

Action Plan for State

PRIORITY ONE: Create an Environment for Change						
Strategy(-ies)	Action(s)	Manager¹	Implementer²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 - <i>Changing the paradigm</i>	Action 1.1.1 Division of Mental Health, Division of Alcohol Drug Abuse, and the Human Services Center will develop a strategic plan to address Co-Occurring Disorders in a single, comprehensive department model.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Cory Nelson	Strategic plan	DMH, DADA, HSC will hold planning meeting Develop draft plan	08/01/04 01/01/05
	Action 1.1.2 Research the feasibility of combining the CD and MH Advisory Councils.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Jim Hagel, Marla Bull Bear	Combined councils	Research feasibility with in state law and at federal level Draft statutory and by-laws changes Seek SAMHSA approval Change effective	08/01/04 10/01/04 09/01/04 07/01/05
	Action 1.1.3 Define what “No Wrong Door” means for co-occurring disorders in South Dakota and then establish it as the standard of care for South Dakotans seeking services at all entry points.	Betty Oldenkamp/ Brooke Templeton	Terry Dosch	Providers will adopt “No Wrong Door”	Define concept of “No Wrong Door” Identify agencies/entities affected Communicate “No Wrong Door” message to agencies and consumers	08/01/04 08/01/04 01/01/05 and on- going

Action Plan for State

Strategy 1.2 - <i>Building the political will</i>	Action 1.2.1 Seek input from consumers, family members, advocacy groups, tribal representation, providers and policy makers to participate in the strategic plan for comprehensive service delivery.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Cory Nelson	Plan reflects stakeholder input	ID stakeholders at initial planning meeting	08/01/04
					Solicit input on plan	01/01/05
	Action 1.2.2 Utilize the key stakeholders to educate and gain support of other interested parties.	Betty Oldenkamp/ Brooke Templeton	Strategic Planning Team	Plan has wide-spread support	Stakeholders educate respective constituent groups	01/01/05
					Stakeholders provide feedback to planning team	01/01/05
Strategy 1.3 - <i>Communicating the moral imperative</i>	Action 1.3.1 Convince the Governor and Legislators that this issue is a moral imperative. “Have you ever wondered?” or the “Ever Wonder?” campaign.	Deb Bowman/ Betty Oldenkamp	Betty Oldenkamp	Governor’s approval to move forward Increase understanding of co-occurring disorders	Meet with Governor (done 5/17/04) Meet with Health and Human Services Committee	06/01/04 02/01/05
	Action 1.3.2 Develop professional campaign for moral imperative. “Have you ever wondered?” or the “Ever Wonder?” campaign	Betty Oldenkamp/ Brooke Templeton	Policy Academy Team	Increase understanding of co-occurring disorders	Define target of campaign Refine message Develop “package”	08/01/04 11/01/04 01/01/05

Action Plan for State

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
Met with Governor Follow-up meeting to complete action plan	Many competing priorities	Planning meeting Request technical assistance from Christina Dye (Arizona)

¹ The Manager is the individual responsible for coordinating each action.

² The Implementer is the individual (or entity) responsible for carrying-out each action.

PRIORITY TWO: Build a Comprehensive System (COD)						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 - <i>Creating a competent workforce</i>	Action 2.1.1 Develop training plan to support a competent workforce including case managers and para-professionals.	Betty Oldenkamp/ Brooke Templeton	Terry Dosch	Existing staff are cross-trained	Identify existing training models	10/01/04
	Action 2.1.2 Establish an infrastructure for preparation of providers.				Adopt training model	03/01/05
Joint training of MH/CD professionals		09/01/05				
				Professionals leaving the higher education system will be ready to work with people with co-occurring disorders.	Identify core competencies necessary to provide co-occurring services Develop Certification/Licensure standards for co-occurring disorders Development of COD curriculum for MH/CD professionals for both state and tribal universities	10/01/04 07/01/07 09/01/07

Action Plan for State

Strategy 2.2 - <i>Developing a continuum of integrated care</i>	Action 2.2.1 Endorse models of individualized services for people with co-occurring disorders.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	A responsive, comprehensive system of prevention and treatment	Identify components of integrated individualized models of treatment	10/01/04
					Identify the community-based services required including case management, peer support and family involvement	10/01/04
					Develop missing service components	07/01/05
					Demonstrate models	07/01/06
	Evaluate demonstrations	10/01/06 and ongoing				
	Action 2.2.2 Implement prevention models for people with co-occurring disorders.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	A responsive, comprehensive system of prevention and treatment services	ID target populations	10/01/04
					ID prevention models with demonstrated effectiveness for target populations	07/01/05
					Demonstrate models	07/01/06
Evaluate demonstrations					10/01/06 and on-going	

Action Plan for State

<p>Strategy 2.3 - <i>Establishing a core assessment process</i></p>	<p>Action 2.3.1 Implement a uniform multi-dimensional screening and assessment tool.</p>	<p>Betty Oldenkamp/ Brooke Templeton</p>	<p>Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Randy Allen, Marla Bull Bear</p>	<p>People with co-occurring disorders are appropriately identified</p>	<p>Adopt an integrated screening process for all entry points to services</p> <p>Distribute tool and train providers</p> <p>Adopt an assessment tool(s)</p> <p>Distribute tool and train providers</p> <p>Promote use through incentives, reimbursement and/or accreditation</p>	<p>07/01/06</p> <p>01/01/07</p> <p>07/01/06</p> <p>01/01/07</p> <p>01/01/07</p>
<p>Progress to Date</p>		<p>Barriers and/or Situational Changes</p>			<p>Immediate Next Steps (including potential technical assistance needs)</p>	
<p>CO-SIG application Work on provider readiness assessment</p>		<p>Barriers will be identified upon completion of provider readiness assessment</p>			<p>Summer intern to conduct research on training models, prevention, and treatment models</p>	

Action Plan for State

PRIORITY THREE: Ensure Quality Outcomes						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 - <i>Designing a system of accountability</i>	Action 3.1.1 Establish and operationalize principles of care.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Cory Nelson	Services will be guided by the principles of care and outcomes	Research and establish principles of care	10/01/04
					Adopt/implement measurable outcomes for individuals	07/01/05
					Adopt/implement measurable outcomes for the system(s)	07/01/05
					Ensure MIS supports COD outcome measures with on-going evaluation	07/01/05
	Action 3.1.2 Align regulatory policy with new practices.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	Regulatory barriers to co-occurring services will be removed	Modify service contracts/agreements for demonstrations	07/01/05
					Monitor allocation, expenditures and performance	07/01/05 and on-going
					Modify service agreements	07/01/06
					Revise ARSD/SDCL	07/01/07

Action Plan for State

<p>Strategy 3.2 - <i>Funding a system of integrated care</i></p>	<p>Action 3.2.1 Align funding policies and levels of funding to support an integrated system of care.</p>	<p>Betty Oldenkamp/ Brooke Templeton</p>	<p>Dan Lusk, Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Cory Nelson</p>	<p>Full funding alignment with co-occurring services</p>	<p>Review existing fund sources Identify funding for integrated COD services Realignment of existing funds Develop reimbursement policy linked to outcomes, modeled rates, billing codes and claims process. Identify and garner new fund sources, i.e. Medicaid Develop framework for incentives</p>	<p>10/01/04 10/01/04 07/01/05 07/01/05 07/01/06 07/01/07</p>
<p>Progress to Date</p>	<p>Barriers and/or Situational Changes</p>		<p>Immediate Next Steps (including potential technical assistance needs)</p>			
<p>CO-SIG application</p>	<p>Perceived ownership of funding Resistance to expansion of Medicaid services/eligibility Current block grant requirements</p>		<p>Summer intern to research principles of care</p>			