

Outcomes from the Pennsylvania COSIG Infrastructure Development Evaluation

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For the past two years, the Center for Mental Health Policy and Services Research at the University of Pennsylvania has evaluated Pennsylvania's Co-Occurring Systems Integration Grant (COSIG), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Pennsylvania COSIG focuses on the development of six unique demonstration programs in six Pennsylvania counties: Beaver, Berks, Blair, Mercer, Philadelphia, and Washington, which identify and treat individuals with co-occurring mental health and substance-abuse disorders (COD). Two of these programs include pilot forensic programs in local counties and which have three service delivery systems (Mental Health, Substance Abuse and Criminal Justice) working together to identify and support individuals with COD. The program in Berks County focuses on adolescents with COD, whereas the other counties focus on adults.

Program evaluation for the pilot counties is primarily a data collection effort to assess the ability of the pilot projects to enroll and treat COD clients. Major goals for the 2005 evaluation of the COSIG project included: 1) system infrastructure development; and 2) pilot program COD service delivery. Infrastructure development was evaluated through a series of activities that measured the process and outcome of systems development. These activities included assessment of the COD advisory committee recommendations, a statewide survey of all mental health and substance abuse providers, a statewide survey of COD clinicians, focus groups with consumers and community members, town meetings, a quality improvement pilot, and pilot program site visits.

This presentation will focus on the outcomes from the two year data collection efforts for infrastructure development in the domains of: workforce development; professional cultural values clarification; provider COD certification; data integration; universal screening and assessment; and quality assurance. Outcomes include data collected from providers, consumers, community members, clinicians, and quality assurance professionals. Lessons learned from the evaluation, including implementation opportunities will be presented by providers from a pilot site. Recommendations for next steps in systems building for integrated systems will be presented.