



## **12 Steps for Agencies/Programs Developing Co-occurring Capability**

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### ***Comprehensive Continuous Integrated System of Care (CCISC)***

These steps are based on the principles for CCISC implementation (Minkoff and Cline, 2004), and can be initiated by any agency (for all of its programs, or by an individual program), within the scope of the agency/program mission and resources.

- 1. Formal Announcement and Commitment** - Leadership officially announces its formal commitment to achieve co-occurring capability for all programs, and communicates to all staff about the CCISC implementation process.
- 2. Continuous Quality Improvement (CQI) Team** - Leadership organizes a CQI team intended to represent all levels of the agency or program in partnership, and to meet regularly to oversee the change process.
- 3. Change Agents** - The organization identifies a team of Change Agents that represents the voice of front-line clinicians (and, where appropriate, persons and families) in each program. Change Agents are represented on the CQI team and help clinicians achieve competency in the practice priorities listed below.
- 4. Goal of Co-occurring Competency for All Staff** - The agency or program commits to the goal that all clinical staff will develop co-occurring competency at their level of training and/or licensure.
- 5. Program Self-assessment** - Each program uses a structured tool (e.g., COMPASS-EZ™) to involve as many staff as possible in a program baseline conversation and self-assessment of co-occurring capability.
- 6. Program CQI Action Plan** - Based on the results of the COMPASS-EZ™ survey, each program creates an achievable three- to six-month action plan, with measurable objectives, to make progress toward co-occurring capability. Initial action plan objectives are developed in the following areas.
- 7. Welcoming and Access** - The program action plan addresses co-occurring welcoming policies, procedures, clinical practice, and staff competencies, and identifies access barriers that need to be removed.
- 8. Screening** - The program creates a definition and process to implement universal integrated screening.
- 9. Identification and Counting** - The program measures baseline data on the number of co-occurring persons and families it serves, and develops a CQI plan to improve recognition of the population.
- 10. Empathic, Hopeful, Integrated, Strength-Based Assessment** - The program CQI plan helps clinicians to demonstrate integrated empathy and hope, and provides support for documentation of hopeful goals and periods of strength, including assessment of mental health baseline during previous periods of abstinence.
- 11. Stage-matched Interventions** - The program focuses on identification and documentation of stages of change and stage-matched goals for each issue.
- 12. Integrated Stage-matched Recovery Planning and Programming** - The program develops policies, procedures, and processes for improving integration and stage-matching in recovery plans, and works to improve the use of co-occurring issues skill manuals, stage-matched groups, and positive rewards, as part of routine recovery planning and interventions.

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