

Vision: A community based system of services for persons with, or at-risk of, co-occurring disorders (COD) that promotes self- determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and all aspects of community life.

Mission: Virginia will address each priority identified through the Policy Academy experience in a manner that emphasizes service integration versus silo planning.

Virginia's COSIG Grant will be used as the vehicle to address and integrate our key priorities:

- Affirm/reaffirm commitment to vision-driven system change and integration of services
- Maximize funding resources to serve COD
- Strengthen Workforce and Related Infrastructure to Address COD
- Optimize existing data systems to identify need, service provision, outcomes and costs within and across systems
- Optimize service delivery to COD clients

Implement infrastructure development to support service integration under COSIG.						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1 Promote and expose internal and external stakeholders to the recently established DMHMRSAS Vision Statement.	Action 1.1 Identify key internal and external stakeholders that are impacted by DMHMRSAS policy and service decisions.	Ray Ratke	DMHMRSAS Leadership Team	Increased capacity to inform target populations of DMHMRSAS vision	Identify groups Identify representative	Completed
	Action 1.2 Develop a DMHMRSAS brochure that articulates the vision statement	Martha Meade, Director of Legislation and Public Relations	DMHMRSAS Leadership Team	Increased understanding of DMHMRSAS commitment to vision driven change	Develop draft Complete review Develop final product	Completed
	Action 1.3 Disseminate vision statement to stakeholders through meetings and by highlighting the vision on the DMHMRSAS web site.	DMHMRSAS Leadership Team* DMHMRSAS staff	Expanded awareness of vision role in DMHMRSAS decision making on services and policy Identify points of opportunity		Disseminate material	Ongoing
	Action 1.4 Promote consumer/family focus through ongoing efforts to involve individuals and advocacy organizations	Batten/Martinez/ Ricks	MH, CFS, SA staff	Promotion of recovery orientation and meaningful connections with stakeholders	Presentations to MHAV, NAMI-VA, VOCAL, MHPC, SAARA, PACCT Reps involved in COSIG activities	Ongoing
Strategy 2 Develop an Integrated Strategic Plan (ISP) for DMHMRSAS that includes an affirmation of commitment to vision-driven system change and integration of co-occurring assessment and treatment services.	Action 2.1 Establish a Department level workgroup to develop initial draft of ISP based on current restructuring efforts and vision	Ray Ratke	DMHMRSAS Leadership Team	Development of leadership group to ensure completion of project	Identify members Establish workgroup Develop initial draft	Completed

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	Action 2.2 Work with seven existing Regional Partnership Planning groups to review and refine the ISP	Ray Ratke	DMHMRSAS Leadership Team	Creation of a lasting guidance document for planning services and budget requests	Schedule meetings for review Solicit input Revise ISP as needed	Completed
	Action 2.3 Complete ISP and distribute in to all key stakeholders in the system	Ray Ratke	DMHMRSAS Leadership Team	Broad understanding of ISP and linkage to a vision driven system for co-occurring population	Develop final product Disseminate ISP	Completed
	Action 2.4 Utilize ISP to support budget initiatives for new co-occurring treatment services	Ray Ratke	Jim Martinez Ken Batten Shirley Ricks	Integrated budget planning for co- occurring population	Linkage of ISP to budget proposals	Completed
Strategy 3 Develop Charter agreement under COSIG Grant	Action 3.1 Meet with Ken Minkoff, Chris Cline and CSBs to develop Charter	Batten/Martinez/ Ricks	MH, CFS, SA staff	Initial Charter draft		Completed
	Action 3.2 Distribute/finalize draft	Batten/Martinez/ Ricks	MH, CFS, SA staff	Charter document and CSB participation in services pilot	Internal review Dist. to CSBs CSB sign-off	On-going
	Action 3.3 Review/update Charter on a quarterly basis	Batten/Martinez/ Ricks	MH, CFS, SA staff	Updated Charter w/ expanded participation	Schedule quarterly TA w/Zialogic	On-going
July 15, 2005	Action 4.1 Disseminate information about COD Policy Academy and outcomes to stakeholder group (VACSB, MH and SA Councils & COD Workgroup, COSIG partners, Facility Staff)	Batten/Martinez/ Ricks	MH, CFS, SA staff	Involvement and investment on the part of stakeholders	Distribution of Charter on report on COSIG activities	On-going
	Action 4.2 Convene Stakeholder Workgroup	Batten/Martinez/ Ricks	MH, CFS, SA staff	Facilitation of CSB connections w/ agencies at local level.	Meeting scheduled	August 2006
Strategy 5 Make COD resources available across the system	Action 5.1 Identify Resources	Batten/Martinez/ Ricks	MH, CFS, SA staff	Development of comprehensive listing of resources on COD	Resource list developed	On-going
	Action 5.2 Set up Listserve	Batten/Martinez/ Ricks	MH, CFS, SA staff	Promote participation on listserve Post files to FTP		Completed

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	Action 5.3 Design web site w/ DMHMRSAS webmaster	Batten/Martinez/ Ricks	MH, CFS, SA staff	Integration of COSIG materials into DMHMRSAS website	Meet w/webmaster	April 2006
	Action 5.4 Include COD services on DMHMRSAS website on EBP with links to COCE, NY, Ohio, Etc	Batten/Martinez/ Ricks	MH, CFS, SA staff	Access to resources on COD and COSIG activities	Site designed	June 2006
Strategy 6 Maximize funding resources to serve COD	Action 6.1 Convene Finance Workgroup	Batten/Martinez/ Ricks	MH, CFS, SA staff	Forum for ongoing discussion of finance issues	Schedule bimonthly meetings	Completed
	Action 6.2 Review EPSDT protocols	Ray Ratke Cindi Jones	Shirley Ricks Catherine Hancock	Identification of areas needing revision to improve field understanding	Review initiated	Completed
	Action 6.3 Meet with DMAS/ workgroup to clarify and refine protocol and guidance documents on EPSDT	Ray Ratke Cindi Jones	Shirley Ricks Catherine Hancock	Cross department agreement on protocols and guidance	Areas for revision identified	June 2006
	Action 6.4 Develop guidance documents on protocols	Ray Ratke Cindi Jones	Shirley Ricks Catherine Hancock	Improved understanding and coordination in community and across agencies	Guidance documents developed	July 2006
	Action 6.5 Provide training/technical assistance to CSBs	Shirley Ricks Catherine Hancock	C&F staff	Increased role of EPSTD in serving youth with SA problems	Training schedule developed Training completed	October 2006
	Action 6.6 DMHMRSAS and DMAS meet with DMAS meet to review all current services.	Frank Tetric Catherine Hancock	Frank Tetric Catherine Hancock	Identify possible SA services for MH individuals now receiving State Plan Option MH services	Meeting schedule determined	Completed
	Action 6.7 Identify the opportunities to integrate SA into each current MH service. Address barriers as they occur	Frank Tetric	Ken Batten Jim Martinez Shirley Ricks	Maximize access SA services for MH individuals now receiving State Plan Option MH services	Identification of existing service areas that can also support population	Completed
	Action 6.8 Review provider manual for possible revisions	Catherine Hancock Frank Tetric	Catherine Hancock	Clarify DMAS policy	Identify any needed changes	Completed

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	Action 6.9 Issue guidance memos to CSBs on substance abuse services	Frank Tetrick Catherine Hancock	Ken Batten Shirley Ricks	Improved understanding of policy	Guidance memorandums disseminated	June 2006
	Action 6.10 Provide training to the CO-SIG localities on Medicaid coverage on substance abuse services	Frank Tetrick Catherine Hancock	Ken Batten Jim Martinez Shirley Ricks	Consistent application of DMAS policy	Training schedule developed Training sessions conducted	October 2006
	Action 6.11 Develop plan for waiver application to expand coverage in service pilot area	Frank Tetrick Catherine Hancock	Ken Batten Jim Martinez Shirley Ricks	Use Pilot as opportunity to test additional coverage	Collaborate w/DMAS on development of waiver application	October 2007
Strategy 7 Identify Workforce needs	Action 7.1 Encourage use of Co-Occurring Disorders Educational Assessment Competency Tool (CODECAT)/review results	Batten/Martinez/ Ricks	MH, CFS, SA staff	Assessment of clinician skills/needs	Distribution of tool. Completion by CSBs	April 2006
	Action 7.2 Develop workforce survey w/ Mid-Atlantic Addiction Technology Transfer Center	Batten/Martinez/ Ricks	MH, CFS, SA staff	Further assessment of workforce needs	Develop instrument/distribute/analyze	October 2006
Strategy 8 Maximize training opportunities	Action 8.1 Issue Request for Applications (RFA) to identify list of approved training vendors/ Develop partnerships with training organizations	Batten/Martinez/ Ricks	MH, CFS, SA staff	List of approved training vendors to facilitate contracting	Develop RFA/ distribute results/construct list	April 2006
	Action 8.2 Engage Professional organizations/Department of Health Professions to support COD work. Convene Credentialing Workgroup	Batten/Martinez/ Ricks	MH, CFS, SA staff	Forum to discuss credentials for COD trained staff	Schedule quarterly meetings , review and revise credentialing requirements of behavioral healthcare professionals to ensure competency in provision of integrated treatment for COD	June 2006
	Action 8.3 Engage with Virginia public colleges and universities to include course work on COD in counseling, social work, psychology, psychiatry and nursing curricula.	Batten/Martinez/ Ricks	MH, CFS, SA staff	Expanded training resources Increased workforce competencies	Review Southern NHU program Create linkages w/ Va. universities	June 2006

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	Action 8.4 In partnership with a Virginia university, establish and operate a “Coordinating Center of Excellence” (CCOE) to integrate research, training, organizational development and clinical consultation regarding evidence-based practice in the area of Integrated Treatment for Co-Occurring Disorders	Batten/Martinez/ Ricks	MH, CFS, SA staff	Center to serve as resource for continued service integration efforts	Develop and submit budget request for funding to establish Co-Occurring Disorders CCOE	October 2007
	Action 8.5 Identify resources for tuition assistance	Batten/Martinez/ Ricks	MH, CFS, SA staff	Increased participation in education programs	Submit applications Identify potential grants	Ongoing
	Action 8.6 Expand consumer provider training programs (e.g. VHST) to incorporate treatment for COD	Jim Martinez Ken Batten	OMH Staff OSA Staff	Greater consumer participation in workforce	Develop campaign to encourage consumers to join workforce Identify and eliminate barriers to employing consumers	October 2007
	Action 8.7 Develop COE model for CVCSB	Batten/Martinez/ Ricks	MH, CFS, SA staff	Identify model/needs to establish CVCSB as training resource	Set regular meetings w/ CVCSB ID needs	October 2007
Strategy 9 Provide SA training to MH personnel in state facilities and CSBs	Action 9.1 Identify funds to expand MH participation in Virginia Summer Institute for Addiction Studies	Batten/Martinez/ Ricks	MH, CFS, SA staff	Funds to support MH participation	Funds identified	Ongoing
	Action 9.2 Distribute information to pilot CSBs/facilities	Batten/Martinez/ Ricks	MH, CFS, SA staff	Application by MH staff	Applications received	Ongoing
	Action 9.3 Award scholarships	Batten/Martinez/ Ricks	MH, CFS, SA staff	Access to SA training for MH staff	Award MH staff unused 2005 scholarships	Annually in July
	Action 9.4 Develop other training opportunities	Batten/Martinez/ Ricks	MH, CFS, SA staff	Access to SA training for MH staff	Additional training opportunities identified	On-going
Strategy 10 Reorient program design/service delivery	Action 10.1 Expand participation in Charter development	Batten/Martinez/ Ricks	MH, CFS, SA staff	Enhanced service integration	Distribute charter Invite participation in September mtg.	Ongoing
	Action 10.2 Implement Co-Occurring Center for Excellence TA on adolescent COD	Ricks	MH, CFS, SA staff	Enhanced focus on integration of services for adolescents w/COD	Conference call w/ COCE ID adolescent POC Schedule mtg.	Ongoing

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	Action 10.3 Promote use of CCISC Outcome Implementation Fidelity Tool (COFIT) to determine status of service integration	Batten/Martinez/ Ricks	MH, CFS, SA staff	Ongoing assessment of service integration at CSB level	Distribute tool Film training in Sept. Distribute film	April 2006
	Action 10.4 Identify current models of service integration	Batten/Martinez/ Ricks	MH, CFS, SA staff	Baseline assessment	Site visits at 40 CSBs	December 2006
Strategy 11 Review and revise DMHMRSAS program licensing requirements to ensure “dual-diagnosis capable” treatment competency in licensed mental health and substance abuse treatment programs.	Action 11.1 Review existing services	Batten/Martinez/ Ricks	MH, CFS, SA staff	Summary of service organization/integration models across 40 CSBs	Synthesize site visit summaries/ COFIT results	January 2007
	Action 11.2 Identify needs	Batten/Martinez/ Ricks	MH, CFS, SA staff	Plans in place to move to allow CSBs to become DDC/DDE	Distribute materials on DDC/DDE Provide/access TA to develop plans	March 2007
	Action 11.3 Develop baseline service system	Batten/Martinez/ Ricks	MH, CFS, SA staff	Pilot CSBs reached DDC status	Monitor plans Proved TA/ training	June 2007
Strategy 12 Develop common intake/screening/ reporting procedures	Action 12.1 Identify current screening/assessment procedures in use	Batten/Martinez/ Ricks	MH, CFS, SA staff	Catalog of existing procedures	Conduct site visits Summarize results	January 2007
	Action 12.2 Monitor identification of consumers w/COD	Batten/Martinez/ Ricks	MH, CFS, SA staff	Evaluation of screening effectiveness	Review monthly CCS data Recommend enhancements Work w/ clinicians to improve data quality	Ongoing
	Action 12.3 Promote adoption of approved screening/assessment procedures	Batten/Martinez/ Ricks	MH, CFS, SA staff	Development of effective screening and assessment	Use pilot to test COCE instruments Develop CSB plans to modify procedures as needed	Ongoing
Strategy 13 Implement data components of COSIG Grant	Action 13.1 Review capacity of Community Consumer Submission 2 CCS2 to identify consumers w/ COD	Batten/Martinez/ Ricks	MH, CFS, SA staff	Recommendations for enhancement	Monthly analysis beginning 10/1/05	March 2006
	Action 13.2 Recommend enhancements to CCS3	Batten/Martinez/ Ricks	MH, CFS, SA staff	Enhanced client data	Formulation of recommendations	April 2006
	Action 13.3 Implement MHSIP consumer survey for all consumers w/ COD	Batten/Martinez/ Ricks	MH, CFS, SA staff	Ongoing assessment of satisfaction of consumers w/COD	Initial implementation at pilot CSBs	July 2006

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	Action 13.4 Identify TA resources/engage consultant to develop web-based system across programs and providers	Batten/Martinez/ Ricks	MH, CFS, SA staff	Effective use of available technology to manage client/program data	Engage consultant, conduct system analysis, ID resource needs, work w/ VACSB DMC	October 2007
Strategy 14 Promote service delivery by most appropriate provider/program (i.e. client focused vs. by funding source)	Action 14.1 Promote use of Co-morbidity Program Audit and Self-Survey for Behavioral Health Services (COMPASS)	Batten/Martinez/ Ricks	MH, CFS, SA staff	Ongoing assessment of svc integration at program level	Distribute tool Provide TA in using COMPASS Review results	June 2006
	Action 14.2 Provide clarity on state policy regarding MH facility-based services	Batten/Martinez/ Ricks	MH, CFS, SA staff	Maximize use of existing resources	Involve other CO/facility staff in developing policy	Completed
	Action 14.3 Engage state facilities in COSIG activities and adoption of CCISC model	Batten/Martinez/ Ricks Deans/Evans/Morris	MH, CFS, SA staff	Promotion of service integration across continuum of care including inpatient services	Conduct site visits at state facilities/promote Charter development and self assessment	December 2006
Strategy 15 Identify populations through all entry points no matter where they enter the system and promote “no wrong door” philosophy	Action 15.1 Identify all entry points	Batten/Martinez/ Ricks	MH, CFS, SA staff	Understanding of interrelationships in service system	Review entry points with pilot CSBs	June 2006
	Action 15.2 Assess/promote awareness re COD issues	Batten/Martinez/ Ricks	MH, CFS, SA staff	Involvement of other service system components in COSIG pilot	Provide resources related to COD issues to other agencies	December 2006
	Action 15.3 Faciliate referral relationships in Regional Partnership Planning groups	Batten/Martinez/ Ricks	MH, CFS, SA staff	Coordination of referral process across continuum of services	Conduct first round of on-site TA in RPPs	December 2006
	Action 15.4 Enhance referral capacity	Batten/Martinez/ Ricks	MH, CFS, SA staff	Access to COD services	Establish referral relationships in pilot communities	March 2007
	Action 15.5 Aligning funding for appropriate services	Batten/Martinez/ Ricks	MH, CFS, SA staff	Increased access to services	Review pilot experience with Stakeholder Workgroup	July 2007
Strategy 16 Develop outcome based performance indicators across full range of service delivery system (i.e. see model on fidelity)	Action 16.1 Review results of ongoing COFIT self-assessments	Batten/Martinez/ Ricks	MH, CFS, SA staff	Assessment of service integration at the CSB level	Tool distributed – administered and results shared	Ongoing
	Action 16.2 Review results of COMPASS self-assessments	Batten/Martinez/ Ricks	MH, CFS, SA staff	Assessment of service integration at the program level	Tool distributed – administered and results shared	Ongoing

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assessments)	Action 16.3 Review results of ongoing CODECAT self-assessments	Batten/Martinez/ Ricks	MH, CFS, SA staff	Assessment of clinician readiness to participate in integrated service delivery	Tool distributed – administered and results shared	Ongoing
Strategy 17 Develop model to examine the relationships among service integration, utilization patterns and costs	Action 17.1 Review data from services pilot and conduct exploratory analyses	Batten/Martinez/ Ricks	MH, CFS, SA staff	Documentation of impact of service integration	Conduct initial analysis, request TA, as needed	September 2007
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (Including potential technical assistance needs)		
<p>Vision brochure developed with input from stakeholders. Integrated strategic plan in fourth draft stage with significant stakeholder input; DMHMRSAS internal workgroup has been meeting on a regular basis. Participants identified for the Stakeholder workgroup. Contract signed with consultants. First charter development meeting held. Site visits begun with CSBs. COCE TA approved for Adol. COD, Positions filled at DMHMRSAS and CVCSB; plans approved for use of COSIG funds at several pilot CSB; MH participation in VSIAS funded</p> <p><u>ISP completed, Funding obtained for new CSUs, participation in steering committee expanded in CO, participation by state facilities clarified, first year of quarterly, on-site TA completed by Zialogic, State TA from COCE on adolescent services held, Changes in Medicaid provider manual initiated, modifications made to Performance Contract language</u></p>		<u>Delays in development of CCS2, structural flaws in data base</u>		<p>Finalize ISP; Disseminate to all stakeholders; Use ISP in development of FY 07/08 budget proposals, including those that support service for the co-occurring population; Expand participation in Central Office work Group; convene meeting of pilot CSB executive directors; get sign-off on charter; plan/schedule COCE on-site TA; Convene Finance Work Group; Convene Licensing/Credentialing Work Group; Involve additional state facility staff; develop plan for workforce survey, conduct training on Medicaid billing, schedule site visits at non-pilot CSBs and state facilities, develop schedule for on-site TA at each PPR,</p>		