

## Maine COSII: Co-Occurring Disorders Action Plan – Example 4

Agency: Our Agency Time Frame: January 2008-June 2009

Red Text = 1<sup>st</sup> quarter changes

Purple Text = 2<sup>nd</sup> quarter changes

*Italicized Text = Change to action plan after initial submission*

**Overall Goal:** Our agency will improve its ability to provide integrated treatment for co-occurring disorders. This will be done through revising publications, policies and procedures to include COD capability, achieving the maximum paperwork integration that is allowed by licensing, implementing processes by which patients are appropriately screened, assessed and treated for COD at all levels, and provide outreach and education to patients and the community regarding COD capability and substance abuse prevention. Initial focus will be to increase staff awareness and competencies with respect to COD, assure that our documents reflect COD capability, assure that patients are appropriately screened, assessed and treated for COD, and to assure that services are welcoming and inviting to those in need of and participating in COD treatment. During subsequent years, our agency will work to expand COD services by utilizing knowledge and information gained in its tenure as a COSII pilot site.

### Area 1: Organizational: Charter, Policies, Mission, Philosophy, Executive Management

Goal for Quality Improvement	Action Steps	Time Frame	Persons Responsible	Date Completed
1. Improve agency documents and procedures to include welcoming COD language	1. Identify documents that do not currently include COD language	March - April 2008	QI Manager/COSII Project Coordinator/COSII Champions Work Group	Reviewed - Narcotics Prescribing Policy – March 2008 (current status - pending provider review) No Show Policy, Discharge Policy, Call Back Procedures,

	<p>2. Review and amend documents to include welcoming COD language</p> <p>3. Policies to be presented and accepted by board of directors for implementation</p>	<p>April 2008 - ongoing</p> <p>Ongoing</p>	<p>COSII Champions Work Group/QI Manager/HR Director</p> <p>Board</p>	<p>Referral Procedure for Outreach and Mental Health services</p> <p>Narcotics Prescribing Policy Currently being reviewed (6/30/08)</p>
<p>2. Enhance capacity to provide appropriate, coordinated, integrated COD services at all locations</p>	<p>1. Expand COD services through improved systems and approaches to service delivery</p> <p>2. Provide information and education to all staff members re: COD and COSII involvement</p>	<p>April 2008 – ongoing</p> <p>April 2008 – November 2008</p>	<p>All Providers</p> <p>COSII Project Coordinator/Champions Workgroup/Outreach Manager/CEO</p>	<p>Urgent care center opened in late April 08, COD screening is being utilized at this site with at least 6 new referrals occurring in May for COD services</p> <p>Presentation made to providers on 4/3/08. completed</p>

	3. Expand delivery of COD services by hiring additional mental health staff (i.e. LCSW with substance abuse experience)	August 2008	CEO/HR Director	<p>coordinator and MA presentations on 4/9/08 and 6/4/08, respectively. Presentation made to Outreach and Patient Support to Medical Staff on 6/4/08.</p> <p>Ad for LCSW appeared in 3/27/08 edition. Hiring efforts continue with reviewing of applications rec'd. Interviews set to begin in August.</p>
4. Agency leadership announces official commitment for the agency to become COD capable	1. CEO to "launch" COSII project and use COD language to educate staff on our commitment to providing integrated treatment services	February 2008	CEO	Completed through newsletter article in March 2008.

	2. Empower champions team to make changes in policy, practice, and procedures for screening, assessing, and treating COD	March 2008	CEO	Our COSII champions workgroup has met on 4/3/08 & 6/5/08 2 <sup>nd</sup> article placed in our June edition of monthly newsletter.
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**Area 2: Infrastructure: HR, Data, Fiscal, Quality Improvement**

Goal for Quality Improvement	Action Steps	Time Frame	Persons Responsible	Date Completed
1. Improve ability to identify and count patients with COD	1. Identify data collection needs	February 2008	Champions work group/COSII project coordinator	March 2008
	2. Organize to collect data necessary for reporting	March 2008	Operations Manager/IT	March 2008
	3. Gather data and transfer into COSII reporting database	Quarterly beginning April 2008 through end of project	COSII Project Coordinator	March 2008
2. Direct service providers will have appropriate supervision/consultation for reviewing COD cases	1. Identify provider needs for supervision and consultation	May - June 2008	Medical Director/LCSW	COSII project coordinator, COSII, and medical director have discussed ideas and continue to work
	2. Design case review procedures	June 2008	Provider Staff	

	3. Implement regular case reviews	July 2008	Medical Director/LCSW	towards setting this training up.
3. Assure COD services are regularly reviewed and evaluated	1. Add COD data to QI committee's regular review/audit schedule	May 2008	QI Committee	
	2. Evaluate COD data according to QI plan	May 2008	QI Committee	
	3. Obtain consumer feedback regarding COD services through our bi-annual patient satisfaction surveys and question of the month rotation	April 2008, October 2008 & April 2009	QI Committee	
	4. Conduct 5 chart audits monthly, according to COSII template	Monthly beginning in January 2008	COSII Project Coordinator	Completed for 1 <sup>st</sup> quarter Completed for 2 <sup>nd</sup> quarter
	5. Report findings from chart audits and quarterly reports to staff	Quarterly beginning in April 2008	Champions Work Group	Completed for 2 <sup>nd</sup> quarter
	<i>6. Create and implement use of audit reporting form/checklist for clinicians to use for COD charts</i>	<i>July 2008</i>	<i>COSII Project Coordinator</i>	

**Area 3: Clinical Policy and Practice**

<b>Goal for Quality Improvement</b>	<b>Action Steps</b>	<b>Time Frame</b>	<b>Persons Responsible</b>	<b>Date Completed</b>
1. Improve screening for co-occurring disorders	1. Identify screening tools for assessing patients for COD	January 2008	Champions Workgroup	<b>February 2008, Implemented use of AC-OK screening tool in MH and SBHC programs on 5/10/08</b>
	2. Train providers to use screening tool	April 2008	COSII Project Coordinator	<b>Initial training completed for 1<sup>st</sup> group of providers who will use these screening tools, March 2008</b>
	3. Implement use of COD screening tool	April 2008	COSII Project Coordinator/Medical Director	<b>March 2008</b>
2. Increase integration of COD treatment services between all locations.	1. Review referral process for COD treatment	April 2008	COSII Project Coordinator	COSII project Coordinator has reviewed referral process and initiated a change project related to how COD referrals
	2. Complete COMPASS assessments to identify strengths and areas for improvement	May 2008 and ongoing throughout project period	COSII Project Coordinator	

	3. Utilize PDSA cycle to implement changes to improve referral rate for patients in need of COD treatment	May 2008	Champions Work Group/Medical Director	are responded to. Data collection efforts related to this change continue.
3. Increase number of our patients who receive appropriate treatment for COD by 10% from baseline during Year 1	1. Establish baseline	January 2008	CEO/Champions Workgroup	At the end of the first quarter referral it appeared that 7 patients were being treated for COD
	2. Utilize NIATx change process to implement improved referral, intake, and treatment procedures	June 2008	Champions Workgroup	COSII project coordinator has visited 1 primary care office to implement screening process for trial of screening tools (i.e. utilized AC-OK screening tool for each patient seen at that primary care office that day)

**Area 4: Clinical Competencies**

<b>Goal for Quality Improvement</b>	<b>Action Steps</b>	<b>Time Frame</b>	<b>Persons Responsible</b>	<b>Date Completed</b>
1. Establish a basic competency training plan for direct care providers	1. Inventory provider training needs for better understanding and increased knowledge of COD	April 2008	Medical Director/Champions Workgroup	
	2. Offer at least two in service training sessions for providers treating COD	June 2008 & September 2008	Medical Director/Champions Workgroup	
	3. Document training hours in personnel files or other meeting minutes as appropriate	As training occurs	HR Director	
3. Staff will develop core competency in COD	1. Promote staff participation in training related to COD screening, assessment, and treatment	June & September 2008	CEO/Medical Director/COSII Project Coordinator	

**Area 5: Larger Systems: Cultural Competence, Advising on State Infrastructure Obstacles, Mentoring**

<b>Goal for Quality Improvement</b>	<b>Action Steps</b>	<b>Time Frame</b>	<b>Persons Responsible</b>	<b>Date Completed</b>
1. Improve community awareness COD services	1. Include COD services in marketing and promotion plan	July 2008	Marketing Director	



<p>2. Improve student, parent, and community understanding and knowledge of COD services</p>	<p>1. Provide ongoing education and outreach for students, parents, and the communities eligible to receive services 2. Develop youth involvement plan 3. Implement youth involvement plan</p>	<p>September 2008 and ongoing after that  September 2008  October 2008 - ongoing</p>	<p>Coordinator  Coordinator/ Advisory Board Coordinator/ Advisory Board</p>	
<p>3. Improve relationships and partnerships with other community providers</p>	<p>1. Become a regularly participating member of the bi-monthly COSII Regional Performance Partnership 2. Attend Pilot Site meetings bi-monthly</p>	<p>January 2008 through end of pilot  January 2008 through end of pilot</p>	<p>COSII Project Coordinator  COSII Project Coordinator</p>	<p>Completed, attended Jan, Feb meetings ill Mar meeting, on vacation Apr meeting. Attended May and June meetings</p>
<p>4. Provide feedback and support for change at a larger level</p>	<p>1. A representative will attend up to 2 work group or steering committee meetings over the 18 month project 2. Provide mentoring throughout the project period</p>	<p>As meetings are available  During Regional Meetings, Pilot Site Meetings, and work group meetings</p>	<p>Champions Work Group  Champions Work Group/COSII Project Coordinator</p>	