

Office of Addiction Services

Strategic Plan

Goals and Objectives

Addiction Services is adopting eleven specific goals to move toward the larger vision of aligning, coordinating and integrating behavioral health services in partnership with the city-wide services, network service providers, coalitions of stakeholders and the diverse clients and families we serve. Everything that follows is intended to address the unique needs of all people regardless of age, gender, sexual orientation, culture or special needs in a manner that is recovery/resiliency focused and trauma informed. To these ends OAS will seek and support providers of services that support these goals:

- Goal 1:** Reconfigure addiction treatment to a more integrated recovery/resiliency and trauma focused system of care.
- Goal 2:** Reorganize and integrate the Single County Authority into a cross-system collaborative serving youth, adults and families.
- Goal 3:** Build and sustain a strong DBH/Provider/Community/all relevant adult and child-serving systems/community partnership.
- Goal 4:** Create recovery capital through Communities of Recovery (COR) and create resiliency potential by building coalitions with prevention and treatment providers, community/faith based providers, support programs and families.
- Goal 5:** Improve the timeliness and responsiveness of the service authorization process and establish funding mechanisms for the uninsured across the lifespan.
- Goal 6:** Insure rapid access to service and continuity of care by improving communication and engagement across levels of care.
- Goal 7:** Bridge the service divides between Addiction and Mental Health Services by developing creative, integrated and trauma informed models of care in developmentally appropriate and culturally competent ways.
- Goal 8:** Require that early behavioral health screening, assessment, and referral to treatment, intervention and recovery services are routine practice for adults, children and adolescents.
- Goal 9:** Identify and implement evidenced-based and promising practices and measures in behavioral health intervention and treatment services across the lifespan.
- Goal 10:** Strengthen outreach, engagement, and prevention activities/services/planning for children/youth and families by establishing an Office of Prevention Services within the DBH structure with sufficient supports to build and sustain these efforts.
- Goal 11:** Insure the full complement of skilled professionals needed to expand and sustain necessary youth and adult service options by addressing workforce development issues including identity, salary, qualitative supervision infrastructure and professional development.

OVERVIEW OF GOALS AND OBJECTIVES FOR ADDICTION SERVICES

Goal 1: Reconfigure addiction treatment to a more integrated recovery/resiliency and trauma focused system of care.

- 1.1 Develop a definition of resiliency – focused, recovery oriented system of care” for children, adults and families for mutual understanding.
- 1.2 Promote a recovery oriented, resiliency – focused, trauma informed system of care for children, adults, and families, which is evidence based, culturally competent and developmentally appropriate.
- 1.3 Develop, implement, and document client driven methods to ensure all services are recovery/resiliency oriented
- 1.4 Increase resiliency focused, trauma informed, recovery oriented options that are available within the system for prevention, intervention/treatment to children, adults, families, active/potential clients and their communities.
- 1.5 Integrate recovery/resiliency oriented peer support and pro-social activities with formal treatment for children, adults and families.
- 1.6 Reconfigure the traditional acute care model to a more recovery focused continuum of care that includes a broad range of services with both formal and informal treatment options, including prevention and aftercare and services for families.
- 1.7 Provide training to DBH/MRS staff, all providers and stakeholders on recovery/resiliency, best practices, risk/protective factors, the nature/impact of trauma and the latest research on addiction treatment/intervention and prevention.
- 1.8 Develop a change management plan for the system with specific phases to support orientation/introductions to the change, to train people in system change elements, implement elements and institutionalize elements.
- 1.9 Encourage provider and other stakeholder feedback about the change management plan and its implementation.

Goal 2: Reorganize and integrate the Single County Authority into a cross-system collaborative serving youth, adults and families.

- 2.1 Transition CODAAP to Office of Addiction Services.
- 2.2 Align coordinate and integrate SCA functions and objectives across the DBH/MRS.
- 2.3 Incorporate/synchronize state mandates into the DBH/MRS transformation process and actively participate in state-wide or state sponsored prevention/ intervention/treatment initiatives.

- 2.4 Increase Office of Addiction Services collaboration within the Office of Health and Opportunity
- 2.5 Increase Office of Addiction Services collaboration with the DOH, DHS, the Juvenile Justice System, organized school systems (SDP, Arch-diocesan School System and the Charter and other Non-Public Schools, the Department of Health and Recreation to promote true partnerships in an integrated behavioral health system.
- 2.6 Establish an Office of Prevention Services within the Department of Behavioral Health structure with sufficient supports to build and sustain outreach/engagement and prevention services for children, youth and families. Create a position(s) within OAS focusing on children/youth/family addictions issues to support the prevention, intervention and treatment services efforts of all DBH services with a child focus.

Goal 3: Build and sustain a strong DBH/Provider/Community/all relevant adult and child-serving systems/community partnership.

- 3.1 Implement an Office of Addiction Services Advisory Board with membership representing multiple stakeholders & with subcommittees, such as: the Children & Adolescent Sub Committee that addresses both drug and alcohol and mental health concerns, to create a broad representation of people from the recovery community (including children, youth, and family members), direct service professionals, provide organization administration, advocacy groups and other stakeholders.
- 3.2 Prioritize recommendations of Office of Addiction Services Sub Committees.
- 3.3 Prepare a brief synopsis of OAS system transformation goals and priorities, which will include children and youth services goals prepared and approved by the children and adolescent sub committee, and disseminate to multiple stakeholders.
- 3.4 Establish Partnership Principles/Values, e.g., mutual trust & respect; transparency, ethical accountability, openness of communication, commitment for self-evaluation using available data and consumer input and joint decision making practices among all involved parties.
- 3.5 Use the Advisory Board to periodically evaluate the DBH/Provider/Community relationship/children and youth services.
- 3.6 Assign a liaison, knowledgeable in substance use & mental health along the human development continuum, to act between DBH and provider and advocacy organizations.
- 3.7 Strengthen the partnership between funders and providers across all levels of care so that all focus on ensuring recovery for the person receiving services and the partnership support that goal across all levels.
- 3.8 Encourage development of participant advisory councils (such as a youth and parent advisory council) within provider and advocacy organizations & include members of such councils in OAS subcommittees.

- 3.9 Host joint trainings, quarterly meetings, and clinical case conferences at different provider locations.
- 3.10 Support the development of supervision training and mentoring programs so that staff has clinical support in applying transformation priorities and other skills learned in training.
- 3.11 Jointly develop and regularly share performance measures for provider and CBH.
- 3.12 Provide regulatory/administrative relief by DBH where possible.
- 3.13 Encourage all stakeholders to commit to and participate in the system transformation process and to define their own roles in the system transformation process.
- 3.14 Provide financial incentives for providers to partner with other service providers and community organizations.

Goal 4: Create recovery capital through Communities of Recovery (COR) and create resiliency potential by building coalitions with prevention and treatment providers, community/faith based providers, support programs and families.

- 4.1 Create a Pro-Social Community Resource Listing to be made available to DBH stakeholders as well as those invested in providing and receiving Behavioral Health related services of any kind (DHS, MHA, Grass Roots providers, DOR, DOH and others). Develop creative strategies for disseminating this listing to all stakeholders, including children, youth and their families. Identifying key dissemination points/sites and methods for alerting children and parents.
- 4.2 Create services and resources/opportunities for community intervention and prosocial activities that are accessible in community based settings through coalitions of existing treatment providers and, schools, recreation centers, grass roots community/recovery based support organizations for children, adults and families and for those of any age in recovery processes.
- 4.3 Identify/expand/create recovery/resiliency-based support services for adults, children, and their families within the communities in which they live, including peer support services and pro-social socializing activities.
- 4.4 Create transitional living/support between primary treatment and recovery or provide alternative intensive family-based services that wrap significant number and types of services around the family to support transition of those returning from treatment/out of home placement.
- 4.5 Develop core prevention/recovery/resiliency support services by following priorities:
 - D & A case management,
 - post-treatment continuing care,
 - recovery housing,
 - supportive employment, and
 - prison re-entry

- Essential Transition points for youth:
 - School Re-Entry and general aftercare from out of home placement/treatment including development of a Recovery HS
 - Universal dosage of prevention services/psycho-education with special emphasis on developmental Transition points (6th grade, 9th grade, 12th grade)
 - Temporary housing for transitioning youth including those aging out of dependency care
 - Create family education/support services in collaboration with Juvenile and Domestic Relations Court
 - Create/Expand teen mentoring services for youth in transition and as prevention tool for higher risk youth (see Goal 8)
 - Increase/expand more mobile therapy options especially for families of children with DA/MH issues.

4.6 Enhance recovery housing resources

- Increase housing resources
- Elevate recovery housing standards
- Better definitions/delineation of halfway houses and recovery homes
- Distribute PRO-ACT's "Consumer Guide to Sober Housing" which includes descriptions of sober housing, frequently asked questions and what questions "you" need to ask.
- Through collaboration with DHS and Domestic Relations Court, explore possible recovery-type housing models/living arrangements for children/youth without need for dependency adjudication (look at independent housing models for DHS aging-out youth)
- Remove criminal justice status barriers to housing options, e.g., public housing policies that deny admission to those with criminal records create additional risk factors by destabilizing families.

4.7 Develop peer support and peer specialist programs, including adult to child mentor programs, within the community.

Goal 5: Improve the timeliness and responsiveness of the service authorization process and establish funding mechanisms for the uninsured across the lifespan.

5.1 Establish clear pre-certification guidelines for authorizations, based on social necessity, and/or medical necessity as appropriate to the needs of the client requesting service.

5.2 Expedite the pre-certification process, e.g., Reduce cumbersomeness of process: referring client to residential from IOP, establish and sustain non insurance based funding for children and youth income ineligible for publicly financed insurance, establish same funding structure for prevention LOC services.

5.3 Establish a stakeholder committee to review cases up for appeal.

5.4 Develop a standardized assessment instrument and train and certify all systems stakeholders in use of the instrument and common language of communication.

- 5.5 Correct the mismatch between what Funders and Providers identify as criteria for admission to residential treatment, e.g, differences in application of the PCPC criteria, fund the “.5” ASAM LOC placement for prevention/intervention.
- 5.6 Communicate to providers the treatment history of each client.

Goal 6: Insure rapid access to service and continuity of care by improving communication and engagement across levels of care.

- 6.1 Make existing DBH system data available to providers - could be web-based with daily postings of service capacity availability; make recovery home survey data available outside DBH (i.e.: bed availability in recovery houses, providers, detox, etc.)
- 6.2 Create expectation of a Comprehensive Recovery Plan (CRP) with extensive training on CRP and how to transition from a treatment plan to a recovery plan. The CRP includes family participation and is for each service recipient that guides service delivery across levels of care and is focused on the person’s hopes, dreams and goals for his/her life.
- 6.3 Review interpretation of confidentiality regulations which create a barrier to sharing information regarding a person’s treatment experience; and address through making recommendations to federal and state authorities regarding needed changes in confidentiality standards.
- 6.4 Expand intake points (schools, DHS, courts, etc.) and create developmentally appropriate expectations of transitional support as the child, adult, family member moves between levels of care and assertive follow-up from all levels of care.
- 6.5 Enhance availability of IOP Counselors so assessor can reach them to make level of care decisions.
- 6.6 Encourage and develop incentives for development of levels of care currently underdeveloped in Philadelphia, e.g., partial programs, community based prevention and intervention, site-based treatment (adolescent IOP and Detox); home-based family-focused services.
- 6.7 Increase case management services to drug and alcohol clients; include family focused services as appropriate and developmentally necessary.
- 6.8 Use “warm hand-off” procedures which move from passive (verbal encouragement) linkage to assertive linkage (direct linkage to a particular person/meeting) of clients to local communities of recovery, e.g., link to specific people/meetings.
- 6.9 Use peer specialists for post-treatment monitoring and support for adults and; mentor relationships as part of adolescent aftercare/recovery planning.

Goal 7: Bridge the service divides between Addiction and Mental Health Services by developing creative, integrated and trauma informed models of care in developmentally appropriate and culturally competent ways.

- 7.1 Make D&A Case Management billable Fee-For-Service to CBH, petition the state to include D&A Case Management as In-Plan.
- 7.2 Develop a comprehensive screening, assessment/evaluation and placement protocols that are behaviorally integrated and are developmentally appropriate for use with children and adolescents.
- 7.3 Develop a Standardized Assessment Tool that includes a uniform biopsychosocial narrative that is accepted by both the providers and payors.
- 7.4 Promote Culturally Competent, evidence based practices: addressing treatment disparities and improving services for our diverse consumer population.
- 7.5 Utilize recovery as a conceptual bridge between addiction and mental health service agencies/practitioners.
- 7.6 Provide cross-training and promote joint service initiatives via financial incentives.

Goal 8: Require that early behavioral health screening, assessment, and referral to treatment, intervention and recovery services are routine practice for adults, children and adolescents.

- 8.1 Promote understanding about the early identification and treatment of adult, children's, adolescent's substance use/dependence, and children who live with families of substance abusers.
 - Provide a public service announcement and parent link in school district websites to educate families, communities and reduce stigma.
 - Lift prohibitions against using Treatment dollars for counseling at risk kids.
 - Create appropriate service levels to address needs of non-substance –using children and youth (COA) who are at greater risk of using due to family/life situations/circumstances
 - Strengthen school-based prevention/intervention programs and reinstitute prevention services such as Rites of Passage type programs
 - With early screening, assessment and treatment a child, who is at risk, should still be eligible for treatment and/or referred to services even without a diagnosis
 - Insure all screening processes take into account the impact of trauma, both for the child and the parent.
- 8.2 Develop, coordinate and provide screening for adult and early adolescent co-occurring substance abuse and mental illness for youth and families.

- 8.3 Promote screening for abuse and dependence in all behavioral and primary care settings.
- With appropriate training in place, promote non-clinical screening for abuse and dependence in all behavioral and primary care settings, including physician offices, school/afterschool settings, health care settings;
 - Facilitate referral process for complete assessments and LOC referrals for youth and families
- 8.4 OAS in partnership with providers should conduct a survey and an assessment of MH providers that conduct screening services to identify strengths and inadequacies. This participation and partnership is needed to standardize a process or tool and to identify training needs to enhance services.
- **Children Services:** Philadelphia Compact Action Groups that have identified age and developmentally appropriate assessment instruments for use in both clinical and non-clinical settings to facilitate needs determinations and service resource referrals; consider a “Philadelphia-specific” assessment tool, either standardized or one with required dimensions to be implemented locally by providers in determining client LOC and system development needs
- 8.5 Raise the Bar for Behavioral Health Physicians, include: partner with local universities to have providers offer Practicum Supervision in the screening and assessment process.
- 8.6 Coordinate and Integrate with the City’s Co-Occurring Enhanced license.
- 8.7 Commitment will be required from all DSS Department to address issues related to capacity, workforce development and specified training needs.
- 8.8 Coordinate and integrate with City departments serving homeless, dependent or adjudicated children/youth to plan and implement strategies for providing appropriate assessment/intervention/treatment services on site at the youth’s placement/alternate living site as necessary.
- 8.9 To expand eligibility for covered services, develop Social Necessity Criteria as necessary for identification/eligibility determination for treatment services when application of Medical Necessity Criteria has the potential for excluding the child/youth from service.
- 8.10 To preclude the need for more expensive and extensive treatment and multiple system involvement for children and youth, expand service options on the continuum of care in the direction of intervention/prevention/outreach and engagement to identify and serve earlier, those children at varying degrees of risk, regardless of insurance/eligibility status.

Goal 9: Identify and implement evidenced-based and promising practices and measures in behavioral health intervention and treatment services across the lifespan.

9.1 Maintain availability of already established evidence-based programs and increase number of sites providing the activities and programs that support and promote recovery, such as:

(A) Developmental Recovery Process	(H) Cognitive Behavioral Interventions
(B) Brief Intervention © Social Skills Training	(I) 12-Step Facilitation
(D) Motivational Enhancement Therapies	(J) Contingency Management
(E) Community Reinforcement	(K) System’s Treatment
(F) Behavioral Contracting	(L) D&A Case Management
(G) Medication Assisted Therapies	(M) Assertive Approaches to Post-treatment Continuing Care
	(N) Trauma Informed

- System should have a good data base.
- **Children’s Treatment practices/supports:**
 - Evidence-Based Family Therapy Approaches (Attachment Based Family Therapy, Multi-Dimensional Family Therapy, Functional Family Therapy, REPAIR, etc.)
 - CSAT Cannabis Youth Treatment Series
 - Trauma Informed Treatment Approaches (Sanctuary Model, TREM, Seeking Safety)
 - REPARE Model for Family Treatment
 - Dialectical Behavioral Therapy (for adolescents)
 - Trauma-focused Cognitive Behavioral Therapy (Deblinger)
 - Strengthening Families (More of a prevention model for adults but great for working with the children of addicted women)
- **Evidence-Based Prevention Programs** address violence, D/A & suicide prevention from elementary through high school levels; suitable for presentation at agency, school and community sites, in residential treatments programs and some in client homes:
 - Too Good For Drugs
 - Project Alert
 - Peers Making Peace Peer Mediation Program
 - Steps to Respect
 - PATHS
 - SOS
 - Columbia Teen Screen
 - Botvin Life Skills
 - Project Northland
 - Parenting For Prevention
 - Stay Connected to Your Teens
 - Parenting Adolescents Wisely
 - Preparing for the Drug-Free Years

- 9.2 Define-Establish core principles/values/EBPS/**outcome based practices** and developing EBPS/**outcome based practices** action plans related to contracting and provider practices that are family focused and relevant to children, youth and adults in home/social settings.
- 9.3 Initiate additional best and promising practices.
- 9.4 Develop boarder curriculum based approaches to train the workforce in evidence - based and outcome practices to ensure quality and consistency of delivery.
- 9.5 Providing EBP and outcome based services requires constant supervision and skilled clinical supervisors.
- 9.6 Relationship building and ability to appropriately refer is key.

Goal 10: Strengthen outreach, engagement, and prevention activities/services/planning for children/youth and families by establishing an Office of Prevention Services within the Department of Behavioral Health structure with sufficient supports to build and sustain these efforts.

- 10.1 Create a position(s) within OAS focusing on children/youth/family addictions issues to support the prevention, intervention and treatment services efforts of all DBH services with a child/family focus.

Goal 11: Insure the full complement of skilled professionals needed to expand and sustain necessary youth and adult service options by addressing workforce development issues including identity, salary, qualitative supervision infrastructure and professional development.

- 11.1 Address the real and critical need for workforce development by providing sufficient compensation and reimbursement for training that would grow enough competent treatment, intervention and prevention service professionals to meet the growing need especially in areas of assessment, trauma informed/specific care, dual diagnosis, child psychiatry and especially in the outpatient level of care