



### **Policy 25-05 Attachment A: Companion Guide To Implementation of a Welcoming Environment**

BHRS Staff can work with their Unit Chief and BHRS Contractors can work with their Contract Monitors to follow this guide to implementation of a welcoming environment.

Deliverables for BHRS Programs and Contracted Behavioral Health Service Providers:

- 1) BHRS and each contracted provider will identify a team that is responsible for the quality improvement process of moving toward the goal of becoming welcoming, trauma-informed, and co-occurring capable. The team should include empowered leadership and “change agents” representing different perspectives within the program.
- 2) BHRS and each contracted provider will communicate to their staff the goal of developing co-occurring competency across the organization. All staff will be expected to watch an introductory training on co-occurring capability, “Welcoming Integrated Systems for People with Co-Occurring Mental Health and Substance Use Conditions.” To access the training through LMS, use these registration links:
  - a. BHRS County Staff: [\[Click Here\]](#)
  - b. BHRS Contract Providers: [\[Click Here\]](#)
- 3) BHRS and each contracted provider will identify a team to conduct a self-assessment of its co-occurring capability using an assessment tool\*. The results of the tool will inform priorities for action.
- 4) A representative team of BHRS leadership will conduct a similar self-assessment using an assessment tool\*<sup>i</sup>, designed for helping county leaders identify their next steps to supporting integrated services across the County.
- 5) Following the completion of the self-assessment, each participating program and the County leadership team will identify a measurable, and achievable quality improvement (QI) action plan to identify steps of progress toward welcoming, co-occurring capable care. The action plan will be reviewed by QM to ensure that it is sufficiently actionable.
- 6) All action plans must engage staff (change agents) as partners in change, and at minimum address the first 2 of the following action items, as well as at least one additional item, as applicable to the program or setting:
  - Improvement of policies and procedures to support welcoming, hopeful, trauma-informed, culturally fluent engagement of individuals and families with co-occurring conditions.
  - Improvement of screening, identification, and simple documentation (e.g., yes or no) of individuals and families with co-occurring conditions, with the goal of improving the accuracy of clinical recognition and data that is reported to BHRS.
  - Improvement of integrated stage-matched service planning for individuals and families with co-occurring conditions.



- Improvement of staff competency in engaging in helpful conversations with individuals or families with co-occurring conditions.
  - Improvement of provision of medications for MH and SU conditions for all clients who might benefit, as well as provision of medication education.
  - Improved access to peer recovery support for both MH and SU conditions.
  - Improved formal cross-consultation collaboration between programs offering different services (MH and SUD).
  - Implementation of administrative practices (billing & contracts) that support the provision and documentation of integrated services.
- 7) The action plans are to be ongoing and updated on a regular basis to assure implementation and support. Action plans can incorporate other activities listed above that were not part of previous year's action plans, or supplement with other activities that support these efforts ongoing. BHRS will include in annual audits and site visits a review of the action plan to assure that it is being used on a regular and ongoing basis.

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*\* = Note: Providers have the option to select any appropriate assessment tool that can be used to measure their capabilities and/or gaps in providing a welcoming, trauma-informed, co-occurring environment. Some examples of assessment tools include (click on link):*

[Compass-EZ 2.0](#)

[Co-Occurring Capability Self-Assessment Tool](#)

[Dual Diagnosis Capability In Addiction Treatment](#)

[Dual Diagnosis Capability in Mental Health Treatment](#)

**Other Resources:**

[Co-Occurring Disorders Integrated Dual Disorders Treatment \(IDDT\) Toolkit](#)

[IDDT Fidelity Scale Information](#)

<http://smchealth.org/bhrs-documents>

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