

State Departments  
MHSAs Progress Report\*  
Fiscal Year 10-11  
Reporting Period: July 1 – December 31

**Department of Alcohol and Drug Programs**

**1. Identify 2-3 highlights for this reporting period**

- Publication of the Military and Veterans issue of the *COD E-Circular* and the “Tool Box” companion piece (see items 1 and 2 under “Major activities/deliverables”).
- COJAC Policy Academy to discuss challenges and opportunities in healthcare reform (HCR) related to serving persons with a co-occurring mental health and substance use disorder (see item 3 under “Major activities/deliverables”).
- Updated and revised COD Funding Matrix (see item 5 under “Major activities/deliverables”).

**2. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MOU work plan and provide an update.**

<p><b>Goal 1</b>  Increase knowledge of co-occurring disorders (COD) providers and COD clients and friends and family regarding COD-related issues, events, and partners.</p>
<p><b>Objectives 1a</b>  Unit staff research, write, format, and produce the <i>COD E-Circular</i>. The COD Unit electronically disseminated to subscribers the <i>COD E-Circular</i> and the companion and like-themed document, the “Veterans COD Services Tool Box”. The COD Unit staff also disseminate these documents, along with other electronic or hard copies of back issues of the <i>COD E-Circular</i> and the companion “Tool Box” documents, in response to email or in-person requests and at numerous meetings and other events; please see Objective 1e.</p>
<p><b>Objective 1b</b>  The COD Unit continues to maintain the COD and COJAC Web pages on the ADP Web site (<a href="http://www.adp.ca.gov/COD/index.shtml">http://www.adp.ca.gov/COD/index.shtml</a> and <a href="http://www.adp.ca.gov/cojac/index.shtml">http://www.adp.ca.gov/cojac/index.shtml</a>). The Unit interfaces with California Department of Alcohol and Drug Programs (ADP) Web Unit to ensure accurate and current information is posted on the site (1b.1). Unit staff also develop additional and appropriate information to post to the sites. Discussion, research, and development continue, both in general (1b.2) and for an Evidence-Based and Promising Practices page (1b.3). The COD Unit updates Web site pages of both COD and Co-occurring Joint Action Council (COJAC) Web pages of the ADP Web site on an ongoing basis.</p>
<p><b>Objective 1c</b>  The COD Unit staff research issues and respond promptly to the occasional and generally serious and substantial inquiries from the "Contact Us" system - approximately four in this period.</p>
<p><b>Objective 1d</b>  The COD Unit created presentations on integrated COD treatment and presented a complete workshop twice at the annual ADP conference in October, “Strongest Together: Building Quality Services During Challenging Times”. The workshop focused on introducing the Dual Diagnosis Capability in Addiction Treatment (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) tools and their usefulness in preparing for integration with primary care. The DDCAT and the DDCMHT are tools for evaluating capability in COD programs and are free of charge.</p>

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**Objective 1e:**

COD team continues to compile lists of conferences, workshops, and meetings to disseminate and share information on current and emerging issues. The Unit staff attended a large number of webinars and educational events and conference calls presented by Substance Abuse and Mental Health Services Administration (SAMHSA) and other local, state, and national organizations, particularly, on topics related to treatment for mental health and substance use under federal health care reform (HCR) and integration with primary care of substance use and mental health treatment services.

COD staff participation at these events brings attention to COD-related issues, such as integration of mental health and substance use treatment and the cost-saving potential of COD treatment integrated with primary care under HCR. Additionally, Unit staff help increase meeting participants' awareness of the system changes, including the need for improving workforce and program qualifications and quality, to prepare for HCR. Among other meetings, conferences, and workshops attended, the following are notable:

- Planning and preparation meetings for Center for Substance Abuse Treatment (CSAT) technical assistance application (August and September)
- CAADPAC Integration with Primary Care workgroup meeting (September)
- California Association of Area Agencies on Aging (C4A) planning meetings in July and September, in preparation for November conference
- C4A Conference in November (which included two workshops related to addiction issues, substance use, and mental health; in response to COD Unit input and co-ordination: "Substance Abuse and Mental Illness Among Older Adults" and "Problem Gambling Among Older Adults")
- August planning meeting for the high-level COJAC-California Institute of Mental Health (CiMH) Policy Academy on challenges and opportunities in HCR related to serving persons with COD
- October COJAC-CiMH Policy Academy (via telephone)
- ADP's conference, "Strongest Together: Building Quality Services During Challenging Times" (October)
- Center for Health Improvement Briefing on Health Policy Forum: Enhancing the healthcare safety net: Innovative care models (December)
- December meeting of the ADP Veterans Awareness Initiative
- Numerous phone conference calls and planning emails for CiMH COD trainings (approximate average of two to three a month, August through December). The COD Unit provided input on content, appropriate national and local speakers (including providing contact information and introductions), scheduling, and adjusting both initial agenda and content (to better reflect the information needs of providers, especially in an HCR environment) and subsequent alterations after various delays and changes, partly related to developments in HCR.
- all COJAC Workgroup meetings (quarterly)
- all COJAC committee meetings (Partnership, Funding, and Youth Committees) – on at least a monthly basis
- MHSA Interagency meetings for MOU partners, in July and December
- Integration with Primary Care overview meeting with management staff, ADP Program Services Division (December).

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**Objective 1g**

The COD Unit continues to expand and maintain its extensive contact list of COD administrators, providers, policy makers, and other interested parties. Approximately twice a month, Unit staff email “COD Opportunities” items to the subscribers on this list with compilations of information about upcoming training opportunities (webinars, conferences, online training, etc.) and other COD-relevant resources (links and attachments). These approximately twice-monthly emails regularly generate follow-up inquiries, which unit staff responds to within one to three days. Unit staff encourages additional sign-ups to this list by publicizing it and the COD Web pages at relevant meetings and events.

**Goal 2**

Increase COD providers’ knowledge, awareness, and capacity of veterans’ issues.

**Objective 2a:**

In addition to the publication of the Veterans and Military issue of the *COD E-Circular* and the companion tool box, Unit staff attended and shared relevant information at the December Veterans’ Awareness Initiative (VAI) meeting. Additionally, Unit staff facilitates contacts between interested parties and the organizers of the VAI meetings.

**Goal 3**

Strengthen and develop partnerships with entities that are invested in COD treatment strategies, including but not limited to Alcohol Drug Policy Institute (ADPi), CADPAAC, COJAC, CiMH, California Mental Health Directors Association (CMHDA), and providers.

**Objective 3b**

The COD Unit continues in numerous ways to provide support to COJAC and inform other potential partners of its work. COD Unit participates in COJAC and committee meetings (3b.1). Unit staff host the teleconference calls for the committee meetings and publicize them to the members and other interested parties, as well as otherwise informing others about the COJAC Workgroup and committees (3b.1). Additionally, staff review, edit, and comment upon COJAC minutes (3b.4) and post approved minutes to the COJAC site, <http://www.adp.ca.gov/cojac/meetings.shtml> (3b.5). Unit staff take minutes for the Funding, Partnerships, and Youth Committees – each of which seeks to meet monthly via teleconference calls (3b.1).

Unit staff works with the committees in creating and updating COJAC documents (3b.2) and, when appropriate, posting the approved documents to the COJAC Web pages. The Youth Committee has completed revisions of a “Statement of Necessity” for the committee. The Funding Committee has now completed the revision and updating COD Funding Matrix.

**Objective 3c**

COD Unit staff continues to work with ADPi in support of the development of effective COD providers statewide. Unit staff also collaborates with ADPi on research, policy analyses, and training efforts.

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<p><b>Goal 4</b>  Improve availability of quality COD treatment in California.</p>
<p><b>Objective 4a</b>  In order to increase capacity of COD and other providers to utilize the Dual Diagnosis Capability in Addiction Treatment (DDCAT) and Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) effectively, Unit staff provided two workshops on these tools at the ADP conference in October, , “Strongest Together: Building Quality Services During Challenging Times”; updated information on the DDCAT page of the COD Web pages, included a DDCAT article in the <i>COD E-Circular</i>, and worked to provide introductory information on the DDCAT and a link to the DDCAT page of the COD Web pages in the ADP County Monitoring tool.</p>
<p><b>Objective 4b</b>  Investigation of new methods to identify quality (as defined using SAMHSA standards) COD providers in CA continues, with no notable milestones.</p>
<p><b>Objective 4c</b>  Unit staff continue to participate on monthly conference calls with the national DDCAT Collaborative, exploring aspects of work on the DDCAT/DDCMHT (4c.1). The Collaborative encourages and co-ordinates additional development and research related to these tools and integration of COD treatment, including updating of the tools, reports on and discusses new developments in approaches to COD; and identifies, gathers, and analyzes DDCAT/DDCMHT survey and related data. Unit staff are preparing ADP DDCAT data for submission to the Collaborative (4c.2-3).</p>
<p><b>Goal 5</b>  Increase number of quality COD providers in CA by bringing quality trainings to California.</p>
<p><b>Objective 5a</b>  In order to inform COD providers in California about the DDCAT and/or DDCMHT tools the COD staff presented two workshops on these tools at the ADP conference in October, , “Strongest Together: Building Quality Services During Challenging Times” (5a.1). Additionally, the Dec. <i>COD E-Circular</i> featured an item with updated information on these tools and their potential usefulness in connection with health care reform (5a.1 and 2). Unit staff also have worked with ADP’s County Monitoring unit to disseminate information on the DDCAT and encourage self-surveys with this tool (5a.1 and 2).</p>
<p><b>Objective 5b</b>  Unit has worked with COJAC to review and investigate various means to make the changes necessary to facilitate integration with primary medical care, to accommodate parity, and to support California’s transition under federal healthcare reform (HCR). This work led to the October COJAC Policy Academy on this subject, for which Unit staff provided conceptualization and development assistance, including a Project Proposal and Timeline. The October Policy Academy resulted in a COJAC report containing numerous recommendations in regards to preparing for primary care integration. COJAC features collaborative relationships among COD stakeholders, and the Policy Academy included COD and other systems providers throughout California (5b.1). Additionally, articles in the <i>COD E-Circular</i> incorporate discussion of HCR considerations.</p>

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<p><b>Objective 5c</b> Both through the <i>COD E-Circular</i> and the regular “COD Opportunities” emails, Unit staff share HCR information with substance use treatment and COD providers throughout California. This information on the anticipated impacts of HCR and structural and other changes likely under it includes announcing numerous HCR-related webinars parity and on integration with primary care. Additionally, unit staff participate in the CADPAAC Integration with Primary Care workgroup. Unit staff remain informed of HCR issues through participation in numerous webinars, meetings, and presentations on HCR-related topics.</p>
<p><b>Objective 5d</b> Unit staff have participated in two meeting to plan how to bring SAMHSA’s CSAT technical assistance on COD screening to COD providers in California at several training venues.</p>
<p><b>Objective 5e</b> Unit staff prepared and advocated for inclusion of new data collection questions on screening and DDCAT use and scores. Following further discussions and attention to the limitations of the county monitoring tool, the wording of the questions was revised and an informative background introduction included. As of December, these questions have been incorporated into the county monitoring tool.</p>
<p><b>Objective 5f</b> COD staff provided formative input in planning and helped with the logistics of the COJAC Policy Academy in October on how to respond to likely changes under HCR, from a COD perspective.</p>
<p><b>Objective 5g</b> Unit staff participated in COJAC discussions of input on COD issues to the 1115 waiver, and these discussions eventually resulted in the Policy Academy referenced above (see also item 3 under “Major activities/deliverables”). .</p>
<p><b>Objective 5h</b> Both the ADP Conference COD Unit presentations to providers and the December <i>COD E-Circular</i> incorporated consideration of HCR impacts.</p>

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Major activities/deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Electronic dissemination of the “Tool Box”, companion piece to the Military and Veterans issue of the <i>COD E-Circular</i>	“twice yearly” (as part of the <i>COD E-Circular</i> )	Emailed out the Veterans COD Services Tool Box in Sept. Also distributed hard copies at VAI meeting on December 7.	Many California veterans continue to require services beyond those currently funded and provided by federal programs to treat military and veterans with COD. Military homelessness, suicides, and involvement with the correctional system continue as substantial issues..	These documents go to numerous mental health service providers. Additionally, various mental health resources, such as Studies in the News, are used for research purposes.	Further hard-copy dissemination at Veterans’ Mental Health meeting (1/11), Working Families Policy Summit (1/12/11) and other meetings and conferences.
2. Electronic dissemination of the <i>COD E-Circular</i> .	“twice yearly”	Emailed out the <i>COD E-Circular</i> in December.	As above	As above	As above

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<p>3. Unit staff worked with COJAC to envision, structure, plan, and assist with logistics for a day-long Policy Academy to discuss challenges and opportunities in healthcare reform (HCR) related to serving persons with a co-occurring mental health and substance use disorder, including providing a Project Proposal and Timeline. The goal for this high-level meeting was to develop an action plan on how to address COD in California under HCR. The October Policy Academy resulted in a COJAC report containing numerous recommendations in regards to preparing for primary care integration.</p>	<p>Part of ongoing work with COJAC, the Policy Academy took place on October 27.</p>	<p>The Policy Academy led to planning for a larger follow-up meeting featuring national, state, and local leaders: <i>Substance Use and Mental Health: Building Collaborations for HCR</i>. This January 27 event is sponsored by CiMH in cooperation with County Alcohol and Drug Program Administrators Association of California (CADPAAC) and COJAC:  <a href="http://elearning.networkofcare.org/CiMH/PackageOverview.asp?id=331567">http://elearning.networkofcare.org/CiMH/PackageOverview.asp?id=331567</a></p>	<p>The 1/27 event will discuss national HCR and the implications for California, seek joint advocacy on integration, and review the consensus policy paper – on mental health and substance use disorders and HCR – drafted out of the October Academy</p>	<p>Mental health treatment providers and administrators attend COJAC and participated in the planning work and discussions. Additionally, these groups participated in the Policy Academy in October.</p>	<p>In addition to many COJAC members participating in the 1/27 event, the COD Unit staff will continue its participation in and support of the COJAC Workgroup’s substantive discussions on mental health and substance use disorders and HCR, including the various requirements and changes needed for integration of such treatment with primary care.</p>
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<p>4. Unit staff review, edit, and post accepted COJAC Workgroup minutes to ADP's COJAC Web site. (Minutes are at the link provided in <b>"Status on achieving objective, activities and deliverables (insert links)"</b> column to the right.)</p>	<p>Ongoing</p>	<p>Once approved, minutes are posted at <a href="http://www.adp.ca.gov/cojac/meetings.shtml">http://www.adp.ca.gov/cojac/meetings.shtml</a></p>	<p>COD treatment; treatment parity; and integration into primary care of COD, substance use, and mental health treatment all constitute important areas of potential health care savings and potential challenges for current systems as the field restructures itself in anticipation of full implementation of HCR.</p>	<p>Mental health treatment providers and administrators attend COJAC.</p>	<p>These COJAC Workgroup 2011 meetings are scheduled:</p> <ul style="list-style-type: none"> <li>• January 5, 2011</li> <li>• March 2, 1011</li> <li>• May 4, 2011</li> <li>• July 6, 2011</li> <li>• September 7, 2011</li> <li>• November 2, 2011</li> </ul>
<p>5. Completed the updating and revision of the COD Funding Matrix.</p>	<p>Ongoing</p>	<p>The Funding Committee completed work in December (and presented the Matrix to COJAC in January 2011).</p>	<p>The Funding Committee will update this "living document" (including new funding sources).as information changes</p>	<p>Mental health treatment providers and administrators attend COJAC and the Funding Comm. and participate in work and discussions</p>	<p>The new Funding Matrix will be posted to the "Documents" section of the COJAC Web site. Announcements will be made in the <i>COD E-Circular</i> and other forum</p>
<p>6. Created electronic slide show presentations and conducted two workshops at ADP conference.</p>	<p>October 13, 2010</p>	<p>Presentations and workshops extremely well received at October conference.</p> <p>In response to the workshop, one participant is now working to implement DDCAT assessments for all providers in that county.</p>	<p>Treatment providers continue to struggle with achieving integrated COD treatment.</p>	<p>Mental health treatment providers attended workshop and participated in workshop discussions.</p>	<p>.Presentation developed for the conference is now available on the DDCAT Web page (at the bottom): <a href="http://www.adp.ca.gov/COD/ddcat.shtml">http://www.adp.ca.gov/COD/ddcat.shtml</a> . Additionally, it is used as a resource for county and other treatment providers requesting information or inquiring about the DDCAT and/or the DDCMHT tools</p>

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<p>7. Facilitated the inclusion and presentation of two COD-related workshops at the C4A conference: "Substance Abuse and Mental Illness Among Older Adults" and "Problem Gambling Among Older Adults")</p>	<p>November</p>	<p>Workshops on problem gambling – presented by ADP staff – and the problems of addiction and substance use, particularly as related to aging and mental health issues – presented by members of the ADP Aging Constituent Committee – were included in the conference program:  <a href="http://www.c4a.info/images/stories/workshopdes.pdf">http://www.c4a.info/images/stories/workshopdes.pdf</a>.</p>	<p>Aging "baby boom" generation, with attitudes to drugs influenced by the culture of the 1960s, may experience increased COD-related issues.</p>	<p>Mental health issues were also addressed in other workshops presented at the conference.</p>	<p>N/A</p>
<p>8. In collaboration with ADP's County Monitoring Unit, the county monitoring tool now includes new data collection questions on COD screening and the use of the DDCAT tool. Additionally, the questions are preceded by informative background information and links.</p>	<p>December</p>	<p>These COD questions are included in the standardized tool currently being used as the basis for ADP's monitoring of county compliance with grant requirements for federal funding of substance disorder treatment. Initial data will be available in several months.</p>	<p>Only some providers currently include various kinds of screening as part of their routine procedures. The requirements for qualifications of staff to administer some screens and the time required for screening may create obstacles to screening, due to funding limitations. Also, some screening tools are proprietary, and their cost presents an issue.</p>	<p>Counties are referred to the SAMHSA for further information. Additionally, they are referred to the COD Web site DDCAT page. The content of that page has been shaped by the COD Unit with input from the DDCAT collaborative, a body that includes mental health professionals. Also, that page provides further information on the DDCMHT tool.</p>	<p>COD staff will analyze resulting data to identify useful next steps for providing information and training on these matters.</p>

Submit electronic copies of reports by Jan. 31, 2011, to: Debbie Manas, Department of Mental Health, Community Services Division: [Debbie.manas@dmh.ca.gov](mailto:Debbie.manas@dmh.ca.gov)