

**09/05 ACTION PLAN FOR CALIFORNIA**

<b>PRIORITY ONE: ONGOING PARTNERSHIPS ON CO-OCCURRING DISORDERS</b>						
<b>Strategy</b>	<b>Action(s)</b>	<b>Manager(s)</b>	<b>Implementer(s)</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 1.1</b> Maintain a statewide forum to ensure ongoing stakeholders dialogue and decision making about COD issues.	<b>Action 1.1.1</b> Unify all existing COD forums.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Directors initiate meetings of the State and National Policy Academies to improve system and coordinate policy efforts.	Discuss with joint CADPAAC/ CMHDA committee members; that body to make decision to unify with NPA.	September 2005
	<b>Action 1.1.2</b> Identify stakeholders.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Criteria and roster of membership is developed that includes clients and family members. To encourage full participation in policy development.	Commitment by education, social services, rehabilitation, juvenile justice, corrections, physical health, housing.	October 2005
	<b>Action 1.1.3</b> Codify efforts to increase collaboration and coordination. Define the scope, extent, and outcomes of collaboration between DMH and ADP, including DSS licensing issues. <sup>1</sup>	ADP and DMH Directorate.	DMH and ADP.	Memorandum of Understanding between ADP and DMH executed.	Discussion between ADP, DMH and DSS.	October 2005
<b>Strategy 1.2</b> Promote opportunities to ensure ongoing stakeholders dialogue and decision making about COD issues at the county level.	<b>Action 1.2.1</b> Encourage counties to convene forums to address COD issues in the context of Prop. 63 and Prop. 36.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increased participation at the local level including local advisory boards and commissions.	Collaborate with OCJC, CADPAAC, DMH, CMHDA, ADPI and CIMH.	June 2006

<sup>1</sup> Consistent with California Performance Review recommendation

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<b>Strategy 1.3</b> Develop a framework so that both systems individually and collectively support the goal of developing respective capacities to meet the needs of clients with co-occurring disorders.	<b>Action 1.3.1</b> Develop frequently asked questions and answers.	ADP and DMH Directorate.	DMH and ADP.	FAQ's are disseminated.	Survey of counties and of NPA members, CADPAAC, CMHDA, CIMH, and ADPI.	July 2006
	<b>Action 1.3.2</b> Develop a common lexicon between the mental health and substance abuse fields.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A common language with definitions is accepted between systems.	Survey of counties and of NPA members/ CADPAAC, CMHDA, CIMH, and ADPI.	July 2006
	<b>Action 1.3.3</b> Develop a set of principles that both systems support to develop capacity to meet the needs of COD.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Adopt principles from the COD Workgroup Final Report 3/2/04.	Survey of counties and of NPA members/ CADPAAC, CMHDA, CIMH, and ADPI.	July 2006
<b>Strategy 1.4</b> Develop a partnership among the federal/state/county governments.	<b>Action 1.4.1</b> Research the feasibility of developing a timeline for moving contracts towards EBPs for COD.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Leverage available monies for services to persons with COD.	Meetings of federal, state, and county officials.	July 2007

PRIORITY TWO: FUNDING ANALYSIS, EVALUATION AND RECOMMENDATIONS FOR BEST USE OF FUNDS TO ADDRESS FULL RANGE OF COD ISSUES						
Strategy	Action(s)	Manager(s)	Implementer(s)	Expected Outcomes	Benchmarks	Completion Date (Estimated)
<p><b>Strategy 2.1</b> Identify available funding streams and existing fiscal mechanisms that target foster and JJ youth, SMI Adults, and Survivors/Victims of Trauma; research and list the possibilities of maximizing available funding for services and supports for persons with COD.</p>	<p><b>Action 2.1.1</b> Create cross systems work groups and consolidate existing policy academies for the purpose of maximizing funding opportunities.</p>	<p>ADP and DMH Directorate.</p>	<p>Policy Academy members, DMH and ADP.</p>	<p>A meeting of stakeholders is conducted to discuss the increase of funding opportunities for services and supports to persons with COD.</p>	<p>Technical Assistance Request to the Co-Occurring Disorder Center for Excellence is submitted to assist in surveying existing organizations such Parole and Correctional Officers' Association of CA, Secondary School Administrators Association of CA, CWDA. Assess results and feasibility of forming work groups to maximize funding.</p>	<p>November 2006</p>

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<p><b>Strategy 2.1</b> Identify available funding streams and existing fiscal mechanisms that target foster and JJ youth, SMI Adults, and Survivors/Victims of Trauma; research and list the possibilities of maximizing available funding for services and supports for persons with COD.</p>	<p><b>Action 2.1.2</b> Utilize the COD Report and develop desired outcomes to identify purchasing and funding options. Begin researching how to increase efficiencies in aligning and leveraging funding to support quality purchasing.</p>	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	List of allowable purchasing and funding options to increase efficiencies to expand services and supports for persons with co-occurring disorders. An informational paper regarding aligning and leveraging funding for COD.	Survey organizations such as CADPAAC, CMHDA, CIMH and ADPI. Seek federal technical assistance.	December 2005
	<p><b>Action 2.1.3</b> Make recommendations to the Directors related to funding including EPSDT, Medicaid, TANF, Prop 63, State General Fund, SAMHSA, PATH, 4E, Prop. 36, HRSA, HUD, private philanthropy, VW fund, education, OJJDP, 3632/IDEA, ATR, county general fund et al. Seek federal technical assistance.</p>	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A set of prioritized recommendations of the various funding sources; their risks, barriers and proposed solutions. This analysis may result in a budget change proposal, policy or regulatory change to maximize funding opportunities for services and supports to persons with COD.	ADP/DMH staff work with COCE. Research funding sources.	July 2006

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<b>Strategy 2.2</b> Identify venues to provide technical assistance and clear guidance on how counties can and should use existing resources to address co-occurring disorders.	<b>Action 2.2.1</b> Develop a plan to establish an interdepartmental state team to identify administrative and fiscal best practices	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A plan is developed to create an interdepartmental team to identify administrative and fiscal best practices. Increase fiscal competencies in the field.	ADP/DMH staff to begin work and suggest participants with input from NPA members, CADPAAC, CMHDA, CIMH and ADPI.	December 2005
	<b>Action 2.2.2</b> Develop a plan to create an interdepartmental team to respond to questions from counties and providers on challenging fiscal issues.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A plan is developed to create an interdepartmental team to answer and document fiscal issues. Increase fiscal competencies in the field.	ADP/DMH staff to begin work and suggest participants with input from NPA members/ CADPAAC/ CMHDA/CIMH/ ADPI.	December 2005
	<b>Action 2.2.3</b> Identify and document methods in which programs can utilize/combine categorical funding sources to meet the needs of the COD population.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A COD funding source document is developed.	TA to the COCE.	September 2006

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<b>Strategy 2.3</b> Identify ways to use purchasing and contract authority of state and counties to move agencies towards EBPs for COD.	<b>Action 2.3.1</b> Identify model purchasing agreements, etc., including outcome specifications.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Implement administrative efficiencies to support use of EBPs.	Consensus that this is do-able as part of a long-range strategy. Secure examples from other states. Discussion and decision as to pursue or not	July 2007
	<b>Action 2.3.2</b> Research the feasibility of developing a timeline for moving contracts towards EBPs for CODs.	ADP and DMH Directorate. Stakeholders (Counties, providers and other state departments)	Policy Academy members, DMH and ADP.	Implement administrative efficiencies to support use of EBPs.	Research current system. Research other systems in/out of state. Develop a decision paper.	September 2007
	<b>Action 2.3.3</b> Develop a directory of COD competent programs.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	To assist counties in implementing best practices.	Request association assistance. Develop survey instrument. Distribute and collect data. Develop a directory of COD-competent programs in CA.	January 2008

<b>PRIORITY THREE: MOVE TOWARD THE ADOPTION OF STATEWIDE SCREENING FOR CO-OCCURRING DISORDERS</b>						
<b>Strategy</b>	<b>Action(s)</b>	<b>Manager(s)</b>	<b>Implementer(s)</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 3.1</b> Develop consensus on screening needs, validated tools and processes.	<b>Action 3.1.1</b> Identify the critical elements for screening needs, barriers, and validated tools for programs serving youth in foster care and juvenile justice settings, including ATR program locations.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Identification of validated and standardized screening tools that are appropriate and culturally competent for the specific populations. Increased opportunities for screening of persons for COD in respective systems.	Discuss with CADPAAC, CMHDA, CIMH, ADPI and NPA members.	October 2006
	<b>Action 3.1.2</b> Identify screening needs, barriers, and validated tools for programs serving adults with SMI.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increased opportunities for screening of persons for COD in respective systems.	Discuss with CADPAAC, CMHDA, CIMH, ADPI and NPA members.	October 2006
	<b>Action 3.1.3</b> Identify screening needs, barriers, and validated tools for programs serving victims of trauma.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increased opportunities for screening of persons for COD in respective systems.	Discuss with CADPAAC, CMHDA, CIMH, ADPI and NPA members.	September 2006

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<b>Strategy 3.2</b> Identify methods to ensure that screening is occurring in a consistent and effective fashion to make sure that the right people are screened in.	<b>Action 3.2.1</b> Research and develop coaching opportunities.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increased opportunities for improving screening methods.	Secure TA.	March 2007
	<b>Action 3.2.2</b> Identify training opportunities.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A list of training opportunities disseminated to counties and stakeholders. Increased opportunities of improving screening methods.	CADPAAC, CMHDA, CIMH, and ADPI involvement, including technical assistance.	Continuous through January 2008
	<b>Action 3.2.3</b> Develop ideas to make technical assistance available to build capacity to modify programs.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Improved access to clients with COD. Increase opportunities of improving screening methods.	CADPAAC, CMHDA, CIMH, and ADPI involvement, including technical assistance.	Continuous through January 2008

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<b>Strategy 3.3</b> Develop recommendations and seek consensus on establishing methods to (1) monitor service delivery and (2) develop quality guidelines that match consumer needs as a result of screening process.	<b>Action 3.3.1</b> Research and develop coaching opportunities.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Measurement of gaps in the service delivery. Quality guidelines are developed. Coaching opportunities are made available.	CADPAAC, CMHDA, CIMH, and ADPI involvement, including technical assistance.	Continuous through January 2008
	<b>Action 3.3.2</b> Identify training opportunities.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Monitor the efficiency of the screening process for co-occurring disorders. List of training opportunities is developed for the field.	CADPAAC, CMHDA, CIMH, and ADPI involvement, including technical assistance.	Continuous through January 2008
	<b>Action 3.3.3</b> Develop ideas to make technical assistance available to build capacity to modify programs.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	TA is provided to COD providers to improve efficiency of screening process for COD.	CADPAAC, CMHDA, CIMH, and ADPI involvement, including technical assistance.	Continuous through January 2008
<b>Strategy 3.4</b> In moving towards assessment, expand lessons learned from screening and service delivery activities with focal populations.	<b>Action 3.4.1</b> Start the process of developing definitions of success.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	A list of opportunities to expand lessons learned from screening activities. Additional resources available for the purpose of improving statewide services.	Regional forums within pre-existing meetings.	January 2007

<b>PRIORITY FOUR: FACILITY AND PROGRAM LICENSING AND CERTIFICATION STANDARDS AND PROCEDURES THAT SUPPORT THE TREATMENT, SERVICES AND HOUSING NEEDS OF PERSONS WITH COD</b>						
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<p><b>Strategy 4.1</b> Simplify and streamline ability of existing MH and AOD providers to obtain dual certification for MH and AOD services.</p>	<p><b>Action 4.1.1</b> Creation of an Interagency workgroup with the DSS to increase communication and training efforts between state agencies and counties regarding current practices in place.</p>	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Expand the number of dual certified MH and AOD providers.	ADP, DMH, and DSS staff communication via e-mail, teleconferences, and meetings.	July 2006
<p><b>Strategy 4.2</b> Examine pros and cons of aligning licensing and certification practices to goal of integrated COD system.</p>	<p><b>Action 4.2.1</b> Review continuum of services for persons with COD and identify licensing and certification requirements that currently exist and that may need to be modified or eliminated.</p>	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Develop a forum to identify cross-cutting issues, barriers and solutions. Overcome barriers toward achieving the goal of developing quality services for persons with COD.	ADP, DMH, and DSS staff communication via e-mail, teleconferences, and meetings.	October 2006
	<p><b>Action 4.2.2</b> Examine licensing and certification barriers, in foster care and juvenile justice systems, to providing services for COD to transition-age youth who live in residential settings.</p>	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Overcome barriers toward developing quality services for transition age youth with COD.	DSS, CYA and juvenile probation involvement.	March 2007

<b>PRIORITY FIVE: INCREASE THE SUPPLY OF APPROPRIATE HOUSING TO SUPPORT THE NEEDS OF PERSONS WITH COD</b>						
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<b>Strategy 5.1</b> Create a partnership between DMH/ADP and those state departments responsible for housing, including CHFA and HCD, with specific goals to establish opportunities.	<b>Action 5.1.1</b> Develop opportunities to ensure state housing partnerships are cognizant of COD issues.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increase awareness of COD issues in the housing system.	MOU between ADP/DMH and CHFA/HCD.	July 2006
	<b>Action 5.1.2</b> Develop recommendations to create a structured initiative to increase housing for COD.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increase housing opportunities for persons with COD.	Ongoing collaboration between ADP/DMH and CHFA/HCD.	July 2007
	<b>Action 5.1.3</b> Identify opportunities in the MHSA to provide input at state and county stakeholder venues on the importance of meaningful partnerships between mental health, AOD and housing systems.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increase awareness of the importance of housing for persons with COD in a "transformed" MH system.	Ongoing collaboration between ADP/DMH and CHFA/HCD.	September 2006

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<b>Strategy 5.2</b> Develop a compendium of housing models that meet the needs of persons with COD.	<b>Action 5.2.1</b> Identify ways to make information (presentations) available to county AOD and MH agencies, associations, and provider groups.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increase housing opportunities for persons with COD.	A compendium of housing models is developed.	July 2006
	<b>Action 5.2.2</b> Develop opportunities to provide technical assistance in all regions of the state about housing opportunities.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Increase housing opportunities for persons with COD.	Ongoing collaboration between NPA, CADPAAC, CMHDA, CIMH and ADPI.	September 2006
<b>Strategy 5.3</b> Research and develop local planning strategies to integrate housing for persons with COD into the larger community.	<b>Action 5.3.1</b> Create a range of money management approaches to support housing.	ADP and DMH Directorate.	Policy Academy members, DMH and ADP.	Fiscal linkages for the purpose of increasing housing opportunities for persons with COD are established.	Ongoing collaboration between NPA, CADPAAC, CMHDA, CIMH and ADPI.	April 2006

<b>LEGEND</b>	
ADP	Department of Alcohol and Drug Programs
DMH	Department of Mental Health
CMHDA	California Mental Health Director Association
NPA	National Policy Academy
CADPAAC	County Alcohol and Drug Program Administrators Association of California
DSS	Department of Social Services
FAQs	Frequently asked questions
EBPs	Evidence based practices
ADPI	Alcohol and Drug Policy Institute
COD	Co-Occurring Disorders
CWDA	County Welfare Directors Association
CIMH	California Institute of Mental Health
COCE	Co-Occurring Disorder Center for Excellence
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
TANF	Temporary Assistance for Ready Families
SAMHSA	Substance Abuse and Mental Health Services Administration (federal)
PATH	Projects for Assistance in Transition from Homelessness
4E	Title IV-E (Child Welfare)
HRSA	Health Resources and Services Administration
HUD	Housing and Urban Development (federal)

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OJJDP	Office of Juvenile and Delinquency Prevention
3632/IDEA	Individuals with Disabilities Education Act
CARE	California Access to Recover Effort
OCJC	Office of Criminal Justice Collaboration
TA	Technical Assistance
AOD	Alcohol and Other Drugs
MH	Mental Health
CYA	California Youth Authority
CHFA	California Housing Finance Agency
HCD	Department of Housing and Community Development
MOU	Memorandum of Understanding