



**SANTA CLARA COUNTY**  
Behavioral Health Services

**Behavioral Health Integration Core Skills and COD  
Training Recommendations**

September 2014,  
revised May 2017,  
revised February 2019

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## **Behavioral Health Integration Core Skills and Co-Occurring Disorders Training Recommendations**

### **Executive Summary**

The Santa Clara County Department of Mental Health (SCCDMH) and Department of Alcohol and Drug Services (DADS) integrated to become the Behavioral Health Services Department (BHSD). The Family and Children/Transitional Age Youth (F&C/TAY) Behavioral Health Integration Committee charged a workgroup with the task of developing recommendations for core skills, training, and minimum qualifications to equip the workforce for integrated services. The recommendations were submitted to this committee for final review and approval.

Currently, each department functions independently and has its own distinct philosophy, culture, practitioner credentials, clinical focus and approach to treatment. The proposed Integration Plan calls for “the integration of critical specialty mental health (MH) and substance use disorder (SUD) treatment services and related infrastructure functions and services will offer a full continuum of quality, culturally competent, and community based specialty behavioral health services that will provide SCVHHS clients a range of developmentally appropriate integrated services and supports.”

The guidelines presented in this document are informed by the SCC hybrid model of integration utilizing the Comprehensive Continuous Integrated System of Care (CCISC) and Substance Abuse Mental Health Services Administration (SAMHSA) Evidence-Based Treatment Kit.

The recommendations will provide a standard framework to define the Co-Occurring Informed, Co-Occurring Capable and Co-Occurring Enhanced levels of practice, core skills needed, and a Co-Occurring Disorder (COD) training program for implementation.

The recommendations are based upon a comprehensive review of professional and public documents to support identification of the essential elements underpinning the development of the core skills and training approach.

## Workgroup Formation

A workgroup was convened in December 2013 comprised of MH and SUD representation from county and contract agencies specializing in F&C/TAY populations. The group met regularly until May 2014. The manual was updated by a team of behavioral health clinical standards staff and Adult/Older Adult (AOA) directors in May of 2017 to reflect the Drug Medi-Cal Organized Delivery System waiver requirements specific to ASAM Criteria use and Evidence-Based Practices (EBPs), as well as AOA core development and training needs.

### 2013-14 Workgroup Members:

- Co-Chairs:
  - Sally Lawrence, LMFT, CCDP - Behavioral Health Services Dept - SUTS
  - Zelia Faria-Costa, LMFT, RPM - Behavioral Health Services Dept - MH
- Members:
  - Amanda Vierra, MA, LAADC, MAC, ICCDP, MHRS - Momentum for Mental Health
  - Baljit Nagi, ASW - Pathway Society
  - Genie Lee, LMFT - Behavioral Health Services Dept - Learning Partnership
  - Jeannette Ferris, MPH - Behavioral Health Services Dept - Learning Partnership
  - Jeremy Orcutt, CADC II, LAADC-NR - Family and Children Services
  - Lynda Washington, LMFT - Gardner Family Care Corp.
  - Michele Weber, LCSW, PhD - Unity Care
  - Puja Satwani, LCSW - Gardner Family Care Corp./Seneca Center
  - Razelle Buenavista - Asian American Recovery Services/HealthRIGHT360
  - Steve Lownsbery, LMFT - Behavioral Health Services Dept - SUTS QI

### 2017 Update Review Committee

- Amanda Vierra, MA, LAADC, MAC, ICCDP, MHRS - Behavioral Health Services Dept - Clinical Standards
- Cheryl Berman, PhD, LMFT - Behavioral Health Services Dept - SUTS AOA Division Director
- Jeannette Ferris, MPH - Behavioral Health Services Dept - Learning Partnership
- Larry Powell, LMFT - Behavioral Health Services Dept - Clinical Standards
- Margaret Obilor, EdD - Behavioral Health Services Dept - MH AOA Division Director
- Steve Lownsbery, LMFT - Behavioral Health Services Dept - SUTS QI/Clinical Standards

## Targeted Audience

These recommendations are intended for practitioners of the Behavioral Health Services Department and contracted provider agencies responsible for the provision of integrated treatment services, supervision, monitoring, evaluating and training of direct service practitioners.

## Core Skill Development

It became clear that developing a common language, expectations and clinical standards between the two departments would require agreement on a set of core skills for practitioners involved in the care of consumers with co-occurring challenges. The two models for integration, CCISC and SAMSHA,

support the definition of co-occurring capable and co-occurring enhanced levels of skill. This document focuses solely upon the specialty of co-occurring practice.

To be all encompassing for BHS D practitioners the workgroup has elected the following core skill levels: Co-Occurring Informed, Co-Occurring Capable and Co-Occurring Enhanced. It is understood that practitioners must stay within their scope of practice regardless of the level attained. Each level of skill builds upon the previous (see attachments). The workgroup accomplished this task by reviewing research and documents from integrated behavioral health states/regions, behavioral health experts in the field, and governing boards who determine minimum qualifications and skills for co-occurring practice.

The Co-Occurring Informed level of practice identifies the core skills needed to support treatment. At this level, the skills needed within the following domains were identified: screening, engagement, readiness and retention, education, advocacy and collaboration.

The Co-Occurring Capable level of practice identifies the core skills needed to provide an integrated assessment and provide treatment to consumers and their families facing mild to moderate co-occurring disorders. The domains identified for this level are: screening, assessment and diagnosis, co-occurring capable treatment.

The Co-Occurring Enhanced level of practice identifies the expertise needed to provide fully integrated treatment to consumers and their families challenged with moderate to severe co-occurring disorders. In this category the identified domains are: assessment and diagnosis and integrated treatment.

## Training Proposal

To transform the system into an integrated department and enhance practitioners' level of skill with co-occurring disorders, the workgroup developed a training proposal with the recommended core skills in mind. The workgroup reviewed training programs from existing trainings, universities, states and neighboring counties and nationally recognized training organizations.

Trainings at the Co-Occurring Informed level are intended to equip the paraprofessional practitioner to enhance skills in screening, engagement, education and to support treatment of all consumers challenged by Co-Occurring Disorders. Within the scope of their credentialing and licenses, the Co-Occurring Capable level training program targets screening, assessment, diagnosis and treatment for CCISC's quadrants I, II, III. The Co-Occurring Enhanced training program focuses practitioners on the integrated assessment, diagnosis and treatment for consumers living with primary mental health and substance use disorders occurring concurrently (quadrant IV).

<b>Quad IV</b> Mental Health High Substance Use High	<b>Quad III</b> Mental Health Low Substance Use High
<b>Quad II</b> Mental Health High Substance Use Low	<b>Quad I</b> Mental Health Low Substance Use Low

## SCC Co-Occurring Standards

To embody the mission of integrated services and safeguard that each consumer gets the best care possible, the training and qualifications are based on each individual practitioner. To ensure that individual practitioners are minimally qualified to practice to co-occurring disorders the workgroup developed Co-Occurring Standards. The plan outlines the requirements to obtain the minimum qualifications at the Co-Occurring Informed, Co-Occurring Capable and Co-Occurring Enhanced levels taking into account each practitioner's level of education, certifications, licensure, experience, scope of practice, etc. The plan includes the possibility of a grandfathering process for practitioners.

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# Appendices

## Appendix I

Co-Occurring Disorder Core Skills Checklist Tool

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# Appendix I

## Co-Occurring Disorder Core Skills Checklist Tool

Co-Occurring Disorder  
Core Skills Checklist Tool

*MH & SUD Co-Occurring Informed*

*(i.e. Community Workers, Peer mentors, Advocates)*

**Screening**

**Awareness of:**

1. Empathic and active listening
2. Stages of change and basic recovery process
3. Signs and symptoms of substance use disorders
4. Signs and symptoms of psychiatric disorders
5. Signs and symptoms of trauma
6. Co-occurring disorders and interaction of symptoms
7. Impact of mental illness and substance use on the milestones of child and adolescent development
8. Diversity and its relationship to co-occurring disorders
9. Linkage to continuum of care services / information about community resources
10. Behavioral health system and access to treatment
11. Eligibility issues related to consumer admission
12. ASAM Criteria basics

**Skills in:**

1. Viewing persons with co-occurring disorders as the “norm” rather than the exception
2. Facilitating welcoming and participation of support persons, family members, and other service providers
3. Motivational interviewing to engage clients in the screening process
4. Using strength based approaches to engage and establish rapport with individuals from different cultures while adhering to CLAS (Culturally, Linguistic, Appropriate Services) standards
5. Listening actively and empathetically with sensitivity to behavioral cues
6. Recognizing and understanding verbal and non-verbal behavior
7. Assessing the nature and level of risk in a crisis situation including but not limited to the ability, with supervision, to screen for self-harm or harm to others and presence of intoxication or withdrawal
8. Communicating clearly and concisely, both verbally and in writing
9. Gathering and documenting client information
10. Adhering to the protections and limitations offered by laws and regulations related to confidentiality and the ethical code for the treatment of substance use, mental health, and integrated care
11. Engaging in continuing professional development

**Engagement, Readiness and Retention**

**Knowledge, skills, and abilities in:**

1. Sharing compassion, empathy, respect, flexibility, sensitivity, and hope to all individuals
2. Providing a safe, welcoming, and collaborative environment
3. Being aware of and responding to the unique communication and learning styles of the persons served
4. Instilling a client centered and holistic perspective

5. Family-Driven and Person-Centered philosophy, which includes the concepts of family as the expert on their child, family as equal partners, families' cultural preferences, as well as focusing on the strengths and needs of the family
6. Basic Motivational Interviewing / engagement skills in order to identify individual's stage of change
7. Issues related to discrimination and/or prejudice
8. Outreach and assistance with practical needs
9. Accessing information and resources
10. Recognizing and managing crisis situations by following procedures
11. Establishing and maintaining professional and personal boundaries
12. Basic reflective practice

### **Education, Advocacy and Collaboration**

#### **Knowledge, skills, and abilities in:**

1. Contributing to the enhanced effectiveness of team activities
2. Coordinating care with multiple providers
3. Collaborating with treatment team to support client
4. Familiarity with care plans
5. Awareness and familiarity with ASAM Criteria
6. Supporting long and short term goals
7. Conducting linkage of services
8. Educating the person in social and life skills to maximize self-sufficiency
9. Educating the person and support system about self-help, peer groups, self-advocacy, empowerment, and their rights.
10. Facilitating psycho-educational groups
11. Providing education about substance use disorders and mental/emotional disorders to the individual, families, and others who are affected by clients with co-occurring disorders
12. Articulating and seeking assistance with challenging situations including those that cause personal reactions
13. Participating in ongoing COD supervision and consultation

**Co-Occurring Disorder  
Core Skills Checklist Tool**

***MH & SUD Co-Occurring Capable***

**Screening**

**Knowledge of:**

1. System resources at a high level of detail
2. Referral processes in order to link individuals with appropriate services, including the use of ASAM Criteria
3. Effects of trauma on COD symptoms

**Skills in:**

1. Maintaining a person-centered focus regarding an individual's preferences for and objections to specific treatment or services
2. Identifying a consumer's need or desire for family member involvement in treatment and services
3. Completing integrated and other specialty screening tools with clients as appropriate
4. Screening for history of trauma
5. Screening, evaluating, and intervening in crisis situations
6. Developing and implementing safety plans regarding self-harm, harm to others, and intoxication or withdrawal.
7. Evaluating physiological impairments
8. Communicating and applying the protections and limitations offered by laws and regulations related to mandated reporting, confidentiality, and the ethical code for the treatment of substance use, mental health conditions, and other health care issues
9. Applying and adhering to ethical and legal standards for co-occurring disorders

**Assessment and Diagnosis**

**Knowledge of:**

1. Therapeutic models, including various EBPs
2. Diversity factors
3. Level of care, particularly in relation to ASAM Criteria
4. Continuum of care providers
5. Stages of change and stages of recovery
6. High risk behavior
7. Crisis management (acute and chronic)
8. Psychopharmacology history
9. Intoxication, withdrawal, and overdose symptoms
10. Neurobiological basis of addiction and the mechanisms that underlie substance use disorders
11. How drugs work including routes of administration, drug distribution, elimination, dependence, withdrawal, dose response interaction, and the interpretation of basic lab results
12. Interactions between co-existing mental health, substance use, trauma, and other health care issues
13. Impact of substance use, trauma, and mental health disorders on the neurobiology, developmental, social / physical growth, and functioning level of children, adolescents, and young adults, and on-going impact on adulthood

14. Trauma and its impact on mental health and substance use
15. How addictive, psychological, and medical disorders can mimic each other
16. Diagnostic DSM Categories and differential diagnosis
17. Integrated treatment planning

**Skills in:**

1. Conducting integrated clinical assessment and developing a case conceptualization
2. Assessing the level of functioning related to both substance use and mental health disorders
3. Interviewing individuals in a manner that is responsive to individuals' trauma history such as readiness to disclose and trust related to the therapeutic relationship.
4. Managing ongoing crisis situations including the ability to assess and conduct safety planning for high risk behavior
5. Interpreting and evaluating assessments and clinical data received from the individual, support systems, and other relevant sources to determine treatment, recovery needs and case formulation/clinical hypothesis
6. Applying the criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, to assess substance-related disorders and mental disorders
7. Utilizing the ASAM Criteria for appropriate service level needs and treatment planning
8. Effectively engaging the youth (as developmentally appropriate) and the family as equal partners in decision making and treatment planning
9. Collaboratively identifying and prioritizing treatment needs with the individual and support system
10. Proficient and detailed in documentation and recording keeping

## Co-Occurring Capable Treatment

**Knowledge of:**

1. Recovery process and relapse prevention
2. Abstinence and harm reduction approaches
3. Evidence-based, integrated counseling strategies and techniques
4. Policies and Procedures for routinely looking at co-morbidity in assessment, treatment planning, and service delivery
5. Treatment and clinical management of common co-occurring disorders (anxiety, depression, PTSD and trauma-related disorders, dissociative disorders, eating disorders, psychotic disorders, and disruptive behavior) with substance use disorders
6. Unsafe sexual practices common to individuals who are challenged by co-occurring symptoms
7. Impact of psychotropic and illicit substance use during pregnancy and parenting
8. Accessing, coordinating, and facilitating appropriate referrals which maximize treatment and recovery opportunities in partnership with the person served
9. Monitoring, evaluating, and advocating within the service delivery system to ensure client access to necessary services

**Skills in:**

1. Practicing the philosophy of person-centered, family-driven, and recovery-oriented care
2. Developing and maintaining an ongoing therapeutic relationship
3. Obtaining consistent client feedback on the therapeutic alliance
4. Utilizing evidence-based treatment and practices
5. Conducting case management and coordination
6. Identifying measurable and individualized short-term and long-term goals
7. Implementing interventions relevant to stage of change, stage of recovery, and stage of

treatment

8. Involving the person, family members, and other supports and service providers (including peer supports and those in the natural support system) in establishing, monitoring, and refining the current treatment plan
9. Monitoring and documenting an individual's progress toward integrated treatment and recovery goals, modifying the plan as necessary, and referring to an Integrated Treatment Specialist when appropriate
10. SUD specialty: treating low level MH symptoms, behaviors, and/or functional impairments
11. MH specialty: treating low level SUD symptoms, behaviors, and/or functional impairments
12. Managing domestic violence, other traumas, and substance abuse including their impact on child and family development
13. Recognizing the classes of psychotropic medications, their actions, medical risks, side effects, and possible interactions with other substances while collaborating with medical staff as appropriate
14. Recognizing the impact of forensic and legal issues as well as all other psycho-social factors
15. Developing integrated discharge and continuing care plans
16. Demonstrating the ability to collaborate and maintain clarity of roles and boundaries in the therapeutic relationship and with multi-disciplinary teams in cross-systems such as probation, schools, and social services
17. Collaborative team processes, conflict resolution, negotiation, and problem solving
18. Participating in clinical and administrative supervision and consultation
19. Recognizing his/her own limitations as a co-occurring disorder practitioner and seeking supervision or referring individuals when appropriate.
20. Managing compassion fatigue

**Co-Occurring Disorder  
Core Skills Checklist Tool**

*Co-Occurring Enhanced*

**Assessment and Diagnosis**

**Knowledge, skills, and ability in:**

1. Viewing both Substance use & Mental health Disorders as primary
2. Neurological impairments related to co-occurring disorders
3. Psychopharmacology and interactions with prescription medication, physiology, illicit substances, and mental health disorders
4. Advanced differential diagnosis which includes health and laboratory test implications
5. Integrated Treatment planning for multiple primary disorders
6. Advanced Motivational Interviewing

**Integrated Treatment**

**Knowledge, skills, and ability in:**

1. Treatment and clinical management of complex co-occurring disorders (unmanaged bipolar disorder, separation anxiety, autism, PDD, personality disorders, FAS, etc.) with substance use disorders
2. Interventions to engage high risk individuals challenged by mental health and substance use disorders
3. Managing on-going individual risk factors and stressors including risk to self or others, relapse, or need for detoxification in collaboration with client and natural support members
4. Conducting intensive case management
5. Assisting in recognizing complex relationships and patterns between disorders, behaviors, and decision-making
6. Combining trauma-specific interventions with interventions for other psychiatric disorders as well as substance abuse disorders
7. Conceptualizing cases and collaboratively developing and implementing an integrated treatment plan based on thorough assessment that addresses mental health and addiction issues simultaneously
8. Demonstrating the ability to modify counseling systems, theories, techniques, and interventions for socially and culturally diverse clients with co-occurring disorders across the lifespan
9. Participating in and/or facilitating focused clinical supervision on integrated treatment issues
10. Exhibiting advanced staff and/or supervision competencies
11. Educating the community about the relationship between mental health and substance use

## Appendix II

### Santa Clara County Behavioral Health Training Proposal

# SCC Behavioral Health Training Proposal

## *Co-Occurring Informed*

<b>Topic</b>	<b># of Days/Hours</b>
<b>CO-Occurring Disorders (COD): Skills in Treatment</b> <ul style="list-style-type: none"> <li>• Orientation to a COD System</li> <li>• Screening &amp; Engagement of Clients and Families</li> <li>• Integrating SUD, MH, COD, Abstinence &amp; Harm Reduction</li> <li>• Disease Model</li> <li>• Developmental Considerations                             <ul style="list-style-type: none"> <li>○ Youth</li> <li>○ TAY</li> <li>○ Older Adult</li> </ul> </li> </ul>	1 days/6 hrs
<b>Care Coordination &amp; Multidisciplinary Teams</b> <ul style="list-style-type: none"> <li>• Coordinated Care Planning &amp; assessment</li> <li>• Shared Decision Making</li> <li>• Transition Planning</li> </ul>	½ day/3 hrs
<b>Facilitating COD Support Groups</b> <ul style="list-style-type: none"> <li>• Engaging a group</li> <li>• Facilitation skills</li> <li>• Peer support</li> <li>• 12-Step</li> </ul>	½ day/3 hrs
<b>Client Culture Training</b> <ul style="list-style-type: none"> <li>• Stigma, Culture &amp; Diversity</li> <li>• Families</li> <li>• LGBTQ</li> </ul>	½ day/3 hrs
<b>Crisis Intervention</b> <ul style="list-style-type: none"> <li>• De-escalation</li> <li>• Non-suicidal crises</li> <li>• Developmental Considerations                             <ul style="list-style-type: none"> <li>○ Youth</li> <li>○ TAY</li> <li>○ Older Adult</li> </ul> </li> </ul>	½ day/3 hrs
<b>Motivational Interviewing</b> <ul style="list-style-type: none"> <li>• Stages of Change &amp; Recovery I (overview)</li> </ul>	1 day/6 hrs
<b>Introduction to Reflective Practice</b>	1 day/6 hrs
<b>Legal, Ethical &amp; Health Issues</b> <ul style="list-style-type: none"> <li>• 42 CFR</li> <li>• Compliance/HIPAA</li> <li>• Dual Relationships</li> </ul>	1 day/ 6 hrs
<b>COD and Trauma</b> <ul style="list-style-type: none"> <li>• Basics</li> </ul>	1 day / 6 hrs
<b>Introduction to The ASAM Criteria</b> <ul style="list-style-type: none"> <li>• Basics/Overview</li> </ul>	½ day / 2 hrs
<b>Wellness Recovery Action Plan</b> <ul style="list-style-type: none"> <li>• Wellness &amp; Recovery basics</li> <li>• Self-care</li> </ul>	3 day / 18 hrs
<b>Total:</b>	<b>10.5 days / 62 hrs</b>

# SCC Behavioral Health Training Proposal

## *Co-Occurring Capable*

Topic	# of Days/Hours
Prerequisites <ul style="list-style-type: none"> <li>All COD Informed trainings or their equivalent</li> </ul>	10.5 days / 62 hrs
Intermediate COD <ul style="list-style-type: none"> <li>Advanced SUD (Intoxication, Withdrawal, Overdose Symptoms)</li> <li>Developmental focus and considerations</li> <li>COD Differential Diagnosis</li> <li>Criminal Justice Involvement</li> <li>Crisis Management</li> <li>Interactions Between MH, SUD, Trauma, Health</li> <li>Integrated Assessment &amp; Treatment Planning Tools</li> <li>Physiological Impairments Evaluation</li> <li>Relapse Prevention/Recovery Stages</li> <li>Stage-wise Treatment</li> </ul>	3 days/18 hrs
Basic Pharmacology & Psychopharmacology in COD <ul style="list-style-type: none"> <li>Interactions Between Psychiatric Medications and Substances of Use</li> <li>Medication- Assisted Treatment</li> <li>Neurobiological Implications</li> <li>Psychotropic Medication, Uses, Risks, Side Effects</li> <li>Shared-decision Making (Choice, Not Control)</li> <li>Age &amp; developmental considerations</li> </ul>	½ day/3 hrs
Socio-Environmental Conditions, Cultural Factors, Educating and Motivating Families	1 day/6 hrs
Intermediate COD and Trauma <ul style="list-style-type: none"> <li>Complex Trauma               <ul style="list-style-type: none"> <li>COD with Trauma</li> <li>How to Screen For Trauma History</li> </ul> </li> <li>Secondary trauma, vicarious trauma, and compassion fatigue</li> </ul>	1 day/6 hrs
Advanced Motivational Interviewing <ul style="list-style-type: none"> <li>Stages of Change &amp; Recovery II (Interventions)</li> <li>Fidelity to the model</li> </ul>	1 day/6 hrs
COD Group Rehabilitation & Group Therapy	1 day/6 hrs
Integrated Assessment and Integrated Treatment Planning Tools <ul style="list-style-type: none"> <li>ASAM Multidimensional Assessment</li> <li>ASAM: From Assessment to Service Planning and Level of Care</li> </ul>	2 days/10 hrs
<b>Total:</b>	<b>9.5 days/55 hrs (20 days/117 hours including Informed courses)</b>

# SCC Behavioral Health Training Proposal

## *Co-Occurring Enhanced*

<b>Topic</b>	<b>#days/hours</b>
<b>Prerequisites:</b> <ul style="list-style-type: none"> <li>• Completion of the Co-Occurring Informed &amp; Capable requirements</li> </ul>	20 days / 117 hours
<b>Advanced COD</b> <ul style="list-style-type: none"> <li>• Medical Conditions Caused By Substance Use, Interacting With Substances, etc.</li> <li>• Advanced Differential Diagnosis</li> <li>• Clinical Application</li> <li>• Co-morbid medical disorders</li> </ul>	2 days / 12 hrs
<b>Advanced ASAM Criteria</b> <ul style="list-style-type: none"> <li>• Advanced screening &amp; assessment</li> <li>• Application &amp; treatment planning</li> <li>• Supervising and supporting the use of ASAM Criteria</li> </ul>	1 day / 6 hrs
<b>Integrated Treatment Interventions</b>	1 day/6 hrs
<b>Advanced Clinical Application &amp; Supervision in COD</b>	Clinical Supervisors - 4 hrs/every other month for 1 year (24 hours)
<b>Total:</b>	<b>10 days/ 48 hrs (30 days/165 hours including informed &amp; capable)</b>

## Appendix III

### Definition of Terms:

- **All Staff** - includes all clinical staff (professional and paraprofessional), leadership and other administrative staff, and clerical staff.
- **Co-Occurring Informed level** - Identifies the core skills needed to support treatment. At this level, the skills needed within the following domains were identified: screening, engagement, readiness and retention, education, advocacy and collaboration. Persons in this level include paraprofessional staff.
- **Co-Occurring Capable level** - Identifies the core skills needed to provide an integrated assessment and provide treatment to consumers and their families facing mild to moderate co-occurring disorders. The domains identified for this level are: screening, assessment and diagnosis, co-occurring capable treatment. This category includes professional staff and some paraprofessionals, as appropriate to scope.
- **Co-Occurring Enhanced level** - Identifies the expertise needed to provide fully integrated treatment to consumers and their families challenged with moderate to severe co-occurring disorders. In this category the identified domains are: assessment and diagnosis and integrated treatment. This category is restricted to licensed MH professional practitioners with SUD experience/education.
- **Paraprofessional Practitioners** - includes all Community Workers, Peer Mentors, Consumer Advocates, Case Managers, etc.
- **Professional Practitioners** - includes all Mental Health Rehabilitation Specialist (MHRS)\*, MH Licensed Waivered, MH Licensed, Active CADC I, Active CADC II, etc.

### Acronym Key:

- **AOA** - Adult/Older Adult
- **BBS** - Board of Behavioral Sciences
- **BOP** - Board of Psychology
- **BHSD** - Behavioral Health Services Department (formerly the Mental Health Department and Department of Alcohol & Drug Services, now Substance Use Treatment Services)
- **CADC** - Certified Alcohol Drug Counselor (I or II)
- **CADTP** - California Association of DUI Treatment Programs
- **CAODC** - CADTP Alcohol/Other Drug Counselor
- **CCAPP** - California Consortium of Addiction Programs and Professionals (formerly CAADAC)
- **CCDP** - Certified Co-occurring Disorder Professional
- **CYF**
- **F&C** - Family & Children
- **FT** - Full Time
- **LAADC** - Licensed Advanced Alcohol Drug Counselor
- **MH** - Mental Health
- **MHRS** - Mental Health Rehabilitation Specialist
- **RADT** - Registered Alcohol Drug Technician (I or II)
- **SUD** - Substance Use Disorder(s)
- **SUTS** - Substance Use Treatment Services
- **YSOC**

## Appendix IV

### SCC Co-Occurring Standards & Grandfathering Opportunities

To qualify for any of the categories below, the practitioner needs to have met at least one qualifying requirement for specialization in mental health and substance use, in addition to a minimum set of core trainings.

For practitioners who meet the grandfathering requirements at the Co-Occurring Capable level, the Intermediate COD course, Basic Pharmacology, and ASAM courses need to be completed. For practitioners who meet the grandfathering requirements at the Co-Occurring Enhanced level, the Intermediate COD, Basic Pharmacology, ASAM Criteria courses, and Enhanced courses need to be completed.

If only one specialization requirement is met, the practitioner must complete the entire training program for their desired Co-Occurring skill level within their scope of practice. To attain the Co-Occurring Enhanced level of practice, the Co-Occurring Capable and Co-Occurring Enhanced trainings must be completed.

The below grid has been updated to assist in identifying practitioner specializations and skills. Utilizing the grid, here are examples of skill identification:

- Jax has been working for SUTS program as a CADC-I counselor, but also has his LMFT license. Jax would be Co-Occurring Enhanced.
- Selina has her MHRS and has been working for a mental health provider for many years, but has never worked in substance use treatment services despite having clients who have co-occurring disorders. Selina would be considered to not have COD experience at this time.
- Tuan has been working as a licensed social worker at a mental health agency, but moved over to a SUTS program about 3 months ago. Tuan would not yet have co-occurring experience.

## Proposed Grandfathering Crosswalk Grid

Experience or Education Specific to Mental Health (MH) Conditions										
<i><b>Mental Health</b></i> →	No or Less than 2 yrs of FT experience in last 4 yrs	Para-professional with 2yrs FT expnrc in last 4yrs	MHRS, with 4 years of FT expnrc in the last 6yrs	MH Licensed waived	MH Licensed	Completion of SCC Informed Training Standards	Completion of SCC Capable Training Standards	Completion of SCC Enhanced Training Standards		
<b>Experience or Education Specific to Substance Use Disorders (SUD) and Treatment</b>	<i><b>Substance Use Disorders</b></i> ↓									
	No or Less than 2 years FT experience (in last 4 yrs)	No COD Experience	No COD Experience	No COD Experience	No COD Experience	No COD Experience				
	Para-professional Practitioner with 2 yrs of FT experience in the last 4 yrs	No COD Experience	COD Informed	COD Informed	COD Informed	COD Informed	COD Informed			
	RADT-II	No COD Experience	COD Informed	COD Capable	COD Capable	COD Capable	COD Informed	COD Capable		
	CADC-I/II, LAADC, CCDP	No COD Experience	COD Informed	COD Capable	COD Capable	COD Enhanced	COD Informed	COD Capable		
	SUD Training Certificate* (w/in last 5 years) & 3 yrs full-time experience	No COD Experience	COD Informed	COD Capable	COD Capable	COD Enhanced		COD Capable		
	4 yrs of FT experience within the last 6 yrs	No COD Experience	COD Informed	COD Capable	COD Capable	COD Enhanced				
	Completion of SCC Informed Training Standards		COD Informed							
	Completion of SCC Capable Training Standards			COD Capable	COD Capable	COD Capable				
	Completion of SCC Enhanced Training Standards				COD Capable	COD Enhanced				

\* Requires prior approval from BHSD

See [Definition and Acronym keys](#) for reference to above licenses and certifications