

Outcomes from the Pennsylvania's COSIG Infrastructure Development Evaluation

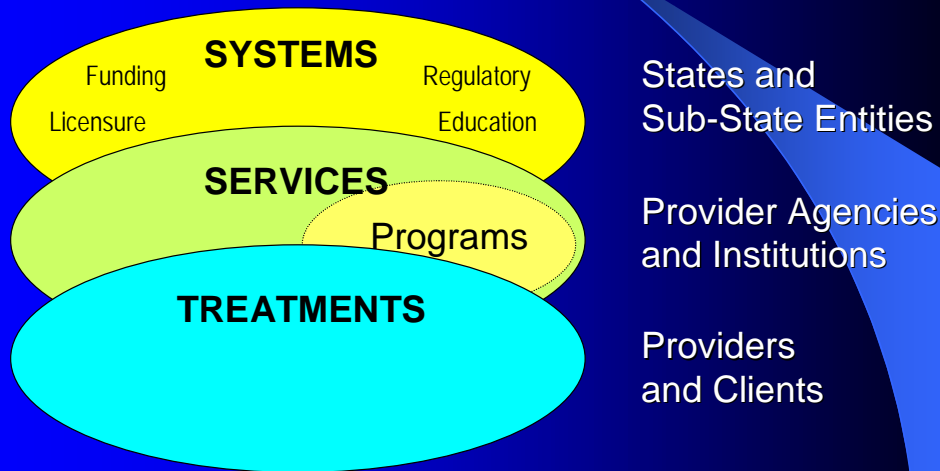
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The purpose of the infrastructure development evaluation is to determine the key elements of infrastructure development that have contributed to successful systems design and client outcomes.

Systems Integration

Processes at Different Levels of Organization



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Pennsylvania Departments

Department of Public Welfare

Department of Health

OMHSAS
Medicaid \$

- FFS
- Managed Care

ACT 152

BHSI

CMHS Block Grant

MH Licensing

BDAP
SAPT Block Grant

SCAs

MH/MR

D&A Licensing

Pennsylvania Challenges

- Systems Philosophies
- Clinical Approaches
- Clinical and Systems Vocabulary
- Program Regulation
- Payment Regulation
- Statutory Requirements
- Turf Issues

Pennsylvania's COD History

- **1997 - Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services and the Department of Health, Bureau of Drug and Alcohol Programs, jointly sponsored a MISA Consortium.**
- **The MISA Consortium examined integrated approaches to working with persons having co-occurring disorders, and made recommendations for service and systems integration**

Pennsylvania's MISA History

- In 2001, the two Departments issued an RFP and subsequently funded five county pilot programs to provide a variety of MISA services. The counties included Beaver, Berks, Blair, Mercer, and Washington.
- The goal of the special pilot program was to demonstrate the potential of specialized integrated treatment and support services as a cost effective alternative to traditional services, and to create best practice models of systems and service integration for future policy and program development.

COSIG System Goals

- To affect statewide infrastructure change, building on existing resources, to support co-occurring service delivery
- To create, test and establish an approval process for providers to deliver co-occurring services
- To develop a reimbursement mechanism to support co-occurring treatment
- To identify screening and assessment instruments for co-occurring disorders
- To develop a process for data integration for behavioral health services for tracking clients across services and systems
- To ensure a co-occurring training curriculum is available to support workforce development

COSIG System Evaluation Goal

Evaluation Goal: To describe the processes and measure the impact of the COSIG initiative through qualitative and quantitative evaluation techniques.

Evaluation Aims

- Aim #1. Infrastructure: to monitor and measure changes in the COD infrastructure
- Aim #2. Service Intervention: To document and measure system and consumer change in COD treatment programs
- Aim #3. COD Treatment Impact: To describe COD clients and document and measure client change in COD treatment programs.

Infrastructure Development Evaluation

- Focus Groups
 - Consumers
 - Providers
 - Family members, caregivers
 - Community members
- Surveys
- Town Meetings
- Review Policies and Practices
- Review of Meeting Documents

CODAC Advisory Committee

Co-Occurring Disorder Advisory Committee (CODAC)

- Purpose of CODAC:
 - To examine policy and program issues impacting co-occurring service delivery;
 - To recommend program and policy changes to support infrastructure development for integrated co-occurring service delivery; and
 - To reach consensus and support the infrastructure development projects.

CODAC Sub-Committee Structure

- Screening and Assessment
- Workforce Development
- Provider Approval/Credentialing
- Data Integration
- Financing

Screening and Assessment

- State-developed tool – Screening Interview for Initial Placement (SIIP), adult focus, not required
- Currently recommend, but don't require:
 - GAIN (adults)
 - MAYSI (adolescents)

COD Workforce Development: Training and Credentialing

Workforce Development

- Training –
 - Core Curriculum and Advanced Skill Sets
- Co-Occurring Disorder Professional Credential
 - Competency Based
 - Experience and training
 - Clinical Staff

Core Competency Training Curriculum

- Eleven Required Courses
- Adult and Adolescent Specific
- Statewide Availability
- Supports Credential Requirements



Continuing Education

- Workforce development sub-committee charged 3 PA Training Institutes to develop extensive curriculum in 1998.
- Offered throughout the Commonwealth every year since 1999.
- Participants receive a certificate upon completion of all required courses.

COD Credential Development

- The Departments of Health & Welfare and the Pennsylvania Certification Board (PCB) convened a stakeholder workgroup to develop the co-occurring credential.
- Developed, over a two year process consisting of monthly meetings, conference calls, and emails:
 - a scope of practice for co-occurring professionals and the requirements to meet the scope of practice; and
 - tasks, skill sets, and knowledge areas .

Core Competency Training Domains

- Screening and Assessment
- Crisis Management
- Treatment Planning
- Counseling
- Case Management
- Person, Family, Community Education
- Professional Responsibility
- Research Design, Analysis, and Applicability
- Clinical Supervision



Workforce: Credentialing Staff

- Co-occurring Disorders Certification Requirements
 - CCDP and CCDP Diplomat
 - Education
 - Supervision
 - Experience
 - Code of ethical conduct
 - Recertification

COD Certified Professionals

- CCDP – Bachelor's

- Central – 95
- West - 145
- Northeast – 85
- Southeast – 148
- Other States – 36

- Total - 509

- CCDP Diplomat

- Central - 76
- West - 112
- Northeast - 74
- Southeast - 180
- Other States – 49

- Total - 491

1,000 certified in 1st year

**COD Provider Approval and
Credentialing Issues:
COD Competent Bulletin &
Integrated Services Standards**

Joint Bulletin Process

- Provider Approval Sub-Committee
- Met monthly for a year to develop
- Key stakeholders involved
- Developed a set of criteria for the approval of co-occurring disorder competent programming in **all** licensed facilities.
- The process was voluntary for facilities and open to any licensed facility within the Commonwealth.
- Bulletin fully implemented in both systems

COD Competent Bulletin

In the context of statewide cod infrastructure development, and in recognition of the high prevalence, poor outcomes, and high cost of sequential treatment services, the Departments of Health and Public Welfare have jointly developed this bulletin to accomplish the following objectives:

- To move the entire behavioral health system toward the achievement of core competency to serve individuals with co-occurring psychiatric and substance use disorders;
- To provide the framework for delineating objective criteria for defining Co-Occurring Disorder Competency for any licensed facility within the Commonwealth;
- To describe the process by which licensed facilities can achieve Co-Occurring Disorder Competency; and,
- To provide direction for County MH/MR Programs and Single County Authorities in supporting the development of Co-Occurring Disorder Competent programs in all facilities.

COD Competent Bulletin Policy

- The facility **must** have a license or certificate of compliance from the Department of Health, Division of Drug and Alcohol Programs;
 - OR
- The facility **must** have a license or certificate of compliance from the Department of Public Welfare, Office of Mental Health and Substance Abuse Services.
- The approval process is **voluntary**.

COD Competent Bulletin

Approval Process

- A licensed substance abuse facility that wants to expand services to provide co-occurring competent programming shall request approval from the Department of Health, Division of Drug and Alcohol Program Licensure, in writing, stating that the facility meets all the criteria set forth in the bulletin.
- A copy of the request shall be sent to the Single County Authority or OMHSAS.
- A dually licensed facility that wants to expand services to provide co-occurring disorder competent programming shall request approval in writing from either Department following the same procedures.
- As soon as possible after receiving the request, either Department will conduct an on-site survey of the criteria.
- Within 90 days of the site visit, the Department will issue a certificate of approval for a period not to exceed one year or;
- Issue a letter specifying areas that require a plan of correction and an explanation of the requested corrections.

COD Competent Program Approval Criteria

- COD Mission and Philosophy
- COD Screening Process
- COD Assessment Process
- COD Program Content
- Integrated Care Planning
- Medication
- Crisis Intervention Procedures
- Communication, Collaboration, & Consultation
- Staff Competencies
- Transition/Discharge/Aftercare

COD Competent Facilities

- A facility that is currently licensed to treat psychiatric or substance use disorders or both, that routinely welcomes and admits individuals with co-occurring disorders who are otherwise eligible to participate in the program.
- A facility that: addresses co-occurring psychiatric and substance use disorders in their policies and procedures; provides an integrated assessment; coordinates treatment planning to address both disorders; develops interagency coordination procedures for co-occurring service delivery; and ensures that co-occurring disorder discharge planning occurs.

COD Competent Facility Requirements

- Must maintain their existing license.
- Cannot provide services that are not included in the scope of practice of their existing license, i.e., mental health facilities may not provide substance abuse clinical treatment interventions without a DOH license and vice versa.

Integrated Services Standards

- CODAC members have developed integrated services standards, as requested by the Governor's Advisory Council.
- Standards completed on 01/07/07.
- Options:
 - Voluntary standards
 - Regulations

Data Infrastructure Development

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the top. On the right side, there is a light blue, semi-transparent shape that looks like a stylized arrow or a corner piece pointing towards the center.

Data Integration Pilots – Dauphin & Philadelphia Counties

- Dauphin County: Implemented software for consumer data collection across the substance abuse and mental health systems.
- Philadelphia County: Testing methods for consumer data collection across the corrections, mental health, and substance abuse systems.



Financing

Financing

- Beaver county has developed an increased reimbursement rate for COD services.
- Two providers have developed a method to take advantage of a 20% rate adjustment for COD services through their Medicaid managed care provider.

Beaver County: Forensic Model



Beaver MISA/COD Vision

- Systems change regarding delivery of services to the MISA client in a Forensic Setting and in the Community
- Integration of Services-Dually Licensed Provider Network
- Standardized screening process for improved identification (SIIP)
- Collaboration and training across systems (MH/D&A/Criminal Justice)

MISA/COD

Continuum of Care

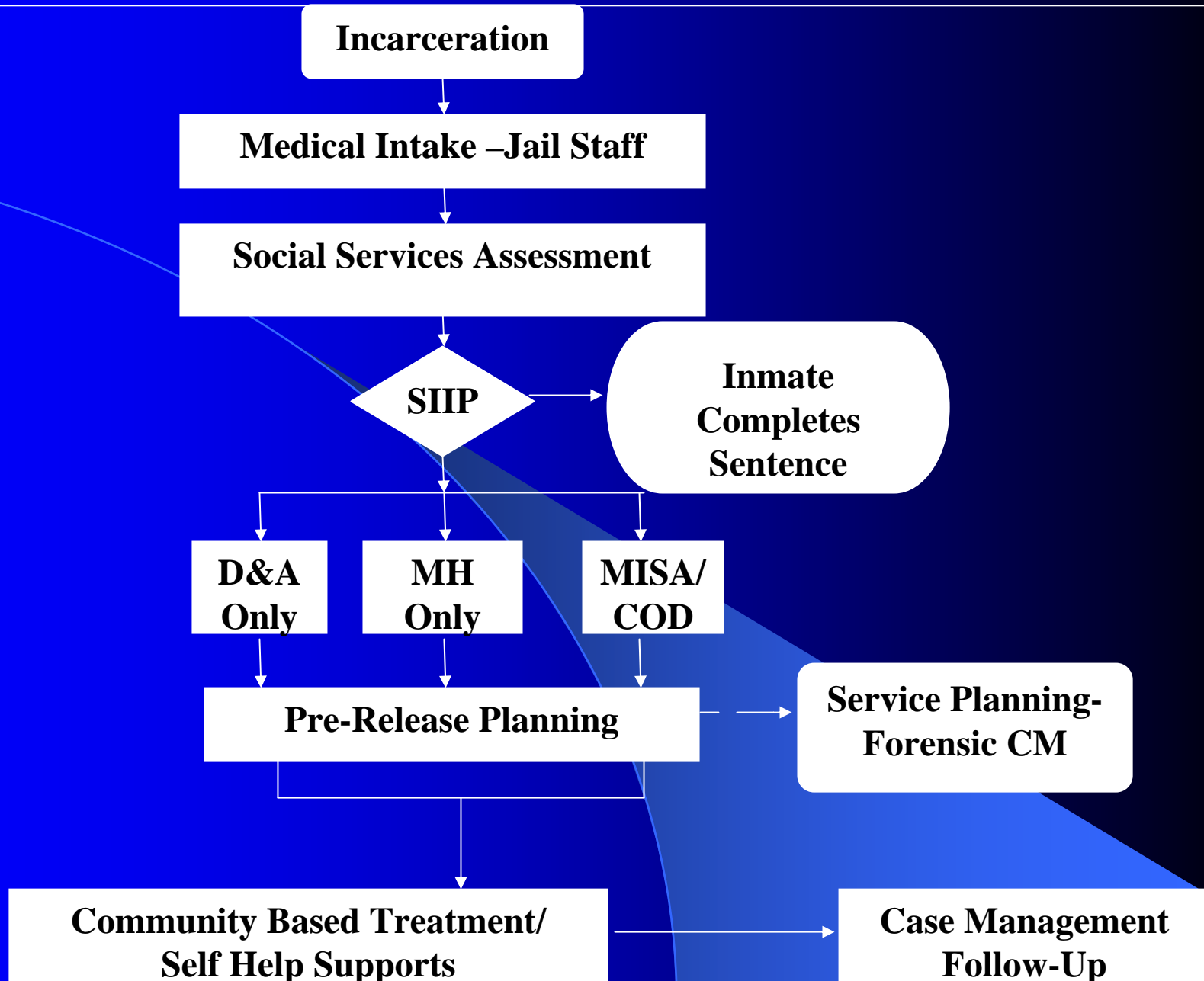
Dually Licensed Providers

- Outpatient community setting
- Halfway house provider
- Outpatient jail setting
- Two Inpatient non-hospital providers
- Other levels of care are available that are not dually licensed

MISA/COD History

- July 2001- Funding awarded through the Office of Mental Health and Substance Abuse Services and Bureau of Drug and Alcohol Programs
- Only forensic model
- Gateway Rehabilitation Center –jail based treatment provider
- Services commenced the end of May 2002

BEAVER COUNTY MISA/COD PROJECT – JAIL MODEL



Workforce Development

- Provider Staff trained by Western Psychiatric Institute (OERP) on Co-Occurring Disorders.
- Cross-Training of Staff on Agency Systems and Continuum of Care.
- Specialized programs including Ken Minkoff
- Scholarships awarded to promote agency involvement
- Over **300** individuals participated in the various trainings
- 23 agency staff have received the COD credential

Stakeholder Involvement

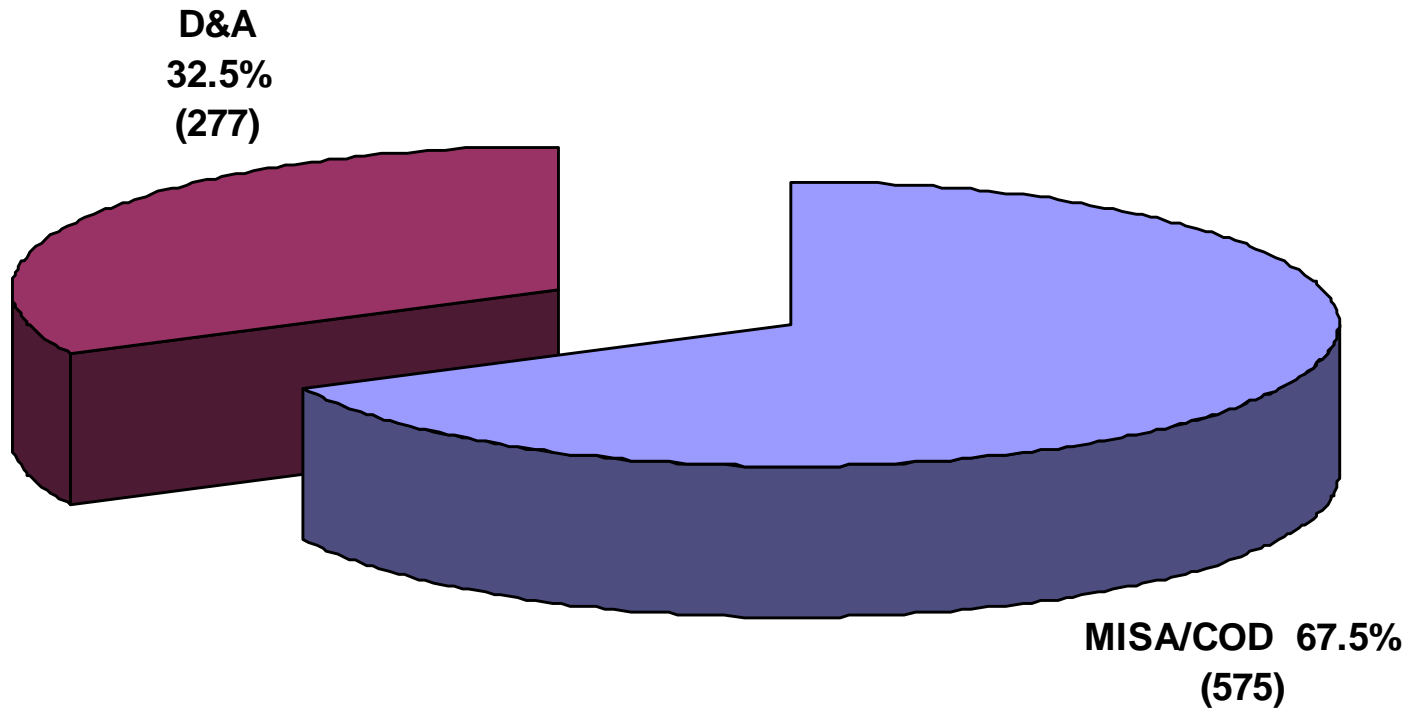
- Quarterly Meetings with the MISA/COD Network Committee
- Quality Improvement Committee- to Oversee Outcomes Data

Challenges Related to Reimbursement

- Payment for treatment in the jail
- Reimbursement for services provided in the community



Screening and Assessment



Quality Improvement

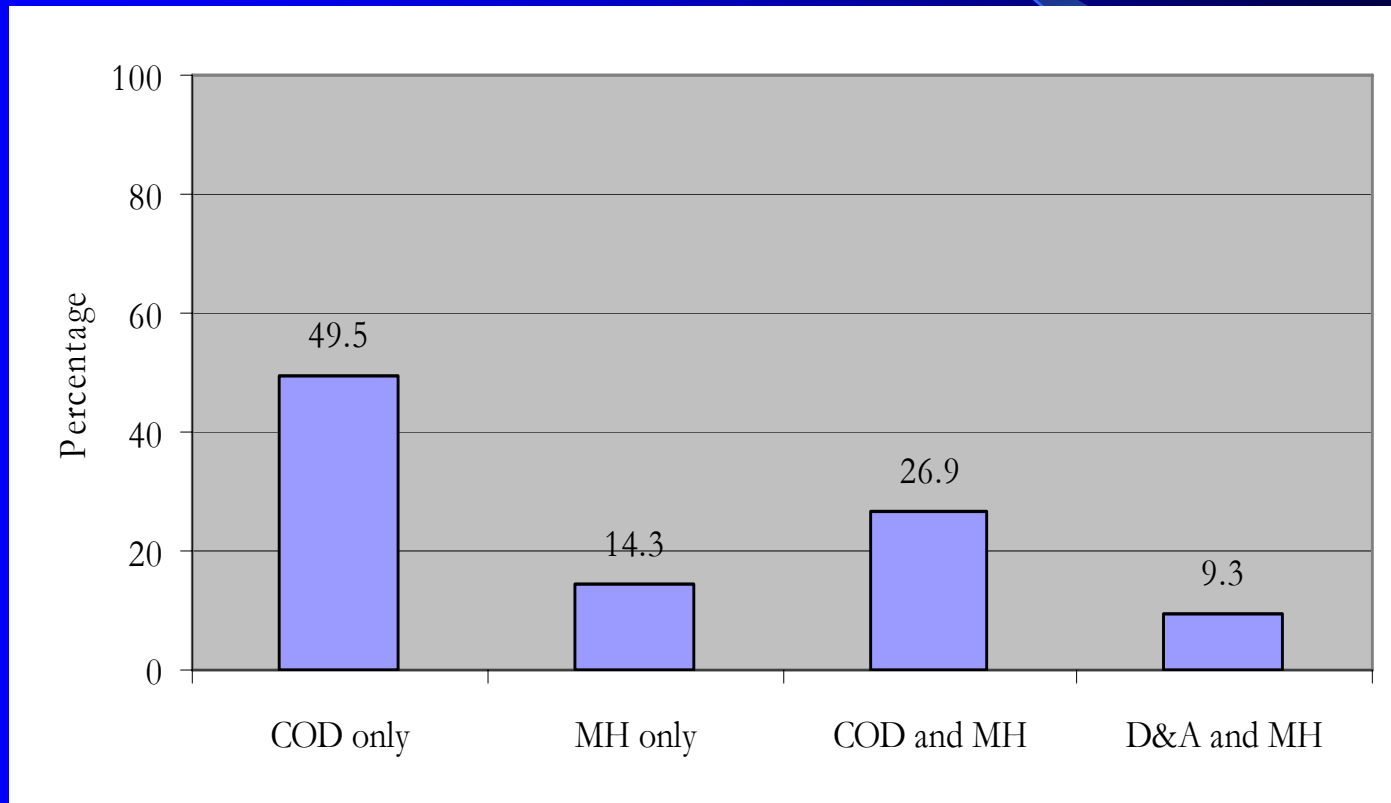
- Quality Improvement Committee
- Quarterly Meetings
- Examples of indicators being monitored
 - Identification of individuals with COD
 - Individuals screened positive for COD that entered treatment
 - Retention in treatment
 - Progress in treatment
 - Continuation in community based treatment
 - Recidivism, i.e. re-incarceration



Data Integration

- Data sources utilized
 - Local client database used for evaluation and QI efforts
 - HealthChoices data to document what types of treatment services were accessed following jail based treatment episode
 - Jail records to measure recidivism

Type of Treatment Accessed in Community



Recidivism

- 52% never returned to jail
- 73% did not recidivate for at least 6 months
- 60% stayed out of jail for at least 12 months



Utilization of Data for Program Enhancement

- Re-entry Program
- Brief Intervention Program
- Seeking Safety
- BC SCORES

Co-Occurring Website

- Visit www.pa-co-occurring.org for
- Co-occurring Resources
- Co-occurring Training Information
- Co-occurring Links
- COSIG Information
- CODAC Intranet
- Service Pilot Information and Evaluation