Draft Quality Improvement Charter Document for the Implementation of CCISC in Milwaukee County March, 2010

Individuals and families with co-occurring psychiatric and substance conditions, as well as other complex conditions in Milwaukee are recognized as a population with poorer outcomes and higher costs in multiple clinical domains. They are commonly experienced as "system misfits", inadequately served in both mental health and substance abuse treatment settings, resulting in over-utilization of resources in the criminal justice system, the primary health care system, the homeless shelter system, and the child protective system. In addition to having poor outcomes and high costs, individuals with co-occurring disorders are sufficiently prevalent in all behavioral health settings that they can be considered an expectation, rather than an exception.

The Milwaukee behavioral health system has undertaken many efforts during the last several years to transform the system to better address the needs of the people coming to the door, including addressing those with co-occurring disorders. These efforts have included

List various activities: e.g., ATR, Recovery oriented services….

In addition, Milwaukee has recently been funded for three SAMHSA grants for expanding capacity and programming, all of which address populations that are highly likely to have co-occurring conditions.

List

Within these efforts, it is recognized that because individuals with co-occurring conditions are an expectation in all settings, it is necessary to build capacity to address the needs of people and families with complexity not just in a few special projects or special programs, but into everything we do. Consequently, a consensus has emerged that recognizes the need for a broad system approach to improve services for individuals and families with complex co-occurring needs, to develop universal recovery oriented co-occurring disorder capability for all programs and clinicians, in order to create a system of care that is welcoming, recovery-oriented, culturally competent, accessible, integrated, continuous, and comprehensive.

In order to accomplish this goal, **Milwaukee County Adult Behavioral Health Division** has identified the **CCISC model** as a framework for quality improvement oriented integrated system design and implementation. The basic principles of CCISC have been described by Minkoff and Cline (2004, 2005), and are listed in **Appendix A**. This charter document outlines the initial activities for Milwaukee County Adult Behavioral Health, (as well as other county agencies - **e.g., children's division, others? - that may wish to be included over time**) in partnership with providers, consumers and families, and other stakeholders to organize the first action steps for implementation of system change at each level of the system.

The system transformation process outlined in this charter is intended to be fully aligned with other major strategic initiatives that are already under way, and to build upon the energy and resources committed to those initiatives:

LIST ANY STRATEGIC INITIATIVES THAT WOULD FIT

In the context of all of the above, **Milwaukee County Adult BH Division, county and contracted providers, consumers, families, and the following identified stakeholders (MATI?, etc.) hereby <u>agree</u> to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing countywide systems change to improve access to services and recovery for individuals and families with co-occurring conditions within the context of existing resources. The partners also agree to the action steps listed below.**

CLARIFY THAT THERE IS AN OPEN DOOR FOR SYSTEM COMPONENTS (CHILDREN'S), PROVIDERS, AND OTHER PARTNERS THAT MAY WISH TO JOIN IN LATER ON.

This charter document is an initial draft working document that outlines action steps for each level of the service system during the first year.

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Actions Steps for County Adult BH*: REVIEW AND MODIFY, INCLUDE STAKEHOLDER INPUT*

1. Adopt this charter document as an official policy statement, and disseminate officially to all stakeholders
2. Work in a quality improvement partnership with providers and stakeholders
3. Identify a "core implementation team" to manage the project. **(Names?)**
4. Develop a formal empowered structure (**e.g., Steering Committee?)** to reflect the partnership to steer or advise the implementation of this quality improvement process. (**Representation includes county, providers, consumers/families, and change agents, and?)**
5. Organize process for implementation/adopting/modifying of consensus statement over the course of the first 6-12 months of this process.
6. Create vehicles for communication to all providers and participants.
7. Provide consultation , training and technical assistance for the system and for each provider to be able to make progress.
8. Encourage (not require) provider participation during 2010 in moving toward attainment of Co-occurring disorder Capability, as identified in this charter..
9. Develop the expectation – in policy - of welcoming access for individuals with CODs in all portals of the county adult system.
10. Begin a process to facilitate the ability of each program to screen for and report information on consumers with CODs, beginning with simple data on the prevalence of individuals and families with co-occurring conditions.
11. Support ongoing development of a county change agent teams representing change agents from the county, from each provider, and from consumers/families/other stakeholders.

Other priorities? Physician involvement? Billing instructions? Contract language? Other policies?

Action Steps for County Programs, Contracted Providers and (where applicable) Family, Consumer, and Advocacy Organizations (Steps 4-9 are for clinical service delivery agencies only):

REVIEW, AND SEEK INPUT ON CLINICAL PRIORITIES: Are these the right priorities…should there be more? fewer?

1. Adopt the charter as an agency or organization or program policy, and provide training to all staff and involved consumers/families regarding the initiative and the principles of the CCISC model.
2. Agency/program level commitment to recovery oriented co-occurring capability is a formal goal, and is disseminated to everyone officially by the director.
3. Develop an empowered QI leadership team, representing all levels of the agency and program.
4. Identify change agents representing front line clinicians, consumers, etc. who are interested in working in partnership with leadership in creating welcoming, recovery oriented, co-occurring capable services.
5. Organize a baseline conversation to perform a self-survey for each program using the COMPASS-EZ at annual intervals.
6. Based on the program self-survey, develop a program-specific QI action plan outlining measurable changes to move toward Co-occurring disorder Capability. Monitor the progress of the action plan at six-month intervals.
7. Work on improvement of welcoming and access for individuals and families with complex needs who may not easily engage.
8. Work on improvement of routine integrated screening, and improvement of data collection, related to identifying individuals with co-occurring mental health (including trauma) and substance use conditions.
9. Adopt the goal of welcoming recovery oriented Co-occurring disorder Competency for all clinicians, regardless of whether or not they are licensed or certified, as part of the agency's long-range workforce development plan.
10. Organize a clinical direct service staff and supervisor competency self-survey using the CODECAT-EZ – approximately six months after beginning implementation of the action plan above - and use the findings to develop a program-specific competency development plan, starting with welcoming.
11. Begin to develop a partnership with the "other" type of agency (between mental health and substance abuse treatment or advocacy agencies) to build mutual support and collaboration in developing co-occurring capability.
12. ***Other priorities for improvement for all programs to work on? Assessment? Stage-matching? Recovery oriented strengths and hope? Integrated Billing instructions?***

Signed by whom, if signed at all?