

FROM THE DIRECTOR'S DESK



The Department of Children and Families Substance Abuse and Mental Health Programs have developed the Florida System of Care Initiative to create a "No Wrong Door" approach to services for individuals with both substance abuse and mental health problems (co-occurring disorders). The initiative uses the nationally recognized Comprehensive Continuous Integrated System of Care (CCISC) model as the basis for developing co-occurring service capabilities in Florida's communities through the enhancement of the business and clinical service practices of substance abuse and mental health providers throughout the state.

Message from David Sofferin
Assistant Secretary for Substance Abuse and Mental Health
March 24, 2010

As your new Assistant Secretary for Substance Abuse and Mental Health, I want to assure you that the Department is strongly committed to implementing a Comprehensive, Continuous and Integrated System of Care (CCISC). The goal of this statewide initiative is to ensure that providers are capable of serving individuals with substance abuse and mental health needs through integrated services. Collectively we have completed Phase 1 of CCISC. All of Florida's 67 counties have implemented or are in the planning stages of CCISC implementation. We are one step closer to our vision for a system that is welcoming, meets the needs of our citizens, and helps individuals lead healthy lives and achieve their recovery goals.

COMPREHENSIVE, CONTINUOUS, INTEGRATED SYSTEM OF CARE MODEL DESCRIPTION

By Kenneth Minkoff, MD

The Four Basic Characteristics of the Comprehensive, Continuous, Integrated System of Care Model

The Comprehensive, Continuous, Integrated System of Care (CCISC) model for organizing services for individuals with co-occurring psychiatric and substance disorders (ICOPSD) is designed to improve treatment capacity for these individuals in systems of any size and complexity, ranging from entire states, to regions or counties, networks of agencies, individual complex agencies, or even programs within agencies. The model has the following four basic characteristics:

System Level Change: The CCISC model is designed for implementation throughout an entire system of care, not just for implementation of individual program or training initiatives. All programs are designed to become dual diagnosis capable (or enhanced) programs, generally within the context of existing resources, with a specific assignment to provide services to a particular cohort of individuals with co-occurring disorders. Implementation of the model integrates the use of system change technology with clinical practice technology at the system level, program level, clinical practice level, and clinician competency level to create comprehensive system change.

Efficient Use of Existing Resources: The CCISC model is designed for implementation within the context of current service resources, however scarce, and emphasizes strategies to improve services to ICOPSD within the context of each funding stream, program contract, or services. It provides a template for planning how to obtain and utilize additional resources should they become available, but does not require additional resources, other than resources for planning, technical assistance, and training.

Incorporation of Best Practices: The CCISC model is recognized by SAMHSA as a best practice for systems implementation for treatment of ICOPSD. An important aspect of CCISC implementation is the incorporation of evidence based and clinical consensus based best practices for the treatment of all types of ICOPSD throughout the service system.

Integrated Treatment Philosophy: The CCISC model is based on implementation of principles of successful treatment intervention that are derived from available research and incorporated into an integrated treatment philosophy that utilizes a common language that makes sense from the perspective of both mental health and substance disorder providers. This model can be used to develop a protocol for individualized treatment matching, that in turn permits matching of particular cohorts of individuals to the comprehensive array of dual diagnosis capable services within the system.

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