



BEST PRACTICE SERVICE MODELS WORKGROUP CHARGE

Co-Occurring Disorders

PARTNERSHIP MISSION

To assure the delivery of quality services to consumers so as to achieve their desired outcomes

PARTNERSHIP VISION

Recognition as a model of excellence for a system of care that is confirmed by our customers' successes

WORKGROUP PURPOSE

To recommend a service model best practice description which can be used to guide affiliation members in creating or modifying programs as their interest dictates.

To provide opportunities for the mutual strengthening and enhancing of services within the region

To upgrade programs in such a way that standards set by payers and regulatory bodies are fully met or exceeded.

VALUES

Consumers are best served using care models of demonstrated quality in the areas of clinical outcomes, consumer satisfaction, resource efficiency and program processes, such as ease of accessibility and timeliness from the initial screening to the clinical assessment and service start-up. Whenever feasible, the results of published outcomes research and other formal studies should guide the choice of practice models.

Service models should utilize principles of person centered planning and service implementation, be strength-based, facilitate self-sufficiency, build competencies and promote inclusion in community life.

It is in the best interest of consumers with multiple needs to have service models used by agencies that lead to increased resources, reduced overlap and the removal of barriers to a seamless system of care. Pooled funding is an important aspect of this collaborative model.

The best service models promote plans for services and supports that are flexible, individualized and outcome-focused.

Input regarding program design or modification from managers, supervisors, line staff as well as consumers and family members enhances the quality of a program.

Local needs must dictate the specific design of a particular program as well as the development of its policies and procedures.

RELATIONSHIP TO AFFILIATION EXECUTIVE COMMITTEE (AEC)

The workgroup will follow the charge as here presented by the Partnership AEC

The AEC shall appoint an individual from one of the partners to act as the liaison between the AEC and the workgroup. This individual shall be responsible for the organization and initiation of the workgroup.

The Clinical Care committee will present to the AEC feedback and reports on progress towards goals of the co-occurring workgroup.

RELATIONSHIP TO THE CLINICAL CARE COMMITTEE:

The workgroup will provide the Clinical Care Committee with written or oral progress-towards-goals reports as requested.

The Clinical Care Committee will provide an oversight and steering as needed and/or requested by the workgroup.

The Clinical Care Committee will provide clarification and consultation as requested.

The workgroup leader/facilitator/champion will request to the Clinical Care Committee any needed clarification, consultation and technical assistance. The

Clinical Care Committee will in turn advocate for needed resources and support, and provide workgroup members with feedback.

WORKGROUP SCOPE, GUIDELINES & RECOMMENDATIONS:

- Promote consensus in the implementation of co-occurring disorders across the affiliation to enhance standardization of care and ensure quality of supports and services provided to consumers.
- Address any areas where systems change is necessary for further implementation.
- Identify implementation barriers within systems and treatment aspects of co-occurring disorders.
- Incorporate CMH, service providers, stakeholders and other community entities as a continuum of people involved in the process of addressing co-occurring disorders.
- Develop a plan for key areas to be addressed and implemented each year.
- Identify and recommend co-occurring best practices that can positively impact the scope of services of providers within the region to ensure the most appropriate and effective services for the consumer.
- On going review of current best practices and literature regarding co-occurring disorders.

CONSUMER ROLE AND PLAN FOR CONSUMER INVOLVEMENT:

- Consumer participation up to three (3) members will be involved in the full workgroup and the family/consumer workgroup.
- Family members will also be involved in the workgroup and family/consumer workgroup along with potential support from NAMI.
- Consumers and family members will also be involved in training.
- Consumers will report to the RCAC as requested.

RELEVANT RESOURCES & REFERENCES:

- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Various Publications & Literature on Co-Occurring Disorders
- Dr. Kenneth Minkoff Training Materials
- National Institute of Mental Health (NIMH)
- Web Sites of Various Best Practices

MEETINGS:

Full workgroup meetings will be held monthly with sub workgroups convening as necessary to produce desired products.

