



15 Steps for System Implementation Teams Developing Co-occurring Competency ***Comprehensive Continuous Integrated System of Care (CCISC)***

These steps are based on the principles for CCISC implementation (Minkoff and Cline, 2004), and can help an implementation team organize progress in a system, within existing resources.

1. **Regular Meetings** - Commit to regular meetings; take minutes; and use the minutes to organize specific objectives for each meeting. Involve key stakeholders, such as consumer and family advocates, physician leaders, etc.
2. **Consensus Plan of Action** - Develop a written document that outlines the commitment to CCISC, specific action steps to be taken by the team (as listed below), each program's goals to engage in a quality improvement process to achieve co-occurring capability, specific actions to be taken by each program, and priority activities like welcoming, access, and screening.
3. **Communication** - Say out loud what the team is doing, circulate the consensus plan to all staff, and maintain regular communication in both directions. Keep physicians constantly informed and involved.
4. **Commitment** - Each program should officially announce to all staff and constituencies that co-occurring capability is a program goal, and that co-occurring competency is a goal for all staff.
5. **Continuous Quality Improvement (CQI) Teams** - Each program should organize a CQI team to plan its improvement activity. The team should include both managers and front-line clinicians, and involve physicians.
6. **COMPASS-EZ™** - Help each program do the COMPASS-EZ™, and engage as many staff as possible in the conversation. Bring programs together, not so much to discuss their scores as to discuss their stories, experiences, and what they learned. Keep track of which programs used the tool, and what they learned.
7. **CQI Plans** - Each program should be asked to generate a measurable, achievable, CQI plan based on the COMPASS-EZ™, with four or five action items related to welcoming, access, screening and counting, integrated documentation, and improving competency for all staff.
8. **Change Agents** - Each program should identify one or more front-line staff to be "Change Agents" that partner with management in the process. Change Agents should meet with each other as a group to share resources and training. Change Agent and implementation teams should meet regularly to create a partnership to develop new practices.
9. **Welcoming** - Develop, in partnership with the Change Agents, a system Welcoming Policy that states that individuals with co-occurring issues will be proactively welcomed for care in every setting.
10. **Screening and Counting** - Ask each program to identify its current baseline for recognizing in its data the number of clients that are co-occurring, and organize a Plan-Do-Check-Act improvement process for everyone. Work with Change Agents to develop a definition for "co-occurring" that is not based on already being diagnosed.
11. **Integrated Practice** - Work with Change Agents to draft sample progress notes, billing instructions, and/or treatment plans that show how to document integrated services within a single funding stream or program. Circulate the Minkoff/Cline Integrated Scope of Practice for Singly-Trained Clinicians as a guideline for clinicians. In the integrated assessment process, begin to identify hopeful goals, multiple primary problems, and periods of strength and success.
12. **Stage of Change** - Encourage programs to identify—both in the assessment and in the treatment plan—the stage of change for each issue, to help them to begin to think about using integrated stage-matched interventions.
13. **Curricula and Manuals** - Gather resources for Change Agents, program managers, and staff. Identify skill training manuals that programs can incorporate into their services for persons and families.
14. **Positive Rewards** - Identify small steps of progress for each program, and provide regular "rounds of applause" for small significant successes in changing practice.
15. **Recovery Support for Programs** - Identify opportunities for the implementation team, physicians, program supervisors, and change agents to come together for peer support and open dialogue.

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