



Changing the World: Inspiring Hope, Health & Recovery

***Transforming systems at every level
to be about the needs, hopes and dreams
of the people and families with complex needs
who come to our door***

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The Complexity Challenge

- Individuals with complex multiple issues have the poorest outcomes in multiple domains.
 - Most likely to cost a lot of money, most likely to be homeless, most likely to die.
 - Often experienced as misfits rather than as priorities to serve.
- Is your system or organization designed to welcome people with complexity as a priority for care?

The Hope Challenge

- In order for our system to inspire people and families with serious challenges and multiple issues, we need to be in the hope business.
- Hope: Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.



Is your system/organization designed to inspire hope for people with complex needs?

Principle-driven Adult and Child Systems of Care

ALL services are:

- Hopeful
- Person- or family-driven
- Empowering and strength-based
- Designed to help people achieve their most important and meaningful goals

Integrated Systems of Care

- Complexity is an expectation, not an exception.
- ALL services are designed to welcome, engage, and provide integrated services to individuals and families with multiple complex issues (MH, SUD, DD, BI, health, trauma, housing, legal, parenting, etc.)

What is a System?

Sets of nesting Russian dolls
that are not quite so nesting:

Systems

within systems

sitting next to other systems

within systems.

Transformation

- Involves EVERY system, subsystem, and sub-sub-system in a common process to achieve a common vision, with EVERY dollar spent and EVERY policy, procedure and practice.
- In a provider agency, that means the agency as a whole, every program in the agency, and every person delivering care is working toward a common vision.

Comprehensive, Continuous Integrated System of Care

CCISC

- All programs in the system become welcoming, hopeful, strength-based (recovery- or resiliency-oriented), trauma-informed, and complexity-capable.
- All persons delivering care become welcoming, hopeful, strength-based, trauma-informed, and complexity-capable.
- 12-Step Program of Recovery for Systems

Person-centered, Resiliency-/Recovery-oriented Complexity Capability

Each program organizes itself,
within its mission and resources,
to deliver integrated, matched,
hopeful, strength-based,
best-practice interventions for multiple issues
to individuals and families with complex needs
who are coming to the door.

Person-centered, Resiliency-/Recovery-oriented Complexity Competency

Each person providing clinical care is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with complex needs that are likely to already be in their caseloads.

Person-centered, Resiliency-/Recovery-oriented Complexity Capability

- CCISC Program Self-assessment Tools:
COMPASS-EZ™, COMPASS-ID™,
COMPASS-PH/BH™, COMPASS-Prevention™
- System of Care Tool: SOCAT™
- 12 Steps for Programs toward SOC principle-driven care and Complexity Capability

Person-centered, Resiliency-/Recovery-oriented Complexity Competency

- CCISC Clinician Self-assessment Tool:
CODECAT-EZ™
- 12 Steps for Staff Developing
Complexity Competency

Is this your vision?

If so, how do you get there?

How do we get there clinically?

Research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.

As a system or organization, how do we get there?

Quality Improvement

- Recovery process for systems
- Horizontal and vertical quality improvement partnership
- Empowered Change Agents
- Anchoring value-driven change into the “bureaucracy”
- Serenity Prayer of System Change

Vision-driven Quality Improvement Challenge

- How well is your system, agency or program organized to empower staff as partners in vision-driven quality improvement?
- How well are you organized to build inspiration:
 - In the face of complex challenges in your program?
 - To provide services that effectively and efficiently match the complex challenges of your clients?



Principles Made Simple

Principle #1

Complexity is an expectation.

- Welcome people with complexity as priority customers.
- Remove access barriers that make it hard to be welcomed.
- See all the complex issues: integrated screening and documentation.

Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

- Hopeful goals for a happy life.
- Work with all your issues step by step over time to achieve success.
- Build on strengths used during periods of success.

Principle #3

All people with complex issues are not the same.

- Different programs have different jobs.
- All programs partner to help each other with their jobs, and their populations
- 4-Quadrant model (HI/HI, HI/LO, LO/HI, LO/LO) for MH/SA, MH-SA/PH or MH-SA/DD may help with service mapping and matching.

Principle #4

For people with complexity, all the co-occurring conditions are primary.

Integrated multiple primary condition-specific best practice interventions are needed.

Principle #5

Parallel process of hopeful progress for multiple conditions

- Recovery/resiliency/self-determination of the *person* with one or more conditions.
- Progress involves:
 - Addressing each condition over time.
 - Moving through stages of change for *each* condition.
- Integrated services involve stage-matched interventions for *each* condition.

Principle #5 (continued)

Stages of Change

Issue-specific, not person-specific.

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.
- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

Principle #5 (continued)

Stages of Change

- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.
- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.

Principle #5 (continued)

Stages of Change

- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.
- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

Stage-matched (for Substance Use) Options for Supportive Housing

- Individuals have a choice of housing options that includes
 - Abstinence-expected (dry)
 - Abstinence-encouraged (damp)
 - Full consumer choice of substance use (wet)

Principle #6

Adequately supported, adequately rewarded, skill-based learning for each condition.

- Small steps of practical learning
- Self-management skills and “asking for help” skills
- Rounds of applause for each small step of progress

Principle #7

There is no one correct intervention or program.

In CCISC,
every program, policy, practice, etc.,
is organized to match interventions
based on the principles.

Principles Made Simple

Summary

Welcoming, empathic, hopeful, continuous, integrated recovery and support partnerships

- Addressing multiple primary issues
- Providing adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue
- Moving toward goal of a happy, meaningful life

For Systems, Agencies and Programs

12 Steps of Recovery: Step 1

- Welcome all staff into an empowered partnership.
- Define a vision for all programs and all staff.
- Define the vision as related to core values:
 - Welcoming, hope, resiliency, autonomy, recovery
 - Matching services to the needs and dreams of the people and families with complexity

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 2, 3, 4

- **Step 2:** Define your CQI “Recovery Team” for the agency.
- **Step 3:** Identify Change Agents from each program to represent the voice of front-line staff and consumers.
- **Step 4:** Engage all staff as partners in improving their own competency.

For Systems, Agencies and Programs

12 Steps of Recovery: Step 5

Perform a system/agency/program baseline self-assessment.

- Engage staff in a “democratic” conversation.
- Evaluate program policy, procedure, practice (not people).
- Use a structured tool to guide conversation.
- Rounds of applause for finding improvement opportunities.

For Systems, Agencies and Programs

12 Steps of Recovery: Step 5 Tools

- **COMPASS-EZ™** for MH/SA in BH programs
- **COMPASS-PH/BH** for primary health and BH integration
- **COMPASS-ID™** for BH in intellectual disability service
- **COMPASS-Prevention™** for prevention and early intervention programs

For Systems, Agencies and Programs

12 Steps of Recovery: Step 6

Achievable Quality Improvement Plan for each program

- Small measurable steps in direction of vision.
- Progress not perfection.
- Rounds of applause for each step of progress.
- Share success in the QI team; identify and remove barriers.
- Anchor changes in policy, procedure, paperwork.

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 7, 8, 9

- **Step 7:** Welcoming individuals and families with complex needs.
- **Step 8:** Seeing the complexity in the people we serve: integrated screening and counting.
- **Step 9:** Establishing hopeful goals for a happy life. Identify periods of strength and success.

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 10, 11, 12

- **Step 10:** Integrated hopeful, person- or family-centered strength-based assessment for multi-occurring primary issues.
- **Step 11:** Stage-matched interventions, skills training , and celebrating small steps of success with big rounds of applause.
- **Step 12:** Integrated stage-matched person-centered “recovery” planning.



What will be your next small step of success
as a system, agency or program?

And let's give each other
a round of applause!!!



Thank You