

## **BSAAS Priority: Integrate treatment for persons with mental health and substance use disorders.**

### **Overview**

The Mental Health and Substance Abuse Administration (MHSAA) will continue to work to promote integrated treatment service availability within the substance abuse and mental health provider networks. The Bureau of Substance Abuse & Addiction Services (BSAAS) will take steps to ensure that services for co-occurring disorders (COD) are available to individuals regardless of the level of severity of their mental health or substance use disorder.

### **Rationale**

Individuals with CODs make up a large share of the total population of individuals served within each system of care. Over the last 3 years, BSAAS data indicates that nearly 40% of all clients served were reported to have a mental health disorder in conjunction with their substance use disorder. Research indicates that up to 50% of the clients served in the mental health system have a substance use disorder. Historically, services have been provided in different locations, were not culturally sensitive, and services for one disorder were denied until treatment was received for the other. Individuals with CODs have not had a reliable path to recovery due to the division of services between the two systems. Evidence demonstrates that integrating treatment of substance use and mental health disorders is most effective.

BSAAS and the Bureau of Community Mental Health Services (BCMHS) recognize that we must work together to provide effective and cost efficient services to the COD population. We must establish clear and consistent direction for the field, and make certain that the standards put forth will ensure that the COD population continues to receive services that support recovery.

### **Key Steps and Timeline**

1. BSAAS and BCMHS will jointly lead a statewide committee to address COD service needs and will:
  - a. Establish a plan to identify state and regional needs – Summer 2009
  - b. Identify the organizations responsible to address COD needs – Summer 2009
  - c. Seek feedback from state and regional organizations/representatives about the established plan and proposed focus – Fall 2009/Winter 2010
  - d. Compile feedback to review with the committee – Winter/Spring 2010
  - e. Produce status report for 2009 tasks – Winter 2010
  - f. Develop plan for 2010 tasks – Winter 2010
  - g. Establish quarterly meetings for the statewide committee – Winter 2010
  - h. Establish monthly meeting schedule for group chair persons – through 2010
  - i. Produce status report for 2010 tasks – Winter 2011
  - j. Develop a plan for 2011 tasks – Winter 2011

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, MENTAL HEALTH & SUBSTANCE ABUSE ADMINISTRATION**  
**BUREAU OF SUBSTANCE ABUSE & ADDICTION SERVICES**  
**2009-2012 STRATEGIC PLAN PRIORITY DESCRIPTION**

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2. Report and make recommendations on the two-year integrated treatment project ending in 2010 – Fall 2010/Winter 2011.
3. Continue oversight of the Local Change Agent Teams that have been charged with implementing integrated treatment practices within their regions – Ongoing.
4. Establish policies and technical advisories in conjunction with BCMHS – As needed.
5. Sponsor Motivational Interviewing supervisor training with BCMHS – Summer/Fall 2010
6. Continue to promote and support Evidence Based Practices (EBP) and COD Training – Ongoing.
7. Work with BCMHS to coordinate a statewide COD conference – Summer 2010.