

# COMPASS™

Program Co-occurring Capability Self-Assessment

A Two Part Training Series



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## Part Two

# Program Co-occurring Capability Development:

Using Your COMPASS™ Organizational Baseline  
Self-assessment to Create a Relevant and  
Manageable Improvement Process

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## Purpose and Content of Part Two

This training teaches participants how to translate the COMPASS™ baseline self-assessment of co-occurring capability into an organizational improvement approach.

Topics include:

- Organizational quality improvement partnerships
- Action planning
- Common starting places and steps toward program co-occurring capability



## Twelve Steps for Agencies and Programs Developing Co-occurring Capability

The following slides are for general guidance. The steps are a compilation of approaches that programs across the country have employed to successfully move toward co-occurring capability.



# ONE: FORMAL ANNOUNCEMENT AND COMMITMENT

The leadership of the program/agency makes a formal commitment to achieve co-occurring capability for all programs, announces it officially to all staff, and communicates to all staff about the CCISC (Comprehensive Continuous Integrated System of Care) implementation process.



## **TWO: CONTINUOUS QUALITY IMPROVEMENT (CQI) TEAM**

**The leadership organizes and supports a continuous quality improvement team that represents all the different levels of the agency or program in a partnership, and engages in regular meetings to own and oversee the change process.**



## THREE: CHANGE AGENT TEAMS

The organization identifies a team of change agents that represent the front line voice of clinicians, peers, support staff, and others in each program. The change agents become represented on the continuous quality improvement team and they also help other program staff to achieve co-occurring competency in their procedures and practices. The change agent team becomes an empowered group to support the development of co-occurring capability in the organization/system, in partnership with executive leadership and management.



## **FOUR: GOAL OF CO-OCCURRING COMPETENCY FOR ALL STAFF**

The agency or program includes in its formal commitment the goal that all clinical staff over time will develop co-occurring competency, within the service they provide and commensurate with their level of professional/clinical training and licensure (if any).



## **FIVE: PROGRAM SELF-ASSESSMENT**

Each program uses a structured tool such as the COMPASS™ to conduct a program baseline conversation and self-assessment of co-occurring capability involving as many representative staff as possible. (See Part One of the COMPASS™ training for more detail on using the tool.)



## SIX PROGRAM ACTION PLAN

Based on the results of the COMPASS™ survey, each program creates an achievable 3-6 month action plan to make progress toward co-occurring capability, with prioritized starting places, incremental steps with measurable objectives, reasonable timeframes, and responsible people. This action plan should be simple and doable and derived from the program's own COMPASS™ conversation. Action plans are dynamic and frequently updated by the program CQI team.



## **PROGRAM ACTION PLAN (continued)**

**Review of the Six C's of Action Planning:**

**Co-occurring Capability Focused**

**Committed**

**Comprehensive**

**Concrete**

**Connected**

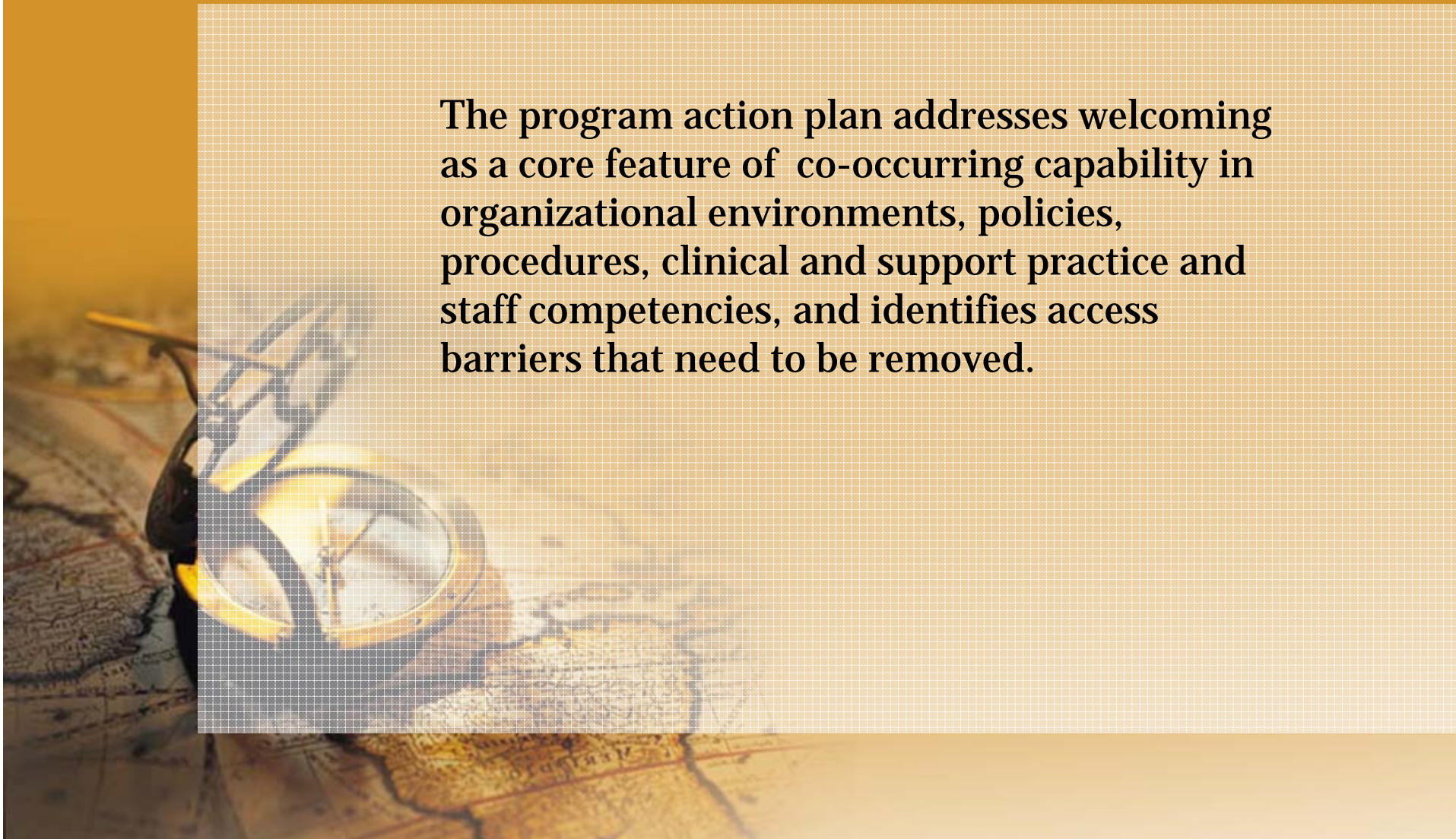
**CQI-based**

**The following slides are common action plan starting places.**



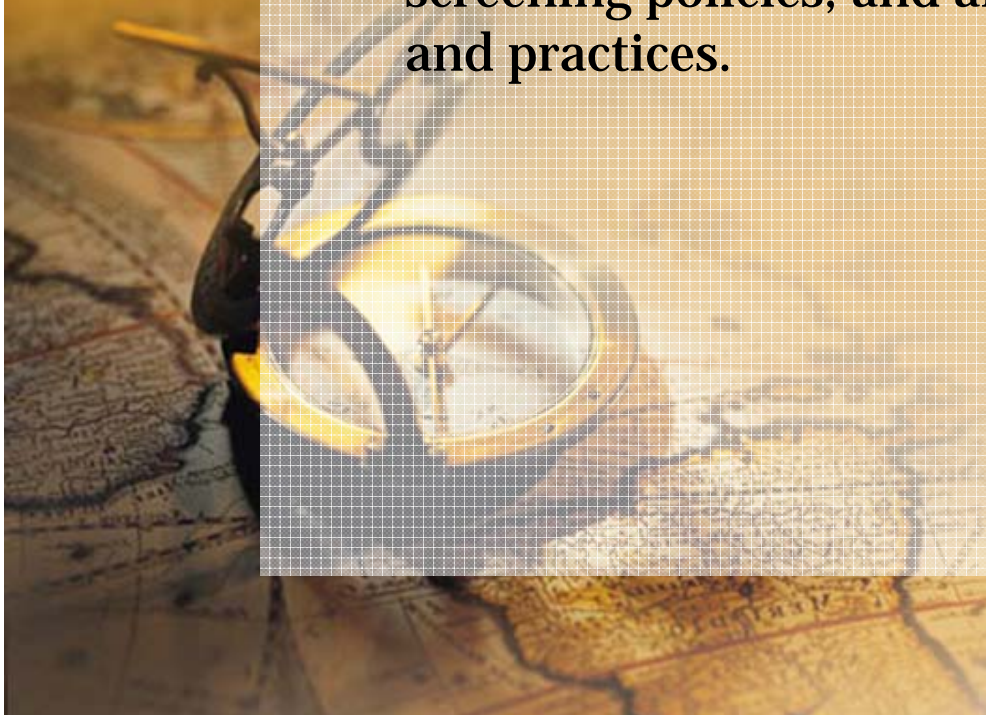
## **SEVEN: WELCOMING AND ACCESS**

**The program action plan addresses welcoming as a core feature of co-occurring capability in organizational environments, policies, procedures, clinical and support practice and staff competencies, and identifies access barriers that need to be removed.**



## **EIGHT: SCREENING**

The program action plan addresses the improvement of universal integrated screening, with client engagement being a feature of successful outcomes. This process generally focuses on creating appropriate welcoming screening policies, and an array of screening procedures and practices.



## **NINE: IDENTIFICATION AND COUNTING**

**The program action plan improves measurement of baseline data on how many co-occurring clients and families are served, and develops a CQI (plan-do-check-act) cycle to improve recognition of the population.**



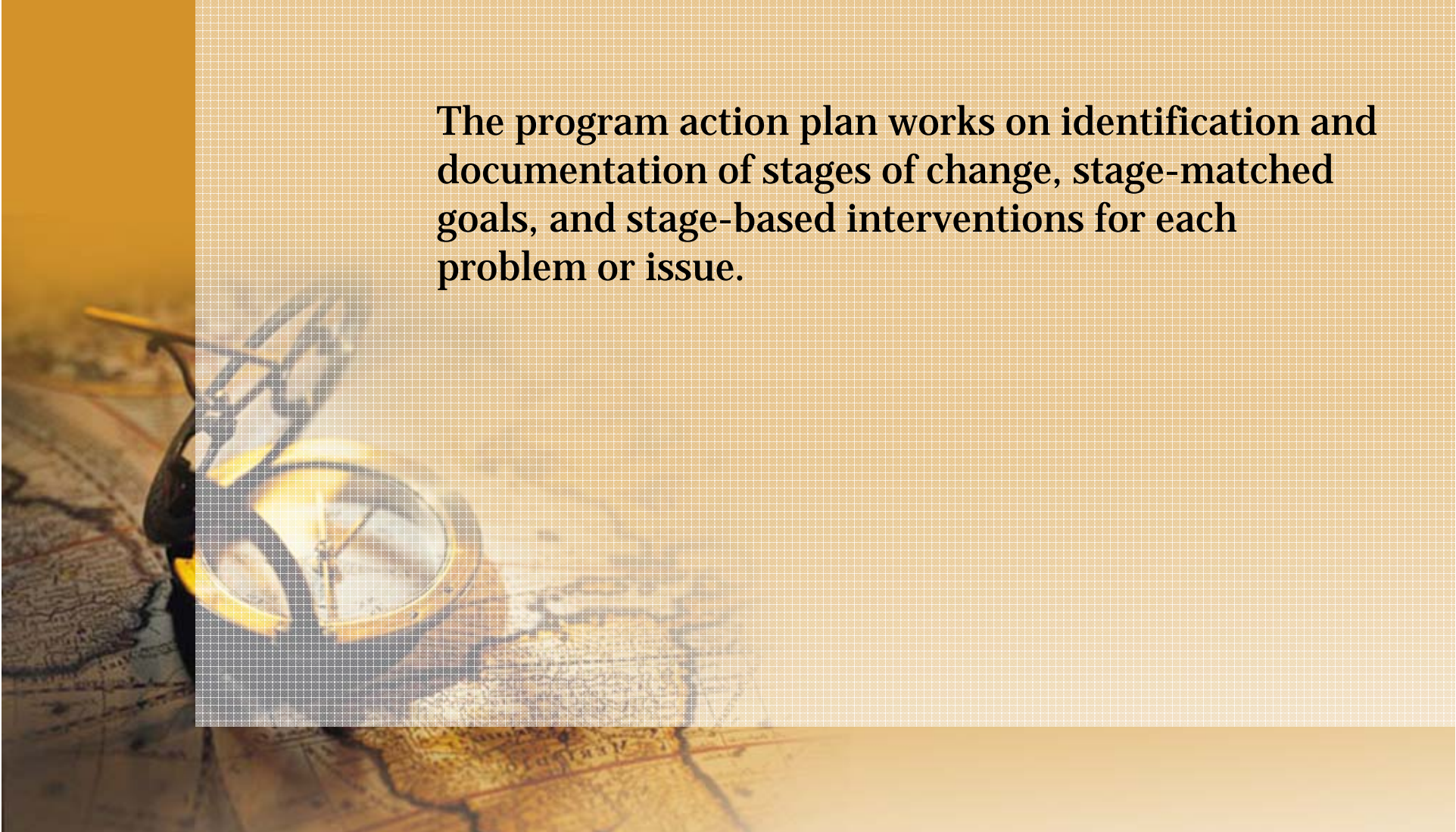
**TEN:  
EMPATHIC, HOPEFUL, INTEGRATED,  
STRENGTH BASED ASSESSMENT**

The program action plan focuses on competency development for clinicians to learn and demonstrate integrated assessment skills-- communication of empathy and hope, and documentation of hopeful goals and periods of strength, including assessment of baseline during periods of relative stability, and more.....



# ELEVEN STAGE-MATCHED INTERVENTIONS

The program action plan works on identification and documentation of stages of change, stage-matched goals, and stage-based interventions for each problem or issue.



# TWELVE

## INTEGRATED STAGE MATCHED RECOVERY PLANNING AND PROGRAMMING

The program works on policies, procedures, and processes for improving integration and stage matching in recovery plans, and in improving the use of co-occurring skills manuals, stage-matched groups, and positive rewards as part of routine recovery planning and interventions.



## End of Part Two of the COMPASS™ Training

Thank you very much for completing the COMPASS™ training.

The next area of focus will be a review the CODECAT™. We will discuss the best approaches to using this tool inside an organization to help staff with co-occurring competency development.



## Details to Know

If you have questions about the Florida co-occurring capability development process, please contact your Change Agent, Supervisor, DCF Circuit or Regional SA/MH Program Manager, Steering Committee Representative, or as always, Sean Mathews in Tallahassee at [Sean\\_Matthews@dcf.state.fl.us](mailto:Sean_Matthews@dcf.state.fl.us).

For access to the tools:

[www.ZiaPartners.com](http://www.ZiaPartners.com)

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