



**Continuum of Services
System Re-Engineering
Report
September 24, 2008**

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INTRODUCTION

In May 2006, the Department of Alcohol and Drug Programs (ADP) established the Continuum of Services System Re-Engineering (COSSR) Task Force to provide recommendations to the department on re-engineering the system of alcohol and other drug (AOD) prevention, treatment, and recovery services in California. The re-engineering effort recognizes that AOD dependence is a chronic illness. This is consistent with the 2006 update of the Institute of Medicine's (IOM) Quality Chasm Series which recommends that "substance use disorder treatment move toward building its standards of care, performance measurement and quality, information and cost measures, upon a chronic illness model rather than the current, acute illness-based, fragmented and deficient system of health care."

Re-engineering California's AOD Continuum of Services (COS) system of care is an enormous undertaking, requiring a close examination of assumptions, guidelines, and business practices on the whole, as well as a willingness to consider new approaches that are systematic and disciplined. This is a transformation of business processes to continuously achieve significant levels of improvement in one or more performance measures through examination, assessment, redesign, and implementation.

To this end, ADP is committed to developing a comprehensive, integrated, continuum of AOD services. This will be accomplished in four phases, working with our stakeholders to reshape and reposition the AOD field and its delivery of products and services in California to improve system quality, accountability, efficiency, and effectiveness.

Phase I: Design

The Task Force identified gaps and needs, established principles, developed a conceptual framework, and a set of recommendations for incorporating the COS model to California's system of AOD services (prevention, treatment, and recovery).

Phase II: Plan

The Task Force developed an implementation plan for re-engineering the system of AOD services in California using the Phase I recommendations as a starting base.

Phase III: Mobilize

ADP will mobilize AOD stakeholders and community partners to build capacity and implement the Phase II recommendations for services system re-engineering.

Phase IV: Implement

ADP will implement the system and services enhancements, provide technical assistance and training, evaluate programs, and monitor and evaluate performance and outcomes.

This report summarizes the current status of the re-engineering initiative and the anticipated next planned steps in system change.

PHASE I: DESIGNING THE CONTINUUM

Stakeholder groups and ADP staff developed a set of recommendations to implement the COS model in California's AOD system of care. The goal of Phase I was to outline the basic design of a system responsive to the chronic nature of AOD problems.

The COSSR Task Force members were individuals with in-depth experience in prevention, treatment, and recovery from a wide range of settings. Activities were designed to advance the process of developing recommendations for re-engineering the California AOD system of care. Task Force members were encouraged to make recommendations that could be readily implemented, as well as those that may require more complex and long-term implementation plans.

The COSSR Task Force members self-selected to participate in a prevention, treatment, or recovery subcommittee. Members also worked, at times, in multi-disciplinary groups. Once a set of recommendations based on the work of the subcommittees and multi-disciplinary groups was completed, they were approved by consensus of the whole Task Force and included in the Phase I COSSR Report.

PHASE II: IMPLEMENTATION PLAN

In Phase II, based on the outcomes and products of Phase I, ADP and the COSSR Task Force developed an implementation plan to re-engineer California's AOD system of services from an acute care model to a chronic care model that addresses the prevention, treatment, and recovery service needs of individuals and communities in California.

ADP utilized the System Improvement Model (SIM) as a way to organize the work of the Phase II Task Force in implementation planning. The SIM is adopted from the chronic care model and is based on the essential elements of a health care system necessary for high-quality care of chronic diseases. The success of the model depends on community involvement, requiring a partnership between the community and the health care system. Productive interactions between informed consumers, clients, participants and providers with resources and expertise, also contribute to improved outcomes for individuals and communities.

The Task Force was divided into the six committees for Phase II, corresponding to the six SIM areas of: 1) System Design; 2) Leadership and Administrative Support; 3) Policy and Resources; 4) Workforce Development; 5) Community Partnerships; and 6) Prevention and Recovery Support.

During development of the Phase II recommendations, some general principles were agreed to by all committees, including: 1) incorporating cultural competency across the six SIM areas; 2) moving from a provider-centered system to a client and community centered system; 3) integrating recovery support as a critical part of the service continuum; and 4) acceptance by community partners that addiction is a chronic disease that can be successfully prevented and treated.

The recommended objectives and tasks are contained in the COSSR Phase II Task Force report.

PHASE III: FROM SIM OBJECTIVES TO COSSR WORK PLANS

ADP Executive Staff served as the steering committee to review the objectives and formulate an implementable work plan, with consideration of current and new approaches of its own programs and products, and how these programs could be improved upon.

The work plan developed by the steering committee is based on the recommendations in the six SIM areas in Phase II, which described a variety of goals and objectives. The steering committee reviewed the goals and objectives, organized them by the Department's office of primary responsibility (OPR), and found that:

- Some were appropriately categorized as principles, rather than goals or objectives.
- Some recommendations were combined when they over-lapped with other recommendations, or were similar to recommendations in other SIM areas.
- Some recommendations required formal partnerships with other departments and stakeholder organizations, which would require further time and planning to implement, or were outside the Department's authority to implement.

Consequently, in developing the work plans, some objectives were revised, consolidated, or deleted. The resulting plan is a blueprint for re-engineering the AOD COS system in California.

THE COSSR OBJECTIVES WORK PLANS

The COSSR Objective Work Plans detail the proposed tasks required to achieve each objective and the projected timeframes and outcomes. (Please see Appendix A: COSSR OBJECTIVE WORK PLANS).

NEXT STEPS: PHASE III

The goal of Phase III is to mobilize AOD stakeholders and community partners, build capacity in the AOD COS system, and implement objectives derived from the Phase II recommendations for services system re-engineering. With the completion of the objectives and major tasks from each of the six COSSR Task Force SIM committees, and the issuance of this report, Phase II of ADP's re-engineering effort is complete.

The objectives and major tasks developed by the committees, along with the comments provided by members on behalf of the stakeholder groups they represented, are the foundation for Phase III of the re-engineering process. The following outlines the Phase III Objectives.

Phase III Objectives

1. Align Phase II recommendations into a single cohesive plan, with sequenced actions and milestones.
2. Identify changes to laws, regulations, policies, and administrative procedures at the federal, state, and local level, that need to be developed, revised, or amended, as necessary, to implement the recommendations for re-engineering.
3. Develop timelines for completing objectives.
4. Assess readiness for system re-engineering at the state and local level. (This will contribute to the decision-making process for prioritizing the recommendations and identifying the locations where implementation can begin.)
5. Identify fiscal and programmatic resources needed to implement each recommendation, including potential new, and existing, funding sources.
6. Build capacity for system re-engineering.
7. Identify the roles and responsibilities of ADP staff, stakeholders, and community partners in re-engineering efforts.
8. Implement pilot and demonstration projects.
9. Identify technical assistance and training needs of AOD stakeholders to mobilize objectives.

In Phase III, ADP will continue to work closely with AOD stakeholders to implement key components of the re-engineering process.

CONCLUSION

Viewing substance dependence as a chronic illness requires an operational shift in current systems for addressing these problems and delivering services. Re-engineering the COS system in California, to place chronic-care principles as the basis of the continuum of AOD services, is critical to providing effective, quality, and integrated prevention, treatment, and recovery services in California.

It is a challenging task to re-engineer a system with ingrained historical practices while it is in operation. Some objectives are in areas never before designed, funded, or delivered by the system (recovery services, for example) and will require additional time to initiate throughout the state system. On the whole, the re-engineered AOD system must:

- be dynamic and responsive to changes;
- consider the needs of all people and communities to address their own multiple needs;
- anticipate new groups and new issues;
- be guided by data and outcomes; and
- provide for continuous quality improvement.

In supporting ADP's COS re-engineering efforts, ADP's stakeholders are helping advance California towards a comprehensive and integrated system of AOD services that addresses the prevention, treatment, and recovery support needs of all Californians.

APPENDIX A

Continuum of Services System Re-Engineering Objectives

- 1** Increase ADP leadership at the county, state, and national level through improved staff development.
- 2** Develop useful data information systems and standards for prevention, treatment, and recovery support services that include families and communities, in order to document outcomes and improve client/patient management leading to timely, safe, effective, and person centered services.
- 3** Identify and apply evidence-based practices for AOD prevention, treatment, and recovery from AOD problems in a variety of populations, communities, and settings.
- 4** Enhance system integration between criminal justice agencies and drug treatment systems within the counties.
- 5** Integrate Driving Under the Influence (DUI) into the overall COS.
- 6** Reverse the harmful effects of methamphetamine by strengthening the ability of local communities to develop and implement effective methamphetamine prevention and treatment strategies.
- 7** Improve community understanding of the chronicity of addiction, the benefits of AOD prevention, treatment, and recovery, and reduce stigma associated with addiction.
- 8** Establish ADP as the single State authority to certify and/or license counselors, including the development of certification and licensing standards to increase quality assurances and client protections; develop plans to attract and retain qualified people into the profession.
- 9** Develop and implement new regulations governing Drug-MediCal certification, as well as outpatient treatment program certification and residential treatment program licensure (Title 9 and Title 22).
- 10** Mobilize AOD stakeholders and community partners to implement Phase II recommendations for the AOD services system re-engineering.

- 11** Develop comprehensive and integrated treatment policies regarding COS for AOD services to address the specific needs of youth, including youth in or at risk of placement in foster care, abused and/or neglected youth, and youth with other risk factors.
- 12** Ensure that the prevention, treatment, and recovery support systems provide services that are community/client-centered and driven, as well as culturally, gender, and age appropriate; enhance service linkages and cross-discipline coordination within the continuum for family-based prevention and treatment services.
- 13** Establish the framework for performance management and improvement systems in ADP publicly-funded licensed and/or certified programs, incorporating data and outcome-driven Continuous Quality Improvement (CQI) activities in these ADP licensed and certified programs.
- 14** Develop guidelines for incorporating tobacco smoking and chewing cessation across the COS.
- 15** Develop and implement a recovery support services system as part of the COS.
- 16** Identify and establish core competencies and standards for prevention.
- 17** Establish and implement a community and client data-driven, outcome-based framework for State and local planning for the COS that incorporates a process for evaluation and improvement of products and services, including the capacity to prevent and treat co-occurring disorders (COD).
- 18** Develop a process for NTPs to report data to Controlled Substance Utilization Review and Evaluation System (CURES).

COSSR OBJECTIVE 1: ADP STAFF CAPACITY WORKPLAN

Office of Primary Responsibility: Administration

Objective 1: Increase ADP leadership at the county, state, and national level through improved staff development

MAJOR TASK #1

Develop organizational recruitment plan

Outcomes by November 2008

- Organizational recruitment strategies researched
- Departmental recruitment needs surveyed and assessed
- Strategic goals developed and prioritized
- Strategic goals related to cultural competency incorporated
- Organizational recruitment plan developed
- Evaluative tools for measuring effectiveness of recruitment plan developed

MAJOR TASK #2

Develop organizational retention plan

Outcomes by January 2009

- Organizational retention strategies researched
- Departmental retention needs surveyed and assessed
- Strategic goals developed and prioritized
- Strategic goals related to cultural competency incorporated
- Organizational retention plan developed
- Evaluation tools for measuring effectiveness of retention plan developed

MAJOR TASK #3

Develop organizational training plan

Outcomes by February 2009

- Organizational training strategies researched
- Departmental training needs surveyed and assessed
- Strategic goals developed and prioritized
- Strategic goals related to cultural competency incorporated
- Organizational training plan developed
- Evaluation tools for measuring effectiveness of training plan developed

MAJOR TASK #4

Develop organizational mentoring and coaching plan

Outcome by April 2009

- Organizational mentoring and coaching strategies researched
- Departmental mentoring and coaching needs surveyed and assessed
- Strategic goals developed and prioritized
- Strategic goals related to cultural competency incorporated
- Organizational mentoring and coaching plan developed
- Evaluation tools for measuring effectiveness of training plan developed

COSSR OBJECTIVE 2: INFORMATION SYSTEMS WORKPLAN

Office of Primary Responsibility: IMSD

***Objective 2:** Develop useful data information systems and standards for prevention, treatment, and recovery support services that include families and communities, in order to document outcomes and improve client/patient management leading to timely, safe, effective, and person-centered services.*

MAJOR TASK #1

Establish contract with UCLA for their assistance to develop a statewide performance and outcomes management system conceptual model (Task #2) and modification of ADP's CalOMS Tx system (Task #3) of this project

Outcome by June 2008

Establishment of UCLA Contract (Completed June 2008)

MAJOR TASK #2

Develop a statewide performance and outcomes management system conceptual model that identifies the performance and outcome data to be collected through the CalOMS Tx system and the new reports that CalOMS Tx would produce

Outcome by 2009

- COS conceptual model for a statewide performance and outcomes data system
- Identification and definition of the performance and outcome measures and data to be collected and submitted to ADP
- Agreement from the counties on the collection of the new measures and data
- Mock-ups of the new reports that will be produced from CalOMS Tx

MAJOR TASK #3

- Modify ADP's CalOMS Tx system to add the collection of the new data items and new online reports using the new data items
- Support the counties' transition to the new data collection requirements
- Work with the counties as they make changes to their own IT systems and data collection processes to collect the new data items and submit them to ADP
- Test the county systems for compliance with the agreed upon changes

Outcome by September 2010

Collection and reporting of statewide outcome and performance measures required for the COS

COSSR OBJECTIVE 3: EVIDENCE-BASED PRACTICES WORKPLAN

Office of Primary Responsibility: IMSD

***Objective 3:** Identify and implement evidence-based practices for the prevention, treatment and recovery from AOD problems in a variety of populations, communities and settings.*

MAJOR TASK #1

Establish contract with UCLA for their assistance with this project

Outcome by September 2008

Establishment of UCLA Contract

MAJOR TASK #2:

Identify and document evidence-based practices and programs related to prevention, treatment, and recovery support services. ADP, with UCLA's facilitation and assistance, will:

- Organize and conduct an expert forum on evidence-based practices and programs
- Identify, document and provide training on evidence-based practices and programs related to treatment and prevention services
- Develop a web-based, knowledge-base to serve as a reference tool for ADP staff and the field on evidence-based practices and programs

Outcome by September 2009

- Documentation and training on evidence-based practices and programs related to prevention, treatment, and recovery support services
- Web-based reference tool for information on evidence-based practices and programs

COSSR OBJECTIVE 4 WORKPLAN: COLLABORATION OF CRIMINAL JUSTICE AND AOD TREATMENT SYSTEMS

Office of Primary Responsibility: OCJC

***Objective 4:** Enhance system integration between criminal justice agencies and drug treatment systems within the counties.*

MAJOR TASK #1:

Convene Building Bridges Conference focusing on best practices and building a better, unified system of drug treatment for criminal justice clients

Outcomes by Spring 2009

- Creation of opportunities to build on the strengths of the criminal justice and treatment systems through training, technical assistance and discussion
- Engagement in open dialogue about challenges and promising practices in providing drug treatment services to the unique criminal justice population

MAJOR TASK #2:

Improve data collection for Drug Courts

Outcome by June 2009

Enhanced collection and reporting of drug court data to improve performance measurement and program outcomes

MAJOR TASK #3

Revamp SACPA Reporting Information System (SRIS)

Outcome by May 2009

- An analysis of the existing business processes in relation to achievement of vision
- A report of the information needed to evaluate the SACPA and OTP programs

- A report specifying the existing data systems that contain specified information needs
- Updated business processes that support securing the necessary data from the owners of the existing data systems

MAJOR TASK #4

Provide technical assistance and training to drug courts and SACPA providers through site visits

Outcome by June 2009 and Ongoing

Conduct Drug Court and SACPA site visits to the counties to provide state technical assistance and to build collaborative bridges among the counties

MAJOR TASK #5

Provide statewide drug court training

Outcome - Ongoing

Provide statewide training with professional level trainers (such as through the National Association of Drug Court Professionals) to enhance collaboration and operation of Drug Courts

COSSR OBJECTIVE 5: INCORPORATION OF DUI IN COS

Office of Primary Responsibility: OCJC

Objective #5: *Integrate driving under the influence (DUI) programs into the overall COS.*

MAJOR TASK #1

Convene a DUI Program Advisory Workgroup (DUIPAW) to advise the Department on the quality assurance and effectiveness of the state's DUI programs; build consensus on terminology and key components; and determine how DUI fits with prevention, treatment, and recovery services.

Outcome by February 2009

Consensus on:

- Terminology, key components, and DUI alignment with prevention, treatment, and recovery support services

- Ongoing quality control and improvement as to the effectiveness of the state's DUI programs

MAJOR TASK #2

Increase understanding of the current systems' regulations through ADP presentations on DUI regulations: 1) during DUI program site reviews, as well as to entities in the criminal justice and treatment systems, and at county, community, or state levels and 2) at the DUI Program Forums in April 2009 in San Diego and October 2009 in Sacramento for representatives from DUI programs, the criminal justice system, local communities, and the state concerned with reducing impaired driving in the state

Outcome by November 2009

Increased understanding of DUI regulations for those DUI programs providing services to entities involved in referring DUI offenders and the general public

MAJOR TASK #3

Assess current services, client satisfaction, and need for other services by developing an ADP system that expands the county DUI program site reviews to include assessing current services, client satisfaction, and the need for other services

Outcome by November 2009

Correlation of the results of the site reviews with current services and ultimately improve outcomes of those entities working on impaired driving

MAJOR TASK #4

Establish ongoing data collection system that uses current and new data to evaluate services and program outcomes

Outcome by January 2010

Documentation to help correlate ADP's DUI program recidivism outcomes with DMV's data collection on impaired drivers; these outcomes will foster improvement of DUI program providers as to what is working to reduce impaired driving

COSSR OBJECTIVE 6: METHAMPHETAMINE PREVENTION AND TREATMENT WORKPLAN

Office of Primary Responsibility (OPR): OLEA

***Objective 6:** Reverse the harmful effects of methamphetamine by strengthening the ability of local communities to develop and implement effective methamphetamine prevention and treatment strategies.*

MAJOR TASK #1

Complete the Phase 1 (GB-MSM) 6-Month Benchmark Survey of the California Methamphetamine Initiative (CMI), including an update of the previously used focus group survey tool, as well as complete data synthesis and report

Outcomes by November 2008

- Completion of 6-month benchmark survey and report
- Focus group survey tool update

MAJOR TASK #2

Conduct a Women and Youth stakeholder meeting to gather input and insights on targeting this population for Phase 2 (Women ages 12-25) of the California Methamphetamine Initiative, including post-meeting follow-up and discussion.

Outcomes by November 2008

- Phase II women and youth stakeholder meeting
- Post-meeting follow-up of women and youth stakeholder meeting

MAJOR TASK #3

Conduct a "Recovery Rocks" event in Los Angeles to launch Phase 2 of the California Methamphetamine Initiative and celebrate Recovery Month.

Outcome by November 2008

"Recovery Rocks" Phase 2 launches

MAJOR TASK #4

Convene a California Methamphetamine Conference with all of the methamphetamine task forces, work groups, and relevant organizations throughout the state to discuss issues and existing efforts, showcasing the best practices of all involved

Outcome by December 2008.

California Methamphetamine Conference

MAJOR TASK #5

Create online database, the Methamphetamine Stakeholder Connector, to serve as a hub for maintaining contact information of CBOs and other essential stakeholder information, which will ultimately be used to distribute campaign updates and tap into as an expert resource/best practice information repository

Outcome by February 2009

Establishment of methamphetamine stakeholder connector database

COSSR OBJECTIVE 7: AOD PUBLICITY CAMPAIGN WORKPLAN

Office of Primary Responsibility: Communications

Objective 7: Improve community understanding of the chronicity of addiction, the benefits of AOD prevention, treatment and recovery and reduce stigma associated with addiction

MAJOR TASK #1

Develop an ongoing campaign targeted to consumers and businesses to educate and raise awareness about the benefits of prevention, treatment and recovery of addiction, and will address chronicity and reduce stigma associated with addiction

Outcomes by January 2009

- Publicity campaign developed
- Press kit developed and distributed
- Community outreach conducted

Outcome by March 2009

- Increased ADP Homepage amount and prominence of consumer Information, including redesigning homepage and developing a plan to translate website portions into Spanish

COSSR OBJECTIVE 8: COUNSELOR CERTIFICATION WORKPLAN

Office of Primary Responsibility: Licensing Certification Division

Objective 8: *Establish ADP as the single State authority to certify and/or license counselors, including the development of certification and licensing standards to increase quality assurances and client protections; develop plans to attract and retain qualified people into the profession.*

MAJOR TASK #1

Develop single State authority to certify/license counselors

Outcomes by July 2009

- Draft legislative proposal for ADP to contract with a board, commission, organization to provide classroom curriculum developed.
- Draft fee structure to support counselor certification administrative function developed.
- Draft accreditation process at the State level

MAJOR TASK #2

Develop a survey and conduct on-site reviews for all Counselor Certifying Organizations (COs) to identify current practices and compliance with ADP regulations.

Outcomes by November 2008

- COs survey developed and compiled
- On-site monitoring visits of COs completed

MAJOR TASK #3

Meet through contract with NADAAC representatives to compile other states and national data to identify best practices and lessons learned on counselor certification/licensure

Outcomes by December 2008

- Draft of current licensure and certification bodies at the national level developed
- Draft of NADAAC national standards developed
- Draft of national cultural competency standards developed
- Draft of national continuing education standards and requirements developed

MAJOR TASK #4

Develop core standards, including cultural competency for all levels of counselors based on best practices gathered from California's COs, other state departments and other state's data.

Outcomes by March 2009

Drafts developed of core standards, cultural competency standards, quality assurance measures for clinical treatment effectiveness, clinical practices, and special populations standards, i.e., detox, women, youth, etc.

MAJOR TASK #5

Develop standards for classroom certification/licensure curriculum

Outcomes by June 2009

Draft standards for counselor certification curriculum developed including: core standards for tiered levels of counselors based on best practices; quality assurances to be measurable to achieve effectiveness of client care and protections; clinical practices; quality treatment; special populations; continuum of care; cultural competency that meet national standards; staffing and staffing ratios

MAJOR TASK #6

Develop processes to track and monitor all registrants, counselors and COs

Outcomes by January 2010

- Draft of database for counselor repository developed.
- Draft of standardized internal process for data collection and input developed.
- Draft of counselor performance and monitoring tool developed.

MAJOR TASK #7

Develop standards for workforce development

Outcomes by December 2010

- Draft continuing education requirements and standards conducive to California workforce developed
- Draft resources to implement low cost, cutting edge, continuing education programs developed
- Draft standards based on existing prevention and treatment standards from other certifying organizations developed
- Draft tiers of professional competencies developed

- Draft staffing and staffing ratios developed
- Workforce development taskforce for public programs through schools developed
- Draft survey to compile data from other like states: salaries and benefits developed
- Draft salary ranges based on tiered levels specific to California developed
- Draft cost bans, scholarships, grants, compensation and enhancement programs developed
- Draft incentive models based on other professions/professions developed
- Draft State and national labor data developed
- Draft career ladder and mentoring program
- Draft marketing strategies to promote the profession through various means

COSSR OBJECTIVE 9: AOD TREATMENT STANDARDS WORKPLAN

Office of Primary Responsibility: LCD and PSD

***Objective #9:** Develop and implement new regulations governing Drug-MediCal certification as well as outpatient treatment program certification and residential treatment program licensure (Title 9 and Title 22)*

MAJOR TASK #1

Amend the licensing and certification alcohol and other drug regulations, including the incorporation of core standards for all programs based on best practices and clinical care

Outcomes by January 2010

Promulgation of revised regulations

MAJOR TASK #2

Amend the Title 22 regulations to align requirements to current standards of care; assess if changes needed to meet proposed clinical treatment standards; and strengthen requirements to prevent or eliminate fraudulent billing practices.

Outcomes by May 2010

Promulgation of revised regulations

COSSR OBJECTIVE 10 WORKPLAN: MOBILIZATION OF STAKEHOLDERS AND COMMUNITY PARTNERS

Office of Primary Responsibility: Office of Criminal Justice Planning

Objective 10: *Mobilize AOD stakeholders and community partners to implement Phase II recommendations for the AOD Services system reengineering.*

MAJOR TASK #1

Research risk assessment tools for possible implementation the SACPA and OTP programs in Fiscal Year 2009-10

Outcomes by June 2009

Identify funding for implementation of a statewide risk assessment pilot program, statewide implementation, technical assistance and maintenance; and a data collection tool

Once the research segment is complete, implementation will be a new project/task. Upon implementation, OCJC estimates a one to two year period to expand from a pilot program to statewide

MAJOR TASK #2:

Receive input on implementation of COSSR recommendations from the Offender Treatment Advisory Group (OTAG)

Outcome by: Ongoing

Continued input and feedback to ADP on improving program outcomes for SACPA and OTP, including system integration (criminal justice and treatment) at the county level

ADP COSSR OBJECTIVE 11: YOUTH SERVICES WORKPLAN

Office of Primary Responsibility: Program Services Division- Treatment

Objective 11: *Develop comprehensive and integrated treatment policies regarding COS for AOD services to address the specific needs of youth, including youth in or at risk of placement in foster care, abused and/or neglected youth, and youth with other risk factors (e.g., poverty, homelessness, gang affiliation, domestic violence)*

MAJOR TASK #1

Update the Youth Treatment Guidelines to Standards with input from the field

Outcome by April 2009

Completion of Youth Treatment Standards

MAJOR TASK #2

Develop a gap analysis of counties/programs receiving federal, state and local funding

Outcome by April 2009

Completion of gap analysis report and distribution to field

MAJOR TASK #3

Examine Drug Medi-Cal practices and policies regarding residential and outpatient AOD treatment for youth in group homes

Outcome by June 2010

Plan for the development of regulatory and funding changes to create incentives for group homes to provide effective AOD services and develop the professional capacity of child welfare and care practitioners

COSSR OBJECTIVE 12: CULTURAL COMPETENCE WORKPLAN

Office of Primary Responsibility: Program Services Division

***Objective 12:** Ensure that the prevention, treatment, and recovery support systems provide services that are community/ client-centered and driven, as well as culturally, gender, and age appropriate; enhance service linkages and cross-discipline coordination within the continuum for family-based prevention and treatment services.*

MAJOR TASK #1

Utilize county level data from the annual Statewide Needs Assessment and Planning (SNAP) report, so that counties can identify cultural, gender, and age appropriate gaps in prevention, treatment, and recovery support services

Outcomes by June 2009

- Provision of data to counties to identify cultural, gender, and age appropriate

- gaps in prevention, treatment, and recovery support services
- Identification of local needs that meet ADP statewide priorities during the planning phase
- Implementation of the statewide action plan and corresponding county plan
- Evaluation of the SNAP process and the effectiveness in meeting the goals of the action plan and reporting the results

MAJOR TASK #2

Promote and incorporate the culturally and linguistically Appropriate Services (CLAS) standards in AOD service delivery system

Outcomes by August 2009

- Dissemination, discussion, and promotion of ADP's CLAS standards to County Administrators
- Identification of possible performance measures of AOD services for specific populations from SNAP data and recommendations from UCLA

COSSR OBJECTIVE 13: PERFORMANCE MANAGEMENT WORKPLAN

Office of Primary Responsibility: Program Services Division

***Objective 13:** Establish a framework for a performance management and improvement system in ADP publicly-funded licensed and/or certified programs as part of AOD COS, incorporating data and outcome-driven Continuous Quality Improvement (CQI) activities in these ADP licensed and certified programs.*

MAJOR TASK #1

Develop a conceptual framework for a Performance Management System for the COS

Outcomes by October 2009

- CalOMS Treatment Evaluation Phase I by ISAP
- Training on performance improvement tools, outcome and performance measure concepts to counties
- Enhancement of CalOMS capabilities for a more comprehensive performance measures tool of counties and the state
- State and county level reports on performance management and readiness for implementation and evaluation
- Report on strategic planning for a performance management system
- Training workshops with counties on performance management

MAJOR TASK #2

Provide performance data to counties through regional trainings and technical assistance on CQI tools and processes for county implementation at the service provider level

Outcome by June 2010

County and provider understanding and proficiency in performance management requirements

COSSR OBJECTIVE 14: TOBACCO CESSATION WORKPLAN

Office of Primary Responsibility: Program Services Division

Objective 14: Develop guidelines for incorporating tobacco smoking and chewing cessation across the COS.

MAJOR TASK #1

With the State Medical Director (SMD) Team providing guidance and input, convene a working group on tobacco cessation to develop recommendations on statewide tobacco policies and actions

Outcome by December 2009

Recommendations on incorporating tobacco cessation into the AOD system of services

MAJOR TASK #2

Develop plan to implement recommendations from the tobacco cessation working group on Statewide tobacco policies and actions for AOD clients and providers

Outcome by May 2010

Dissemination of implementation plan to stakeholders

MAJOR TASK #3

Implement the plan to incorporate tobacco cessation policies and actions in the AOD system of services

Outcome by January 2011

Tobacco cessation is a formal element of California's AOD system of services

COSSR OBJECTIVE 15: RECOVERY SUPPORT SERVICES WORKPLAN

Office of Primary Responsibility: Program Services Division

Objective 15: Develop and implement a recovery support services system as part of the COS

MAJOR TASK #1

Conduct an extensive research effort to assess the methodologies and other components of recovery support services, estimated cost of providing recovery support services, and best practices for incorporating and implementing a recovery support modality in the net negotiated contract process; this process will also include sober and transitional living environments and their place in the AOD COS

Outcome by March 2009

Body of recovery support services research

MAJOR TASK #2

Convene recovery support services work group to review research and develop recommendations for implementing a recovery support services plan in California's AOD system of care

Outcome by September 2009

Recommendations for implementing recovery support services

MAJOR TASK #3

Develop a comprehensive recovery support services plan including cost and staffing requirements of scenarios based on availability of fiscal and programmatic resources

Outcome by January 2010

Recovery support services implementation plan

MAJOR TASK #4

Mobilize AOD field for implementing recovery support services through regional workshops and trainings

Outcome by September 2010

Mobilization of the field for incorporating recovery support services in AOD services
COS

MAJOR TASK #5

Operationalize the recovery support services program

Outcome by January 2011

Recovery support services are a formal element of the AOD COS

COSSR OBJECTIVE 16: PREVENTION STANDARDS WORKPLAN

Office of Primary Responsibility: Program Services Division, Prevention

Objective 16: Identify and establish core competencies and standards for prevention.

MAJOR TASK #1

Create a Prevention Advisory Work Group to assist ADP with development of comprehensive core competencies and standards for prevention

Outcome by December 2009

Prevention Advisory Work Group

MAJOR TASK #2

Convene the Prevention Advisory Work Group to identify recommendations regarding the establishment of core competencies and standards for prevention

Outcome by December 2010

Core competencies and standards recommendations from Prevention Advisory Work Group

COSSR OBJECTIVE 17: PROGRAM PLANNING WORKPLAN

Office of Primary Responsibility: Program Services Division

Objective 17: Establish and implement a community and client data-driven, outcome-based framework for State and local planning for the COS that incorporates a process for evaluation and improvement of products and services, including the capacity to prevent and treat co-occurring disorders (COD).

MAJOR TASK #1

Support and collaborate with internal and external stakeholders in the SNAP efforts

Outcomes: Continuous

- Update counties on the progress of SNAP activities
- Give technical assistance and provide resources to counties for the development of local plans
- Promote special population technical assistance contractors for local SNAP efforts
- Disseminate educational resources and training materials to counties

MAJOR TASK #2

Develop ADP prevention staff capacity and methods for monitoring prevention county plans.

Outcome by March 2009

Counties are assigned to prevention analysts for monitoring Strategic Prevention Framework (SPF)-based prevention plans; analysts work with county prevention coordinator/administrators and contracted ADP technical assistance providers to deliver tailored assistance

MAJOR TASK #3

Develop criteria and methodology for reviewing and assessing prevention county SPF plans, goals, and objectives

Outcomes by July 2009

- County-submitted prevention data systematically reviewed to match with county goals and objectives, strategy funding, and delivery of appropriate services
- Prevention management determines if additional resources are necessary to accomplish tasks 2 and 3

MAJOR TASK #4

Pilot test the Dual Diagnosis Capability in Addiction Treatment (DDCAT) assessment tool for suitability in California AOD treatment programs to determine the program capacity to treat clients with COD; additional tasks will include training of AOD programs on DDCAT administration and an independent evaluation of the validity of self-administered DDCAT scores.

Outcome by March 2009

Complete pilot project

MAJOR TASK #5

ADP will conduct a validation study of the COJAC Screening Tool to evaluate the tool's ability to differentiate the presence as well as the absence of co-occurring mental health and substance abuse disorders

Outcome by July 2010

Validation of COJAC Screening Tool

COSSR OBJECTIVE 18: NARCOTIC TREATMENT PROGRAMS (NTPs) AND PRESCRIPTION MEDICATION WORKPLAN

Office of Primary Responsibility: Licensing Certification Division

Objective 18: Develop a process for NTPs to report data to Controlled Substance Utilization Review and Evaluation System (CURES).

MAJOR TASK #1

Coordinate with the Bureau of Narcotic Enforcement (BNE) to develop a standard process for physicians to submit Patient Activity Reports (PARs) for NTP patients' methadone medication orders and outpatient AOD patient prescriptions through the California Prescription-Monitoring Program, CURES

Outcomes by December 2008

- Presentation by BNE to NTP advisory group for CURES system training and education
- Identification of "Medication Order" legislative authority requirement for DOJ information
- Identification of BNE's data use for substance use epidemiology monitoring
- Authorization for ADP to access CURES data
- Reporting to CURES by NTP physicians