



Strengthening Integrated Care: Using CCISC to Improve Outcomes for Consumers

Access Health & Community and Banyule Community Health

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Acknowledgement of Country

We acknowledge the Wurundjeri Woiwurrung people, who are the Traditional Owners of the land on which we work. We pay our respects to Wurundjeri Elders past and present and future and extend that respect to all Aboriginal and Torres Strait Islander people.

We acknowledge that sovereignty was never ceded.





Recognition of Lived/Living Experience

We value the unique and important contribution of people with lived and living experience of AOD and mental health concerns, and their families, kin and supporters.

We recognise the wisdom and strength of these voices, and celebrate the rich diversity of the community, our workforce, and the people we provide services to.



What is 'Integrated Care'?

"Regardless of whether a person seeks support... in the mental health and wellbeing or AOD system, they will be met with a welcoming and compassionate approach, based on a 'no wrong door' approach and a philosophy of 'how can we help?'"

"People with co-occurring needs, their families and supporters will not be turned away or excluded from services"





When integration fails...

"A nightmare trying to access holistic support – going from here to here to here – the services need to come together"

"As a carer I have often felt defeated, judged, frustrated, misunderstood and exhausted by services that claim to understand, but actually just don't get the complexities."

"Mental Health & AOD are seen as separate issues, but they are so intertwined."

"If I had a broken leg, would they say come back in 6 weeks? Or access the range of services you need yourself?

I felt like I was at the bottom of the pile."

Principles of Integrated Care



SOURCE: Integrated Treatment, Care and Support for People with Co-Occurring Mental Illness and Substance Use or Addiction: Guidance for Victorian Mental Health and Wellbeing and AOD Services (2022)

Comprehensive Continuous Integrated System of Care (CCISC)



- Redesigns systems of care to better support people with co-occurring needs
- Uses the available and existing resources
- Focusses on empowered, helpful partnerships in the system
- A system of care that is welcoming, integrated, trauma-informed and culturally competent

"Complexity is the expectation, not the exception"



CCISC: The Big Picture

PERSON-CENTRED

 Clients and family at centre of care and involved in organisational change

INTEGRATED

 Multi-disciplinary staff teams collaborate with each other and the client to plan and implement care and support

CO-OCCURRING CAPABLE

 Staff/systems/polices are designed with the expectation of cooccurring needs

STRENGTH-BASED

 Planning and treatment draws on strengths and past successes

TRAUMA INFORMED

 Recognising and welcoming the person's co-occurring needs

Policies, staff skills, culture, practices and data systems exist to realise a vision of welcome, hope and empathy.

Core Building Blocks of CCISC

Key Elements

- Engages staff across your whole organisation, top to bottom, including LLE
- Involves integrating best practice into all core processes
- Change gets anchored in operational infrastructure (policies and procedures)

Principles

- Co-occurring conditions are an expectation, not an exception
- Foundation: welcoming, empathetic, hopeful, strength-based relationships
- Co-occurring capability is key

Compass-EZ ™

- Self assessment audit tool (60+ questions)
- 15 domains covering workforce, organisation, access, support and quality

Action Plan

- •Identify the key changes that can collectively be made to improve how services are delivered
- •Progress and key outcomes for staff and consumers are measured

Developing an Action Plan



Engaged executives and senior management

Engaged with staff from across mental health and AOD services and reception/intake

Lived/Living experience voices and review of consumer feedback

Used the Compass-EZ tool to examine HOW the delivery of our service is experienced

Consulted with staff and identified integrated care action priorities

Identified Integrated Care Champions

Action Plan: Key Priorities

ACCESS

- Review and journey mapping of all intake points
- Update website pages to embed welcome, hope & empathy
- Training to support reception staff to welcome people with complexity
- Review of all program manuals & templates/forms

COLLABORATION

- New induction & program resources to support knowledge and collaboration across teams
- Review of all internal referral pathways
- Develop an Integrated Care Policy
- Establish integrated allocation/review meetings across MH & AOD

CAPABILITY

- Workshops for leaders on "Leading Integrated Care"
- All staff forum: welcome, hope & empathy
- Foundations of AOD
 Module (Hamilton Centre)
 for >80 mental health staff
- Training for all staff on documenting welcome, hope & empathy

Results so far...

ACCESS



CCISC training provided to reception and general intake staff:

- 97% said the training helped increase their understanding of how to welcome people with complexity
- 88% said the training increased their understanding of the barriers to welcoming people with complexity
- 97% said the training gave them an opportunity to explore how they could improve welcoming people with complexity

"Client's needs cannot always be met by our service, however they can be heard, supported and provided alternative options for support"

"There are barriers to welcoming complexity, but there are also solutions"

"When there is a great emotional reaction there is past and present in the room"

COLLABORATION



Following development of new resources, training and induction for staff:

- 17% improvement in knowledge of mental health and AOD services
- 16% improvement in knowledge of referral pathways
- 71% of staff felt that the new induction resources will support Integrated Care across mental health & AOD
- **100**% of staff felt the new resources are a valuable source of information to refer to

"Good care can only be delivered by a strong collective of people"

"Training has provided opportunities for cross team learning/capabilities /upskilling"

CAPABILITY



Training in welcome, hope and empathy:

 92% of MH & AOD practitioners had an improved understanding of how to incorporate principles of welcome, hope and empathy into case notes and other clinical documentation

"[The training] addressed the importance of language, specifically the idea of a "complex" client and how this is an unhelpful way to talk about a person and their needs

"Importance of building staff capability, improve understanding of each other's areas, build relationships internally and externally"

"Importance of collective discussion.
Integrated approach to problem solving. Care and compassion and a willingness to go the extra mile"

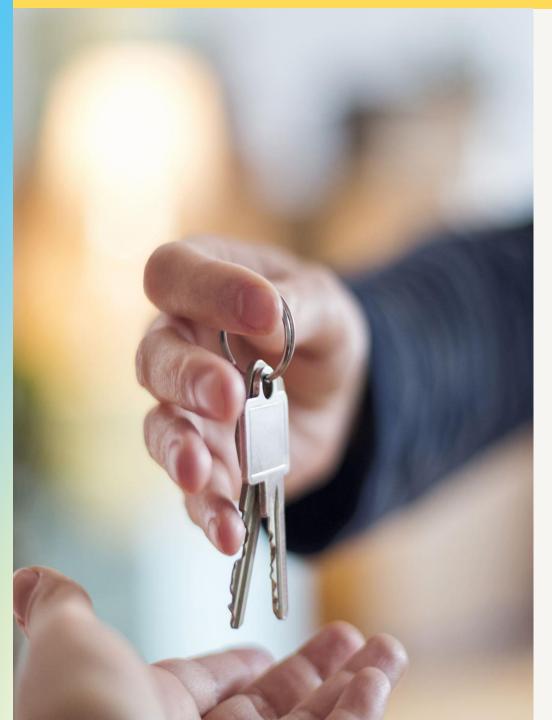
Feedback from Consumers & Families

"Sharing information is easier; counsellors, peer support groups and groups facilitated by staff.

They work as a team"

"Great to talk to people who have come out the other side. Huge impact on my recovery"

"Assisted me to link with [SERVICE X]. Feeling hopeful for my future for the first time in years."



Keys to Success

- Leadership endorsement and involvement
- Embedding integrated care into existing meetings
- Authorise all staff to identify and act to improve integration

 large and small
- Ongoing monitoring and accountability
- Regular communication to all staff regarding progress and success
- Staff development to promote integrated care
- Some minimal dedicated resourcing to promote welcome hope and empathy
- Management support for cultural change

Summary

CCISC provides:

- A structured approach to examine and understand our service delivery
- A process that respectfully engages all staff and service users

The Impact

- Empowers staff to make changes
- Improves knowledge and capability of staff
- Improved service experience for consumers

The Cost:

Small dedicated resource enables program and organisational change

The CCISC Approach



More Information

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Thank you!