Tuesday's with NEXUS

Gary Croton
VDDI

July 2021

Towards Integrated Care

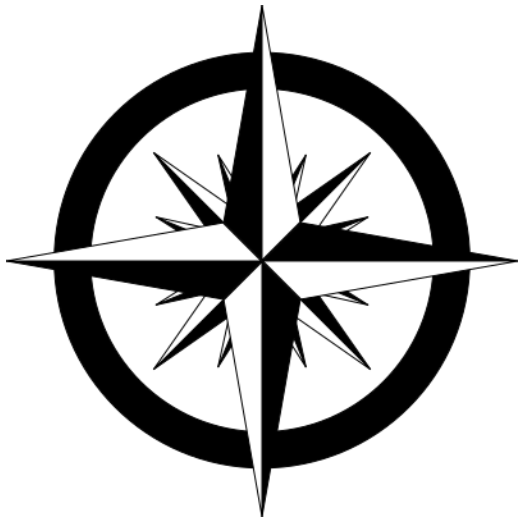
Comprehensive, Continuous Integrated System of Care (CCISC) *in Victoria*

In the spirit of reconciliation the VDDI acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

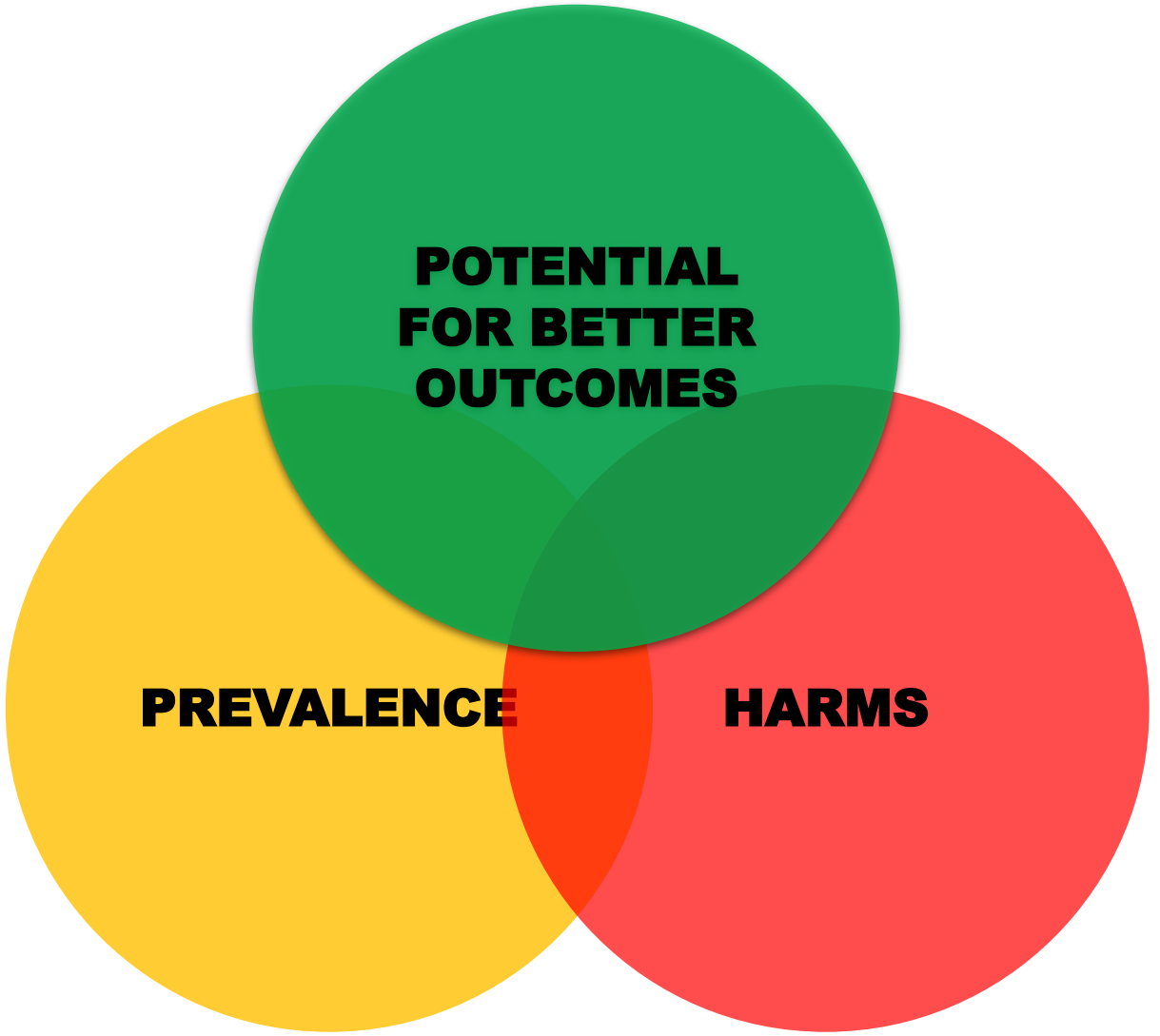
We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

This presentation is available as an interactive PDF:

Most images, in the PDF version of this presentation, will hyperlink to the resource they describe

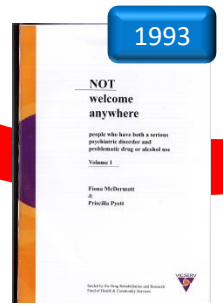


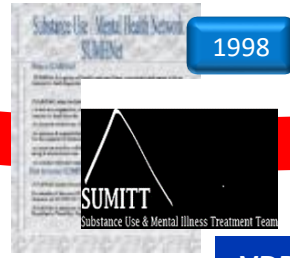
CONTEXT 1: Co-occurring Mental Illness- Substance Use

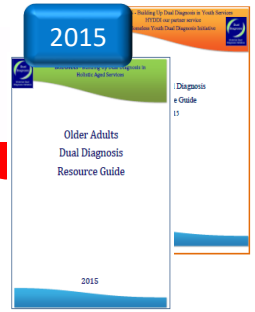


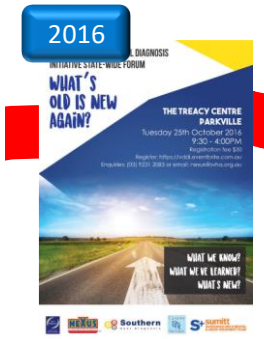
CONTEXT 2: Victoria's MI-SU responses 1993 – current:

Victoria's ongoing, robust, strategic investment in better outcomes for people with co-occurring MH-SU concerns









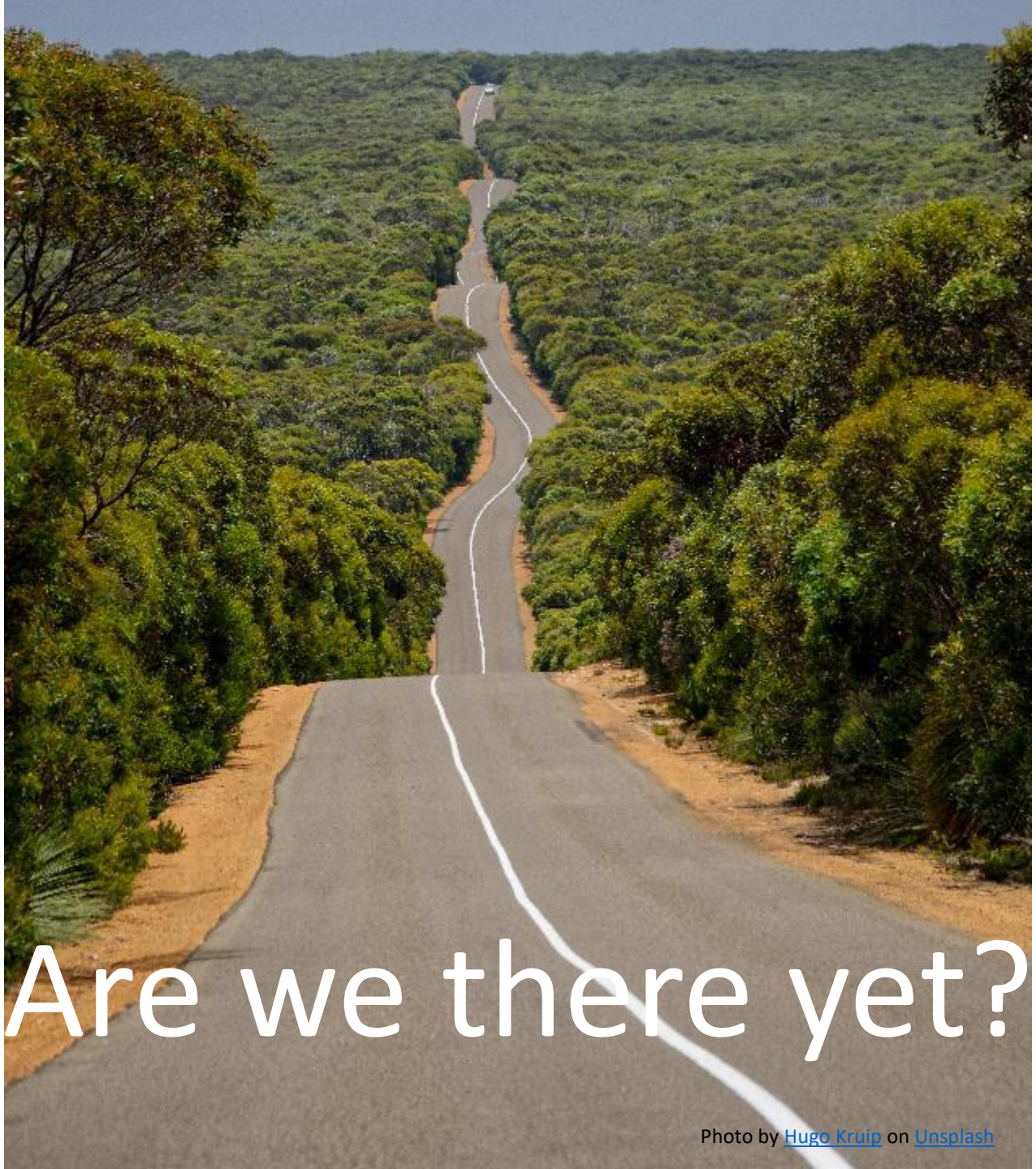


Photo by Hugo Kruip on Unsplash

CONTEXT 3: Integrated Systems vs. Integrated Care

INTEGRATED SYSTEMS

Risks:

1. Stalling progress
2. Loss of expertise
3. AOD clients losing access
4. ……..

INTEGRATED TREATMENT / CARE

- Each AOD and MH worker, agency & system working out how they can best provide integrated MH-AOD treatment & care with the people who come to their door
- CQI approach

CONTEXT 4:

Royal Commission into
Victoria's Mental Health System

One strategy:
Pilot of:

Comprehensive, Continuous Integrated System of Care

CCISC

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CCISC Overview

printable version

Description

The **Comprehensive Continuous Integrated System of Care or CCISC** is an evidence-based model (Minkoff & Cline, 2004, 2005) that has been identified by SAMHSA as a "best practice" for system design, and has been used in dozens of local, regional, state/provincial systems of care internationally, including over 35 states in the U.S., 5 Canadian provinces, and several states in Australia. CCISC is designed to create processes for systems to engage in to produce vision-driven transformation–a customer-oriented quality improvement approach to change.

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What is CCISC?

Comprehensive, Continuous Integrated System of Care

CCISC

‘*An evidence-based approach for* ***transforming AOD & MH (& other) systems*** *by building a* ***systemic, customer-oriented, quality management***, ***culture*** *and* ***process***.’

Developed, over last 15 years, by Drs Ken Minkoff & Chris Cline

Key Elements:

- Biggest possible **vision** of meeting needs & hopes of its **customers:**
  - **Individuals & families seeking help**,
  - **System partners** –services sharing responsibility to respond

- Emphasis always *begins with* **people & families who our current systems aren't well designed to respond to**

Key Elements:

Comprehensive, Continuous Integrated System of Care
CCISC

common <u>vision</u> of all programs becoming:

- *Person-family-centered,*
- *Recovery-resiliency-oriented,*
- *Trauma informed,*
- *Complexity capable* (i.e. organized to routinely integrate services for individuals with multiple complex issues)
- *Culturally- competent*

Key Elements:

- Whole system organized into a **continuous quality improvement partnership**
- All programs develop their own **data-driven**, **quality improvement activities** targeting the **common vision**
- All major processes & subsystems reworked within the QI partnership to ***better match what people need***.

Key Elements:

- Implement a **wide array of best practices & interventions** into all the core processes of the system

- **Defining what works** & ensuring, within the systemic CQI practice improvement & **workforce development** framework, that **what works is routinely provided in all settings.**

Key Elements:

- Whole process is **data driven**.

- Each CQI component, (at **program level**, **subsystem level**, **overall system level**) driven by commitment to measurable progress toward quantifiable objectives.

Key Elements:

- Whole process is **built within existing resources** - *Use our limited resources as wisely as possible before acquiring more*.

- **Many systems:** Poor system design →→→ inefficient & ineffective results …….→→ →more resources invested to work around poorly designed system…..

- CCISC creates processes to move beyond that

Key Elements:

- CCISC process begins with a **big vision of change**
- Implements **series of change processes:** *…..incremental ….stepwise …. over time…..*
- **Accountability for change at every level of system concurrently**: Even though each part of the system takes only small steps, the whole system begins to make fundamental changes
- The shift to implementation of a quality-driven framework process **can occur in a short time frame** (e.g., 6-12 months).

Comprehensive, Continuous Integrated System of Care

CCISC

CCISC's 8, clinical consensus, best practice, principles

Comprehensive, Continuous Integrated System of Care

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PREVALENCE

Principle 1. Co-occurring issues and conditions are *an expectation, not an exception*.

Expectation:

- included in **every aspect of system planning, program design, policy & procedure, clinical competency**

- incorporated in a **welcoming manner** in *every clinical contact*, to
  - promote **access to care**
  - **accurate screening** & **identification of individuals & families with multiple co-occurring issues.**

Royal Commission into Victoria's Mental Health System

22.3.2 Estimated prevalence of co-occurring mental illness and substance use or addiction

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Principle 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,*
- *continuity of care*

promote step-by-step, community-based, learning for each issue or condition.

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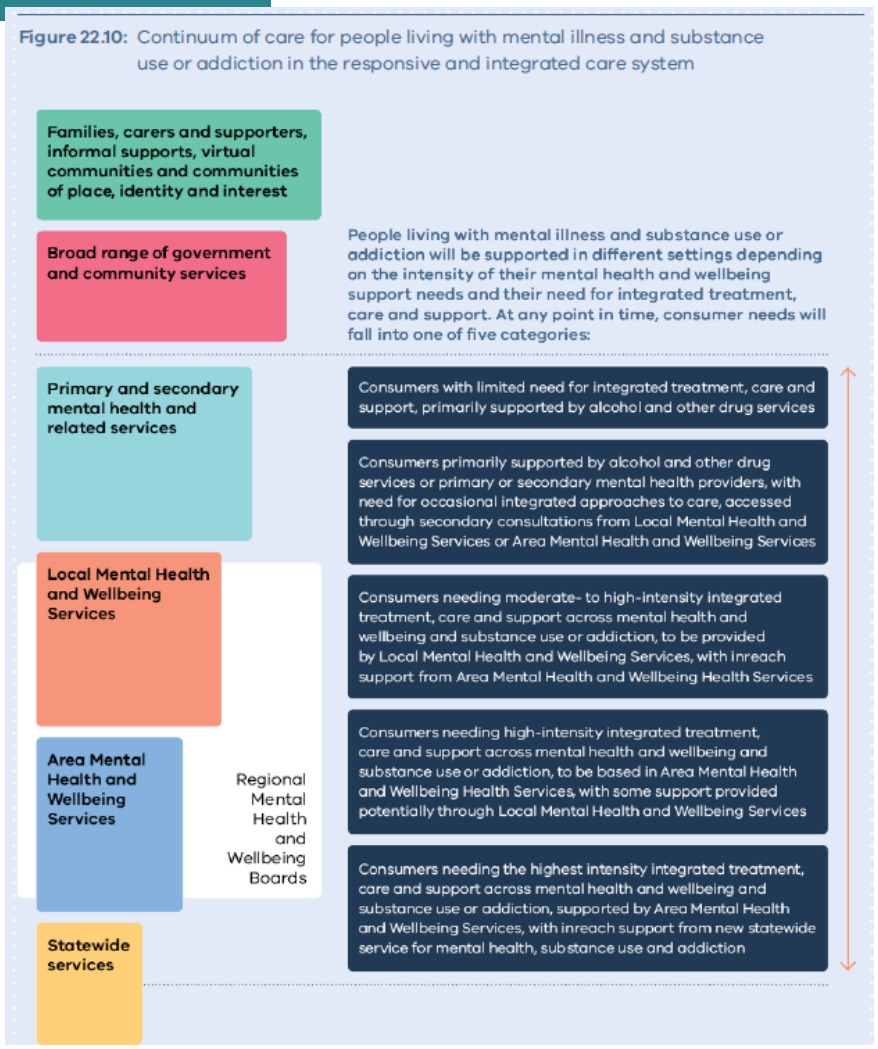
Principle 3. All people with co-occurring conditions are not the same…. so different parts of the system have responsibility to provide co-occurring-capable services for different populations.

Royal Commission into Victoria's Mental Health System



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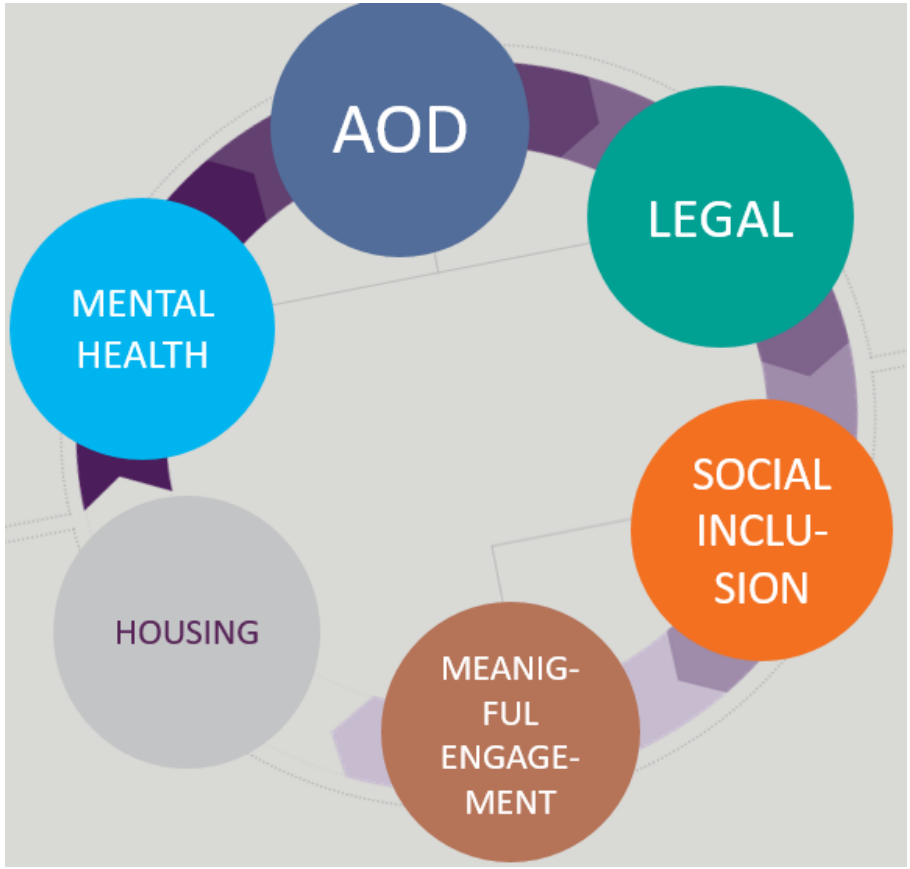
Principle 4. When co-occurring issues and conditions are present, each issue or condition is considered to be primary.

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**.



Comprehensive, Continuous Integrated System of Care

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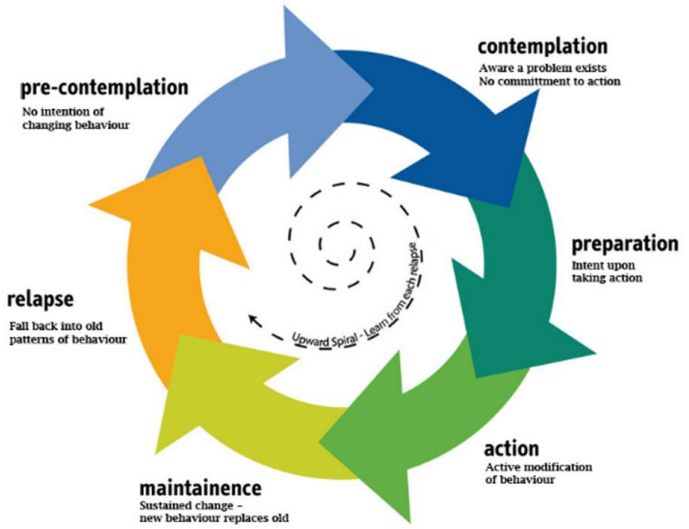

Principle 5. Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.

- Mental illness & substance dependence (& other conditions) are chronic biopsychosocial conditions that can be understood using a **condition & recovery model.**

- Each condition has **parallel phases of recovery** & **stages of change**.

- For each condition or issue**, interventions and outcomes** must be matched to **stage of change** and **phase of recovery**.

Phases of recovery

- Acute stabilization
- Engagement & motivational enhancement
- Prolonged stabilization & relapse prevention,
- Rehabilitation & growth

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Principle 6. Progress occurs through adequately supported, adequately rewarded, skill-based, learning for each co-occurring condition or issue.

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Comprehensive, Continuous Integrated System of Care

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Principle 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 & outcomes must be individualized according to

- their hopeful goals;
- their specific diagnoses, conditions, or issues;
- Phase of recovery. Stage of change. Strengths. Skills, & available contingencies for each condition.

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Principle 8. CCISC is designed so that all policies, procedures, practices, programs, & clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring-capable.

- **Each program has a different job**, & programs partner to **help each other succeed** 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, & engaged …
- ….in a continuing process of adequately supported, adequately rewarded, strength-based, stage-matched, skill-based, community-based learning for each condition….

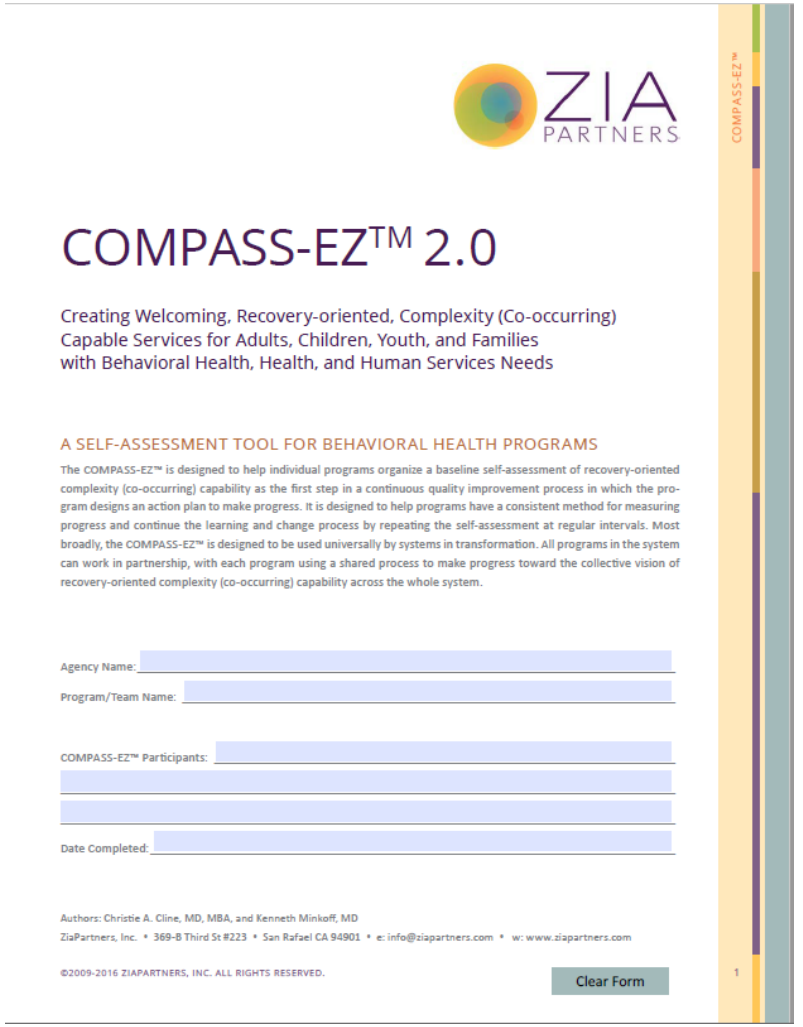
Co-occurring Capability Tools

Comprehensive, Continuous Integrated System of Care

CCISC

Tools are designed to be used by **systems in transformation** to help the system partners learn how to **apply CCISC principles** to build recovery-resiliency-oriented, complexity capability into all areas of practice, programming & design.

Self-Ax vs top-down methodologies



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COMPASS-EZ™ 2.0

Creating Welcoming, Recovery-oriented, Complexity (Co-occurring) Capable Services for Adults, Children, Youth, and Families with Behavioral Health, Health, and Human Services Needs

A SELF-ASSESSMENT TOOL FOR BEHAVIORAL HEALTH PROGRAMS

The COMPASS-EZ™ is designed to help individual programs organize a baseline self-assessment of recovery-oriented complexity (co-occurring) capability as the first step in a continuous quality improvement process in which the program designs an action plan to make progress. It is designed to help programs have a consistent method for measuring progress and continue the learning and change process by repeating the self-assessment at regular intervals. Most broadly, the COMPASS-EZ™ is designed to be used universally by systems in transformation. All programs in the system can work in partnership, with each program using a shared process to make progress toward the collective vision of recovery-oriented complexity (co-occurring) capability across the whole system.

Agency Name:

Program/Team Name:

COMPASS-EZ™ Participants:

Date Completed:

Authors: Christie A. Cline, MD, MBA, and Kenneth Minkoff, MD

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Clear Form

COMPASS-EZ™

1

Co-occurring Capability Tools

System Tools

- SOCAT– self-survey tool for participating organizations and agencies in community-based system of care partnerships.
- CO-FIT100– systems measurement tool for CCISC outcome fidelity and implementation.
- COCAP – self-assessment tool for recognizing progress in programs, agencies and systems.
- COMPASS-EXEC – self-assessment tool for exec leadership & administrative teams of large systems.

Agency/Program Tools

- COMPASS-EZ – self-assessment tool for behavioral health programs.
- COMPASS-ID – self-assessment tool for intellectual disability programs and services.
- COMPASS-PREVENTION – self-assessment tool for prevention and early intervention programs.

For primary health/behavioral health integration:

- COMPASS-PH/BH – A self-survey tool for primary health and/or behavioral health clinics, programs and/or teams.
- Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration (OATI)

Staff Competency Tools

- CODECAT-EZ– self-assessment tool for behavioral health treatment and service provider staff working with adults, children, youth and families.

Practice Tools

- ILSA-Basic – Integrated Longitudinal Strength-based Assessment:

CCISC implementation in Victoria:

- 2020 Working Group:
- Funding of up to $300k, in 2020-21, to support 1 Victorian region to commence a pilot to implement CCISC
- EOI process
- Multi agency – lead agency must be an AOD agency

& the successful EOI is…….

Integrated Care Pilot

FIRSTSTEP
Addiction+Mental Health

What we believe

Everybody deserves every chance
to turn their lives around.

Our people and their families should get all
the help they want and need,
from ONE team in ONE place.

Six critical support areas

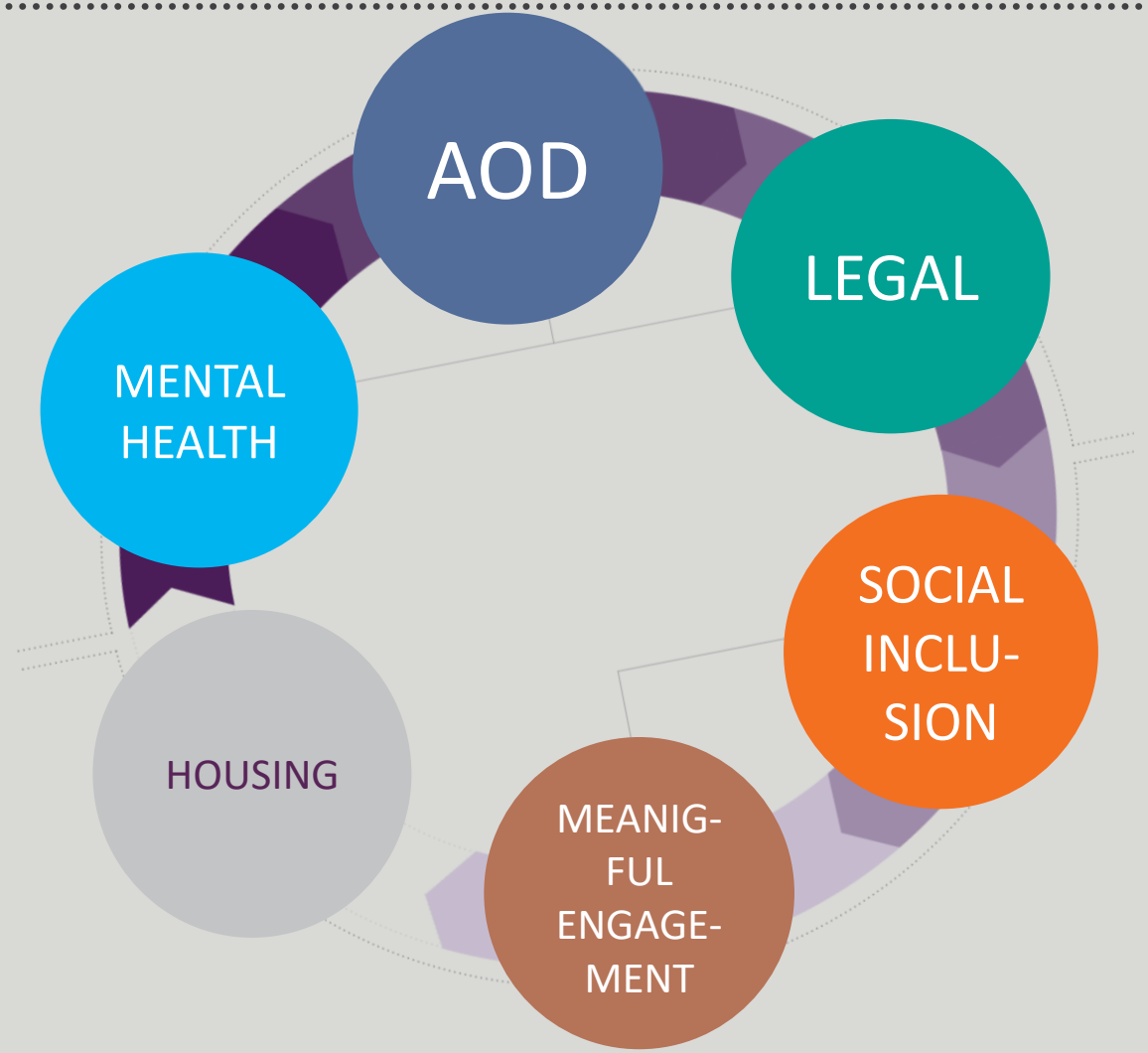
Mental health nurses
Psychologists
Addiction psychiatrist

GPs (inc. Windana)
Drug and alcohol counsellors
ResetLife program (inc. families)

Lawyers (inc. SH, Alfred, Windana)
Work and Development Permit

Psychosocial workers and brokerage programs

Warm referrals
Road Home project



Partners

Star Health
Alfred Health
Access Health
Ngwala Willumbong
Taskforce
Windana Drug and Alcohol Recovery
South Eastern Melbourne Primary Health Network
ermha365
Launch Housing
Berry Street