

The Core Competencies Needed for Effective Co-Occurring Care

This document was developed by the Workforce Development Workgroup under the Anne Arundel County Steering and Change Agent Committees. Contributors have included representatives from the Anne Arundel County Health Department, Core Service Agency, mental health agencies, child service agencies, substance use disorder agencies, along with private consultants, and other stakeholders within the county service system. Various research articles, federal publications, and other state publications across the country are acknowledged as an important part of this effort.

Before the state regulated integration of Maryland's Alcohol and Drug Abuse and Mental Hygiene Administrations in 2015, resulting in the creation of the current Behavioral Health Administration, stakeholders within the Anne Arundel County public service system have long been notable in their acknowledgement for the need to increase the capacity to provide effective services for individuals with complex needs, such as those with co-occurring disorders. Within the county, there has been a rigorous effort to implement two nationally recognized, evidence-based models of system development and improvement, "The Recovery-Oriented System of Care" (ROSC; SAMHSA, 2005) and the "Comprehensive, Continuous, Integrated System of Care" (CCISC), Minkoff, K. and Cline, C., 2004. This effort has included the formation of county-wide Steering and Change Agent Committees that convene on a monthly basis; the creation of a county Charter Document and Vision Statement for integrated care; and an Action Plan now under the Health Department within the Healthy Anne Arundel initiative. These efforts have been focused on Continuous Quality Improvement and measurement at the system, program, and clinician/clinical practice levels of service. Over the years there has been the ongoing utilization of QA tools such as CO-FIT 100 (system level), the COMPASS-EZ (program-level) and the CODECAT (clinical practice level). Additionally, county leaders were helpful in developing a Maryland-based system level instrument, the "System Tool for the Evaluation of Progress to Integration" (STEP to Integration; Minkoff, K., UM EBPC, 2013). The use of this tool to measure system integration has been promising, as demonstrated in three separate pilots in jurisdictions around Maryland, including Anne Arundel County.

In support of the principles and practices found within the ROSC and CCISC models, there have been regular, well-attended, workshops offered through the AACMHA, along with a multitude of training sessions and conferences through the AA County Health Department. This document was developed to support the "Healthy Anne Arundel Action Plan" version 3.0, 2016, and serves only to make recommendations to support workforce and program development; not to replace existing programs. The working group sought to identify core workforce competencies universal for the entire system, and also to identify resources that were readily available, cost effective, and time efficient.

The framework provided is therefore targeted toward the identification of eight basic competencies, only as a starting place. It is noteworthy the areas of Cultural Competency, Gender-Specific Care, and Trauma-Informed Care were not identified separately in the above list. Rather, the workgroup felt that these areas of competency are of such professional importance, they should be viewed as overarching; and therefore, need consideration within each of the eight areas of competency.