

<p>Goal 1: Performance Management. Establish a framework to identify and implement evidence-based practices, performance management and improve systems (in ADP for licensed and certified programs). SNAP #3 - PSD</p>	<p>Goal 2: Information Systems. Develop and use data information systems and standards for prevention, treatment and recovery support services. SNAP #4 - IMSD</p>	<p>Goal 3: Counselor Certification. Establish ADP as the single state authority to certify and/or license counselors, including the development of certification and licensing standards to increase quality assurances and client protections. SNAP #3 - LCD (Parking Lot for Daniel's review)</p>	<p>Goal 4: AOD Treatment Standards. Develop and implement new regulations governing Drug Medical certification as well as outpatient treatment program certification and residential treatment program licensure. (Titles 9 and 22) SNAP #3 - LCD</p>	<p>Goal 5: Prevention Program Services. Assist counties to implement the strategic prevention framework process for local planning and prevention operations. SNAP #1 - PSD</p>	<p>Goal 6: Treatment Program Services. Reverse the harmful effects of AOD by strengthening the ability of local communities to develop and implement effective treatment strategies to address Smoking Cessation, Youth Treatment Services, Co-Occurring Disorders, and Emerging Trends. SNAP #3 - PSD</p>	<p>Goal 7: Recovery Support Services. Develop and implement a recovery support services system as part of the continuum of services. SNAP #3 - PSD</p>
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<p>Hold harmless the current service system by insuring that financial and other resources are identified or developed for recommended system changes and improvements that may require additional funding to implement. (1)</p>		<p>Hold harmless the current service system by insuring that financial and other resources are identified or developed for recommended system changes and improvements that may require additional funding to implement. (1)</p>	<p>Hold harmless the current service system by insuring that financial and other resources are identified or developed for recommended system changes and improvements that may require additional funding to implement. (1)</p>	<p>TASK - Advocate for parity in insurance and medical plans for AOD services for individuals with AOD problems. (2)</p>	<p>TASK - Advocate for parity in insurance and medical plans for AOD services for individuals with AOD problems. (policy 2)</p>	<p>TASK - Advocate for parity in insurance and medical plans for AOD services for individuals with AOD problems. (2)</p>
				<p>Identify resources to expand Screening, Brief Intervention, Referral, and Treatment (SBIRT) in all medical settings. (4)</p>		<p>Identify resources to expand Screening, Brief Intervention, Referral, and Treatment (SBIRT) in all medical settings. (4)</p>
				<p>Promote linkages and improve service coordination between private Employee Assistance (EAP) programs and AOD service providers. (6)</p>	<p>Promote linkages and improve service coordination between private Employee Assistance (EAP) programs and AOD service providers. (6)</p>	<p>Promote linkages and improve service coordination between private Employee Assistance (EAP) programs and AOD service providers. (6)</p>
				<p>Enhance service linkages and cross-discipline coordination within the continuum for family-based services, including services to children with a parent/caretaker in treatment and/or recovery. (7)</p>	<p>Enhance service linkages and cross-discipline coordination within the continuum for family-based services, including services to children with a parent/caretaker in treatment and/or recovery. (7)</p>	<p>Enhance service linkages and cross-discipline coordination within the continuum for family-based services, including services to children with a parent/caretaker in treatment and/or recovery. (7)</p>
				<p>Insure cultural competency in prevention, treatment, and recovery services to address barriers to service including language barriers.(8)</p>	<p>Insure cultural competency in prevention, treatment, and recovery services to address barriers to service including language barriers.(8)</p>	<p>Insure cultural competency in prevention, treatment, and recovery services to address barriers to service including language barriers.(8)</p>
				<p>Develop a plan to address the specific services needs of adolescents in prevention, treatment, and recovery. (10)</p>	<p>Develop a plan to address the specific services needs of adolescents in prevention, treatment, and recovery. (10)</p>	<p>Develop a plan to address the specific services needs of adolescents in prevention, treatment, and recovery. (10)</p>
				<p>Intervention should occur in all phases of the COS system; individuals representing a broad array of systems, disciplines, and settings should be trained to provide AOD prevention screening and referral for AOD treatment assessments (DSM IV criteria) as warranted. (12)</p>	<p>Intervention should occur in all phases of the COS system; individuals representing a broad array of systems, disciplines, and settings should be trained to provide AOD prevention screening and referral for AOD treatment assessments (DSM IV criteria) as warranted. (12)</p>	<p>Intervention should occur in all phases of the COS system; individuals representing a broad array of systems, disciplines, and settings should be trained to provide AOD prevention screening and referral for AOD treatment assessments (DSM IV criteria) as warranted. (12)</p>
			<p>Reduce the funding restrictions between systems that are barriers to providing individual and community-centered services. (13)</p>	<p>Reduce the funding restrictions between systems that are barriers to providing individual and community-centered services. (13)</p>	<p>Reduce the funding restrictions between systems that are barriers to providing individual and community-centered services. (13)</p>	<p>Reduce the funding restrictions between systems that are barriers to providing individual and community-centered services. (13)</p>
<p>Advocate for new resources and useful data information systems that document demonstrated outcomes and lead to improved services.(16)</p>	<p>Advocate for new resources and useful data information systems that document demonstrated outcomes and lead to improved services.(16)</p>			<p>ADP should identify resources for technical assistance and training needed to implement COSSR Task Force recommendations.(14)</p>	<p>ADP should identify resources for technical assistance and training needed to implement COSSR Task Force recommendations. (14)</p>	<p>ADP should identify resources for technical assistance and training needed to implement COSSR Task Force recommendations. (14)</p>
				<p>Provide resources for pilot or demonstration projects for recommended service approaches. (15)</p>	<p>Provide resources for pilot or demonstration projects for recommended service approaches. (15)</p>	<p>Provide resources for pilot or demonstration projects for recommended service approaches. (15)</p>

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<p>Enhance workforce development opportunities for prevention providers by developing core competencies for prevention and early intervention specialists (e.g., EAP, SAP, SBIRT). (17)</p>						
<p>Encourage participation of parents/caretakers in prevention parenting classes; eliminate current barriers to providing incentives. (18)</p>						
<p>Develop and clarify the definitions of selected and indicated prevention in order to plan for and insure service delivery in compliance with the Block Grant; services delivered through indicated prevention need to be clearly distinguishable from treatment assessments (DSM IV diagnosis) and services. (19)</p>						
<p>Enhance the opportunities for individuals in recovery to participate in local planning and implementation efforts that advance prevention, treatment, and recovery objectives.(20)</p>						
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<p>Expand the availability and affordability of health services, including primary care, dental care, and mental health services, through coordination and linkages for all individuals in treatment and recovery. (22)</p>						
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<p>Ensure jail based AOD treatment, including narcotic replacement therapy. (27)</p>						
<p>Provide AOD specialists to courts and judges to help inform their decisions. (28)</p>						
<p>Use AOD specialists in pre-release planning programs. (25)</p>						
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<p>Advocate for recognition of the importance of recovery in the continuum of services at the Federal, State, and local level. (31)</p>						
<p>Identify available resources and advocate for flexibility in spending public dollars in order to provide sufficient resources for recovery services. (32)</p>						
<p>Insure that Recovery Support Services occur in demonstrated ways in both the treatment and recovery areas of the continuum.(33)</p>						
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<p>Continuum of Services System Re-Engineering</p>						

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Continuum of Services System Re-engineering

Principal Statement: *ADP's missions comprise prevention, treatment, and recovery systems of alcohol and other drug (AOD) services that are culture, gender, and age appropriate. ADP and its staff foster leadership through its collaboration with other agencies affected by AOD issues, as ADP mobilizes stakeholders and community partners to implement future phases through evaluation and effective use of data and resources.*

<p>Guiding Principle 1: Leadership: Increase ADP leadership at the county, state and national level.</p>	<p>Guiding Principle 2: Collaboration: Enhance ADP System integration and collaboration with other agencies servicing individuals/communities affected by AOD-related issues. (Was Goal 4)</p>	<p>Guiding Principle 3: Participant/recipient-centered and culturally responsive: Ensure that the prevention, treatment and recovery support systems provide services that are community/participant or client-centered and responsive. Also, that they are culturally, gender, and age appropriate. Enhance service linkages and cross-discipline coordination within the continuum for family-based prevention and treatment services. (was 12)</p>	<p>Guiding Principle 4: Evaluation/measurement: Measures of relative to the intended results.</p>	<p>Guiding Principle 5: Provide regular, interactive communication with stakeholders on COSSR planning and implementation activities.</p>
<p>Hold harmless the current service system by insuring that financial and other resources are identified or developed for recommended system changes and improvements that may require additional funding to implement. (1)</p>	<p>Foster and promote key partnerships, and use a multi-disciplinary approach at the federal, state, and local levels to facilitate effective service linkages and cross-referrals, as well as collaboration to identify and develop resources, while respecting philosophical and bias differences between systems. (5)</p>	<p>Enhance service linkages and cross-discipline coordination within the continuum for family-based services, including services to children with a parent/caretaker in treatment and/or recovery. (7)</p>	<p>Regularly monitor progress through measurement of indicators relative to accomplishment of goals.</p>	<p>Develop a communication plan for COSSR activities.(7)</p>
<p>TASK - Advocate for parity in insurance and medical plans for AOD services for individuals with AOD problems. (2)</p>	<p>Enhance service linkages and cross-discipline coordination within the continuum for family-based services, including services to children with a parent/caretaker in treatment and/or recovery. (7)</p>	<p>Insure cultural competency in prevention, treatment, and recovery services to address barriers to service, including language barriers. (8)</p>		
<p>Advocate for the repeal of the Uniform Policy Provision Law (UPPL) law to allow for identification and documentation of an AOD problem in health care settings, including emergency rooms. (3)</p>	<p>Partner with the medical community to develop strategies to address prescription drug abuse, including continuing education and availability of computer based information. (21)</p>	<p>Increase consumer input into ADP's process for re-engineering the COS. (9)</p>		
<p>ADP should identify resources for technical assistance and training needed to implement COSSR Task Force recommendations. (14)</p>	<p>Provide reimbursement for narcotic replacement therapy in medical settings, such as primary care or community care clinics, who are served by physicians, pharmacists, registered nurses, physicians' assistants, and nurse practitioners. (24)</p>	<p>Enhance the opportunities for individuals in recovery to participate in local planning and implementation efforts that advance prevention, treatment, and recovery objectives. (20)</p>		
<p>Provide resources for pilot or demonstration projects for recommended service approaches. (15)</p>	<p>Increase workforce development for criminal justice staff regarding AOD issues through continuing education requirements and as part of peace officer/correctional staff training. (26)</p>	<p>Insure that clients have the right to choose from a range of options and participate in decisions that will affect their lives to insure that recovery services are client centered and based on an individual's needs, preferences, experiences, and cultural background. (27)</p>		
<p>Develop and clarify the definitions of selected and indicated prevention in order to plan for and insure service delivery in compliance with the Block Grant; services delivered through indicated prevention need to be clearly distinguishable from treatment assessments (DSM IV diagnosis) and services. (19)</p>	<p>Work with the Judicial Council and the Administrative Office of the Courts to expand judicial education regarding AOD problems, including addictions. (29)</p>			
<p>Partner with the medical community to develop strategies to address prescription drug abuse, including continuing education and availability of computer based information. (21)</p>	<p>Expand the number of dependency drug courts for interaction and linkages between AOD services and the child welfare system. (30)</p>			
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<p>Work with the Judicial Council and the Administrative Office of the Courts to expand judicial education regarding AOD problems, including addictions. (29)</p>				
<p>Expand the number of dependency drug courts for interaction and linkages between AOD services and the child welfare system. (30)</p>				
<p>Identify available resources and advocate for flexibility in spending public dollars in order to provide sufficient resources for recovery services. (32)</p>				
<p>Eliminate arbitrary and absolute timeframes that limit how and when services can be provided. (34)</p>				
<p>Develop and implement a model of statewide services coordination for clients in treatment and/or recovery. (39)</p>				