

- ~~(ii) program standards and design;~~
- ~~(iii) utilization of system assessment and competency instruments across the Administrations;~~
- ~~(iv) clinical practice and treatment interventions;~~
- ~~(v) identification and utilization of several screening and assessment instruments;~~
- ~~(vi) integrated treatment plans;~~
- ~~(vii) clinical competencies and dual diagnosis training;~~
- ~~(viii) measurable system and clinical outcomes; and~~
- ~~(ix) utilization of the Four-Quadrant Clinical Integration Model for Treatment; and~~

~~(3) identify and implement basic standards, including standards developed by the American Society of Addiction Medicine, for dual diagnosis capabilities throughout the State; and for individuals with co-occurring disorders, develop a coordinated system of individualized services, in the most integrated setting;~~

~~(3) address systems change to best serve individuals with co-occurring disorders, that includes:~~

- ~~(i) best practices, program standards, and design;~~
- ~~(ii) identification and utilization of screening and assessment tools;~~
- ~~(iii) integration of treatment plans and supports;~~
- ~~(iv) staff competencies and cross-disciplinary training; and~~
- ~~(v) measurable outcomes;~~

~~(4) identify and implement individualized treatment and supports, consistent with standards and best practices from each discipline; and~~

~~(4) (5) on or before January 1, 2009, report to the Governor and General Assembly, in accordance with § 2-1246 of the State Government Article, on the implementation of this Act.~~