County of San Diego
Health and Human Services Agency
Children's Mental Health Services Business Plan
Fiscal Years 2003/04 and 2004/05

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
CHILDREN'S MENTAL HEALTH SERVICES

***Mission*:**

The mission of CMHS is to provide a rich array of services within a community based system of care that will enable children and adolescents to achieve positive outcomes.

***Vision*:**

Children's Mental Health Services (CMHS) works with a broad constituency of stakeholders to build an integrated system of care of families, neighbors, schools and child serving agencies, that fosters physically and mentally healthy children and adolescents, maximizes their potential in school and in the home, and prepares them to be productive and responsible adults.

***Principles*:**

The System of Care is a comprehensive, collaborative, community based, clinically sound and family centered infrastructure for delivery of mental health and related supportive services (including attention to co-occurring substance use issues and disorders in children and their families) to the children who are eligible for public mental health services in San Diego County. CMHS aligns practice, program and policy to Children's System of Care values and principles, while ensuring that its programs meet the requirements of Medi-Cal

and locally established clinical standards. The System of Care takes a broad approach, breaking down the separations that occur between and among child serving institutions and agencies. The System of Care evolves over time through the trust and collaboration of its stakeholders. The principles of the System of Care are as follows:

- ***The System of Care is a collaboration of three sectors – public, private, and family.***

- ***The System of Care is proactively welcoming to children and families with complex problems for whom mental health issues are interactive with substance use, educational, criminal justice, and other issues.***

- ***Services are collaborative, involving families, schools, child serving agencies and formal and informal community organizations, and demonstrate a full continuum of care that is flexible to the individual needs of the children/adolescents and their families.***

- ***Services are family centered and child-focused to promote family self-sufficiency, are culturally and linguistically competent, and are community-based. The services are meant to ensure that children and youth are best served within their life context.***

- ***The System of Care provides integrated services that respond to the multiple needs of children and youth, and their families.***

- ***The System of Care promotes easy and clear access to services for all children and youth.***

- ***The System of Care is accountable through clear outcomes, valid evaluation methods, and proficient management information system. Assessments are strength-based; services are outcome driven.***

- ***While the target population is well defined, Children's Mental Health Services strives to respond to new initiatives and revenue opportunities that benefit children/adolescents and their families.***

- ***Services are clinically sound, accountable to quality standards and strive to represent promising, best, or evidence based practice.***

Goals:

- ***Children and youth live at home or in home-like settings.***

- ***Children and youth stay out of trouble.***

- ***Children and youth are successful in school.***

- ***Children and youth are safe.***

Description of Services

Children's Mental Health Services (CMHS) is a comprehensive, community-based and collaborative system of care that serves children and adolescents who are emotionally disturbed, and their families. The mental health services that are offered include a broad array, from early prevention and intervention to residential services, and integrates attention to co-occurring substance related issues in children and families. CMHS aligns practice, program and policy to Children's System of Care values and principles, while ensuring that its programs meet the requirements of Medi-Cal and locally established clinical standards. CMHS works in partnership with families, other child/youth-serving public agencies (Probation, Child Welfare, Alcohol and Drug Services, and Education), and service providers to ensure System of Care practice (i.e., implementing the Children's System of Care principles), and to achieve effective outcomes. There are a number of initiatives that have been established to support advancement of the Children's System of Care (CSOC). These include:

- Advancing behavioral health integration and streamlining dual diagnosis capacity through a CMHS interagency Leadership Team.
- Youth transition (in partnership with the Adult/Older Adult Mental Health Services Division).
- Early childhood prevention and intervention.
- The family professional partnership.

The CSOC Steering Committee, comprised of representatives from each of the CSOC partners, serve in an advisory capacity to ensure accountability to the mission, principles and goals of the System of Care.

The ACCESS and CRISIS LINE, 1-(800)-479-3339, provides telephone crisis intervention and information and referral services 24 hours/7 days a week to any child, adolescent, or family experiencing a behavioral health concern.

Children's Mental Health services are delivered by the organizational units listed below:

- Critical Care and Outpatient Services - 730 Medical Center Court, Chula Vista, CA, 91911, Phone: (619) 421-6900, TTY Line: (619) 591-4321 The Emergency Screening Unit provides emergency psychiatric evaluation, crisis stabilization, and brief outpatient counseling to children, adolescents (age 17 and under) and their families in crisis. In Fiscal Year 2001-02, 1,300 youth received an emergency psychiatric assessment at the Emergency Screening Unit. The unit is open 24 hours/7 days a week, and serves the entire county. Clients are brought in from many places including hospital emergency rooms, social workers, shelters, Juvenile Hall, families, law enforcement, schools, and foster, group, or residential homes. Clients are assessed as to the types of services they need, with integrated attention to both mental health and substance related contributions to the crisis. In Fiscal Year 2001-02, 1,100 youth received inpatient psychiatric hospitalization. If hospitalization is not required, referrals are made for mental health, chemical dependency and other community services. Outpatient Services are provided through a network of County and contract operated clinics throughout the county. Services for emotionally disturbed youth include assessment; individual, family and group therapy; crisis intervention, medication evaluation, and chemical dependency services. In Fiscal Year 2001-02, there were 8,300 youth that received outpatient treatment. Some services are located at school sites. Fees for all services are based on family income and size. Medi-Cal is accepted.

- EPSDT Therapeutic Behavioral Services – 3255 Camino del Rio South, San Diego, CA, 92108, Phone: (619) 584-5000 Therapeutic Behavioral Services (TBS) is a mental health service providing short-term one to one interventions targeted at changing specific behaviors that are putting current placement at risk, or impacting the client's ability to transition to a lower level of care. TBS serves clients up to age 21, and can integrate attention to behaviors characteristic of severe emotional disturbance, as

well as substance use behavior. Clients must be full-scope Medi-cal and meet medical necessity criteria. A trained mental health specialist is assigned to a single child/youth for as many hours per day as needed. It is expected that a child will have a treatment team including a therapist, physician or psychiatrist, and that, except in extraordinary circumstances, other interventions have been tried before requesting TBS. TBS serves over 300 children annually.

- Juvenile Forensic Services - 2901 Meadowlark Drive, San Diego, CA, 92123, Phone: (858) 694-4680 Juvenile Forensic Services provides dual diagnosis capable mental health assessment, crisis intervention, consultation, provider credentialing & referral, and treatment services to those children, adolescents and families who are involved in the legal system and who are without other resources to secure such services. Services include psychological assessment and interagency consultation for families involved with the Juvenile Court. Juvenile Forensic Services are provided throughout the County at sites including Juvenile Hall and Girl's Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett. Some of the services are provided by contract agencies for children who are wards and dependents of the court, such as intensive case management and outpatient services, transition services for wards leaving Juvenile Hall, and parent peer support counseling for families of children in Juvenile Hall. Juvenile Forensics serves approximately 3,700 children and youth. When servicing children and youth in the Juvenile Forensics sector, it is critical to render services that integrate attention to the co-occurring disorders in each setting, and to emphasize effective interagency collaboration with child and adolescent substance treatment agencies.

- Residential Services- 2667 Camino del Rio South, San Diego, CA, 92108, Phone: (619) 688-4314 The Residential Services Section provides services to dependent children with severe emotional problems, their siblings, parents/guardians and/or caretakers. Children who are unable to be maintained in their own home or in a County licensed foster home are referred to the Residential Services Section for

placement in a higher level of care: a Foster Family Agency (FFA) certified foster home or a licensed group home (LGH). Currently, between 900 and 1000 children are assigned to this section. A screening unit screens all referrals and determines the appropriateness for Residential Services. Also, the Institutions Evaluations Unit (IEU) monitors the contracts with the placement providers and the Training Unit provides in-house trainings for Residential Services staff. An Independent Living Skills (ILS) Liaison provides training and consultation to staff and placement providers on youth development and emancipation related topics, including development of choices and skills related to use of substances. In addition, the two Teen Units provide specialty ILS case management services to 16+ year old dependents to prepare them for successful emancipation from the foster care system. Children and adolescents who are placed in residential settings receive a variety of County-administered services, including integrated substance abuse treatment, family reunification, family maintenance, permanent placement, and case management as well as the therapeutic placement services offered by the placement providers.

- Mental Health, Special Education Services - AB 2726 - 3320 Kemper Street, Suite 206, San Diego, CA 92110, Phone: (619) 758-6227 Assembly Bill 2726 is a state-mandated program intended to serve children and youth 3 to 22 years of age receiving special education services who require mental health services (including attention to co-morbid substance use disorders) in order to benefit from their educational program. Referral for an AB 2726 mental health assessment is made directly through the school district. Mental Health provides an assessment and may recommend outpatient, day treatment or residential services. In Fiscal Year 2001-02, Special Education Services staff provided 1,320 mental health assessments. AB2726, Mental Health serves 149 children and youth in day treatment, 180 children and youth in residential treatment, and approximately 700 children and youth are in outpatient.

Children’s Mental Health Services Initiative

In October 2000, San Diego County Health and Human Services Agency, Children’s Mental Health Services, with Childrens mental health community stakeholders, and its contracted partners implemented the CMHS Initiative. The CMHS Initiative is the prominent effort for the system of care for children and youth who are seriously emotionally disturbed, including those with co-occurring substance use disorders. The CMHS Initiative is consistent with the Dual Diagnosis Initiative for co-occurring disorders, in that the Initiative provides services that are designed to offer an array of individualized, integrated, dual diagnosis capable, specialized wraparound services and support for children, adolescents and their families with complex and enduring multi-system needs. Services involve a highly collaborative approach committed to keeping youth in the least restrictive level of care in the community. The CMHS Initiative’s target population is 1) wards, dependents or school-referred students at risk, or in high-end residential placement, 2) youth who meet SB 163 requirements, and 3) children and youth at risk for acute care and extended hospitalizations for psychiatric disorders. At the end of the first year of operation, 97% of the children and youth served avoided placement in a residential treatment facility, and 91.6% had no degree of police involvement since their enrollment in the CMHS Initiative. Currently, there are approximately 150 children being served by the CMHS Initiative.

Behavioral Health Integration Initiative

In December 2002, San Diego County HHSA began implementation of the Dual Diagnosis Initiative model in all three divisions (Children’s Mental Health Services, Adult/Older Adult Mental Health Services, and Alcohol and Drug Services), and CMHS has been an active participant in developing dual diagnosis capability throughout its service delivery system. The Children’s Subcommittee has taken an active role in policy and procedure development, particularly around welcoming practice and accurate screening and data capture, and a significant number of children’s agencies have committed to sign the project

charter (see attached) and to contribute trainers to the system wide train the trainers initiative, which will be linked to the CSOC Wraparound Training Academy.

The County of San Diego Children's System of Care (CSOC) Wraparound Training Academy

In 1995, San Diego Children's Mental Health Services forged a community based effort to develop the Children's System of Care; a coordinated, integrated comprehensive, and family-focused system for service delivery. Through this process, collaborative relationships became more formally established between Children's Mental Health Services (CMHS), Alcohol and Drug Services, Probation, Children's Residential Services, Education, Providers, Family Members and the Community. The *County of San Diego Children's System of Care Wraparound Training Academy* (*The Academy)* became a core strategy to implement the children's system of care values and to standardize practice.

The "Academy" has four major goals: 1) infuse system of care values and principles in all children's services, 2) standardize local wraparound practice, 3) integrate CSOC trainings through the development of an annual CSOC training plan, and 4) coordinate CSOC initiatives.

The advancement of cross system and sector partnerships has been recognized as a key component to solidify children's system of care practice. Various federal, state and local initiatives have supported the partnership relationships for more effective service delivery upon identification of common values, goals and objectives. Some of these initiatives include the Substance Abuse Mental Health Services Administration (SAMHSA) System of Care Community Gant, California's AB3015 local children's system of care, Probation Challenge Grant, the Child Welfare Family-to-Family Initiative, and the Community Youth Development Initiative. The training of representatives from each of these initiatives facilitates cross system integration and reinforces the delivery of service adherent to system of care values and

principles and local wraparound practice. All trainings model public, private, and family/youth partnership.

The Academy Oversight Committee ensures adherence to the annual training goals, develops an annual training plan, and provides system wide recommendations through membership in the Children's System of Care Steering Committee. Unique aspects of the "Academy" include the Training Teams, which model the public, private and family partnership (Family members, probation officers, child welfare social workers, clinicians, providers, and educators have all become trainers in the system of care), Regional Group Supervision for Staff, the Training for Trainers program, the monthly wraparound supervisors forum, and the annual System of Care conference. These CSOC community owned strategic efforts has resulted in infusion of system of care philosophy and practice within the organizational cultures of the CSOC partners. To date, the academy has trained 2,872 stakeholders.

In the coming year, a major objective will be to link the Dual Diagnosis Initiative train the trainer cadre children's trainer group to the structure of the CSOC Wraparound Academy, and begin to develop the Academy's capacity to integrate attention to co-morbid child and family substance issues into the core competencies and goals of wraparound training, consistent with both the overarching Children's System of Care principles and with Dual Diagnosis Initiative principles, as articulated in the charter.

Quality Improvement and Outcomes-Driven Services

Children's Mental Health Services includes a unit of Quality Improvement Specialists who contribute to the delivery of ethical, appropriate, and effective clinical services delivered by both County and contract providers. This activity is consistent with HHSA Guiding Principles, including fostering continuous improvement in order to maximize efficiency and effectiveness of services, providing customer focused and culturally competent services, and assisting employees in reaching their full potential. Specific

responsibilities include monitoring all program sites for safety and other Department of Mental Health requirements, regular review of medical records with feedback to providers as an opportunity to improve their practice, and ongoing training for staff in both County and contract programs regarding documentation requirements and appropriate reporting. In addition, CMHS is responsible for a variety of outcomes-related requirements, including state-mandated Performance Outcome reporting, data collection for the Children's Mental Health Initiative, and other data analysis to assist Administration in meeting funding requirements and in making decisions. This latter activity is consistent with the HHSA Strategic Plan principle that all activities are to be outcome driven

The Dual Diagnosis Initiative is a major quality improvement initiative for all of County HHSA, including CMHS. Consequently, CMHS will incorporate specific measures connected to the implementation priorities in the Dual Diagnosis Initiative charter into its QI plan and monitoring strategies, and will reference these as performance measures that will ultimately be built into the contract expectations.

Family/ Youth Partnership

From the inception of our local system of care development, family/youth-professional partnership has been a key principle in our reform effort. Family/youth-professional partnership embodies a set of values, principles, and practices critical to achieving optimal outcomes for children, youth and families served in our system. We strongly uphold the belief that partnering with family/youth in the development of the treatment plan, involvement in program development and policy development. This partnership results in better outcomes for youth, families and communities.

CMHS has evidenced the strong commitment to practice family/youth professional partnerships. Examples of this include: Family-Youth Advisory Groups, Family-Youth hired by agencies as coordinators, Co-creation of projects, Family/Youth Professional presentations, involvement in key policy

and other decision making meetings, Youth Councils, mentors, trainers, hired youth and family partners. Family/youth partners are involved in administrative activities, peer-to-peer support, and Family-Youth support partners (direct service providers). These efforts have resulted in family/youth sense of ownership of their child's treatment plans, improved responsiveness to family and youth and increased awareness of agency, family and youth cultures.

It continues to be the commitment of Children's Mental Health Services to continue to advance Family/Youth–Professional partnerships within mental health and throughout the Children's System of Care.

Demographics

- Number of unduplicated children served*:.. 16,173
- Gender Distribution:
  - 36% female
  - 64% male
- Age Distribution*:
  - 8% ages 1-5
  - 39% ages 6-12
  - 50% ages 13-17
  - 3% ages 18+
- Ethnicity Distribution*:
  - 39% White
  - 34% Hispanic
  - 18% African American
  - 4% Asian/Pacific Islander
  - 1% Native American
  - 4% Other/mix
- Total Budget: Total adopted budget for FY 03-04..$88,695,363
- Of the $88.7 Million approximately $57 million is in contracts
- Approximately 153 contract programs
- Percent of total budget by service mode:

- Residential and Foster Family Agencies: 26%
- Outpatient and School Based: 35%
- Day Treatment: 11%
- Case Management: 6%
- Inpatient: 6%
- Juvenile Forensics: 5%
- Emergency Screening: 3%
- Therapeutic Behavioral Services: 3%
- Advocacy and Outreach: 1%
- Administration: 4%

- Number of Dependent children in group homes in county [+] 606
- Number of Dependent children in Foster Family Agencies in county [+] 382
- Number of Dependent children in group homes out of county [+] 47
- Number of Dependent children in group homes out of state 0
- Number of Special Education children in group homes in county 79
- Number of Special Education children out of county 17
- Number of Special Education children out of state 53
- Number in State Hospital 0
- Number of staff 232.4

* Per SOC Report FY 01-02

[+] As of 11/30/02

“Kids”

Improve outcomes and opportunities for children and youth

Strategic Goal: **Make Sure They Are Healthy**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Provide eligible children and youth timely access to mental health outpatient treatment (within 28 days).	➢ Beginning July 2003, implement tracking system to monitor outpatient access of AB 2726 students.	➢ Have transferred one FTE position to SES and this position will implement and monitor tracking system.	➢ Ongoing	➢ Special Education Services
	➢ Beginning July 2003, work closely with outpatient providers to ensure that children are being admitted to programs on a timely basis.	➢ Monthly, contractors submit caseload and wait list data to Program Monitor, Regional Outpatient provider meetings, individual problem-solving meetings with contractors, establish minimum caseload expectations for clinicians, increase group therapy services, EPSDT providers see AB2726 Medi-Cal clients, and monitor regional referral system – providers work together to reduce wait lists.	➢ Ongoing	➢ Outpatient and Therapeutic Behavioral Services
	➢ Beginning July 2003, monitor and distribute monthly “wait” lists to all providers to encourage referral and cooperation between providers to reduce wait time.	➢ Monthly, analyst compiles and distributes via email to all outpatient providers, and compiles and distributes list of therapy groups to providers. Chiefs monitor.	➢ Ongoing	➢ Outpatient and Therapeutic Behavioral Services

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure a minimum of 70% of children and youth served in the System of Care Initiative avoid out-of-home placement.	➢ Beginning July 2003, ensure that outcome data is updated on a quarterly basis to the Children's Mental Health Services Initiative.	➢ At least 70% - tracked in Quarterly Operations Plan.	➢ Ongoing	➢ CMHS Initiative
	➢ Ensure that each child enrolled in the Initiative has a crisis management plan.	➢ Monthly, contractor will provide monthly status report that includes an update on the number of children that have a crisis management plan.	➢ 6/30/04	➢ CMHS Initiative
	➢ Ensure that Wraparound philosophy and approach is being put into practice by teaching skills for implementation.	➢ Three times a year, hold a wraparound basic class.	➢ 6/30/04	➢ CSOC Wraparound Training Academy
Develop dual diagnosis capacity within Children's Mental Health direct services.	➢ 100% of the participation programs will complete COMPASS, complete an approved action plan and complete at least one of the action items.	➢ 100% of participation programs.	➢ 6/30/04	➢ CMHS Admin
	➢ Provide one cross system Dual Diagnosis training to incorporate Children, Adult/Older Adult, Alcohol and Drug, and System of Care perspectives.	➢ 30 staff will participate in one training.	➢ 6/30/04	➢ CMHS Admin
Provide community with access to care.	➢ Partner with Adult/Older Adult Mental Health to develop the Network of Care web site to inform community and providers with information on	➢ Perform a formal review and update of web site information.	➢ 6/30/04	➢ Quality Improvement Unit

Operational Objective	Activities	Measure & Target	Target Date	Lead
	how to access mental health services.	➢ 6/30/04 – Inform CSOC community, including families, about the web site 3 times a year through the CSOC Wraparound Training Academy.	➢ 6/30/04	➢ CSOC Wraparound Training Academy

Strategic Goal: **Make Sure They Reach Their Full Potential**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure maximizing of resources funded through Early Periodic Screening Diagnosis & Treatment (EPSDT).	➢ Hold workshops on EPSDT to review current funding, future direction, and minimize risk.	➢ Will hold two workshops by 6/30/04.	➢ 6/30/04	➢ CMHS Admin
Increase the percentage of foster children in 12th grade who graduate with high school diploma or equivalent to -- 72% by June 2004 -- 74% by June 2005	➢ Monitor to ensure Residential Services social workers assess and refer 90% of all 12th grade foster youth to appropriate educational services (e.g., mentors, tutors, advanced vocational training, GED, etc.).	➢ Chief will monitor to ensure social workers assess and refer 90% of 12th grade foster youth.	➢ 12/1/03	➢ Residential Services
Ensure 90% of wraparound providers are participating in the CSOC Wraparound Training Academy.	➢ Hold Regional Wraparound Group Supervision sessions.	➢ Meeting held monthly and attendance will be tracked on sign-in sheets.	➢ 12/1/03	➢ CSOC Wraparound Training Academy
	➢ Hold Wraparound Supervisors Forum.	➢ Meetings held monthly and attendance will be tracked on sign-in sheets.	➢ 12/1/03	➢ CSOC Wraparound Training Academy

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure maximization of training resources through coordination of federal and state technical assistance.	➢ Hold System of Care conference for all CSOC partners.	➢ Conference will be annual and 200 stakeholders will be trained – attendance will be tracked on sign-in sheets.	➢ 4/1/04	➢ CSOC Wraparound Training Academy
Ensure maximum collaboration through CSOC partnership (family, probation, child welfare, and education partners).	➢ Hold CSOC Steering Committee.	➢ Meetings will be held monthly, and committee attendance sheets will be tracked.	➢ 12/1/03	➢ CMHS Admin
Ensure emancipation of youth leaving the foster care system.	➢ Conduct an emancipation conference for at least 80% of Residential Services emancipating dependents.	➢ The ILS unit will be conducting emancipation conferences (name changed to "independence readiness" conferences) for 80% of dependents.	➢ 6/30/04	➢ Residential Services
	➢ Implement Teen Unit pilot program and train case managers to provide specialty Independent Living Skills (ILS) related services to teens that are dependents.	➢ 5/3/01 - Teen Unit was implemented. ➢ Teen Unit is assessing 100% of 16 year olds using Transitional Independent Living Plans (TILP) as an assessment tool.	➢ 6/30/04 ➢ 6/30/04	➢ Residential Services ➢ Residential Services
Assist parents of children with emotional disturbance to become more self-sufficient and access community resources.	➢ Beginning July 1, 2003, hold CSOC Wraparound Academy trainings for families.	➢ Family trainings will be held three times a year.	➢ Ongoing	➢ CSOC Wraparound Training Academy

Communities

Promote Safe and Livable Communities

Strategic Goal: **Strengthen Regional Security**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Achieve all 14 federal and state "critical benchmarks" for bio-terrorism preparedness by December 2005.	➢ Ensure appropriate CMHS staff participate in bio-terrorism preparedness training to achieve Agency wide training goal of 75%.	➢ Management to decide on appropriate staff. ➢ Managers to ensure participation.	➢ 10/1/03 ➢ 10/1/03	➢ CMHS Admin ➢ CMHS Admin
	➢ Finalize site-specific Business Continuation Plan.	➢ ADD/Analyst to attend Agency meetings as they are presented periodically. ➢ Ongoing – individual unit plans are being coordinated.	➢ 1/1/04 ➢ 1/1/04	➢ CMHS Admin ➢ CMHS Admin

Strategic Goal: **Prevent Crime**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that quality mental health care is provided for Probation youth	The following will be in place to ensure that youth detained at East Mesa are receiving timely/quality mental health services: ➢ A medication monitoring plan will be implemented at the East Mesa Juvenile Detention Facility to guarantee the appropriate care and safety of youth.	➢ Quarterly, 5% of charts of children detained at Facility on psychotropic meds will be reviewed by Supervising Psychiatrist or designee.	➢ 6/30/04	➢ Juvenile Forensics

Operational Objective	Activities	Measure & Target	Target Date	Lead
	➢ Representatives from the Probation Department, Public Health, the California Forensic Medical Group and Juvenile Forensic Services will meet quarterly to assess treatment and safety issues common to each agency.	➢ Meet quarterly, and develop a list of treatment and safety issues common to each agency.	➢ 6/30/04	➢ Juvenile Forensics
	➢ The Supervising Psychiatrist or designee will meet with the Medical Director at the East Mesa Juvenile Detention Facility to discuss and evaluate the treatment of high-risk youth being served by both Juvenile Forensic Services and the California Forensic Medical Group,	➢ Meet monthly to ensure coordination of care.	➢ 6/30/04	➢ Juvenile Forensics
Continue to augment coordination of mental health services and alcohol/drug treatment services to improve the quality of behavioral health services, including programs which address the growing number of dually diagnosed cases.	➢ Beginning July 2003, begin quarterly committee monitoring and measurement of Behavioral Health key indicators.	➢ Ongoing - analyst will facilitate Quarterly meetings between Deputy Directors of AMHS, CMHS, and ADS, and track/report activities regarding key indicators.	➢ Ongoing	➢ CMHS Admin

"Required Disciplines"

Ensuring Operational Excellence

Strategic Goal: **Ensure a High Level of Operational Excellence by Adhering to County Required Disciplines**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Reimburse fund processing services from Special Funds and Trust Funds within 30 calendar days.	➢ Beginning July 2003, certify expenditures from Tobacco Funds to Agency Budget Office within 30 days of expenditure.	➢ Within 30 days of expenditure.	➢ Ongoing	➢ Financial Mgmt Unit
	➢ Beginning July 2003, Ensure that CMHS trust fund reimburses County General Fund within 30 days of incurred cost.	➢ Within 30 days of incurred cost.	➢ Ongoing	➢ Financial Mgmt Unit
Reduce to zero the cost/revenue gap in the Five-Year Financial Forecast.	➢ Provide input to Five-Year Financial Forecast by February 2004.	➢ Implementation plan to ensure input by target date. Chief of Administrative Support to report on twice a month.	➢ 2/1/04	➢ Financial Mgmt Unit
	➢ Manage to CMHS targets.	➢ Formulate management plan based on AMHS targets.	➢ 2/1/04	➢ Financial Mgmt Unit
	➢ Develop financing plan with projections and contingency scenarios in conjunction with Adult/Older Adult MH Svs.	➢ Discuss and initiate input at Staff Retreat.	➢ 6/23/03	➢ CMHS Admin
Achieve additional revenues and/or decreased expenditures to achieve zero or positive year-end fund balance.	➢ Beginning July 2003, monitor and manage CMHS expenditures to remain within budget.	➢ Develop and implement management plan to keep expenditures within budget, and mitigate expenses.	➢ Ongoing	➢ Financial Mgmt Unit
	➢ Beginning July 2003, earn or maximize revenue.	➢ Develop and implement management plan to maximize revenue.	➢ Ongoing	➢ Financial Mgmt Unit

Operational Objective	Activities	Measure & Target	Target Date	Lead
	➢ Beginning July 2003, mitigate CMHS expenses in relation to revenue shortfalls.	➢ Develop plan to train eligibility technicians and provide equipment for assisting indigent patients, and monitor implementation.	➢ Ongoing	➢ Financial Mgmt. Unit
Maintain or improve the customer satisfaction rating of 4.5 on a scale of 5.	➢ Beginning July 2003, develop continuous improvement plans and monitor to achieve target.	➢ Target of 4.5 or higher customer satisfaction rating. Quarterly, monitor and report on continuous improvement plan.	➢ Ongoing	➢ CMHS Admin
Demonstrate regional leadership by fostering a leadership role for San Diego County	➢ Consolidate three current intensive case management wraparound programs as part of the Children's Mental Health Services Initiative, ensuring solid fiscal practices, quality, and outcomes.	➢ Release Request For Proposal (RFP). ➢ Start-up of new program (Spring 2004).	➢ 10/30/03 ➢ 6/30/04	➢ CMHS Admin ➢ Contract Admin Unit ➢ CMHS Admin
Foster and maintain a skilled and diverse workforce by embracing diversity, cultivating employee development and training, promoting succession planning, and maintaining employee satisfaction.	➢ Beginning July 2003, ensure that 95% of all new hires attend Leveraging Diversity training within 90 days of hire.	➢ Analyst will review Agency's monthly report to ensure 95% of new hires attend within 90 days. Will alert managers if necessary.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, ensure that CMHS clinical staff and contracted program staff attend a minimum of 4 hours cultural competence training per year.	➢ Monthly status reports reflect number of staff and number of training hours and are monitored by QI Specialist.	➢ Ongoing	➢ Quality Improvement Unit
	➢ Beginning July 2003, report quarterly to Agency HR on diversity initiatives implemented in CMHS.	➢ Quarterly, ADD will provide information on diversity initiatives to Analyst.	➢ Ongoing	➢ CMHS Admin

Operational Objective	Activities	Measure & Target	Target Date	Lead
	➢ Ensure that 25% of CMHS employees either submit a new employee development plan or review and update their existing plan.	➢ Monthly, ICT will track success rate and report to Analyst. Analyst will remind managers. Goal is 25% or approximately 55 staff.	➢ 6/30/04	➢ CMHS Admin
	➢ Beginning July 2003, collaborate with Agency HR to identify CMHS individuals to participate in training on employee performance strategies and training design.	➢ When requested by Agency HR, identify individuals to participate in special training on employee performance strategies and training design.	➢ Ongoing	➢ CMHS Admin
	➢ Participate in implementation of Agency's succession plan as it is rolled out by Agency HR.	➢ Executives to participate per Agency's instructions.	➢ 6/30/04	➢ CMHS Admin
	➢ Distribute results of Employee Satisfaction Survey to all managers and supervisors and develop a continuous improvement plan to address deficiencies.	➢ Analyst to distribute results and coordinate development of continuous improvement plan.	➢ 6/30/04	➢ CMHS Admin
Maximize the use of technology to improve efficient, effective information management needed to support County programs.	➢ Participate in deployment of ERPs (i.e., Oracle, PeopleSoft, PeopleSoft Self Service, PbViews, Balanced Scorecard and Kronos time & labor distribution system) via training, user group participation, workshops, evaluation forums and proficiency documentation.	➢ Ensure appropriate CMHS staff participates in Agency ERP deployment plan as necessary.	➢ 9/1/03	➢ Financial Mgmt Unit

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that no more than 3% of desktop computers have non-standard operation systems.	➢ Beginning July 2003, review and justify prior to submission all CMHS requests to deviate from County standard desktop operating systems during Fiscal Year 2003-04.	➢ 3% or less non-standard operation systems. Review 100% of requests, flag those that are non-standard and bring to attention of Director.	➢ Ongoing	➢ Admin Support Unit
Promote and maintain the highest levels of accountability in all public services and operations by upholding ethical and legal standards and conducting County business as openly as possible.	➢ Beginning July 2003, adhere to County legal and ethical conduct policy, and review Human Resources policy briefs with staff.	➢ Analyst to present at Chiefs meetings as policy briefs are received.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, on a monthly basis, brief Children's System of Care committee on updates, proposed Board actions and/or other CMHS issues.	➢ Monthly, Deputy Director to provide briefings.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, on a monthly basis, brief the Mental Health Advisory Board on proposed Board letters and/or other CMHS issues.	➢ Monthly, Deputy Director to provide briefings.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, on a quarterly basis, provide budget updates to the Mental Health Advisory Board.	➢ Quarterly, Deputy Director to provide updates.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, on a monthly basis, make CMHS updates available to the community via the Network of Care web site.	➢ Monthly, Deputy Director to approve updates from managers. Analyst will ensure input into web site.	➢ Ongoing	➢ CMHS Admin

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that 95% of contracts are monitored according to a monitoring plan.	➢ Beginning July 20003, all CMHS external service contracts shall have a monitoring plan in accordance with Agency Manual of Policies and Procedures.	➢ 100% of external service contracts will be monitored.	➢ Ongoing	➢ Contract Admin Unit
	➢ Beginning July 2003, all CMHS contracts shall be monitored in accordance with the plan.	➢ 100% of contracts will be monitored.	➢ Ongoing	➢ Contract Admin Unit
Promote continuous improvement in the workplace as a fundamental part of the organization's culture and each employee's responsibility as follows:				
➢ Develop continuous improvement plans.	➢ Beginning July 2003, develop and implement a Continuous Improvement Plan for CMHS that includes: Customer Service and Employee Satisfaction objectives, an energy conservation plan and a workplace safety plan.	➢ Analyst will coordinate the development and implementation of Continuous Improvement Plan.	➢ Ongoing	➢ CMHS Admin
➢ Reduce information technology application costs by 10% by acquiring knowledge of application costs.	➢ Beginning July 2003, acquire knowledge of application costs and reduce high cost/low priority applications without disrupting services.	➢ Reduce application costs by 10%. Beginning 7/1/03, CMHS IT Coordinator will review periodic progress updates from the CTO's office.	➢ Ongoing	➢ Admin Support Unit

Operational Objective	Activities	Measure & Target	Target Date	Lead
➢ Participate in safety education and training to help in the reduction of work-related injuries by 2%.	➢ Beginning July 2003, collaborate with Agency HR to coordinate workplace ergonomic assessments/training. ➢ Beginning July 2003, develop a workplace safety plan.	➢ Provide training-for-trainers for mgmt - mgrs to provide training/track attendance. ➢ Analyst will attend CI Action team meetings to develop plans for each site.	➢ Ongoing ➢ Ongoing	➢ Admin Support Unit ➢ Admin Support Unit
➢ Monitor and reduce energy consumption to 10% below FY 00-01 baseline.	➢ Beginning July 2003, develop and monitor energy conservation plans for all CMHS locations.	➢ Reduce to 10% below FY 00-01 baseline. Analyst will coordinate and monitor plans.	➢ Ongoing	➢ CMHS Admin
➢ Ensure that services are of high quality and medical records will conform to audit standards.	➢ Review a sample of medical records for each distinct provider site and Reporting Unit.	➢ 95% of sites will receive review of at least 5 medical records annually.	➢ 6/30/04	➢ Quality Improvement Unit
➢ Train staff in documentation and clinical requirements.	➢ Offer training sessions for new and experienced employees, both County and contractor.	➢ Quarterly, offer 1 to 4 half day training sessions, to train at least 100 clinicians.	➢ 6/30/04	➢ Quality Improvement Unit
➢ Monitor all program sites for safety and compliance with requirements.	➢ Perform site reviews using site review tool.	➢ 95% of program sites will be reviewed annually.	➢ 6/30/04	➢ Quality Improvement Unit
➢ Address making organizational changes to more effectively and efficiently conduct operations.	➢ Hold a half day staff retreat. Initiate discussion at retreat.	➢ Approximately 27 CMHS leadership staff to meet prior to FY 03-04.	➢ 6/23/03	➢ CMHS Admin
Sustain a 95% level of employee performance reports completed on time.	➢ Beginning July 2003, monitor CMHS performance to assure timely completion of performance reports.	➢ 95% or higher level – tracked by HHSA monthly. Monitored by Personnel Analyst.	➢ Ongoing	➢ Admin Support Unit

Operational Objective	Activities	Measure & Target	Target Date	Lead
Close books monthly and participate in reporting Group Financial Condition.	➢ Beginning in first full month after Oracle implementation, provide all information necessary for HHSA financial books to close monthly.	➢ Monitor to assure monthly closing of books (financial information)	➢ First full month after Oracle is implemented	➢ Financial Mgmt Unit
Assist service providers in reducing per unit cost of services by 25%.	➢ Beginning July 2003, ensure that appropriate contract support staff in CMHS participate in Agency Contract Services activities designed to improve Agency contracting processes and procedures.	➢ Develop plan to monitor CMHS staff participation in ACS training activities.	➢ Ongoing	➢ Contract Admin Unit
Reduce the number of classifications in the classified service through consolidation.	➢ Beginning July 2003, support DHR's efforts to reduce the number of classifications.	➢ Implement plan to reduce number of classifications, in coordination with DHR.	➢ Ongoing	➢ Admin Supt Unit
Save an amount equal to 1% of salary and benefit costs to reduce ongoing pension costs.	➢ Beginning July 2003, monitor monthly to achieve Children's Mental Health Services target.	➢ Develop an action plan to ensure savings of 1% and monitor monthly.	➢ Ongoing	➢ Financial Mgmt Unit
Participate in Five-year Financial Forecasting.	➢ Provide all necessary information concerning expenditure and program revenue projections for Five-Year Financial Forecast to FSSD.	➢ Develop action plan to complete projections for Five-Year Financial Forecast and forward to FSSD.	➢ 12/1/03	➢ Financial Mgmt Unit
Participate in Development and Use of Environmental Scans relevant to the Strategic Plan.	➢ Use Environmental Scans to revise Agency Strategic Plan and CMHS Business Plan.	➢ Monitor to ensure use of environmental scans for revision of current Business Plan.	➢ 12/1/03	➢ CMHS Admin

Operational Objective	Activities	Measure & Target	Target Date	Lead
Identify Specific Outcomes Needed to Measure Progress of Strategic Planning effort.	➢ Beginning July 2003, ensure that a designated Assistant Measure Owner and Data Entry User coordinate with SPD to improve the quality of performance measures, reliability of data and alignment with Agency priorities.	➢ Develop an action plan to implement improvement strategies in coordination with SPD.	➢ Ongoing	➢ Quality Improvement Unit
Deploy PbViews to track activities aligned to programs centered in the Operational Plan.	➢ Beginning July 2003, refresh quarterly CMHS data for Executive Management measures and add commentary and action plans in *pbviews* application as appropriate.	➢ Monitor to ensure quarterly refresh of CMHS data.	➢ Ongoing	➢ Quality Improvement Unit
Use Performance Management/Balanced Scorecard (BSC) to measure outcomes relevant to the Strategic Plan and Five-year Financial Forecast.	➢ Beginning July 2003, track progress on strategic priorities.	➢ Monitor to ensure tracking of Balance Scorecard use.	➢ Ongoing	➢ Quality Improvement Unit
Participate in Operational Reporting	➢ Beginning July 2003, participate in monthly and quarterly operational reviews.	➢ Analyst to coordinate preparation of MOR's and QOR's and Director to present to HHSA Executive Cabinet and CAO as required.	➢ Ongoing	➢ CMHS Admin
Participate in Risk Identification	➢ Beginning July 2003, institute corrective action plans to mitigate financial and operational risks.	➢ Identify known risks and develop corrective action plans.	➢ Ongoing	➢ CMHS Admin

Operational Objective	Activities	Measure & Target	Target Date	Lead
	➢ Beginning July 2003, monitor the effectiveness of corrective action plans and communicate needed improvements to CMHS managers on all Children's Mental Health Services programs as needed.	➢ Develop an implementation and monitoring plan and communicate needed improvements.	➢ Ongoing	➢ CMHS Admin
Align Quarterly Reports, OIPs, and Quality First with Strategic Plan.	➢ Beginning July 2003, ensure that Quarterly Reports, OIP and Quality First goals align with Agency and County Strategic Plans.	➢ Analyst to track these items and ensure they align.	➢ Ongoing	➢ CMHS Admin
Promote Teamwork / Collaboration	➢ Beginning July 2003, address quality of Network of Care web site and prioritize changes/modifications as agreed upon by CMHS/AMHS team.	➢ Quarterly, monitor the quality of NOC web site (in coordination with AMHS)	➢ Ongoing	➢ CMHS Admin
Promote Communication	➢ Beginning July 2003, meet with all staff.	➢ At least once per year, Director will meet with all CMHS staff in their staff meetings or at brown bag lunches.	➢ Ongoing	➢ CMHS Admin
Develop a measurable Quality First Program using employee teams to accomplish outcomes contained in the Op Plan and relevant OIPs.	➢ Beginning July 2003, participate in development of annual goals, support tracking and reporting process as needed.	➢ Analyst to implement effective Quality First strategy and monitor/report progress.	➢ Ongoing	➢ CMHS Admin
	➢ Beginning July 2003, establish employee team to achieve Quality First goals.	➢ Analyst to employ employee team to achieve Quality First goals.	➢ Ongoing	➢ CMHS Admin

Operational Objective	Activities	Measure & Target	Target Date	Lead
Use outcomes to comply with state requirements and plan and monitor system performance.	➢ Participate in community decisions about outcomes.	➢ Attend monthly meetings of Steering Committee's Super Outcomes Subcommittee.	➢ 6/30/04	➢ Quality Improvement Unit
	➢ Supply all required reports to the state.	➢ 100% of required reports will be filed by due date.	➢ 6/30/04	➢ Quality Improvement Unit
	➢ Train providers on new Performance Outcome Project Requirements.	➢ 75% of providers will be trained prior to resumption of POP measures.	➢ 11/30/04	➢ Quality Improvement Unit

COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY

ADULT AND OLDER ADULT MENTAL HEALTH SERVICES
CHILDREN'S MENTAL HEALTH SERVICES
ALCOHOL AND DRUG SERVICES

CHARTER AND CONSENSUS DOCUMENT

CO-OCCURRING PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS

March 24, 2003

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COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

The following are the overall guiding principles of the Health and Human Services Agency.

VISION

All San Diego County residents will be healthy, safe and self-sufficient, and contribute to the overall well-being and quality of life of the community.

MISSION

Through partnerships and emphasizing prevention, assure a healthier community and access to needed services, while promoting self-reliance and personal responsibility.

GUIDING PRINCIPLES

1. Consolidate and integrate programs.
2. Establish regionalized community-based service delivery systems focused on Customer Service.
3. Value employees, our most important resource.
4. Ensure all activities are outcome driven.
5. Achieve a smaller governmental bureaucracy.
6. Assure fiscal responsibility and integrity.
7. Expand community collaborative efforts into full partnerships.

COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY

ADULT AND OLDER ADULT MENTAL HEALTH SERVICES

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CHARTER AND CONSENSUS DOCUMENT

CO-OCCURRING PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS

Overview

The County of San Diego, Health and Human Services Agency, (HHSA), is committed to quality of care for all clients served in the public health system. Individuals with co-occurring psychiatric and substance abuse disorders in San Diego County are recognized as a population with poor outcomes in multiple clinical domains and whose treatment costs are higher. They are underserved in both mental health and substance abuse treatment settings, with resulting overutilization of resources in the criminal justice system, the primary health care system, the homeless shelter system, and the child protective system. In addition to having poor outcomes and high costs, individuals with co-occurring disorders are sufficiently prevalent in all behavioral health settings that they can be considered an expectation, rather than an exception. "Clinical" in its usage throughout this document is understood to encompass alcohol and drug treatment and recovery modalities.

In order to provide more welcoming, accessible, integrated, continuous, and comprehensive services to these individuals, the following entities in San Diego County, Health and Human Services Agency, (HHSA), Adult and Older Adult Mental Health Services, (AOAMHS), Children's Mental Health Services (CMHS), Alcohol and Drug Services (ADS), with support of both the Mental Health and Alcohol and Drug Advisory Boards, have agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing systems change to improve outcomes within the context of existing resources. This model is based on the following eight clinical consensus best

practice principles (Minkoff, 1998, 2000) which espouse an integrated clinical treatment and recovery philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system:

1. Dual diagnosis is an expectation, not an exception. This expectation has to be included in every aspect of system planning, program design, clinical procedure, substance abuse recovery, treatment, case management, and aftercare services, counselor and clinician competency, and incorporated in a welcoming manner into every clinical and treatment or recovery contact.

2. The core of treatment success in any setting is the availability of empathic, hopeful treatment and recovery relationships that provide integrated treatment, coordination and continuity of care across multiple treatment episodes. Integrated treatment is defined to include collaborative relationships formed between programs to address and treat both disorders.

3. Assignment of responsibility for provision of such relationships can be determined using the four quadrant national consensus model for system level planning, based on high and low severity of the psychiatric and substance abuse disorders.

4. Within the context of any treatment or recovery relationship, case management and care, based on the client's impairment or disability, must be balanced with empathic detachment, confrontation, contracting, and opportunity for contingent learning, based on the client's goals and strengths, and availability of appropriate contingencies. A comprehensive system of care will have a range of programs that provide this balance in different ways.

5. When mental illnesses and substance abuse disorders co-exist, each disorder should be considered of equal importance, and integrated dual primary treatment is required.

6. Mental illness and substance abuse or dependence are both examples of chronic, biopsychosocial disorders that can be understood using a disease and recovery model. Each disorder has parallel phases of recovery (acute stabilization, engagement and motivational enhancement, prolonged stabilization and relapse prevention, rehabilitation and growth) and stages of change. Treatment must be matched not only to diagnosis, but also to phase of recovery and stage of change. Appropriately matched interventions may occur at almost any level of care.

7. Consequently, there is no one correct dual diagnosis program or intervention. For each individual, the proper treatment must be matched according to quadrant, diagnosis, disability, strengths/supports, problems/contingencies, phase of recovery, stage of change, and assessment of level of care. In a CCISC, all programs are dual diagnosis programs that at least meet minimum criteria of dual diagnosis capability, but each program has a different "job", that is matched, using the above model, to a specific cohort of patients, clients, or participants.

8. Similarly, outcomes must be also individualized, including reduction in damaging consequences, movement through stages of change, changes in type, frequency, and

amounts of substance use or psychiatric symptoms, improvement in specific disease management skills and treatment adherence.

Using these principles, we have agreed to implement a CCISC in San Diego County, HHSA, with the following four core characteristics:

1. The CCISC requires participation from all components of the mental health and alcohol and drug service system, with expectation of achieving, at minimum, Dual Diagnosis Capability standards (and in some instances Dual Diagnosis Enhanced capacity), and planning services to respond to the needs of an appropriately matched cohort of dual diagnosis patients, clients, or participants.

2. The CCISC will be implemented initially with no new funding, within the context of existing treatment, recovery, and case management operational resources, by maximizing the capacity to provide integrated treatment proactively within each single funding stream, contract, and service code.

3. The CCISC will incorporate utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with psychiatric and substance abuse disorders, and promote integration of appropriately matched best practice treatments for individuals with co-occurring disorders. "Clinical" in its usage throughout this document is understood to encompass alcohol and drug treatment and recovery modalities.

4. The CCISC will incorporate an integrated treatment philosophy and common language using the eight principles listed above, and develop specific strategies to implement clinical and treatment and recovery programs, policies, and practices in accordance with the principles throughout the system of care.

Action Plan

In the first year of implementation, all Health and Human Services Agency (HHSA) programs and contractor agency programs participating in this initiative will agree to implement the following action steps. All programs and/or agencies participating in the train-the-trainer initiative, whether voluntarily or by contract requirement, must sign this charter and agree to this action plan.

1. Adopt this charter as an official policy statement of the program and/or parent agency, with approval of Board of Directors or similar governing body as appropriate. Circulate the approved charter document to all staff, and provide training to all staff regarding the principles and the CCISC model.
2. Assign appropriately empowered administrative and clinical staff to participate in San Diego County's integrated system planning and program development activities.
3. Adopt the goal of achieving dual diagnosis capability as part of the program and/or parent agency's short and long range strategic planning and quality improvement processes.
4. Participate in the self-survey using the COMPASS instrument at six month intervals to evaluate the current status of dual diagnosis capability.

5. Develop a program specific action plan outlining measurable changes at the agency level, the program level, the clinical practice level, and the clinician competency level to move toward dual diagnosis capability. Monitor the progress of the action plan at six month intervals. Participate in system wide training and technical assistance with regard to implementation of the action plan.
6. Participate in system wide efforts to improve identification and reporting of individuals with co-occurring disorders by incorporating program specific improvements in screening and data capture in the action planning process.
7. Participate in system wide efforts to improve welcoming access for individuals with co-occurring disorders by adopting program specific welcoming policies, materials, and expected staff competencies.
8. Assign staff to participate in system wide efforts to develop dual diagnosis capability standards, and systemic policies and procedures to support welcoming access in both emergency and routine situations.
9. Assign appropriate clinical and administrative leadership to participate in interagency care coordination meetings as they are developed and organized.
10. Participate in system wide efforts (e.g., Co-occurring Disorders Training Subcommittee) to identify required attitudes, values, knowledge, and skills for all clinicians and direct service staff regarding co-occurring disorders, and adopt the goal of dual diagnosis competency for all clinicians and direct staff as part of the agency's long range plan.
11. Participate in clinician and staff competency self survey using the CODECAT at six month intervals, and use the findings to develop an agency and/or program specific training plan.
12. Identify appropriate clinical supervisory and administrative staff to participate as trainers in the system wide train-the-trainer initiative, to assume responsibility for implementation of the agency's or program's training plan, and assist in tool administration and implementation of the agency's or program's dual diagnosis capability action plan.

This document is hereby ratified by the following signatories:

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Mark Refowitz
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