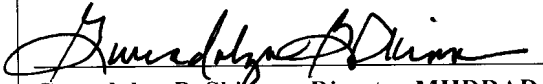


Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities and Addictive Diseases	DMHDDAD POLICY NO: 6203-101 DHR ODIS No. 6203-101 Page 1 of 2
Applicability: <ul style="list-style-type: none"> • All MHDDAD 	REFERENCE: Not applicable
SUBJECT: DHR DMHDDAD Guiding Principles Regarding Co-Occurring Disorders	Effective date: March 1, 2008 Scheduled Review Date: March 1, 2010 APPROVED:
Attachments: None	 Gwendolyn B. Skinner, Director MHDDAD

DHR DMHDDAD GUIDING PRINCIPLES REGARDING CO-OCCURRING DISORDERS

Purpose

Research has shown that for individuals with both psychiatric symptoms and addiction issues, mental health and substance abuse treatment provided together, in tandem, is far more effective than either of these provided separately or in the absence of the other. The design, delivery, and evaluation of Georgia's behavioral health system must be fully responsive to adults and adolescents with co-occurring mental health and substance abuse disorders.

Policy Statement

The publically funded behavioral healthcare system in Georgia aspires to be highly responsive to the multiple and complex needs of persons and families experiencing co-occurring mental health and addictive diseases disorders, in all levels of care, across all system providers, throughout all phases of the recovery process.

Guiding Principles

- It is the expectation (not the exception) that people in our behavioral healthcare system experience co-occurring disorders.
- When psychiatric and substance abuse disorders co-exist, both are considered "primary".
- Adults with co-occurring mental health and substance abuse disorders have the potential to achieve recovery in both domains of mental health and substance abuse. Youth and their families with serious emotional disturbances and substance use have the ability to improve functioning and develop increased resiliency.
- Services must be available and accessible without regard to which program/service arena (mental health or addictive diseases) the person first entered our behavioral health system.
- Integrated treatment and support (screening, assessment, planning, and treatment) must be accomplished by preserving and capitalizing on the values, philosophies, and core technologies of both the mental health and addiction treatment fields.
- Integrated treatment is a means of coordinating interventions aimed at both substance use and mental health symptoms. Integrated services must appear seamless to the individual participating in services. It is preferable if the interventions are done by one clinician, but when necessary it can be accomplished by two or more clinicians working together within one program or a network of services.

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- Effective intervention programs incorporate, either implicitly or explicitly, the concept of stages of treatment. Services must be available and accessible to an individual regardless of level of motivation, stage of change, and phase of the recovery process.
- Effective co-occurring services are those that engage individuals and their support systems by providing assertive outreach.
- Effective co-occurring services take a long-term, community-based perspective that includes rehabilitation activities to prevent relapse and enhance gains made in treatment.
- Recovery support (including self-help, mutual support, peer-delivered and peer-run services) and family education and support are important components of a co-occurring enhanced system of behavioral healthcare.
- Services for individuals with co-occurring mental health and substance abuse disorders are provided in a culturally competent manner.
- The Georgia behavioral health system offers training on best practices, evidence-based techniques and protocols, striving to identify and support new, emerging or promising practices.
- The service system strives to improve services, system infrastructure, and opportunities for workforce development, in order to support integrated services for co-occurring disorders.