

Monterey Integrated System Transformation Initiative (MISTI) Charter Document

Representatives of multiple constituencies – people with lived experience, Mental Health (MH), SUD (Substance Use Disorder), health & human service providers, county system leaders, and advocates - from Monterey County’s health, behavioral health and human service delivery system have come together to create a system of care that is built at every level to be about the needs, hopes, and dreams of the individuals and families with mental health, substance use, and physical health issues – and other complex challenges - who need help. The intent of this integrated system transformation is to have an ever-improving positive impact on the whole behavioral system and all people in Monterey County who rely on it.

The VISION AND MISSION of TRANSFORMING THE SYSTEM

Within Monterey County, we recognize that co-occurring MH, SU, and/or Physical Health (PH) conditions are an expectation, not an exception. We recognize as well that these conditions commonly co-occur with experiences of trauma – including lived experience of regular disenfranchisement, discrimination and exclusion based on race, nationality, language and cultural practices - and with other human service challenges, such as housing instability, justice involvement, and challenges with employment, finances, parenting, and school.

Our vision is that we design a system where people and families with co-occurring conditions and other complex needs have readily available access to services where they are welcomed for care, inspired with hope, and engaged in integrated service partnerships that can help them with all their challenges to make progress toward having happy, meaningful, and productive lives.

To achieve this vision, our mission is to work as partners to step by step implement a system where every program and every person providing help is supported and inspired to provide helpful integrated services for people with co-occurring conditions and other complex needs, and where all services are designed to be responsive and empowering in the face of the traumas, inequities, and disparities that have been experienced by so many people seeking help.

BACKGROUND

The Monterey Integrated System Transformation Initiative builds on and aligns with multiple improvement efforts and is intended to help connect and strengthen these efforts. **These efforts are described in Appendix A.**

CONSENSUS

From these efforts, a consensus has emerged that recognizes the need to create a broad systems approach with universal application for all programs (prevention and treatment) and people providing service, in order to create a system of care that is **welcoming, accessible, person and family centered, recovery- and resiliency oriented, trauma informed, culturally competent, integrated, and co-occurring capable.**

In order to accomplish this goal, **Monterey County Behavioral Health** has identified the **Comprehensive, Continuous, Integrated System of Care (CCISC) model**

as a framework for quality improvement oriented integrated system design and implementation.

The basic framework and principles of CCISC, as described by ZiaPartners (Minkoff and Cline 2004, 2005), **is in Appendix B.**

This charter document outlines the initial activities for Monterey County Behavioral Health leadership, in partnership with partner provider leadership, program managers, front line staff, consumers and families, and other stakeholders to organize the first action steps for implementation of system change at each level of the system.

The charter document represents a commitment by the partners to the action steps listed below. This version of the charter is a working document that outlines action steps for each level of Monterey County Behavioral Health system.

ACTION STEPS

Action Steps for Monterey County Behavioral Health, Contracted Providers, Other Service Provider Partners, and (where applicable) Family, Consumer, and Advocacy Organizations: (Steps 5-10 are for service delivery agencies only):

Commitment to the process. Adopt the charter as a formal agency, advocacy organization or program statement, and provide information to all staff and involved consumers/families regarding the initiative and the principles of the CCISC model.

1. **Say it out loud. County department/MCO/Agency/program level.** Formal commitment to welcoming, recovery oriented, trauma-informed, complexity capability as a formal goal, disseminated to everyone officially by the director or designee.
2. **Project Management and Continuous Quality Improvement (CQI) Team.** Identify county level project management to support the process and track progress. Develop a representative team of leadership, front line staff, and consumers who are interested in creating welcoming, recovery oriented, complexity capable services to form a core QI leadership team within the county. Each agency and/or each program commits to implementing its own CQI project team as well.
3. **Change Agents.** Identify an adequate number of representative change agents to support internal change and to participate in the county wide Change Agent Team.
4. **COMPASS-EZ.** Conduct a self-survey for **each program** using the COMPASS-EZ (or, for prevention/early intervention programs, the COMPASS-Prevention, or for system administrative leadership, the COMPASS-EXEC) within 6 months of adoption of this charter by the agency, and at annual intervals.
5. **Action Plan.** Based on the program self-survey, develop a program-specific QI action plan outlining measurable and achievable changes to move toward Complexity Capability. Monitor the progress of the action plan at six-month intervals. Each action plan will have steps that address at least items 7-12.
6. **Welcoming and access.** Provider action plans will include work on improvement of welcoming and access for individuals and families with complex needs,
7. **Screening and Identification.** Provider action plans will include work on improvement of routine integrated screening and enhancing data collection related to identifying individuals with co-occurring mental health (including trauma, and lived experience of disenfranchisement, discrimination and

exclusion based on race, nationality, language and cultural practices) and substance use conditions.

8. **Integrated Strength Based Assessment.** Provider action plans will include work on improvement of developing integrated, hopeful, strength-based assessment processes for all individuals and families.
9. **Integrated Stage Matched Recovery Planning.** Provider action plans will include work on improving inclusion of appropriate stage- matched integrated interventions for individuals and families with complex conditions, within person-centered and family centered service/recovery planning.
10. **Workforce Competency.** Provider action plans will include adoption of the goal of welcoming recovery and resiliency oriented co-occurring competency for all staff, regardless of whether or not they are licensed or certified, as part of the agency's long-range workforce development plan.
11. **Inter-program Partnerships.** Provider action plans will include working on developing and/or enhancing existing partnership relationships with complementary mental health and substance abuse prevention, treatment, or advocacy programs to build mutual support and collaboration in developing co-occurring capability.

NOTE: This document will be continually modified to include additional commitments of all the partners as the system moves forward with integration.

Signed by:

(Signature)

(Title)

(Print Name)

(Date)

(Organization)

APPENDIX A: Previous and Ongoing Transformational Efforts

- **CalAIM:** This state initiative creates mandates and drivers for MC Department of Health and MCBH for integrating care management functions and service delivery for people with co-occurring health and Behavioral Health (BH) needs, and MISTI is designed to build integrated capacity from a person-centered care perspective that helps to achieve this vision.
- **Community Health Needs Assessment:** The results of the collaborative CHNA indicated the importance of improving access to BH services, especially for people in Monterey with complex needs, and MISTI's goal is to help address these concerns by building a welcoming accessible system of care.
- **Organized Delivery System (ODS)-American Society of Addiction Medicine (ASAM) Implementation:** Implementation of ODS in the Monterey SUD system has required increasing adoption of the ASAM criteria, and the newest edition of those criteria has much more specific guidance on how all services must be at least "co-occurring capable."
- **Suicide Prevention QI efforts:** Quality improvement efforts concerning suicide prevention have identified individuals with co-occurring MH/SUD as an especially high-risk population. Efforts to improve welcoming, hope, and integrated services for this population has been shown to reduce the death rate in that group.
- **Diversity, Equity, and Inclusion Efforts (DEI):** Prioritization of DEI and anti-racism efforts have emphasized how important it is to engage county and Community Based Organization providers in creating empowering welcoming environments for both staff and clients of various cultural and racial backgrounds who have experienced traumatic barriers and disenfranchisement. Individuals with co-occurring conditions and other complex needs are inclusive of – and often highly represented in – populations who experience other cultural, linguistic, and racial inequities – and vice versa. Current and previous DEI initiatives align with MISTI in the goal of empowering staff and people with lived experience as partners across all services in Monterey County to create welcoming, access, hope, and help for those who are most in need and most likely to experience barriers to care.
- **Trauma-Informed Care (TIC):** Previous efforts to train on and implement TIC is aligned with MISTI's goal of welcoming and inspiring those people with complex challenges who not only have frequent histories of trauma but are also too commonly traumatized by their contacts with a disempowering care system.
- **Community Wellness Initiative:** The Monterey County Community Foundation has just begun convening a community partnership to prioritize access to help and reduction of stigma for people in the community with MH and SUD needs. This important effort shares similar values and goals, and overlapping participation, with MISTI, and the two efforts can be designed to be mutually enhancing.

APPENDIX B: CCISC Description and Principles of Complexity Capability

CCISC is both a framework for person- and family-driven system design and a process of getting there in partnership across the whole system.

The overall vision is to design the system at every level to be about the needs, hopes, and dreams of the people and families that are needing help with all types of co-occurring complex issues—including health, mental health, trauma, substance use, and cognitive conditions, as well as housing, legal, vocational, social and parenting issues.

The core of the vision is that ALL programs and ALL persons delivering care and support become welcoming, person-centered, resiliency-/recovery-oriented, hopeful, strength-based, trauma-informed, culturally fluent, and complexity-capable. In any community, all programs work in partnership to help achieve this vision, and to ensure that individuals and families with complex needs receive more integrated care within any door.

Making the vision a reality is based on implementing a set of evidence-based principles of service, each of which is associated with interventions and strategies that can be used in any setting, with any population, by any person providing care.

Making the vision a reality is also based on organizing a system-wide quality improvement partnership, in which all types of programs and providers are welcome to come together to move toward the common vision, and all levels of the system—state and county leaders, agency CEOs, program managers, front-line service and support staff, and people and families who are service recipients—come together in an empowered partnership for change.

CCISC change agent teams represent the empowered collective front-line voice of both staff and service recipients throughout the system who are engaged formally as partners in this process, representing their organizations, communities, and other constituencies.

The CCISC principles are:

- Complexity is an expectation, not an exception. This expectation must be incorporated in a welcoming manner into everything we do.
- Recovery partnerships or service partnerships are empowered, empathic, hopeful, integrated, and strength-based, working with individuals and families step by step over time, building on their periods of strength and success, to address ALL their issues in order to achieve their vision of a happy, meaningful life.
- All people with co-occurring and complex issues are not the same. Different programs and different systems have responsibility for serving different sub-populations, but all programs are complexity-le. Each program provides complexity-capable services to its own population and helps other programs with their populations.
- All the co-occurring issues are primary, and integrated best-practice interventions for each issue at the same time are needed.
- Progress for any issue involves moving through stages of change; integrated interventions and outcomes should be stage-matched for each issue.
- Active change for each issue involves adequately supported, adequately rewarded skill-based learning, so that individuals and families develop and practice the skills they need to succeed for each issue, with big rounds of applause for each small step of progress.

- There is no one correct program or intervention for individuals or families with complex and co-occurring issues. For each person or family, the correct match is based on these principles.
- In CCISC, the principles inform every program, practice, policy, procedure, and person providing service, with every available dollar and resource, to design the system to be about the people who need us the most.