

Governor's  
Committee on Co-Occurring Disorders  
SB2

Senate Bill 2, created June 5, 2007 consists of 14 members appointed by the Governor and 1 ex officio member, the Administrator of the Division of Mental Health and Developmental Services. The responsibilities of the Committee include; (1) studying and reviewing issues relating to persons with co-occurring disorders, which is the existence of both mental health and substance abuse disorders in the same person; (2) developing recommendations for improving the treatment provided to such person; and (3) submitting a biennial report and recommendation for necessary legislation to the Director of the Legislative Counsel Bureau for distribution to the Legislature. The Committee meets quarterly.

**MISSION**

Receive, generate, and transmit advances in substance abuse and mental health treatment that address substance use and mental disorders at all levels of severity and that can be adapted to the unique needs of each client.

Guide enhancements in the infrastructure and clinical capacities of the substance abuse and mental health service systems.

Foster the infusion and adoption of prevention, treatment, and program innovations based on scientific evidence and consensus.

**CO-OCCURRING DISORDERS**

COD subsumes a complex and varied array of disorders. Clients with COD have one or more mental disorders as well as one or more substance use disorders. Treatment of persons with COD requires an approach that (1) crosses the traditional boundaries between mental health and substance abuse, and includes a wide array of caregivers and agencies (e.g., criminal justice, education, homelessness, and other social/health services agencies); (2) is based on a unified substance abuse and mental health systems approach; (3) acknowledges “no wrong door” for entry into the care system; and (4) addresses early intervention and prevention.

**SUMMARY**

A growing body of research demonstrates that integrated services produce better outcomes for individuals with co-occurring disorders (COD), particularly those with more serious or complex conditions. Systems integration supports the provision of integrated services. In addition to distinguishing between systems integration and services integration, this summary describes the organizational structures and processes that can promote or inhibit systems integration. This summary encourages the use of creative thinking to obtain and effectively use funding and provides examples of successful initiatives in systems integration at the local and State levels. Although evaluation of the process of systems integration is still in its infancy, one measure of systems integration outcomes is discussed. Systems integration involves the development of infrastructure within mental health and substance abuse systems that supports the provision of integrated mental health and substance abuse services (integrated treatment within integrated programs) to individuals with COD. Systems integration may include any or all of the following: integrated system planning and implementation; continuous quality improvement; and mechanisms for addressing financing, regulations and policies, program design and certification, inter-program collaboration and consultation, clinical “best practice” development, clinician licensure, competency and training, information systems, data collection, and outcome evaluation. The concept of systems integration for COD is relatively new and the research base supporting its effectiveness in improving patient outcomes is limited. However, the theoretical appeal of systems integration is increasingly recognized, based in part on the critical role systems play in shaping (or constraining) the activities of those who work in these systems.

**KEY DEFINITIONS**

**SYSTEMS OF CARE:** Health and behavioral health systems (including those that address the needs of

persons with COD) are composed of the State and local governmental and private agencies, organizations, and individuals who are collectively responsible for providing patient or client care. The agencies, organizations, and individuals subsumed by a given system may be defined as those who are currently involved in patient or client care for persons with COD, but may also include those who are not currently involved but should be in order to achieve optimal outcomes.

**INTEGRATION:** Integration refers to strategies for combining mental health and substance abuse services and/or systems, as well as other health and social services to address the needs of individuals with COD.

**SERVICES INTEGRATION:** Services Integration refers to any process by which mental health and substance abuse services are appropriately integrated or combined at either the level of direct contact with the individual client with COD or between providers or programs serving these individuals. Integrated services can be provided by an individual clinician, a clinical team that assumes responsibility for providing integrated services to the client, or an organized program in which all clinicians or teams provide appropriately integrated services to all clients.

**SYSTEMS INTEGRATION:** The process by which individual systems or collaborating systems organize themselves to implement services integration to clients with COD and their families.

**FUNDING: FLEXIBLE VS. CATEGORICAL** funding is provided to an agency or organization to be used exclusively for Categorical services related to substance abuse or mental health and may carry other restrictions related to target population, types of services, etc. Flexible funding provides some level of discretion to recipients concerning the disorders, target population, or services for which the funds may be used.

**FUNDING: BLENDED OR MERGED FUNDING:** Refers to a strategy by which an agency or organization pools and merges resources or some portion of resources allocated for substance abuse and/or mental health in order to meet the needs of persons with COD. Blending or merging may occur at the level of the funding provider (e.g., a State), the funding recipients, or both.

The Committee on Co-Occurring Disorders has 3 subcommittees: 1.Evaluation and Needs, 2. Systems Integration and 3. Workforce Development

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