

Montana Plan for Co-Occurring Disorders

PRIORITY ONE: Create awareness of Co-Occurring Disorders (COD) and the need for an integrated service system.							
Strategies / LT Objectives	ST Objectives	Actions	Manager / Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)	
1.1 Develop a communication plan.	1.1.1 Broaden and strengthen the public information / educational package.	Review and update existing resources, i.e. website, listserv, resource library.	Team Leader – Joan Cassidy Other Members – Suzanne Hopkins, Rosie Buzzas, Jeff Harrison, Scott Boyles, Dan Ladd, Marcia Armstrong.	Consistent message that includes “expectation not exception”, in a variety of formats, which are relevant to all target groups.	Work group will meet by January 2006.	March 2006	
		Identify primary target groups.			Target groups listed.		
		Identify public information tools to be used.			PSAs, brochures, op/ed articles, press releases, etc.		
		Compile introductory Co-Occurring information relevant to various target groups.		Information package available for target groups.	Draft talking points and public information tools completed.		June 2006
		Identify resource librarian.			Librarian chosen – Susan Haran. (Feb 2006)		
		Update Policy Academy PowerPoint presentation.			PowerPoint versions created for a variety of target groups.		

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	Target education / information presentations to key stakeholders.	Identify Policy Academy members and other presenters for target audiences.		Information packages and presenters will be available for presentations.	Presentations delivered to target audiences.	Ongoing, beginning October 2005.	
1.1.2	Build consensus for CCISC in the AMDD treatment & prevention service system (including agencies, programs, providers, etc.).	Distribute the Charter Document and the CCISC initiative through a variety of media, including DPHHS Information officer, local newspapers, listserv, and DPHHS web site.		CCISC model / Montana Charter have support of key stakeholders.	Charter has become an official public document.	June 2006	
1.1.3		Develop a provider/program list and identify change agents.				Letters sent to program directors and list is formalized.	December 2005
		Develop a plan to use change agents for consensus building.				Convene meeting of the change agents.	February 2006
Progress to Date		Immediate Next Steps (including potential technical assistance needs)		Barriers and/or Situational Changes			
Presentations given: NASW-Bozeman Chapter and Indian Child & Family Conference; Central Service Area Authority. Workgroup meeting.		Workgroup members prepare and revise Power Point slides and narrative.		Competing priorities, travel prohibited by weather.			

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PRIORITY TWO: Create an Integrated Service System.						
Strategies / LT Objectives	ST Objectives	Actions	Manager / Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
2.1 Create an engaging and welcoming service environment for all Montanans.	2.1.1 Provide cultural competency training to providers and other stakeholders.	Define cultural competence using established models from other similar regions.	Team Leader – Deb Sanchez & Joan Cassidy Other Member(s) -, Dennis Bear Don't Walk, Polly Peterson, Marcia Armstrong, Change Agent Representatives.	Stakeholders will be trained in cultural competency.	State definition of cultural competence.	February 2006
		Develop cultural steering committee – beginning with tribal leaders council or NACDDA.			Montana Cultural Steering Committee convened.	Spring 2006
		Provide introductory cultural sensitivity training (education on why it matters).			Initial training in conjunction with AMDD Co-Occurring Change Agent training.	Summer 2006
		Utilize cultural steering committee provide advice on cultural competence training.			Montana Cultural Steering Committee provides recommendations for trainings.	Summer 2006
		Provide specific cultural competency trainings (education on how to provide culturally competent care to various groups).			Trainings provided.	As identified and available.

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	2.1.2 Develop a resource library for various minority groups and other issues relevant to “welcoming.”	Keep ongoing list of resource materials for special population groups. Make resource list available statewide via website.	Team Leader – Deb Sanchez	Cultural Resource Library	List created and materials acquired.	Ongoing
	2.1.3 Adopt state welcoming policy.	Review current draft policy (see COST Action Plan) for distribution to stakeholders.	Team Leader – Deb Sanchez	State welcoming policy.	Policy reviewed.	Done March 2006
		Revise and adopt policy for distribution and publication.	Other Member(s) – Policy Academy Team		Policy adopted.	
2.2 Ensure that all necessary levels of care for individuals with co-occurring disorders exist in the continuum.	2.2.1 Identify gaps in the service continuum. (simultaneous with 3.1.1)	Inventory services for co-occurring disorders statewide and by location.	Team Leaders – Jeff Harrison & Polly Peterson Other Member(s) - COST	Determine the levels of care that exist for COD in the State and what modification is needed to provide necessary levels of care.	Inventory/map of COD services	Beginning March 2006
		Determine and list what services constitute a system of care for COD, by consulting with local experts and Drs. Minkoff & Cline.	Team Leader(s)- Scott Boyles & Deb Sanchez Other Member(s) - Policy Academy Team & AMDD		Illustration and written definition of COD system of care.	April 2006

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	2.2.2 Initiate planning to address gaps.	Assess and prioritize each gap based on clinical importance, funding, administrative issues, and social impact.	Team Leader – Jeff Harrison Other Members - Policy Academy Team	A list of identified obstacles and number of people impacted.	Prioritized list of services need but not provided or provided inadequately.	September 2006
2.3 Remove barriers to the development of an integrated service system.	2.3.1 Identify clinical barriers to the provision of services.	Review notes from AMDD listening tour.	Team Leader – Joan Cassidy Other Members - COST	Develop a comprehensive list of barriers.	A summary of AMDD listening tour notes compiled & distributed to PA Team.	January 2006
		Survey providers, clinicians and program administrators.			Summary report of clinical barriers distributed to PA Team.	June 2006
	2.3.2 Identify and address eligibility barriers.	Specifically identify populations, the programs they are and are not eligible for, the reasons they are ineligible, and the possible changes that would remove the eligibility barrier.	Team Leader – Jeff Harrison Other Members - Work Group	DPHHS services will have a variety of funding options for COD consumers.	List or chart of eligibility barriers.	September 2006
		Stratify changes required to remove the eligibility barriers based on anticipated ease of change and fiscal impact.			Prioritized list of beneficial eligibility changes.	
	2.3.3 Identify and address reimbursement barriers.	Specifically identify services that cannot be reimbursed optimally.		A plan to leverage and prioritize reimbursement for COD services will be completed.	List or chart of reimbursement barriers.	September 2006
		Brainstorm possible solutions to address each the reimbursement barrier(s) associated with specific services.				

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		Evaluate each service and the possible solutions based on funding, impact, administrative issues, and etc.			Prioritized list of needed reimbursement changes.	
Progress to Date		Immediate Next Steps (including potential technical assistance needs)			Barriers and/or Situational Changes	
Cultural Competency statement drafted and reviewed. Welcoming Policy Adopted		Begin development of CC steering committee with established Native American provider group (NACDDA).				

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PRIORITY THREE: Develop a centralized data management system for COD						
Strategies / LT Objectives	ST Objectives	Actions	Manager / Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
3.1 Develop capacity for centralized data management.	3.1.1 Complete analysis of current data.	List all current data and management system(s).	Team Leader – Jeff Harrison Other Members – Scott Boyles, Deb Sanchez	Analysis of current data completed.	A list of all current data and management systems is compiled.	Beginning March 2006
	(simultaneously with 2.2.1)	Determine baseline, demographic and outcome data relevant to COD system transformation.			Relevant data are identified.	Sept 2006
		Identify gaps and determine if changes can readily be made.			Gaps identified.	
		Distribute COD updated provider billing & reporting instructions.			Instructions distributed to providers.	
		Obtain provider compliance with Performance Measurement reporting, as it pertains to COD.			80% provider compliance.	
	3.1.2 Consult with MIS experts to determine the best approach for obtaining an integrated data set.		Team Leader – Joan Cassidy			TBD
Progress to Date		Immediate Next Steps		Barriers and/or Situational Changes		
Conversation with COCE.		Identify data needs and questions that need to be answered.				

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PRIORITY FOUR: Develop workforce capacity & competence for treatment of persons with co-occurring disorders within the existing service system									
Strategies / LT Objectives	ST Objectives	Actions	Manager / Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)			
4.1 Develop and disseminate statewide training plan inclusive of CCISC training and provider needs.	4.1.1 Develop COD Training Committee and establish a process of communication between Committee members and Change Agents/providers.	Identify groups to be represented on Training Committee.	Team Leaders –Deb Sanchez & Michelle Harbosen Other Members - Change Agent Representatives	Training and technical assistance ensures implementation of CCISC.	A communication link is established between the Training committee and the Change Agents.	June 2006			
		Identify mechanisms of communication for Training Committee.							
	4.1.2 Convene committee to develop training plan proposal.	Conduct site visits and/or surveys to assess current status, needs and interests of each.					All training and technical assistance provided by AMDD is consistent with implementation of CCISC.	Statewide training plan is developed and disseminated.	June 2006
		Assess resources available for implementing plan.							
4.2 Develop infrastructure or method for getting info to docs regarding best practices in primary care.	4.2.1 Provide co-occurring orientation (to the CCISC model) to FQHCs, PCPs, faith-based counselors, etc.	Identify people from Primary Care to participate in the development of this strategy.	Team Leader – Jeff Harrison Other members: NEEDED	COD orientation provided to FQHCs, PCPs, faith-based counselors, etc.	Clinical Practice Guidelines developed for COD screening and referral by primary care providers.	December 2006			

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4.3 Identify and articulate Core COD Competency Standards, including basic, intermediate and advanced competencies, for Quality Improvement processes.	4.3.1 Develop and disseminate procedure/protocol for use of CODECAT.	Provide training to Change Agents on use of CODECAT	Team Leaders – Polly Peterson Other Members - Change Agent Representatives	Core COD competencies for licensed clinicians are identified and articulated.	Procedure/protocol for use of CODECAT developed and disseminated.	June 2006
		Complete baseline assessment with CODECAT to determine existing competencies.				
	Develop plan for ongoing use of CODECAT to monitor clinician competencies.					
	4.3.2 Establish core COD competencies for licensed clinicians.	Review competencies outlined in TIP 42.				Fall 2006
4.4 Revise Administrative Rules to support COD competency.	4.4.1 Update administrative rules for clinician licensure to support minimum standards for COD competency.	Committee convened to review administrative rules and make specific recommendations for initial changes.	Team Leader – Deb Sanchez Other Members - David Powell, Cyndi Reichenbach, Change Agent Reps.	Administrative rules will support competent delivery of services to COD consumers.	Review of administrative rules completed and recommendations for change submitted.	Fall 2006
		Licensure work group lists barriers.				
	4.4.2 Address barriers to dual licensure.	Review administrative rules, and make specific recommendations for changes.				
					Proposed rule changes	2007

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	Update administrative rules for program licensure and service standards to reflect minimum standards for COD competency.	Committee convened to review administrative rules, and make specific recommendations for changes.	<p>Team Leader – Scott Boyles</p> <p>Other Members – Change Agent Reps., Heather Taylor, Beal Mossman, Marcia Armstrong, Gene Haire.</p>	Administrative rules will support competent delivery of services to COD consumers.	Review of administrative rules completed and recommendations for change submitted.	Fall 2006
4.5.1	Progress to Date		Immediate Next Steps (including potential technical assistance needs)		Barriers and/or Situational Changes	
Work Groups and leaders identified. Screening Policy Adopted	Change Agents meetings. Discussions with key people in other branches of state government, inviting participation in workgroups.					

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PRIORITY FIVE: Create a Financing Plan for the Integrated Service System						
Strategies / LT Objectives	ST Objectives	Actions	Manager / Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
5.1 Survey current COD spending.	5.1.1 Gather baseline information from within DPHHS.	Determine how much are we spending.	Team Leaders – Jeff Harrison & Joan Cassidy Other Members - Scott Boyles, Deb Sanchez	Baseline information will give clarify current funding of COD services.	Chart or document outlining current DPHHS funding scheme.	January 2006
		Identify the providers.				
		Identify the funding sources.				
	5.1.2 Gather similar information from other state agencies.	Identify other relevant agencies.				
5.2 Develop COD financing policy using current funding structure.	5.2.1 Determine Technical Assistance needs in relation to developing financing policy.	Provide orientation on current Montana funding structure to Policy Academy group.	Team Leader – Jeff Harrison & Joan Cassidy Other Members - Deb Sanchez, Rosie Buzzas, Scott Boyles	Policy Academy Team will have TA needs to initiate financing plan.	TA need identified, and TA request submitted to COCE	April 2006
		Distribute SAMHSA document for financing to PA group.				
		Discuss barriers and opportunities within current financing.				

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	5.2.2 Develop draft guiding principles and policy statements.	Determine whether similar statements have been drafted by other states or entities. (Michigan?)	Team Leader – Jeff Harrison	Draft document written.	Guiding principles ratified by COST and Policy Academy members.	TBD
		Collect current Montana position statements related to COD services.				
		Clarify federal Medicaid reimbursement rules, grant requirements, etc.				
		Develop draft document.				
5.3 Identify and access potential new funding sources.	5.3.1 Develop legislative proposals.	Consider EPP request from AMDD / DPHHS.	Team Leader –Joan Cassidy	Work group work report to Policy Academy on the feasibility of an EPP and/or legislative study resolution.	New funding sources identified and/or accessed.	March 2006
		Consider legislative study resolution for COD services.			Other Members - Rosie Buzzas, Jeff Harrison	
	5.3.2 Pursue other public and private funding partners, grants and sources for COD prevention and treatment services.	Obtain TA to identify new funding sources and methods. Engage appropriate parties in pursuit of funding for services.		A list of existing and potential funding streams identified.	New public and private funding partners identified for COD services.	September 2006

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		Brainstorm possible solutions to address each the reimbursement barrier(s) associated with specific services.					
		Evaluate each service and the possible solutions based on funding, impact, administrative issues, and etc.				Prioritized list of needed reimbursement changes.	
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)		