

Action Plan for State

| PRIORITY ONE: Universal Screening and Assessment Tools for COD | | | | | | |
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| Strategy(-ies) | Action(s) | Manager¹ | Implementer² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
| Strategy 1.1 Identify 3 Screening and 3 assessment tools | Action 1.1.1 Reconvene the Screening and Assessment Sub-Committee to review current instrument list | Jean Rush | Screening & Assessment Sub-Committee | Instrument list | Instrument Identification; and Consensus recommendations | November/2005 |
| | Action 1.1.2 Update the CODAC committee on the instrument recommendations | Screening & Assessment Sub-Committee Members | Screening and Assessment Sub-Committee | CODAC review and support | Presentation of the instrument list. | December/2005 |
| | Action 1.1.3 CODAC will recommend 3 screening and 3 assessment instruments to The Office of the Governor's Behavioral Health Task Force | CODAC | Department of Health (DOH) & Department of Public Welfare (DPW)(OMHSAS) | Statewide utilization of standardized screening & assessment instruments | The Office of the Governor's Behavioral Health Task Force Consensus/support | March/2006 |
| Strategy 1.2 Review the Screening Instrument for Initial Placement (SIIP), the initial 28 page co-occurring assessment instrument developed specifically for co-occurring pilot sites, based on the input obtained from the pilot providers who have utilized the instrument for the past three years. | Action 1.2.1 Conduct focus groups in two of the four counties that have utilized the SIIP | Cynthia Zubritsky University of Pennsylvania | Cynthia Zubritsky | Determine usefulness of COD Assessment Instrument | Completion of information gathering | November/2005 |
| | Action 1.2.2 Develop and implement a survey on the utilization of the SIIP in pilot counties; Analyze the survey results. | Cynthia Zubritsky University of Pennsylvania | Cynthia Zubritsky | Determine usefulness of COD Assessment Instrument | Completion of information gathering | January/2006 |
| | Action 1.2.3 Involve recovery community in giving feedback on the use of the SIIP. | Pa Recovery Organization Alliance (PRO-A) & Pa Mental Health Consumer's Association (PMHCA) | Cynthia Zubritsky | Determine usefulness of COD Assessment Instrument | Completion of information gathering | January/2006 |
| | Action 1.2.4 Consider the SIIP as an appropriate assessment instrument as well as other instruments | Cynthia Zubritsky University of Pennsylvania | Work Group | Standard COD Assessment Instrument Utilization | Standard COD assessment instrument Consensus | March/2006 |

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| | Action 1.2.5 Review national instruments and research. Get input from national leaders. | OMHSAS & DOH | Cynthia Zubritsky & Work Group | Standard COD Assessment Instrument Research Completed | Stakeholder consensus on utilization of a standard COD assessment instrument | May/2006 |
| | Action 1.2.6 Design training | DOH & OMHSAS | Cynthia Zubritsky | Standardized training for instrument use | Statewide training process | March/2007 |
| Strategy 1.3 Implementation – Development of Statewide Policies and Procedures for universal co-occurring screening and assessment process. | Action 1.3.1 Identify funding resources to support Co-Occurring instrument implementation | DOH & OMHSAS | The Office of the Governor’s Behavioral Health Task Force | Funding to support instrument implementation | Identify potential funding source | January/2007 |
| | Action 1.3.2 Engage and involve recovery community for input (consumer satisfaction, focus groups, advocacy) | PRO-A & PMHCA | DOH & OMHSAS | Consumer Satisfaction and Support for instrument implementation | Consensus for instrument implementation | January/2007 |
| | Action 1.3.3 Develop statewide policies and procedures for Co-occurring instrument implementation | DOH & OMHSAS | DOH & OMHSAS and County partnership | Statewide COD instrument implementation | Policy development | Ongoing/2007 |
| | Action 1.3.4 Kick off (e.g., bulletin, provider alert, general meetings, specialty meetings, conferences) | DOH & OMHSAS | DOH & OMHSAS, County, MCO and Provider partnership | Statewide Implementation | Information dissemination | Ongoing/2007 |
| | Action 1.3.5 Utilize existing infrastructures to deliver training | DOH & OMHSAS | DOH, OMHSAS, Drexel University and IRETA | Statewide Implementation | Regional training opportunities | Ongoing/2007 |
| | Action 1.3.6 Ongoing monitoring of statewide implementation | DOH & OMHSAS | DOH & OMHSAS | Instrument utilization | Ongoing quality assurance monitoring | Ongoing/2007 |
| | Action 1.3.7 Maintain constant and ongoing dialog within departments, programs outside of MH/SA | DOH & OMHSAS | The Office of the Governor’s Behavioral Health Task Force | Comprehensive consistent COD screening & assessment process | Boundary spanning activities | Ongoing/2007 |

| PRIORITY TWO: Service Integration: Co-Occurring Disorder Competent Approval Criteria | | | | | | |
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| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
| Strategy 2.1 Implement a statewide certification/ approval process for Co-Occurring Disorder Competent Facilities | Action 2.1.1 Revise bulletin based on stakeholder comment | Robert Primrose | Provider Approval Sub-committee | Co-occurring Competence provider certification | Draft Bulletin | November/2005 |
| | Action 2.1.2 Conduct training of MH/SA field staff on the application of the bulletin | DOH & OMHSAS | Drexel University | Training curriculum for licensing staff | Development of training curriculum; Implementation with selected staff | January/2006 |
| | Action 2.1.3 Provide pilot site training on draft Bulletin | DOH & OMHSAS | Drexel University | Certified COD Competent Programs | Regional pilot sites selected and trained | January/2006 |
| | Action 2.1.4 Pilot Bulletin criteria in voluntary selected areas/regions | DOH & OMHSAS | Policy/Licensing Staff | Certified COD Competent Programs | Increased Access to COD services | January – June/2006 |
| | Action 2.1.5 Pilot programs will have opportunity to provide feedback through Web site, site visits, focus groups. | DOH & OMHSAS | DOH/OMHSAS Policy and Licensing staff; University of Pennsylvania | Final COD Competent criteria | Information gathering; Revisions of criteria | January – Aug/2006 |
| | Action 2.1.6 Service recipients will have the opportunity to provide feedback on COD competent programming | University of Pennsylvania | PRO-A and PMHCA | Finalize COD Competent criteria | Analysis of recipient input. | January – Aug/2006 |
| | Action 2.1.7 Evaluation of all pilot process input | DOH & OMHSAS | Provider Approval Sub-Committee, DOH/OMHSAS staff, University of Pennsylvania, PRO-A and PMHC | Finalize COD Competent criteria | Analysis of Provider, Service Recipient, and Licensing staff input | October/2006 |

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| | Action 2.1.8 Revise/Finalize bulletin-subcommittee-legal-internal-Secretaries for signature | DOH & OMHSAS | Provider Approval Sub-committee | Signed COD bulletin Health & Welfare | Complete revisions, legal review, internal department review, and Secretary signature | December/2006 |
| | Action 2.1.9 Provide ongoing training on Bulletin criteria for providers | DOH & OMHSAS | Drexel University and IRETA | Statewide access to Co-occurring Competent Providers | Increase COD program capacity | Ongoing/2007 |
| | Action 2.1.10 Maintain constant and ongoing dialog within departments, programs outside of MH/SA | DOH & OMHSAS | The Office of the Governor's Behavioral Health Task Force | COD infrastructure development | Increase COD program capacity with in the Commonwealth | Ongoing |

PRIORITY THREE: Increase Workforce Capacity and Competency to Meet the Needs of the Co-occurring Populations

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
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| Strategy 3.1 Encourage the development of a comprehensive plan to address the existing MH/D&A workforce crisis that impacts the ability to train, expand, and retain competent co-occurring professionals within the Commonwealth. | Action 3.1.1 Explore strategies that will expand the workforce (e.g., mentoring, certification, internships, equivalency) | DOH & OMHSAS | The Office of the Governor's Behavioral Health Task Force | Increased workforce competency and capacity | Engage academic partners, professional associations and other State Departments | Ongoing (multi year approach) |
| | Action 3.1.2 Work with academic partners to develop alternate degree tracks and co-op programs for COD professionals including curriculum development and recruitment activities. | DOH & OMHSAS | The Office of the Governor's Behavioral Health Task Force | Workforce development, retention, and recruitment | Increased workforce capacity | Ongoing (multi year approach) |
| | Action 3.1.3 Develop career paths through education, experience and training for people in recovery | DOH & OMHSAS | The Office of the Governor's Behavioral Health Task Force | Career opportunities for people in recovery | Increased workforce capacity | Ongoing (multi year approach) |
| | Action 3.1.4 Develop a comprehensive state plan to provide incentives for workforce development, retention, and recruitment | The Office of the Governor's Behavioral Health Task Force | Multi State Agencies | Permanent workforce infrastructure | Develop a statewide workgroup; Create goals and objectives for the comprehensive plan; Consensus building for plan. | Ongoing (multi year approach) |

