## How to help your Change Agents

- □ Communicate with Change Agents, especially following meetings, about their Action Plans, and their goals for the next period. Many times, the goals of the Change Agent group are consistent and supportive of goals supervising managers. Currently, Change Agents are working on accounting for clients with cooccurring disorders in their caseloads, analyzing what is working in terms of welcoming these clients, and in what ways can staff and units/programs be more welcoming. A useful way to conceptualize the Change Agent work is they are looking at ways for us to better serve our most difficult clients. These are individuals and families who we already have and who are not going away. The CA's can help with addressing how we can be more engaging with these people for better treatment outcomes. Doing so, and identifying techniques to make this happen, will not only provide better client service, but it will help reduce the stress on staff overall. In general, it is helpful to conceptualize the Change Agents as an assistant who is looking at how to problem-solve our most difficult clinical issues.
- □ Address the work Change Agents are doing in their productivity plans. One to two hours a week seems reasonable for most Change Agents. Be aware that some will work more and others less depending on interest, motivation and time. It is likely that supervisors will want to adjust productivity time based on actual work performed. Again, this appears to be an important area for conversation to make sure that Change Agents know what is expected of them in terms of meeting their productivity requirements.
- □ All Change Agents and programs/units are busy. It is, however, *important for CA's to have time freed up to attend the monthly and quarterly meetings*. The monthly meetings are usually 1-2 hours and the quarterly meetings are about 5 to 6 hours (with continuing education credits for the quarterly meetings). It is important that CA's attend and participate consistently in order to obtain the training and guidance around Action Plans and how to implement them at their worksite. All attempts will be made to give advance notice of CA meetings, so plans can be made and schedules adjusted.
- □ Not all staff interested in being Change Agents should be Change Agents. Sometimes CA's are chosen because others are too busy and the supervisor wants to distribute the work load. This could work out OK, but it does not mean that the person chosen will be an effective CA. At other times, individuals want to be CA's but are not able to complete the activities chosen either due to a large workload, or inability to manage time in a way that would allow them to be effective Change Agents. If this is the case, the supervisor needs to either change CA's or find ways to work with the CA selected to get them on board with the process. Please feel free to use me to assist in this process.

## Co-Occurring Disorders Initiative – CCISC Implementation Project For Supervising Clinicians

- □ Change Agents are out at these meetings learning how to identify the need for change and to implement the actions necessary for change. Use them! We highly recommend providing even 15 minutes at staff meeting for the Change Agents to discuss the Action Plans, present cases, problem solve and otherwise transfer the information they are obtaining at the larger meetings. CA's can work on change one on one with other staff, but it is more powerful, and more efficient to have the staff meeting for interaction to occur and for concepts and interventions to be discussed. Below are activities which should involve Change Agents:
  - 1. **Educate** staff on Co-Occurring disorders (assessment, treatment, strategies, welcoming, etc...) during **staff meetings**.
  - 2. Participate in **case assists/case discussions** of clients with co-occurring disorders.
  - 3. Facilitate **stage appropriate groups** for clients with co-occurring disorders.
  - 4. Provide updates and disseminate training from Zia Partners to staff.
  - 5. Create and oversee the implementation of **Action Plans/policy development** intended to improve the quality of care for clients with cooccurring disorders.
  - 6. Participate in **general quality improvement** activities for clients with cooccurring disorders.
  - 7. Provide training and oversee **assessment instruments** for co-occurring disorders. These include the skills assessments for staff members (CODECAT), and teams (COMPASS), and also tools used for client assessment (e.g. MIDAS, MAST).
  - 8. Change Agents and the Co-Occurring Initiative can also be the focus of **retreats** where staff have considerably more time to discuss, practice and absorb the material.
- □ Change Agents are leaders. *They, however, are not responsible for all the change needed to best meet the needs of clients with co-occurring disorders*. This needs to be a collaborative group process, and the CA needs to be given authority to direct and advise other team members on these issues.
- □ Change Agents should not be given all the most difficult clients with cooccurring disorders to deal with themselves. This continues to maintain a system in which services for clients with co-occurring issues are segregated. This can not only result in more burn out for the staff assigned these clients, but also reduce the amount of service provided to the clients in that not as many staff are available to assist with their needs. Also, if the CA were to leave their job/transfer, it creates havoc on the team, when clients with complicated needs all lose their support at the same time. Distributing the co-occurring caseload also encourages other staff to get on board and learn the new information being provided.

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It is hoped that this information on how to help Change Agents has been useful. Please contact Kristin Dempsey at 372-3214 with any questions, concerns, or requests regarding CCISC Change Agents.