

Comprehensive,
Continuous,
Integrated System
of Care (CCISC)

mission

To create an environment where people seeking help for co-occurring issues can engage in partnerships with service providers that are grounded in the principles of recovery.

CCISC Annual Objectives

- Establish the Steering Committee as the guiding force for CCISC.
- Improve welcoming and service accessibility at BHD and its contract agencies.
- Teach service providers and people in recovery how to engage in recovery partnerships that are co-occurring capable.
- Train a corps of change agents, including people in recovery, committed to co-occurring, recovery-oriented capacity-building in their programs and across the system.
- Successfully implement NIATx projects to improve co-occurring capability/ recovery-oriented services.
- Showcase successes in a variety of media/ venues to encourage broader involvement in the movement.
- Establish a cross-walk capability among service providers and systems to provide accurate and timely data to monitor progress at the individual and program levels.
- Improve effective utilization of available financial resources to support co-occurring/ recovery-oriented services.

Annual Process Indicators

1. Steering Committee with broad representation is established.
2. Number of BHD branches and contract agencies that undergo the CCISC assessment process, e.g. COMPASS-EZ and CODECAT-EZ.
3. Number of BHD branches and contract agencies that organize a Continuous Quality Improvement Process.
4. Number of change agents, including people in recovery, engaged in the CCISC process.
5. Number of NIATx process improvement projects implemented.
6. Number of NIATx projects showcased.
7. Establishment of co-occurring data capability at the individual, provider, and system levels.
8. Amount of funding expended on co-occurring/ recovery-oriented services.

Annual Project Outcomes

- Steering Committee holds ownership of incremental system outcomes.
Indicator: process evaluation, feedback from providers.
- Improved welcoming and service accessibility at BHD and its contract agencies.
Indicators: provider self-assessment, feedback from people in recovery, and 'walk-through' assessment.
- Improved ability of service providers and people in recovery to engage in recovery partnerships that are co-occurring capable.
Indicators: clinician self-assessment, feedback from people in recovery.
- Increased satisfaction with recovery expressed by people in recovery.
Indicator: feedback from people in recovery.
- Increased provider satisfaction with the transition to CCISC.
Indicator: feedback from providers.

annual

CCISC Long-Term (5 Year) Goals

1. Establish the Milwaukee County Behavioral Health Division and its contract agencies as an integrated service system capable of providing high quality recovery-oriented services that are co-occurring capable, person-centered, culturally competent, trauma-informed, family-involved and include peer to peer services.
2. Create momentum for progress that will attract other organizations to align with the principles and practices established by BHD and its contract agencies:
 - private hospitals and treatment providers;
 - higher education and professional development programs; and
 - funders (local, state and federal), licensing, and certification programs.

Long-Term (5-year) Client/Community Outcomes

- People are satisfied with their recovery.
Indicator: feedback from people in recovery.
- Treatment resources support the delivery of services that are recovery-oriented; co-occurring capable, person-centered, trauma-informed, and family involved, and includes peer to peer services.
Indicator: funding allocations and service utilization data.
- Other community systems, e.g. law enforcement, homeless services, and health care, participate in and show evidence of positive impact of CCISC.
Indicator: arrests, service utilization data.

long-term

This logic model is intended to serve as a starting point for planning and development of the CCISC process, which by definition, is a fluid and evolving process. Logic model elements are likely to be modified or enhanced as the process develops over time.

Continuous, Comprehensive Integrated System of Care (CCISC)

The Comprehensive, Continuous, Integrated System of Care (CCISC) process (Minkoff & Cline, 2004, 2005) is a vision driven system “transformation” process for re-designing behavioral health and other related service delivery systems to be organized AT EVERY LEVEL (policy, program, procedure, and practice) –within whatever resources are available - to be more about the needs of the individuals and families needing services, and the values that reflect welcoming, empowered, helpful partnerships throughout the system. The ultimate goal of CCISC is to help develop a system of care that is welcoming, recovery oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

In a CCISC process, every program and every person delivering clinical care engages in a quality improvement process – in partnership with each other, with system leadership, and with individuals and families who are receiving services - to become welcoming, recovery or resiliency oriented, and co-occurring capable. Further, every aspect of clinical service delivery is organized on the assumption that the next person or family entering service will have multiple co-occurring conditions, and will need to be welcomed for care, inspired with hope, and engaged in a partnership to address each and every one of those conditions in order to achieve the vision and hope of recovery.

This model is based on the following eight clinical consensus best practice principles (Minkoff and Cline, 2004, 2005) which espouse an integrated recovery philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system.

1. **Co-occurring issues and conditions are an expectation, not an exception.** This expectation must be included in every aspect of system planning, program design, clinical policy and procedure, and clinical competency, as well as incorporated in a welcoming manner in every clinical contact, to promote access to care and accurate screening and identification of individuals and families with multiple co-occurring issues.
2. **The foundation of a recovery partnership is an empathic, hopeful, integrated, strength based relationship.** Within this partnership, integrated longitudinal strength based assessment, intervention, support, and continuity of care promote step by step community based learning for each issue or condition.
3. **All people with co-occurring conditions are not the same, so different parts of the system have responsibility to provide co-occurring capable services for different populations.** Assignment of responsibility for provision of such relationships can be determined using the four quadrant national consensus model for system level planning, based on high and low severity of the psychiatric and substance disorder.
4. **When co-occurring issues and conditions co-exist, each issue or condition is considered to be primary.** The best practice intervention is integrated dual or multiple primary treatment, in which each condition or issue receives appropriately matched intervention at the same time.
5. **Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.** Mental illness and substance dependence (as well as other conditions, such as medical disorders, trauma, and homelessness) are both examples of chronic, biopsychosocial conditions that can be understood using a disease and recovery (or condition and recovery) model. Each condition has parallel phases of recovery (acute stabilization, engagement and motivational enhancement, prolonged stabilization and relapse prevention, rehabilitation and growth) and stages of change. For each condition or issue, interventions and outcomes must be matched to stage of change and phase of recovery.
6. **Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue.** For each co-occurring condition or issue, treatment involves getting an accurate set of recommendations for that issue, and then learning the skills (self-management skills and skills for accessing professional, peer, or family support) in order to follow those recommendations successfully over time. In order to promote learning, the right balance of care or support with contingencies and expectations must be in place for each condition, and contingencies must be applied with recognition that reward is much more effective in promoting learning than negative consequences.
7. **Recovery plans, interventions, and outcomes must be individualized.** Consequently, there is no one correct dual diagnosis program or intervention for everyone.. For each individual or family, integrated treatment interventions and outcomes must be individualized according to their hopeful goals, their specific diagnoses, conditions, or issues, and the phase of recovery, stage of change, strengths, skills, and available contingencies for each condition.,
8. **CCISC is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery or resiliency oriented, and co-occurring capable.** Each program has a different job, and programs partner to help each other to be successful with their own complex populations. The goal is that each individual or family is routinely welcomed into empathic, hopeful, integrated relationships, in which each co-occurring issue or condition is identified, and engaged in a continuing process of adequately supported, adequately rewarded, strength based, stage matched, skill based community based learning for each condition, in order to help the individual or family make progress toward achieving their recovery goals.