

## Louisiana Behavioral Healthcare Taskforce Action Plan (Revised 1/24/07)

Key

TF – Behavioral Healthcare Taskforce  
 CPC – Clinical Protocol Committee  
 PE – Program Evaluation Committee  
 WFD – Workforce Development Committee  
 IM – Information Management Committee  
 FC – Funding Committee

**Principle #1 - Dual diagnosis is an expectation, not an exception.** “Implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address individuals with co-occurring disorders who present in each component of the system already” (Focus on system planning)

Strategy	Tasks/ Action Steps	Target Date	Responsible Parties	Progress Note/ Comments
<b>Strategy 2</b>  Support the implementation of CODC	<u>Action C</u> Adopt ‘no wrong door’ policy to include the development of integrated screening, assessment, MIS, referral, follow up, and evaluation of the no wrong door concept.	<b>8/31/07</b>	CPC, IM, PE	TF to monitor the screening & assessment work of the CPC, IM, and PE committees
	<u>Action D</u> Assess current service system for gaps through the following: 1 DDCAT 2 local focus groups convened by Gov. Commission on Addictive Disorders 3 input from Client Advisory Board 4 work of the Clinical Protocol Committee 5 consultations with experts in the field of co-occurring.	<b>ongoing</b>	PE, Tanya, Amna, CAB	Baseline DDCATs completed, follow-ups planned for 2008
	<u>Action F</u> Refinement of existing services and development of specialized programs to obtain CODC	<b>2008</b>	TF to monitor system-wide	Once 1 year of COD implementation is completed, TF to evaluate need for specialized programs

Strategy	Tasks/ Action Steps	Target Date	Responsible Parties	Progress Note/ Comments
<p><b>Strategy 3</b></p> <p>Assure program resources equally support CODC for currently served target population</p>	<p><u>Action B</u> Identify resources to support drug screening within OMH system.</p>	<p><b>1/31/07</b></p>	<p>FC, OMH Fiscal</p>	<p>TF to monitor FC workplan</p>
	<p><u>Action C</u> Identify resources to provide psychiatric services and medications, primarily within OAD system</p> <p>1 Evaluate Medicaid funding 2 Expand Patient Assistant Programs within AD and MH systems</p>	<p><b>7/04/07</b></p>	<p>FC OAD &amp; Medicaid</p>	<p><i>Clarify billing opportunities for Medicaid, Medicare, &amp; third-party payers and educate staff</i></p> <p><i>Enhance prescribing capacity</i></p>
	<p><u>Action D</u> Explore additional possible funding streams.</p>	<p><b>Ongoing</b></p>	<p>FC</p>	
	<p><b>Strategy 4</b></p> <p>Support Local Committees in development and implementation of CODC at the local level</p>	<p><u>Action B</u> Assure development and implementation of local CODC plan which will address administration and management, policy and funding, staffing and supervision, interagency service network, cross training, quality and outcomes management, management information systems.</p>	<p><b>7/04/07</b></p>	<p>Local committees, TF</p>
<p><b>Strategy 5</b></p> <p>Review potential changes in licensing regulations</p>	<p><u>Action A</u> Review licensing work of the Human Service Interagency Council</p>	<p><b>2/28/07</b></p>	<p>Tanya, TF</p>	
	<p><u>Action B</u> Follow-up with OAD &amp; recent work re updating AD licensing standards</p>	<p><b>3/28/07</b></p>	<p>Tanya, OAD, TF</p>	
	<p><u>Action C</u> Communication with Health Standards re potential BH license</p>	<p><b>12/31/07</b></p>	<p>Tanya, Shannon</p>	

**Principle #2 - All individuals with co-occurring psychiatric and substance disorders (ICOPSD) are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.** With resources and requirements of the COSIG, Quadrants 2 and 3 have been prioritized for action. Activities in Quadrants 1 and 4 remain as long-term goals. (Focus on organizing actions by quadrant model)

Strategy	Tasks/ Action Steps	Target Date	Responsible Parties	Progress Note/ Comments
<p><b>Strategy 1</b></p> <p>Focus on Quadrant 2 – Hi MH, Lo SA (currently in Mental Health System)</p>	<p><u>Action D</u> Develop a mechanism to ensure all new and existing programming supported by OMH resources (fiscal and/or personnel) supports CODC.</p> <p><u>Action E</u> Incorporate developed core competencies into job descriptions and annual Planning and Performance Reviews (PPR).</p> <p><u>Action G</u> Coordinate services with medical care</p> <p>1 Incorporate queries regarding health status and access to medical care into intake process</p> <p>2 Refer/link to appropriate medical home (primary care physician, Federally Qualified Health Centers) if no current access</p> <p>3 Ongoing coordination with medical service provider</p>	<p><b>Ongoing</b></p> <p><b>4/30/07</b></p>	<p>OMH Executive Staff</p> <p>OMH HR, WFD, &amp; Local Committees</p> <p>CPC &amp; Local Committees</p>	<p>Look at Department Level and Program Agency Level for already existing formal linkages with Primary Care</p>
<p><b>Strategy 2</b></p> <p>Focus on Quadrant 3 – Lo MH, Hi SA (currently served</p>	<p><u>Action D</u> Develop a mechanism to ensure all new and existing programming supported by OAD resources (fiscal and/or personnel) supports CODC.</p> <p><u>Action E</u> Incorporate developed core competencies into job descriptions and annual Planning and</p>	<p><b>Ongoing</b></p> <p><b>4/30/07</b></p>	<p>OAD Executive Staff</p> <p>OAD HR, WFD &amp; Local</p>	

in Addictive Disorder System)	Performance Reviews (PPR).  <u>Action G</u> Coordinate services with medical care 1 Incorporate queries regarding health status and access to medical care into intake process 2 Refer/link to appropriate medical home (primary care physician) if no current access 3 Ongoing coordination with medical service provider		Committees  OAD HQ & Local Committees  CPC & Local Committees	
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 3</b> Focus on Quadrant 1 - Lo MH, Lo SA (currently served in primary care settings)	<u>Action A</u> Collaboration and support of Primary Care Initiative (Closing the Gap) 1 Maintain Taskforce representation in Closing the Gap activities 2 Ensure plan development within each initiative is complimentary, not contradictory or duplicative of the other  <u>Action B</u> Collaboration with current prevention initiatives	<b>Ongoing</b>	TF  OAD & OMH Executive Staff	Closing the Gap work rolled up into the Redesign work
<b>Strategy 4</b> Focus on Quadrant 4 – Hi MH, Hi SA (currently presenting in emergency rooms, jails, homeless shelters)	<u>Action A</u> Engage and collaborate with LSU, Louisiana Hospital Association, and Coroner’s office and local systems of care to develop comprehensive response system for referral and follow-up  <u>Action B</u> Collaboration, within local systems of care, with law enforcement and justice system, including the Louisiana Association of Sheriffs  <u>Action C</u> Identify and support current initiatives		TF & Local Committees  TF & Local Committees  TF	Work within OMH on law enforcement trainings (CIT)  Support OAD COD Inpatient Unit work

	focused on crisis intervention services.			
<b>Principle #3 Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.</b> (Focus on treatment relationship between client and clinic staff)				
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 1</b>  Develop and adopt 'no wrong door' philosophy for service.	<u>Action B</u> Provide expected baseline level of initial treatment intervention and relationship building mechanism no matter the place of entry or provider. 1 Develop clear scope of clinical practice guidelines regarding initial treatment interaction 2 Develop the knowledge base, skills and practice patterns consistent with evidence based practices	<b>8/31/07</b>	Local Committees, CPC & PE  WFD	Monitored through DDCAT

<b>Principle #4 Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting.</b> (Focus on meeting client need for external support services)				
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 2</b>  Support expanded relationships with external entities for purposes of linkage and referrals to support and sustain resilience and recovery.	<u>Action A</u> Utilize the following state level activities to achieve buy-in, support linkages, and provide education and clinical information to consumers, agencies, family members, and other stakeholder groups: 1 Leadership Summit 2 Educational Conference 3 Social marketing campaign 4 Client Advisory Board  <u>Action B</u> Support the utilization of the following activities through local systems of care: 1 Annual focus groups	<b>Ongoing</b>          <b>Ongoing</b>	TF       Local Committees, Tanya, Amna	          Have Amna prepare a report of various processes in each local area re community work and inclusion in COSIG activities



implement the adopted S&A process				
<b>Principle #6</b> <i>Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.</i> (Focus on disease and recovery model as foundation for treatment)				
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 2</b>  Build staff support in adoption of model	<u>Action A</u> Promote no wrong door philosophy  <u>Action B</u> Utilize DDCAT to assess staff & programs  <u>Action C</u> Train staff on disease and recovery model which includes phases of recovery and stages of change  <u>Action D</u> Utilize local systems of care and local steering committees and integrated treatment specialist to lead local culture shift	<b>Ongoing</b>	OMH, OAD, Local Systems of Care, PE,  WFD	Baseline DDCATs completed, follow-ups planned for 2008  Basic & Advanced trainings complete, follow-up trainings to be scheduled

<b>Principle #7</b> <i>There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.</i> (Focus on development of clinical practice guidelines and training for CODC)				
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 1</b> Develop clinical practice guidelines based on the disease	<u>Action A</u> Identify processes to ensure information is obtained regarding each client's quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change.		Local Committees, IM, PE	IM to ensure data system capabilities, Monitored through DDCATs

<p>and recovery model to direct appropriate treatment interventions for which there is consistent scientific evidence showing that these interventions/practices improve client outcomes that are person centered and culturally sensitive.</p>	<p><u>Action B</u> Identify range of published Evidence Based Practices across cultural, ethnic, racial, developmental stage and socio-rural status.</p> <p><u>Action C</u> Develop a decision tree to guide appropriate treatment intervention.</p> <p><u>Action D</u> Recommend practices across specific disciplines (i.e., nurses, psychiatrists, social workers, etc.) and across specific clinical treatment interventions (screening and assessment, crisis intervention, treatment planning, family therapy, discharge planning, etc.)</p> <p><u>Action E</u> TF to monitor local and CPC work, offer support, and assist in removing department level barriers</p>		<p>Local Committees, CPC</p> <p>Local Committees, CPC</p>	
<p><b>Strategy 2</b> Development of organized system of care which supports continuity of care in that all services are dual programs, but all programs are not the same – programs are designed to meet the varying needs</p>	<p><u>Action A</u> Define continuity of care guidelines for determining need of referral to specialized programs, other agencies, or external supports</p> <p><u>Action B</u> Develop clear policies and procedures for referral process.</p> <p><u>Action C</u> Develop clear policies and procedures for referral follow-up.</p> <p><u>Action E</u> TF to monitor local and CPC work, offer support, and assist in removing department level barriers</p>		<p>Local Committees</p>	

of the co-occurring client.				
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Strategy	Tasks/ Action Steps	Target Date	Responsible Parties	Progress Note/ Comments
<b>Strategy 3</b> Develop an informed, well-trained & competent staff in regards to knowledge base, skills & practice patterns consistent with evidence based practices	<u>Action C</u> Develop a method of disseminating information (e.g., workshops, web based training, etc.) to expand knowledge base among staff.	<b>3/30/07</b>	WFD	TF to monitor work of WFD
	<u>Action D</u> Develop a certification program that utilizes testing as a means to ensure skills development to practice at specified level of competency utilizing a person centered approach; raise professional standards & resolve licensure and credentialing conflicts.	<b>6/30/07</b>		
	<u>Action E</u> Develop mechanism for follow-up 'refresher' trainings	<b>Ongoing</b>		<i>Develop standardized set of orientation modules for staff, specifically support staff</i>
	<u>Action F</u> Develop program of organized clinical supervision and quality improvement to ensure sustainability of skill levels.	<b>4/30/07</b>		
	<u>Action G</u> Ensure information flow to direct care staff from regional, district and state leadership		OMH, OAD, Local Committees	

**Principle #8** *Clinical outcomes for Individuals with Co-occurring Psychiatric and Substance Disorders must also be individualized, based on similar parameters for individualizing treatment interventions.* (Focus on MIS and evaluation)

Strategy	Tasks/ Action Steps	Target Date	Responsible Parties	Progress Note/ Comments
<b>Strategy 1</b>	<u>Action B</u> Develop MIS standards and procedures, re:	<b>Ongoing</b>	IM, PE	TF to monitor work of IM committee

<p>Build administrative structure to support the measurement of system and client outcomes with participation of districts</p>	<p>MIS uniform data dictionary, structures and model; data warehouse; access/security system; electronic client record; PPG and Program Performance Improvement reports</p> <p><u>Action C</u> Coordinate with MIS related work occurring at the DHH level.</p> <p><u>Action D</u> Develop mechanism for cost/benefit analysis within &amp; across public &amp; private systems &amp; departments</p> <p><u>Action E</u> Provide needs assessments to support local implementation (i.e. staff surveys, focus groups) and include diverse client/consumer participation into all levels of program evaluation</p> <p><u>Action G</u> Develop and implement on-going monitoring to assure continued adherence to program policy</p>	<p><b>7/30/07</b></p> <p><b>Ongoing</b></p>	<p>IM</p> <p>FC</p> <p>PE</p> <p>PE</p>	<p>Presentation of SAS system to DHH Administration</p> <p>Monitored thru DDCAT</p>
<p><b>Strategy 2</b> Document that appropriate integrated treatment services are easily accessible and efficient.</p>	<p><u>Action A</u> Through adopted screening and assessment procedures, identify prevalence of people with COD in current system.</p> <p><u>Action B</u> Ensure those identified with COD receive services and supports plan for integrated services</p> <p><u>Action C</u> All providers receiving public funds to serve adults and c/y with COD can demonstrate core competence and cultural competence</p> <p><u>Action D</u> Demonstrate cost benefit of the EBP</p>	<p><b>8/31/07</b></p> <p><b>Ongoing</b></p>	<p>Local Committees, IM, PE</p> <p>PE</p> <p>WFD</p> <p>Funding</p>	

	adopted for implementation  <u>Action E</u> Demonstrate provision of individualized treatment and resilience and recovery support and promote recovery		PE	
<b>Strategy 3</b> Document that adults & children & youth with co-occurring disorders have sustained resiliency & recovery	<u>Action A</u> Preplan for outcome evaluation (identify outcome goals, instruments, procedures for collection, analysis and reporting based on program implementation plan	<b>Ongoing</b>	PE	TF to monitor work of PE committee
	<u>Action B</u> Train field staff on procedures for data collection and effective data management	<b>7/30/07</b>	PE, WFD	
	<u>Action C</u> Prepare quarterly evaluation reports	<b>7/30/07</b>	PE	

**Principle #9** *The system of care operates in partnership with consumers, family members and concerned significant others (CSOs) and a continuous effort is made to involve the individual and the family at the system, program and individual levels.* (Focus on consumer involvement at state and local level)

<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 1</b> Involve the target population and advocacy groups in development & implementation of LITS project at the state level.	<u>Action B</u> Seek input from established Client Advisory Board in regards to the work of the Taskforce and its committees	<b>Ongoing</b>	TF, Amna	Prepare report which outlines the work and outcomes of the Bridges work, MHAL commercials and NAMI conference  CAB to assist in presenting at Summit
	<u>Action C</u> Invite target population to annual Leadership Summit		TF	
	<u>Action E</u> Contract with NAMI-La to host statewide educational meeting designed to educate consumers, families, advocates, community stakeholders and mental health	<b>6/30/07</b>	TF, Tanya	2 educational conferences completed; another scheduled for 6/07
	<u>Action F</u> Contract with Mental Health Association of	<b>12/31/07</b>	TF, Tanya	

	Louisiana (MHAL) to implement a statewide public education campaign focused on issues relevant to the co-occurring population			2 commercials developed & aired; another scheduled for 12/07
<b>Strategy</b>	<b>Tasks/ Action Steps</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Progress Note/ Comments</b>
<b>Strategy 2</b>  Involve the target population and advocacy groups in development & implementation of the LITS project within and through the local systems of care.	<p><u>Action B</u> Support the Governor’s Commission on Addictive Disorders plan to hold annual, local focus groups in order to obtain input from clients, consumers, family members, advocates, private providers, other agency representatives and community leaders to use in adaptation of LITS to local region.</p> <p><u>Action C</u> Support the Governor’s Commission on Addictive Disorders plan to organize local networking groups, respectful of local systems of care, which will work to identify community needs and strengths, provide on-going input to regional LITS adaptation process.</p> <p><u>Action F</u> Identify process to support co-occurring support groups, i.e. Dual Recovery Anonymous (DRA) and Double Trouble</p>	<b>Ongoing</b>	<p>Local Committees, Amna</p> <p>Local Committees, Amna</p> <p>Local Committees, Amna</p>	<p>Preliminary work with Vogel</p>