

Co-occurring Competency

Recommendations for
the Vermont Workforce



VDH and DMH

Efforts towards Integration

- **VDH and DMH established the Vermont Integrated Services Initiative to better integrate statewide business and operations, build program capability and clinician competency and develop peer supports.**

AHS Policy Statement

- **Mandates a state wide performance improvement process in which every program of care will become a co-occurring capable program within the context of its existing resources and scope of service, and every clinician will become a co-occurring competent clinician within the context of their current level of licensure or training.**

ADAP Workforce Development Summer Study

- The Work Group was tasked to investigate the best method for building COD competency and whether a specialized credential or license would be helpful
- The Work Group has broad representation from associations, credentialing boards, academia, providers, peers and state staff
- Interviewed other states (CT & ME)
- Worked with National Experts (Minkoff & COCE)

Co-occurring Work Group Recommendation

- The Work Group recommends basic co-occurring competencies (non-clinical) for all AHS direct service staff
- The Work Group recommends basic clinical competencies for all staff working in MH and/or SA settings rather than a new co-occurring credential or license
- The Work Group recommends the continued goal as stated in the VDH/DMH policy statement of all MH and SA programs becoming COD capable

Goal and Objective

- AHS will recognize, measure and support training for **basic** co-occurring competencies for its staff and will work to support this recognition for its contracted staff
- Once basic competencies have been established for non-clinical, direct service staff and clinical staff there would be consideration of intermediate and advanced **clinician** competencies
- There will be a long term process and goal to measure and recognize **clinician** competency within the private practitioner network

Today's Situation -

COD is an expectation and programs and clinicians need core capability and competency

- VDH and DMH have addressed this “expectation” through its co-occurring policy statement
- VDH and DMH are advancing staff and program competency through the AHS Co-occurring Policy Statement
- This Work Group’s recommendation supports these current efforts and policies

Today's Situation -

Other state initiatives – No single approach

- There is no process or license in VT to measure or recognize co-occurring competency
- PA, CT, ICRC have a COD credential (not a license)
- AK, OK, ME and others have developed core competencies without a credential

Today's Situation -

Credentialing and Licensing are currently connected to billing

- Individuals with COD may be receiving integrated service with either MH or SA funds
- If a person has a co-occurring condition a provider under **current funding instructions** needs to bill either the mental health or substance use system for each specific service it provides
- Incorrect assumption that the only way a clinician can bill both funding streams is to have two licenses or a special COD license.

Today's Situation -

Credentialing and Licensing are currently connected to billing

- Oklahoma and other states have created core competencies and appropriate supervision for clinicians with a **single** mental health or substance use license so that they can bill from both funding streams
- In Vermont, unlicensed case managers in the CRT program can bill for integrated services

Today's Situation -

Credentialing and Licensing are currently connected to billing

- AHS could connect the development of core competencies and supervision to billing instructions in either funding stream for designated or licensed providers
- This will stop programs from moving the person to the service according to which funding stream or cost center is most available
- The recommendation for core competencies could support this funding approach

Advantages

co-occurring license

- A co-occurring license would be a way to formally measure and recognize clinical expertise in treating co-occurring conditions

Co-occurring competencies

- Creates basic, **measurable** co-occurring competencies that are expected of all clinicians in the service system

Advantages

co-occurring license

- A co-occurring license would allow a clinician to bill from both mental health and substance use funding streams and to streamline the treatment process

Co-occurring competencies

- Allows for the creation of core competencies that could be written into the current funding instructions in order to allow billing from both funding streams

Advantages

co-occurring license

Co-occurring competencies

- Makes co-occurring care an expectation within our service system
- Creates a “no wrong door” approach that will increase access to care for people with co-occurring conditions

Advantages

co-occurring license

Co-occurring competencies

- Increases overall workforce skills
- Better aligns and integrates the mental health and substance use systems with a common foundation and expectation for co-occurring conditions

Advantages

co-occurring license

Co-occurring competencies

- Does not dramatically increase the statewide bureaucratic or administrative burden
- Comparatively low cost and reduced burden for providers
- Can easily become part of the quality assurance process

Disadvantages

co-occurring license

- A co-occurring license will be costly and time consuming and out of the reach of most professionals
- A co-occurring license at this time may create a narrow co-occurring track in the service system that diminishes access to care
- Entails increased time in terms of clinical training and supervision on the part of provider agencies

Co-occurring competencies

- Does not allow billing by one clinician from both ADAP and DMH funds unless we change the billing instructions
- Entails training costs that are absorbed by the state and by providers
- Entails increased time in terms of clinical training and supervision on the part of provider agencies.

Disadvantages

co-occurring license

Co-occurring competencies

- Potential workforce participants may see more licensing as a barrier to entering the field
- A co-occurring license will increase bureaucracy and create further administrative burden on the state and provider level.

Disadvantages

co-occurring license

Co-occurring competencies

- A co-occurring license may lead to “specialization” resulting in frustration and alienation among providers.
- A co-occurring license may lead to the idea that not all clinicians need to understand both mental health and substance conditions and their interaction

Co-occurring Work Group Recommendation

- The Work Group recommends basic co-occurring competencies (non-clinical) for all AHS direct service staff
- The Work Group recommends basic clinical competencies for all staff working in MH and/or SA settings rather than a new co-occurring credential or license
- The Work Group recommends the continued goal as stated in the VDH/DMH policy statement of all MH and SA programs becoming COD capable

Recommendation –

Co-occurring Competency

- Provide training and support for co-occurring competency among clinicians in the Vermont workforce
- Develop a process to measure and formally recognize these clinical competencies

Recommendation –

Co-occurring Competency

- Explore the creation of instructions that will allow clinicians with one license or certificate and core co-occurring competencies and supervision to bill either funding stream

Next Steps

- Request that AHS begin by adopting a **basic standard** of co-occurring competency for targeted **direct service staff** within AHS support training to achieve competency
- Request that AHS begin by adopting a **basic standard** of co-occurring competency for its **contracted partners** and support training to achieve competency
- Request that AHS explore intermediate and advanced competencies for all clinicians that are funded through ADAP and DMH

Next Steps

- Request that AHS create this expectation throughout its policies and procedures, grant awards and contracts
- Create a method to measure and recognize basic co-occurring competency
- Create state led and supported training opportunities to address clinical competency
- Recognize existing education opportunities to address clinical competency
- Work with the licensing and credential board to acknowledge competencies through CEUs and or endorsements

Next Steps

- Work with provider agencies to ensure that the clinical competencies are expressed throughout their policies and procedures, job descriptions, orientation, supervision and program expectations
- Explore ways in which the state can develop a public/private partnership to support co-occurring clinical competency among private practitioners

Next Steps

- In three years convene a group that will analyze the effectiveness of the competencies and revisit the need for a co-occurring credential or license