


Provincial Addiction and Mental Health
Practice Supports



Concurrent Capable Program Review Facilitation Guide

Creating welcoming, trauma-informed, recovery-oriented, and concurrent capable services for individuals and families experiencing addiction and mental health concerns.

February 2024

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Welcome

We appreciate your interest in the concurrent capable program review. In this guide, you will find key information to create a positive facilitation and team experience. For any questions, please contact amh.practicesupports@ahs.ca with the subject “Concurrent Capable Program Review.”

The Concurrent Capable Review Service (CCPR)

This reimagined program review is based on two resources: the [Compass EZ](#) by Dr. Ken Minkoff and AHS’ [Standard Approach to Concurrent Capable Practice Framework](#). It was previously facilitated by provincial consultants at in-person sessions across the province by request. This new toolkit design equips teams to facilitate their review process.

The CCPR process and toolkit help interested programs organize a baseline self-assessment of their concurrent capability. It is one step in a continuous quality improvement process in which programs create an action plan to progress toward concurrent capability and a recovery-oriented system of care. When repeated regularly, the review will help programs measure change processes and progress and support continuous learning (Alberta Health Services, 2018; Alberta Health Services, 2023).

Background

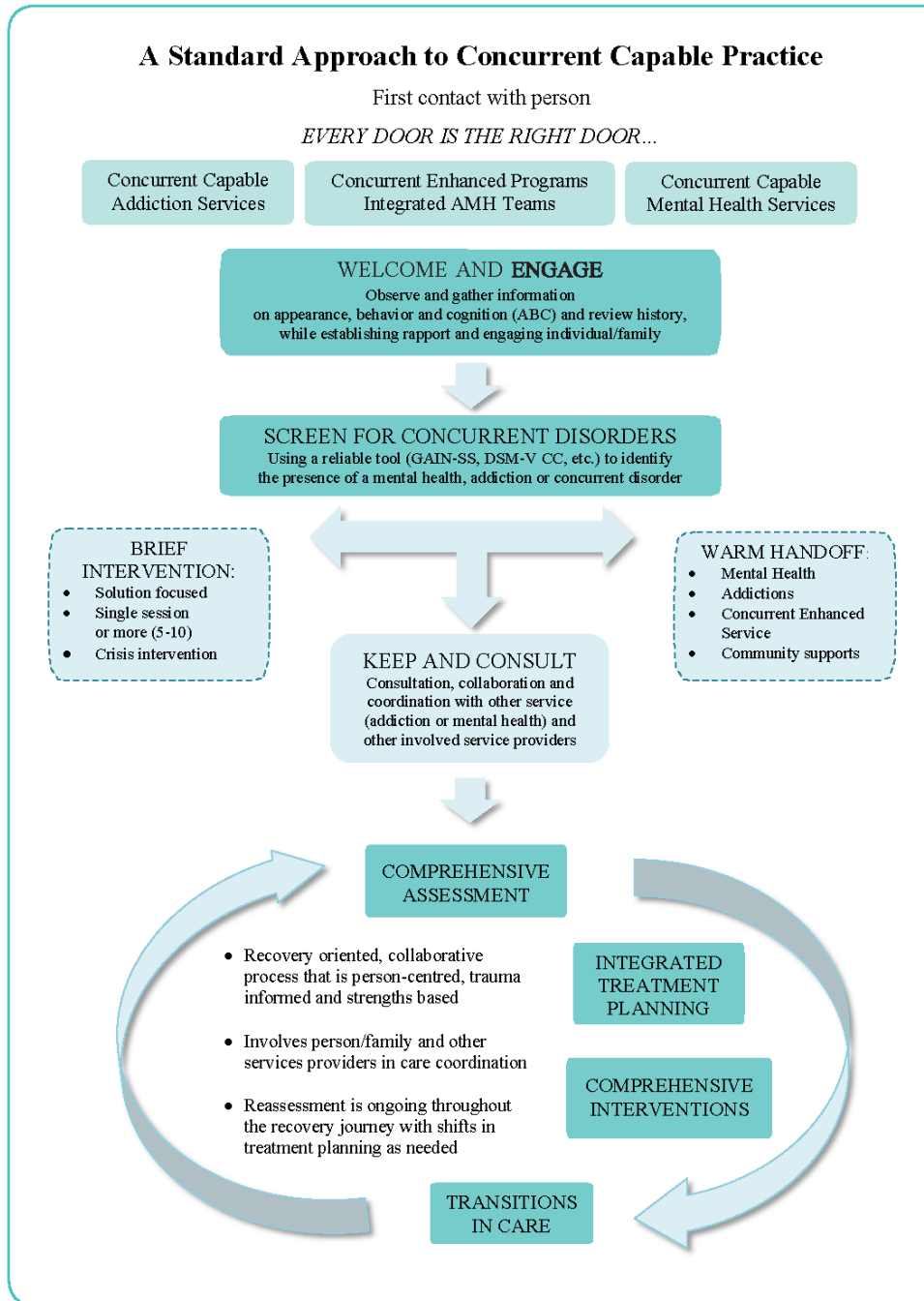
Alberta Health Services (AHS) Addiction and Mental Health (AMH) is committed to improving services and support for mental health, substance use and gambling or behavioural addiction concerns, as well as concurrent disorders (mental health **and** substance use disorder or behavioural addiction at the same time).

In 2009, Alberta Health Services announced a province-wide system of addiction and mental health services that would respond to the unique needs of three groups of people:

- those with mental illness or mental disorders
- those with substance use and/or gambling concerns (behavioural addiction)
- those with both.

AMH healthcare providers requested tools and resources to support the integration of addiction and mental health services. The algorithm on the next page was one resource developed and illustrates the implemented Standard Approach to Concurrent Capable Practice Framework.

[The Handbook for Individuals and Families](#) is another resource used to guide the development of this CCPR Toolkit. It helps individuals, their family members, and healthcare providers know what people can expect from Addiction and Mental Health Services through standards and key indicators related to their care.



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About the CCPR session(s)

The CCPR session(s) aims to create a foundation for an improvement process through an empowered conversation among team members. They bring together critical knowledge of what has been learned about what helps individuals and families, informed knowledge about integrated treatment and services, trauma-informed services, person-centred planning, cultural competency, population-specific services, and, most fundamentally, empathic relationships that inspire hope. It may help programs develop recovery, resiliency-oriented capabilities, and welcoming services to support people and families with concurrent issues (Minkoff, 2012).

Definitions

Concurrent Disorders - A combination of mental health disorders, substance use, and/or gambling. Also termed Concurrent issues, Concurrent Conditions, Co-occurring Disorders and Dual Diagnosis (Alberta Health Services, 2018).

Concurrent Capability - The ability to identify, manage and treat people who present with concurrent disorders (mental health conditions and substance use and/or gambling concerns) (Alberta Health Services, 2018).

The Goal:

To create welcoming, trauma-informed, recovery-oriented & concurrent capable services for individuals and families.

Frequently Asked Questions

As you prepare for your review session, questions about CCPR may arise. Here are some common questions:

Why are we going through this review?

It can be helpful to occasionally review your team practices and program services to ensure they are welcoming and recovery-oriented and help people and families with concurrent mental health and addiction concerns.

Who should facilitate a review?

These sessions are designed to be facilitated by supervisors, educators, managers or leaders within your team who have working knowledge of your program and policies.

Who should attend?

Participants include all staff members: non-clinical staff, clinical staff, leaders, educators, and physicians. Sessions can be as small as 8-10 people or as large as 25-30 people. Generally, the larger the group, the longer it will take to move through the review, as more discussion may be generated. Consider smaller team sizes for the best engagement and team experience.

When and where do reviews take place?

Reviews can take place on-site or virtually. All materials are adaptable for online use as long as they are shared beforehand, and participants can access computers with audio and video.

There are Two Activities in the Review Process:

1. **Review session (3 hours)** where the group meets to score each section, which can include robust discussion. It's best to find a time that works for all staff, such as a regular team meeting, training session or unscheduled afternoon. The entire content can be completed in a half day or 2-3 hours or broken into four to eight 20-30 minute sections (for example, at a staff meeting).
2. **Recommendations session (1 hour) where the group regathered** to hear a summary of the review scores and suggested recommendations. This session includes time for team input and brainstorming on quality improvement initiatives that are proposed and planned and takes about one hour.

Roles and Responsibilities for the Activities

- Facilitator
 - Prepares materials for a virtual or in-person session
 - Allows conversation to happen when reaching a consensus on each item to score
 - Guides participants through review sections and discussion
- Scribe
 - Uses scorebook to record scores for each item and capture discussions
- Participants
 - Participates in scoring, reading sections and collaborative conversations

Preparing for the CCPR

1. Determine a review is needed and prepare for the sessions
2. Review the [Standard Approach to Concurrent Capable Framework](#) (it may be helpful to bring a copy to the session)
3. Book both the review session and recommendations session
4. Assemble CCPR resources as needed for virtual or online sessions.

In-person review	Virtual review
<p>One month before, Email calendar invite and room booking with PDF participant handout attachment.</p> <p>One week before: Choose a scribe and email a scorebook to familiarize them with scoring and note-taking.</p> <p>Same day: Print participant handouts and scorebook. Consider making numbered cards 1-5 for each participant to add a fun visual component to the review process.</p>	<p>One month before, Email calendar invite with MS Teams or Zoom links, including PDF copies of participant handouts.</p> <p>One week before: Choose a scribe ahead of time and email a scorebook with basic instructions for scoring and note-taking.</p> <p>Practice sharing screen of PowerPoint slides beforehand to ensure a smooth presentation. Consider options of annotating scores by participants or using a chatbox.</p>

Toolkit Resources:







- The Standard Approach to Concurrent Capable Framework
- CCPR Toolkit Overview
- CCPR PowerPoint Slides
- CCPR Scribe Scorebook
- CCPR Participant Handout
- CCPR Recommendations List

Processes for Each Activity

Activity 1: Review Session

Session time: 3 hours

Process of Review

-  Choose a scribe to record each section's scores and notes
-  Read each item out loud
-  Have a discussion with your group to reach a consensus on the average score for each section
-  Progress through each section(s)
-  Scribe records scores and summarizes discussion notes
-  Wrap-Up and Next Steps

Review Session Agenda (See Appendix A – Review Session Sample Agenda)

1. Introductions - 20 minutes
To warm up the atmosphere and ensure all participants feel connected, start the session by introducing yourself and then going around the room. Have each participant introduce themselves, their role, and their hopes for the review session.
2. Set the stage - 20 minutes.
 - Provide an outline of session timing (see sample agenda, Appendix A).
 - Distribute toolkit resources and handouts.
 - Show/provide a copy of PowerPoint slides (optional)
 - Answer questions
 - Optional – hand out numbered cards (see Appendix B)
3. Explain the Likert scale

The Likert scale is used to score each statement in every review section. Here are some key points:

- It is a five-point scale.
- It allows each participant to indicate how much they agree or disagree with each statement.
- It provides five possible answers so each person can indicate their strength of agreement regarding the statement.

1. Not at All
2. Slightly
3. Somewhat
4. Mostly
5. Completely



4. Facilitate the group through the review – 90-120 minutes.

Allow 10 - 15 min to score and collaborate on each section (see the scribe scorebook for more information on how to score--to be used by the scribe).

Start with the first section and read each statement out loud. For variety, you can have people take turns reading. Details of each section are included in the scribe scorebook. **Retain the scorebook for the Recommendations session.**

1. Welcoming and Engaging
2. Standardized Screening
3. Comprehensive Assessment
4. Integrated Treatment and Recovery Planning
5. Comprehensive Interventions
6. Transitions in Care
7. Program Collaboration and Partnership
8. Concurrent Capable Competency Development

Facilitation Tips:

- Guide the group through each section, item by item.
- Ensure each person says or indicates their score.
- Steer the discussion toward reaching a consensus on the score for each item.
- Keep the conversation open and collaborative, remembering all scores are opportunities – low scores open up quality improvement initiatives, and high scores show team/program strengths to celebrate.
- Remember that this is not the time to troubleshoot and try to solve issues that may arise from conversations. Redirect problem-solving by reminding participants that the scoring will be evaluated, and recommendations will be made at the next step.
- Support the group to reach an agreed-upon score for each statement. This is a must. A way to bridge score gaps is to enquire about an individual's score, for example, “Ryan,

tell us about your score of 1...” or “Susan, I am curious why you scored 4...” Giving space and time for honest conversations allows team members to hear what pieces each other thinks is important.

- Direct the scribe as needed by indicating what score the group has reached for each item and suggest that they note key discussion themes.
5. Summary and wrap-up – 15 minutes.
- Thank participants for their engaged input into scoring and discussion.
 - Ask the group to provide reflections on what could be ‘Quick Wins’ and ‘Team Priorities’ based on the insights shared during conversations held throughout the review session.
 - Describe the next step of a recommendations session to follow up with a summary of scores and to brainstorm quality improvement initiatives.

Activity 2: Recommendations Session

Within one month of the review session:

- Meet with your participants again
- Review how each section scored and summary of comments
- Present the recommendations list
- Brainstorm quality improvement actions

Prepare for the Recommendations Session

1. The facilitator and scribe use the scoresheet to collate each section from the scorebook used in the review session.
2. Tally each section's score and divide by the number of items to reach an average for each section.
 - a. Participants decided on an average score per item in the review session.
 - i. E.g. Welcoming and engaging has seven items. If the seven items totalled 28, divide this number by 7
 - ii. $28/7=4$. Thus, 4 is the average score for welcoming and engaging
3. Transfer each score to the scoresheet. The scoresheet will provide a one-page summary of each section's average score to identify quality improvement areas. Consider if there are any emerging themes, quick wins, or team priorities you notice.
 - a. Take note that for each section, there may have been high scores and low scores (please consult the scorebook for more detailed information on scoring):
 - i. **Low scores** (1-3) indicate areas where small changes may help improve people's experiences of your program's services. The follow-up recommendations session will address most of these areas and suggest actions, small steps, and changes to improve the team's concurrent capability.

- ii. **High scores** (4-5) represent your team and program's strengths. Take a moment to celebrate what the team is already doing well.
4. Print the recommendations list and book the recommendations session if not already done. Optional – copy the scoresheet for each participant of the recommendations session.

Recommendations Session Agenda – 1 hour

1. Welcome to participants.
 - Hand out the completed scoresheet and recommendations list to each person (optional).
2. Review each section's recommendations with the group.
3. Highlight team strengths and team opportunities.
 - Allow time for brainstorming quality improvement opportunities for low-score items or sections.
 - Consider striking a small working group to follow up on the recommendations.
4. Plan a follow-up meeting in 3-6 months to review planned improvements.

Appendix A: Review Session Sample Agenda

Time	Session Content	Time Allotment
9:00 AM	Welcome and introductions	20 minutes
9:20 AM	Set the stage – distribute handouts and show slides	15 minutes
9:35 AM	Explain the Likert scale	5 minutes
9:40 AM	Facilitate the review	90 – 120 minutes
11:40-12:00 PM	Summary and wrap-up	15 - 20 minutes

Appendix B: Optional Likert Score Cards Template

Instructions: Print the template page for each participant. Fold in half and cut out each numbered card with its definition. (Can laminate also)

1	Not at All
2	Slightly
3	Somewhat
4	Mostly
5	Completely

References

Alberta Health Services. (2018). *A Handbook for Individuals and Families*.

Alberta Health Services. (2023). *A Standard Approach to Concurrent Capable Practice Framework*. AHS.

Minkoff, K. C. (2012). *Compass EZ Demo*. San Rafael: Zia Partners.