

## COD Action Plan for Maryland – January 12, 2006

<b>PRIORITY ONE: Develop a Uniform Standard for Screening and Agree upon a Set of Universal Screening Instruments</b>						
<b>Strategies</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 1.1  Adopt a standard for the screening interview and process	Action 1.1.1  Develop parameters concerning subjects screened, time required, skill level of screener, interview format, toxicology tests	Peter Cohen MD	Committee	Parameters are defined and approved	Guidelines on screening are published	February 28, 2006
	Action 1.1.2  Create a Referral and Follow-up Process for Screeners	TBA	Committee	Referral guidelines are created with each jurisdiction having an identified referral database.	The database and process for referral guidelines are distributed	May 31, 2006
	Action 1.1.3  Provide a Database for Reporting Screening Information	TBA	Committee	The Policy Academy Team agrees on a data collection system.	A database system is in operation and used by screeners with data reported to one central location.	January 31, 2007
Strategy 1.2  Review and select existing instruments	Action 1.2.1  Appoint committee to review screening instruments	Andrea Weisman	Alberta Brier	An interagency committee is organized.	The first meeting is convened and an e-mail network is set up.	October 2005 <b>Completed</b>
	Action 1.2.2  Obtain and review COCE Technical Assistance and other available resources	Andrea Weisman	Alberta Brier	Committee has access to information for selecting instruments. Complete review for feasibility of one measure vs. specialty-related measures.	Articles and instruments for review are distributed. Criteria are developed for instrument selection.	November 2005 <b>Completed</b>

	Action 1.2.3 Choose screening instrument(s)	Peter Cohen MD	Committee	There is a uniform statewide screening process and guidelines. The rationale, plan for distribution and costs are outlined.	A statewide consensus for screening instrument(s) is established.	April 30, 2006
Strategy 1.3  Implement screening guidelines and instruments	Action 1.3.1  Identify training recipients	DHMH Training Services	Committee	Specific populations, locations and/or agencies are targeted for screening.	There is an interagency agreement for targeting populations for screening	June 30, 2006
	Action 1.3.2  Develop training curriculum	DHMH Training Services	Interagency screening training group	The screening training curriculum is created and funded.	The curriculum is published. Funds are provided for training. A training schedule is created	September 30, 2006
	Action 1.3.3  Develop a implementation plan	DHMH Training Services	Interagency screening training group	The training initiative is in operation	The first group of trainees completes the course	November 30, 2006
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b>	

<sup>1</sup> The Manager is the individual responsible for coordinating each action.

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

<b>PRIORITY TWO: WORKFORCE DEVELOPMENT</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>2.1 Identify, define and select core competencies for behavioral health staff and ancillary staff for willing, qualified providers.</b>	<b>2.1.1</b> Obtain, review and compile the Legislative Task Force/T.I.P and Policy Academy Md. suggestions for core competencies * SEE ATTACHED	Lillian Donnard	Policy Academy's Workforce Dev. subcommittee	Clearly define "core competencies" for a co-occurring disorders capable workforce		November 2005 <b>DONE</b>
<b>2.2 Define specific training topics re: "core competencies"</b>	<b>2.2.2</b> Using Legislative task force/TIP 42 and Policy Academy's input, develop and define the specific training topics needed for the core competencies ** SEE ATTACHED	Lillian Donnard	Policy Academy's Workforce Development subcommittee	Clearly defined Training Topics for Core competencies		November 2005 <b>DONE</b>
<b>2.3 Assessment of current workforce (employees and clinic capabilities) for co-occurring skill sets.</b>	<b>2.3.1</b> Review existing workforce surveys and/or needs assessments in relevant agencies.	Lillian Donnard	Policy Academy's workforce dev. Subcommittee	Further clarification of co-occurring competencies and/ or needs across Maryland	Summary of data regarding system's strengths and weaknesses	March 2006
	<b>2.3.2</b> Clarify existing training systems (Core service agencies, facility trainings MHANEC, CBH etc) and focus in MHA.	Lillian Donnard Teresita Saff	Carol Frank MHA Tom Godwin MHA	Understanding the differences and similarities in ADAA's and MHA's training approaches	Clarification of the obstacles and commonalities to a joint training endeavor	Initial meetings Dec '05, Jan 06.
	<b>2.3.3</b> Clarify existing training focus in ADAA regarding co-occurring disorders.	Lillian Donnard Teresita Saff	Linda Oney OETAS	Understanding the differences and similarities in ADAA's and MHA's training approaches	Clarification of the obstacles and commonalities to a joint training endeavor	Initial meetings Dec. '05, Jan' 06.

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	<b>2.3.4</b> Identify and enlist the support of academic institutions regarding their role in training co-occurring capable staff.	Lillian Donnard Teresita Saff	Policy Academy workforce dev. subcommittee.	Increased knowledge of what is “already being done”.	Discussion with local college reps. re: their current focus on “co-occurring” disorders.	May 2006
<b>2.4 Development of a joint MHA/ADAA training initiative regarding co-occurring disorders.</b>	<b>2.4.1</b> Enlist the support and joint cooperation of ADAA and MHA directors	Lillian Donnard	Peter Luongo ADAA Brian Hepburn MHA	Agreement to pursue a joint training/teaching strategy	P. Luongo & B. Hepburn to meet.	<b>DONE</b> (Jan 2006)
	<b>2.4.2</b> Identify and (enlist the support of) the existing training entities in both ADAA and MHA.	Lillian Donnard Teresita Saff	Linda Oney Oetas Carol Frank MHA Tom Goodwin MHA	Agreement to pursue a joint training/teaching strategy	With support from ADAA & MHA directors, discussions begin.	<b>DONE</b> (Jan 2006)
	<b>2.4.3</b> Clarify the resources commitments of both administration towards this effort	Lillian Donnard Teresita Saff	Peter Luongo ADAA Brian Hepburn MHA	Agreement to commit time/manpower/ other resources to this effort.	Training entities are clear as to their mission and limitations.	Feb. 2006
	<b>2.4.4</b> Creation of an ad-hoc “steering counsel” for co-occurring disorders trainings	Lillian Donnard Teresita Saff	Linda Oney Oetas Carol Frank MHA Tom Goodwin MHA	Dev. of ad hoc “steering counsel” to include reps from: from relevant agencies as identified in the “Transformation grant”	First meeting of ad-hoc steering committee	2/2006 first meeting Monthly throughout 2006
	<b>2.4.5</b> Decisions regarding: curriculum, staffing, costs, location, structure, focus, advertising, incentives and participants to be made.	Policy Academy W.F. dev. subcommittee	Ad-hoc steering counsel  Oetas/MHA training branch	Input/by-in from training entities of relevant agencies as identified in the “Transformation Grant”	Joint ADAA/MJHA brochure published Development of a joint training budget and plan.	March 2006
<b>Progress to Date</b> 1. Meetings with ADAA and MHA training reps. 2. Support given from directors of ADAA and MHA for joint training endeavor.		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b> Identification of members for, and first meeting of ad-hoc steering committee	

## ATTACHMENT

\*Legislative Task force, Tip #42, and Policy Academy selected core competencies.

1. Integrated diagnosis of Substance Abuse and Mental Disorders
2. Integrated assessment of treatment needs.
3. Integrated treatment planning.
4. Early integrated treatment methods
5. Longer term integrated treatment methods

\*\*Legislative taskforce, TIP #42 and Policy Academy selected training competencies.

1. Screening, assessment and referral skills.
2. Treatment planning
3. Crisis management
4. Case management
5. Diagnosis and treatment implications
6. Therapeutic skills (i.e. psychopharmacology, relapse etc)
7. Cultural competency
8. Treating the adolescent
9. Program design
10. Accessing funding
11. Licensure/accreditation/ incentives
12. Staffing issues

<b>PRIORITY THREE: Information Collection</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 3.1  Define common data elements for all human service agencies	Action 3.1.1  Appoint interagency data committee	Peter Luongo ADAA	Cindy Shupe ADAA Robin Jacobs MHA	Representative committee including stakeholders	1 – Contact stakeholder group for representation 2 – Hold initial meetings 3 – Charge Group	January 31, 2006
	Action 3.1.2  Define data elements, location of the data, and authority/accessibility of the data	Peter Luongo ADAA	Cindy Shupe ADAA Robin Jacobs MHA	Common dictionary for co-occurring disorders	1- Initial meeting with implementers and principles 2 – Charge Group	April 15, 2006
	Action 3.1.3 Replicate strategy 3.2 with non DHMH agencies	Peter Luongo ADAA	Cindy Shupe ADAA Robin Jacobs MHA	Execute data matching across DHMH and non DHMH agencies	1-Data files delivered 2-Data matched and printouts available for analysis	July 31, 2006
Strategy 3.2  Implement data matching in DHMH for co-occurring patients	Action 3.2.1  Evaluate systems capacity and capabilities	Peter Luongo ADAA	Cindy Shupe, ADAA Robin Jacobs, MHA Paul Gurney, Medicaid	Agree to pilot data matching and data for initial data run	1 – Survey individual systems 2 – Find commonalities 3 – determine resources needs/reallocation	December 19, 2005
	Action 3.2.2  Pilot data matching among ADAA, MHA and Medicaid	Peter Luongo ADAA	Cindy Shupe, ADAA Robin Jacobs, MHA Paul Gurney, Medicaid	Execute data matching across 3 data systems in DHMH and determine number of patients common to all 3	1-January 11, 2006 all data files delivered 2-Data matched and printouts available for January 18 mtg	January 18, 2006

	Action 3.2.3 Make information available within DHMH monthly	Peter Luongo ADAA	Cindy Shupe, ADAA Robin Jacobs, MHA Paul Gurney, Medicaid	Generate routine reports to all partners	1 – Develop a dissemination plan 2 – Schedule routine reports	April 2006
Strategy 3.3 Specify and implement outcome measures to track progress	Action 3.3.1 Research literature for already established outcome measures, benchmarking and best practices	Brian Hepburn, MHA	Peter Cohen, ADAA Robin Jacobs, MHA	Use <u>technical assistance</u> and report back to committee	1 – Meet with implementers 2 – Meet with consultant 3 – Discuss with collection committee	February 2006
	Action 3.3.2 Implement benchmarking, best practices baseline and outcomes for providers and clients	Brian Hepburn, MHA	Peter Cohen, ADAA Robin Jacobs, MHA	Take results from the committee and make decision on benchmarks and begin measuring process	1 – Decide on benchmarks 2 – Discuss difficulties in obtaining benchmarks with amalgamation of all data 3- Implement plan of collecting data	April 2006
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b>	

# COD Action Plan for Maryland-Criminal Justice and Juvenile Services Response

**PRIORITY FOUR:** To develop an integrated system for the identification, treatment and reentry/aftercare of persons in the **juvenile justice or criminal justice** systems with co-occurring mental health and substance abuse disorders.

Strategy(-ies)	Action(s)	Manager <sup>1</sup>	Implementer <sup>2</sup>	Expected Outcomes	Benchmarks	Completion Date (Est)
<b>Strategy #1:</b>						
<b>1.</b> Develop a process of screening to identify persons that may have co-occurring disorders within the juvenile justice and criminal justice populations.	<b>1.1</b> Identify criteria for the selection of screening instruments in accordance with policy academy co-occurring initiatives.	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Division of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	List of essentials and preferences that would be incorporated into the universal screening and assessment tools.	Selection of a statewide instrument that meets client needs.	28
	<b>1.2</b> Identify instruments that meet criteria.	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Chief Information Officer/Directors of Mental Health and Substance Abuse Treatment	List of instruments that meet the criteria.	Develop list	28
	<b>1.3</b> Evaluate and rank instruments for compatibility with existing system and other related business systems.	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse	Chief Information Officer/ Division of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	List of compatible instruments with existing system and the other related business systems.	Develop list	31-
	<b>1.4</b> Present recommended findings to the statewide Policy Academy Screening Committee.	Agency Policy Academy Representative	Agency Policy Academy Representative	Policy academy, DPSCS, and DJS agree on the use of a specific screening instrument.	Statewide consenses for screening instrument is negotiated.	30-

	<b>1.5</b> Schedule population to be screened	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Divisions of Behavioral Health, Community and Residential Services/Directors of Mental Health and Substance Abuse Treatment	Progressively incorporate entire population into the screening process		1-
	<b>1.6</b> Estimate the fiscal impact.	Director of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Office of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Fiscal Impact will be incorporated in the general operation funds		30
<b>Strategy #2:</b>						
<b>2.</b> Develop a model of care for treatment of identified persons within the adult criminal and juvenile justice systems	<b>2.1</b> Develop and implement facility based programs targeting co-occurring disorders	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Divisions of Behavioral Health and Residential Services/Office of Procurement and the Placement Unit/Directors of Mental Health and Substance Abuse Treatment	Establishment of programs	Policy and procedure manuals have been completed.	31-
	<b>2.2</b> Develop protocols for the referral of adults and juveniles and their families, as appropriate to community based services upon re-entry	Director of Behavioral Health Services/Director of Social Work	Director of Placement/Director of Social work	Adults and juveniles and their families will be referred to the community based system of care	Referrall procedure data is available to staff	31-

	2.3 Develop standard operating procedures to ensure coordination of care within service systems.	Director of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Divisions of Behavioral Health, Community and Residential Services/Directors of Mental Health and Substance Abuse Treatment	Provide services and supports that are accountable and effective in the prevention, diagnosis, and treatment of co-occurring disorders in adults and juveniles and their families, that create incentives for recovery, and build upon models of strength and resilience.	DJS/DPSCS have coordinated systems of care	30
	2.4 Estimate the fiscal impact.	Director of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Office of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Fiscal impact will be incorporated in the general operation funds	DJS will have coordinated care among their agencies.	30
<b>Strategy #3:</b>						
3. Establish standards and processes for workforce development within the criminal justice and juvenile justice environment applicable to both clinical and non-clinical staff.	3.1 Define necessary core competencies for the workforce	Division of Behavioral Health Services/Directors of Mental Health and Substance Abuse Treatment	Division of Behavioral Health Services and Office of Professional Development and Training/Directors of Mental Health and Substance Abuse Treatment	Establishment of core competencies in coordination with state wide efforts	<input type="checkbox"/>	30
	3.2 Assess the training needs of the workforce	Director of Professional Development and Training/Directors of Mental Health, Substance Abuse Treatment and Social Work	Divisions of Behavioral Health, Community and Residential Services Managers and Supervisors/Directors of Mental Health and Substance Abuse Treatment	Development of Curriculum in coordination with state wide efforts	Development of training modules	3

	3.3 Provide training for the workforce	Director of Professional Development and Training.	Office of Professional Development and Training/Directors of Mental Health and Substance Abuse Treatment	Ensure that workforce is competent in all core competencies	Trained workforce	Com
	3.4 Estimate the fiscal impact.	Director of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Office of Budget and Finance/Directors of Mental Health and Substance Abuse Treatment	Fiscal impact will be incorporated in the general operation funds		30
<b>Strategy #4:</b>						
4. Establish interconnectivity of data systems that allow the sharing of information within systems and between these systems and the community	4.1 Inventory the existing interfaces	Chief Information Officer	Division of Information Technology	Generate list of interfaces and establish data standards.	Select interface model to be	15
	4.2 Design architecture to support interconnectivity.	Chief Information Officer	Division of Information Technology	Generate documentation outlining the interconnectivity architecture.	Publish documentation to committee.	30-
	4.3 Request IT related project funding.	Chief Information Officer (DBM/State CIO) Director of Budget and Finance/DPSCS)	Chief Information Officer	Obtain funding approval and source.	Present budget requirements to DBM and DJS Budget units.	30-
	4.4 Coordinate and implement connectivity with CIO's from DHMH, DJS and DPSCS.	Chief Information Officer (State CIO)	Chief Information Officer DJS/DHR/DPSCS/DHMH/ITGC	Establish inter-agency connectivity.	Test data validity. Roll-out into production environment.	30
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>		<b>Immediate Next Steps</b>		

