COSIG Goals and Objectives as Outlined in the SAMHSA Grant Application

Goal A. Establish standardized screening to identify individuals with CODs and their treatment needs, regardless of where the individual initially presents for care.

Objective A.1: Convene Steering Committee including providers (mental health, substance abuse & COD), people in recovery, state agency staff, and researchers to review existing screening instruments and make recommendations on two screening instruments to be piloted in the services pilots.

Objective A.2: Build screening instruments into DMHAS' Management Information System (MIS) so they may be accessible to providers through online entry of screening data.

Objective A.3: Build reporting tools into the MIS so a provider may access information on a client-level about previous or recent screenings so as not to duplicate screening efforts as well as to have access to the most comprehensive clinical picture of an individual.

Objective A.4: Implement the efficient COD screening tool to facilitate identification and referral of individuals with severe substance use disorders and co-occurring less severe psychiatric disorders (Quadrant III) in Services Pilot I.

Objective A.5: Implement the efficient COD screening tool to facilitate identification and referral of individuals with severe psychiatric disorders and co-occurring less severe substance use disorders (Quadrant II) in Services Pilot II.

Objective A.6: Develop web-based reports (using WebSAS) accessible by providers, monitors, and state-level decision makers that describe program-, service- (level of care), and system-level aggregate information for use in understanding and adjusting the program, service, or system to be responsive to the needs of individuals with CODs.

Objective A.7: With infrastructure described above, expand the screening processes statewide.

Goal B. Promote coordination and integration across treatment modalities.

Objective B.1: Convene Steering Committee including local providers (mental health, substance abuse and COD), people in recovery, state agency staff, and researchers into an integrated planning process to develop a comprehensive, integrated system of care, including system-level definitions, policies and financing, the design of programs, clinical practices, and basic competencies for all clinicians.

Objective B.2: Implement the Enhancing Addiction Treatment Provider Capability to Provide Effective Care for Persons with CODs Services Pilot (Addiction Services Pilot) for persons with severe substance use and less severe mental health disorders (Quadrant III). Implement the Enhancing Mental Health Provider Capability to Provide Effective Care for Latinos with CODs Services Pilot (Mental Health Services Pilot) for persons with severe mental health psychiatric disorders and less severe addictions (Quadrant II).

Objective B.3: Develop reports (using WebSAS) accessible by providers and state decision makers that describe program-, service-, and system-level aggregate information for use in understanding and adjusting the program, service, or system to be responsive to individuals with CODs.

Objective B.4: Expand/replicate the service coordination and network building model statewide.

Goal C. Promote dissemination of information and data-based decision-making.

Objective C.1: Ensure timely and accurate reporting of data with a high degree of quality.

Objective C.2: Expand web-based reporting tools accessible to all levels of decision-making to allow more variety in reports with flexibility in report criteria.

Objective C.3: Determine with stakeholders what types of data are needed for planning and adjust the MIS to align priorities and information needs with data collected (eliminate not useful data).

Objective C.4: System-wide, ensure that planning meetings not only present data but also discuss implications and lessons learned from data/findings as well as generate next set of questions.