**Counseling Services, Inc.**
**Co-occurring Disorders Sustainability Plan May, 2010**

Overall Goal: To make Counseling Services, Inc. a more welcoming, more skilled, and more capable organization to be able to identify and serve the needs of individuals with multiple needs and diagnoses.

CSI has welcomed the support and guidance that we have received during the course of our COSII participation. Although we thought that we were doing pretty well in working with clients with multiple needs, with our dual agency licensure and several dually licensed staff, we found many areas of growth, and were inspired and supported to make further changes. We recognize and appreciate that we must continue to improve, and keep quality co-occurring work on our agenda for further integration and sustainability at our agency. Below are several of the areas which we will continue to sustain and nurture achievement of co-occurring competency.

**Communicate COSII philosophy and expectations to staff and clients**

CSI has already developed two agency policies regarding co-occurring screening, assessment, and treatment, and our commitment to work with clients in residential as well as outpatient services, even when symptoms of their mental health or their substance use disorder become evident. We have integrated communication and discussion of these policies into our standard bi-monthly staff orientation program, delivered to new staff, both clinical and administrative. Communication in this manner passes on our co-occurring disorder (COD) welcoming attitude and culture in the agency.

In the COSII process, we developed a 'CSI Welcomes clients with Co-occuring Disorders' poster for communication to our clients, staff, visitors, and the public that we recognize and welcome persons with either and both mental health and substance use disorder needs. These will remain a part of our agency literature.

**Maintain attention to co-occurring disorder issues at an administrative level**

Our COSII Champions team has been comprised of our team of four agency clinical directors, along with the vice president for clinical services, with support from our business analyst. We meet weekly, and these meetings will continue, as they are contiguous with other meetings. We expect to continue to keep COD issues on the agenda, and work to continue changes to our COD action plan.

**Deepen the COD knowledge and credentials of CSI clinical staff**

In preparation for each coming fiscal year, CSI develops a training plan for all staff. We will continue to put elements of COD training in the plan for each year, as we believe that ongoing growth in these areas is crucial for our staff to feel comfortable in treating clients for whom they may have received little training when they were in school. Most of our staff development is in bringing trainers into the agency for half or full day trainings.

We made the decision this last year to encourage and pay for CSI staff to gain substance abuse credentials: CADC, LADC, and CCS. We have had several staff express interest, and sign up for the CADC test, and CCS test. We will continue to support staff who are interested in pursuing these personal and professional goals.

We get many requests for DEEP evaluations and treatment, and we have decided to not only send salaried staff to the annual DEEP update, and also have made it a policy to pay fee for service staff for the hours of work that they missed by going to the update.

**Improve our awareness of and use of outcomes in clinical practice**

In the past year, we have made some beginning steps toward measuring the client outcomes that result from our services. We have worked to begin to understand how our clinicians are rating client goals at discharge, and have established a baseline for past performance. We will need to continue to 'clean up our data' and look forward to interventions that may actually improve the client experience, and success that they have resulting from our treatment interventions. We are planning other interventions, such as giving outpatient clinical staff

feedback on their diagnosing of COD, compared to agency and national percentages. We wish to continue to sustain the expectation that a high percent of our clients have COD.

**Improve COD screening in CSI intake and admissions process.**

An obvious change that will be sustained is the inclusion of the AC-OK screening tool into our routine intake process. Every client entering our agency completes an AC-OK, and this is reviewed and signed by clinical staff before the full assessment process starts. Although not perfect, and not always suitable for younger children, many clinical staff have noted that the information that results is helpful, and may guide the assessment toward a more full understanding of the client's COD, even when this hadn't been the primary presenting problem.

**Edit standard CSI forms to include COD and Stages of change language for each disorder.**

This goal, from this past year's action plan, has really only begun to be addressed. Besides the AC-OK, we have developed a comprehensive assessment addendum, which documents ASAM dimensions and level of care, for use for every client for whom we have a substance use diagnosis. We have not yet edited the assessment tool, or treatment plans to build in expectation of use of Stage of Change for each issue. This will remain on our action plan, and when implemented, will be another tool to encourage sustained use of best practices in the field.

**Improve coordination of services in different programs (OP, SA, CI, Psych)**

In an agency as large as CSI, one of our strengths is that we have so many services under one roof, and we can address multiple client problems with multiple services, integrated into one chart. One of the challenges with many providers, however, is communication between providers within the agency. In the past, clinical staff have needed to find the client chart to read each other's notes and assessments. We have begun the process of completing progress notes in an Electronic Health Record (EHR). As we continue to develop this system, we will be increasing the access of doctors, outpatient staff, case management, and crisis staff to client progress notes, assessments and even medications. This is especially useful for crisis and other staff who can access this information in remote offices, and even when doing crisis evaluations in the community. We will also be providing many community based staff with "air card" cell phone equipped netbooks to foster information sharing and better integrated services to our clients.

**Maintain and Improve CSI cultural competence.**

As we move toward a continually more diverse culture here in southern Maine, we have recognized the need to be more aware of cultural differences, and aware of our need to have resources available to help staff to recognize and learn about these cultures. We have established a resources directory on the agency Intranet, to which every CSI staff member has access, and we have begun communication and trainings about the importance of sensitivity to the perspectives of our clients that may be very different from our own. We plan to continue to collect and share relevant resources in this area.

**Conclusion:**

Overall, participation in the COSII program has been a positive, sometimes challenging, but eye-opening experience. We have come to recognize some of our agency weaknesses and strengths in diagnosing and dealing with clients' co-occurring disorders, and begun to make changes to improve our processes to increase our welcoming attitude, the skills of our staff, and the overall capability of the agency to provide excellent co-occurring care. We recognize that we have only taken the first steps, however, and plan to continue to make improvements, as well as sustain already implemented changes.