

POLICY AND PROCEDURE

REACH for Tomorrow

Co-Occurring Disorder (COD) Service Integration Policy

Partial Hospitalization Program (PHP)

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

Purpose

To ensure integrated, coordinated treatment for individuals experiencing both mental health and substance use disorders. The Partial Hospitalization Program (PHP) provides services designed to address co-occurring conditions simultaneously in order to improve clinical outcomes, support recovery, and reduce relapse risk.

Policy

The Partial Hospitalization Program provides integrated services for individuals with co-occurring mental health and substance use disorders. Treatment addresses both conditions concurrently rather than treating them separately or sequentially.

Clinical staff utilize evidence-informed practices and coordinate care across disciplines to ensure that psychiatric symptoms, substance use patterns, medical needs, and psychosocial factors are addressed through a unified treatment approach.

Definition of Co-Occurring Disorders

Co-occurring disorders refer to the presence of both a mental health disorder and a substance use disorder in the same individual. These conditions may interact and influence one another, requiring integrated assessment, treatment planning, and intervention strategies.

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Integrated Assessment

All individuals entering the program are screened and assessed for both mental health and substance use concerns. The integrated biopsychosocial assessment includes:

- Psychiatric symptom evaluation
- Substance use history and patterns
- Risk assessment including overdose risk
- Medical and medication history
- Social and environmental factors influencing recovery

Integrated Treatment Planning

Treatment plans address both mental health and substance use conditions. Goals and interventions may include:

- Symptom stabilization
- Relapse prevention strategies
- Medication management when appropriate
- Coping and emotional regulation skills
- Development of recovery supports
- Addressing triggers related to both conditions

Clinical Interventions

Integrated interventions may include:

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)

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- Relapse prevention education
- Trauma-informed care approaches
- Psychoeducation regarding substance use and mental health interactions
- Skills training for emotional regulation and coping

Multidisciplinary Collaboration

Integrated treatment requires collaboration among members of the treatment team including:

- Psychiatric providers
- Therapists and counselors
- Nursing staff
- Case managers
- External medical providers when appropriate

Regular team communication ensures that care remains coordinated and responsive to the individual's needs.

Medication Coordination

Psychiatric providers evaluate medication needs considering both psychiatric symptoms and substance use factors. Coordination with other medical providers may occur when necessary to ensure safe and effective medication management.

Recovery-Oriented Approach

Services promote a recovery-oriented model that emphasizes personal strengths, empowerment, and development of long-term recovery supports. Individuals are

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encouraged to build coping skills, strengthen social supports, and engage in community recovery resources.

Documentation Requirements

Clinical documentation should reflect integrated treatment of co-occurring conditions and may include:

- Assessment findings related to both disorders
- Integrated treatment plan goals
- Interventions addressing mental health and substance use
- Client progress and response to treatment

Quality Monitoring

The organization periodically reviews COD service delivery through clinical supervision, chart audits, and program evaluation activities to ensure integrated care practices remain consistent with program standards and evidence-based approaches.