Implementing the complex care core competencies: A toolkit to guide education and training

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Table of contents

Acknowledgements

Introduction

Toolkit overview

This toolkit is intended for anyone who is interested in implementing complex care education in their institution or in training a team or individual to deliver complex care. In this toolkit, "complex care education" will refer to training in formal educational institutions (e.g., universities) and "complex care training" will refer to training in practice sites (e.g., complex care teams).

This toolkit was designed to help educators and trainers:

1. learn more about the principles of teaching and training complex care,
2. identify gaps or weak areas in your training, education, or competency assessment program by comparing your plan to the complex care core competencies, and
3. identify and integrate the resources, case studies, and discussion questions needed to fill those gaps.

This toolkit is split into 5 sections:

- **Section 1** provides an overview of complex care and its principles.

- **Section 2** outlines key considerations for educators developing complex care education in a higher education setting.

- **Section 3** outlines key considerations for managers developing a complex care training program for current practitioners.

- **Section 4** lists each of the competencies. Under each competency is a set of more specific sub-competencies and resources that can be used to teach that competency.

- **Section 5** includes a list of case studies that can be used as the basis for role plays or discussions. It also includes example questions organized by domain to prompt discussion.

How to use this toolkit

1. Review the principles of complex care in **Section 1**.

2. Review key considerations for educating or training individuals in complex care.
   - If you are developing complex care education in a higher education setting, reference **Section 2**.
   - If you are developing complex care training for current practitioners, reference **Section 3**.

3. Compare your plan to the complex care core competencies in **Section 4** and identify gaps or weak areas in your training, education, or competency assessment.

4. Use the resources, case studies, and discussion questions in **Section 5** to fill gaps.

There may be overlap between the complex care core competencies and the competencies of related fields (for a comparison of overlaps with discipline-specific competencies, see **Appendix 7 - Core competencies for frontline complex care providers**). This is intentional: complex care is a product of multiple disciplines, and complex care team members often belong to another discipline, practice, or profession with its own set

of competencies and expectations. These overlaps indicate that many professions are already preparing their trainees and/or students in some of these areas. However, the resources and exercises in this toolkit are designed to ensure that all care team members share a common set of knowledge, skills, and attitudes that are specific to delivering quality care to people with complex health and social needs. Depending on the level of overlap between discipline-specific competencies and the complex care core competencies, instructors can either create new courses or integrate the materials in this toolkit into existing courses.

Need more support? Use **this form** to request assistance in implementing complex care education or training from the National Center for Complex Health and Social Needs (National Center) or a Student Hotspotting hub. The four Student Hotspotting hubs administer the Interprofessional Student Hotspotting Learning Collaborative, an annual program that trains interdisciplinary teams of professional students from schools around the country to work with individuals with complex medical and social needs using a patient-centered approach. The four Hotspotting Hubs — Thomas Jefferson University in Philadelphia, PA; Southern Illinois University in Springfield, IL; University of Utah in Salt Lake City, UT; and Samuel Merritt University in Oakland, CA — serve as centers of training and mentorship for schools in their regions. Implementation support can include identifying gaps, generating buy-in, supporting customization, and building curriculum for complex care education or training.

Where do I start?

If you're new to complex care training, it might be overwhelming to dive into this large toolkit. Here are a few basic principles and places to begin:

- Everyone working in complex care needs to know about:
  - the basic concepts of complex care,
  - person-centered language,
  - de-escalation,
  - trauma-informed care,
  - adverse childhood experiences (ACEs),
  - harm reduction,
  - motivational interviewing,
  - authentic healing relationships, and
  - self-care.

- Start by building an introductory training or education plan that includes the concepts above. Then, go deeper on each of those concepts and expand the breadth of the trainings or lessons. Complex care learning is a continued effort and is never complete.

- All learners and complex care organization members need to interact with a community member/consumer* during their education or training.

- Understand your individual "why" and help the people you are training identify theirs. Your "why" is your motivation that will carry you through the complexity.

* In this document, an individual in the population that complex care serves is interchangeably referred to as "individual," "person/individual with lived experience," "patient," or "consumer." Each of these terms is preferred in different settings and contexts and, due to historical and stigmatizing factors, each is rejected in other settings and contexts. There is no consensus on a single term and thus several terms are used interchangeably.

Overview and principles of complex care

What is complex care?

Complex care is a growing field that seeks to improve health and well-being for individuals with complex health and social needs — those who have multiple chronic physical and behavioral health conditions and functional limitations combined with social barriers, such as homelessness and unstable housing, food insecurity, lack of transportation, and more, that are rooted in or exacerbated by systemic problems such as racism and poverty. Individuals with complex health and social needs are a diverse group with needs that span the medical, functional, behavioral, and social spheres.[1] Complex needs can appear and change throughout a person's life cycle — from childhood to end of life.[2-4]

Many individuals with complex needs repeatedly cycle through multiple systems — including healthcare, social services, behavioral health, and criminal justice — without deriving lasting benefit from those interactions.[1] This cycling and lack of coordination leads to ineffective service provision; the exacerbation of existing illnesses, conditions, and emotional difficulties; mental and physical health issues; and financial costs to individuals, health and social systems, and communities.[5-7]

Other individuals with complex needs avoid or do not have access to needed services due to barriers including political and funding decisions, systemic racism, homophobia, transphobia, immigration status, and poverty.[8-11] Missing much-needed care and services causes underlying conditions to worsen and increases the likelihood of poor outcomes and high costs for systems and individuals.[12-13]

Complex care seeks to serve individuals with complex needs in meeting their own health and well-being goals by coordinating and/or integrating a wide range of services and supports. Complex care works at individual and systemic levels to address the root causes of poor health that defy existing boundaries among sectors, fields, and professions.[1] It builds on years of efforts by the fields of social work, nursing, community health, palliative care, behavioral health, and disability advocacy. Additionally, it aligns with recent trends within healthcare to address social drivers/determinants of health and promote health equity, and seeks to create payment models that support those initiatives.[14-17]

Complex care providers include members of teams or individual practitioners that are working in programs dedicated to coordinating and providing services for people with complex needs. Complex care training is also for healthcare, behavioral health, and social service practitioners who may not work in dedicated complex care programs, but who regularly encounter people with complex needs.

Complex care efforts exist in many settings, ranging from primary care clinics and health plans to community-based organizations and social service agencies. The models that these teams or individuals deploy are diverse, including community-based care management, integrated primary and behavioral healthcare, as well as more targeted services like supportive housing and reentry programs. No matter what population they serve, what setting they work in, or what their profession is, all complex care providers engage in ongoing, wellness-driven interactions with people with complex health and social needs.

Complex care principles

The **Blueprint for Complex Care** (*Blueprint*) identified five principles of complex care. Although many are not unique to complex care, taken together they describe a unique approach to care delivery.
Complex care is:

- **Person-centered:** Individuals' goals and preferences guide all aspects of care. Care delivery is designed around the whole person, their needs, and their convenience. Practitioners develop authentic healing relationships with individuals and are sensitive to the ongoing impact of adverse life experiences and trauma.
- **Equitable:** Complex care seeks to improve health equity by addressing the consequences of systematic issues such as poverty and racism. Individuals with complex needs and their communities have valuable insights into the structural barriers that affect their lives and should be thought of as partners in developing solutions.
- **Cross-sector:** In order to address individuals' array of needs, complex care works at the systems level to break down the silos dividing fields, sectors, and specialties. Cross-sector collaboration is critical to create the systemic changes necessary to provide whole-person care.
- **Team-based:** Complex care is delivered through interprofessional, non-traditional, and inclusive teams. These teams incorporate peers, community health workers, the individuals themselves, and families whom the individual chooses to include, in addition to health, behavioral health, and social service practitioners.
- **Data-driven:** Timely, cross-sector data are freely shared across all care team members and are used to identify individuals with complex needs, enable practitioners to effectively meet the needs of individuals, and evaluate success.

Complex care core competencies

The introduction of the **Core competencies for frontline complex care providers** in October 2020 was a major step forward in defining the practice of complex care. These core competencies outline the necessary knowledge, skills, and attitudes for delivering complex care. As complex care is delivered by a wide range of practitioners in diverse settings and locations using disparate models, the competencies are meant to provide a common baseline and language.

The complex care core competencies are divided into six domains. They are:

- Human complexity and context
- Personal and professional commitment and ethics
- Person-centered, relationship-powered care
- Integrated team collaboration
- Diverse information management
- Systems complexity and context

Complex care education overview and considerations

Overview of interprofessional education and complex care

Over the past several decades, healthcare leaders and educators have called for a collaborative, team-based healthcare workforce. Since the early 1970s, the Institute of Medicine (IOM) has identified the need for team-based patient care and noted its impact on patient safety and improved communication.[18-20] In 2009, sparked by the growing calls for team-based care, six national associations of health professions schools initiated the Interprofessional Education Collaborative (IPEC)[21] and subsequently published core competency domains as a framework to advance and promote interprofessional learning experiences to prepare future health professionals to provide team-based care.[22]

Interprofessional education (IPE) and collaborative practice result in outcomes like improved access to and coordination of health services, improved health outcomes for individuals with chronic diseases, and an increase in patient and provider satisfaction.[23]

Complex care has been embraced by the IPE movement because it epitomizes interprofessional practice.[24-26] Interprofessional teams are a core component of delivering complex care; the varied and complex needs of individuals require the knowledge and expertise of a variety of professions with different skill sets.

IPE can look different in different settings. Universities that have centers for interprofessional education can leverage that infrastructure to develop and deliver complex care curricula. If these structures do not exist, educators can make complex care learning interprofessional by developing an interprofessional course, offering an interprofessional extracurricular activity, or identifying specific activities throughout a course that can be completed in an interprofessional team. Integrating less traditional health professions, including community health workers, certified peer specialists, and doulas may require more creativity and collaboration outside of a single setting.

Challenges to implementing IPE include sustainability, scheduling, scalability, and alignment of stakeholder goals.[27] To overcome these barriers, educators can plan together, incorporate different approaches to learning, and combine different professions into one faculty.[28] These principles and activities can help educators gain interprofessional allies and grow IPE infrastructure.

Despite these challenges, IPE can positively impact students throughout their careers. Preparing students to work in complex care through IPE can help reduce practitioner burnout.[29] Additionally, in discipline-specific courses, there is often an emphasis on acquiring a specific professional identity and culture. IPE is a meaningful counterbalance to that and can positively alter and add to that professional identity and pride so that students can collaborate successfully with other professions during and after school.

Related resources:

- **Core competencies for interprofessional collaborative practice: 2016 update**
- **Framework for action on interprofessional education and collaborative practice**

How do I make the case for complex care in my educational setting?

The following framing methods have been used by university faculty to meet administrators and other faculty where they are (e.g., asking, "do you need something to fill out your course?"), encourage them toward the next level of commitment (e.g., a full course or certificate), and more generally make the case for complex care education in their settings.

Opportunity for team-based care: Individuals in the population being served have intersecting complex needs that span sectors and require the support of an interprofessional team. Students of complex care learn how to work across disciplines — a valuable skill regardless of profession and field.

Aligns with existing education and trends in healthcare education: Complex care education aligns with patient- and community-centered practice, education in the social determinants of health (SDOH), and health equity.[30] Complex care also aligns with the public health secondary and tertiary prevention by encouraging early and ongoing care.[31]

The complex care competencies align with existing professional accreditation standards and can be integrated into the education of a wide variety of professions. They can also fill gaps in education not being met by current accreditation standards. Complex care can also be taught as continuing education to address these gaps and to engage alumni and community practitioners.

Value for health system: Complex care is part of a strategy to improve quality, equity, and affordability through innovation. As health systems shift to value-based payment, they often focus on patients with the highest costs, which creates new placement opportunities for complex care education programs. Moreover, the principles of complex care — working together collaboratively instead of in silos, working toward health equity, and using person-centered design, process improvement, and collaboration — are essential to improving care delivery for entire populations. Complex care training prepares students to be part of innovative redesign of care systems that are essential to achieving greater value for people with complex needs.

How do I teach complex care to students?

There are numerous ways to teach complex care in an educational setting. Below are a few methods and considerations for implementation.

Training faculty: In some settings, cross-discipline and cross-department faculty with shared interest in complex care decide to collaborate to teach complex care. Other universities have found that they need to do faculty development and train the faculty on complex care. They found that meeting monthly to review the curriculum is helpful to teachers newer to complex care.

Embedding into existing coursework: Complex care curricula and concepts, such as care delivery, data, and systems thinking, can be integrated into courses health professions students are already taking. One way to do this is to bring in guest lecturers: Individuals with complex needs and their caregivers are experts by virtue of their lived experience and can teach students how to be a competent practitioner. Faculty from other departments, including other sectors, can teach on their profession/sector or on interprofessional work. Community-based practitioners can share what complex care looks like in the real world.

Related resources:
- **Building authentic and mutually beneficial partnerships with complex care consumers (Better Care Playbook)**
  Tips for building relationships with consumers including appropriate compensation.
- **Engaging people with lived/living experience: A guide for including people in poverty reduction (Alison Homer)**
  Resources and tips for partnering with consumers of complex care. See page 15 of the resource for guidance on compensation.

Quick tip: Here are a few ways to identify individuals with lived experience in your local community:
- *Amplify***: A consumer voices bureau**
- **National Harm Reduction Coalition**
- **Local speakers' bureaus (National Coalition for the Homeless)**
- **Speak Up! (CSH)**
- **Local National Alliance on Mental Illness (NAMI) chapter**

Another way to integrate complex care concepts into existing curricula is to assign systems-level projects in an otherwise individual-level course.

Example: Thomas Jefferson University places occupational therapy (OT) students in practice settings to encourage hands-on learning. They are supervised by OT faculty but are connected with non-OT practitioners at the site. The students are tasked with collaborating with key stakeholders to understand their needs and to identify how OT can intervene to support in that setting. This teaches the student to enter a new environment and support improvements even without the traditional OT tools. They are then prepared to do the same in the community. Similarly, a student can be tasked to identify and complete a complex care project in a field placement even if they are not in a specifically complex care setting.

See the Association of American Medical College's **Collaborative Student Volunteer and Service Projects** for more ideas about systems-level projects into which complex care can be integrated.

Simulation and role-plays: A common way for students to learn complex care is through alternating didactic teaching and simulation. Role-plays can be done with other classmates or the teacher and simulations can be done with other faculty, former students, partners who have lived experience, or actors. A well-developed, standardized case can support students' learning throughout a course by introducing new concepts and new challenges to match the didactic learning. Simulations and role-plays can happen in person or virtually and include a debrief discussion. Although simulation is useful pedagogically, it is not a replacement for understanding complexity or building empathy and relationships with actual individuals with complex health and social needs.

Shadowing and clinical work: Some knowledge, skills, and attitudes can only be gained in the field. Shadowing same profession or cross-profession clinicians, including community health workers or home-visiting nurses in clinics or during home visits, can be a starting point, but students get the most out of the experience if they are able to engage directly with the individual. Similar to simulations, clinical experiences must match the didactic learning. Universities have been successful teaching didactically and clinically in parallel either by using the same faculty or through faculty coordination and a deep understanding of experiences in the other setting.

Training attitudes: A complex care team member's attitude is the foundation for all of their interactions with individuals with complex needs. Faculty are responsible for teaching these attitudes and for understanding that attitudes are changeable and often a result of ignorance or lack of exposure. They should encourage self-reflection and group reflection so that all team members grow.

To teach the attitudes necessary for complex care, faculty can practice role modeling appropriate attitudes, establishing respect in the classroom, engaging in tough conversations that matter, and fostering small group faculty and student opportunities to share and learn. Complex care faculty should incorporate research on the history and effects of racism and stigma in healthcare into their lessons, and emphasize concepts like cultural humility and unconditional positive regard, bringing in experts that include individuals with lived experience.

Related resources:

- **The Interprofessional Attitudes Scale** was designed to capture healthcare students' self-reported attitudes and beliefs about interprofessional education and interprofessional collaborative practice. Use this to measure baseline attitudes and growth.
- **HEALS** training prepares educators and trainers to facilitate difficult conversations triggered by differences in attitudes or perspectives.
- **Professional Codes or Social Action Statements** for individual professions can be references for foundational attitudes.
- The **Jefferson Scale of Empathy** is used to measure empathy in healthcare students and practitioners. Researchers found that students entering the Thomas Jefferson Student Hotspotting program were relatively empathic and that there was a significant difference in the increase in empathy for program participants versus control.[32]

Other activities: Complex care can also be taught in reading groups, student-run activities, case conferences, capstones, film screenings, and grand rounds.

How do I foster community practice/education partnerships?

Partnerships between educational institutions that teach complex care and community-based complex care teams are mutually beneficial. Students get hands-on experience and a more realistic understanding of what complex care looks like in practice, better preparing them to enter the workforce. In exchange, community practitioners receive a new, motivated workforce for care delivery and gain an opportunity to train (and potentially recruit) emerging complex care practitioners. These partnerships can help build the complex care workforce by creating pipelines from the community into educational institutions and from educational institutions into the field. This symbiotic relationship can address the challenges of workforce shortages and lack of diversity, and promote community development.

Partnering with practice sites can take the form of service learning, student clinical placement, faculty practice, capstone placements, or bridge or pathway programs to employment. Universities have found success partnering with complex care clinics, local healthcare for the homeless providers, and local Harm Reduction Coalition chapters.

These partnerships present a few challenges. Sustainability is challenging when faculty bandwidth and community capacity is limited. The frequent turnover in staff and short-term funding can also be barriers. However, this underscores the need to create funding specifically for community-based learning to support individuals with complex needs as well as the students who are learning to provide care for them.

The process of creating these relationships will look different in each community, but the following are a few universal considerations:

- Internal stakeholders can include community engagement or community service office, the health plan, and faculty who have experience working in the community.
- Community-based organizations typically have very limited budgets and staff. Educational institutions should approach community partners with humility, active listening, and trust-building toward a win-win situation; this approach mirrors the patient/practitioner relationship. A strong foundation is built when existing meaningful partnerships are expanded on, the community needs are prioritized, and the relationship is understood as a capacity-building and community development opportunity.
- Begin by networking in your community, getting to know what it looks like, and joining community-building groups and systems. Listen to community-leading institutions like churches and community centers to identify the needs of the community or opportunities to bring value to the community. Bidirectional success is key and listening to the community will get you there.

Example: Samuel Merritt University recognizes the value of working in and with their Oakland community. For example, faculty serve on the Health and Social Services board of a local church, which helps foster strong relationships with influential community leaders and provides access to opportunities to support their neighbors.

How do I assess learning?

The complex care core competencies can be used to evaluate students. Educators can use the competencies to create a logic model (**example** from Thomas Jefferson University) that includes key outcomes for the student, the patient, the health system, and the educational institution and then create assessments that address these outcomes. Competency-based assessments may be in the form of quizzes, exams, written papers, practical community-based projects, simulations, role-plays, etc.

Example: The Student Hotspotting participants at the University of Utah submit a weekly **logbook** entry to share important updates, advance learning, plan for next steps, and discuss challenges.

Workplace training overview and considerations

How do I organize training in my practice setting?

The complex care core competencies outline an extensive and diverse set of knowledge, skills, and attitudes for a complex care practitioner to master. Although some of these knowledge, skills, and attitudes can be screened for in the hiring process, others will need to be taught and reinforced in onboarding and ongoing training.

Training happens at different stages in the employee lifecycle, including onboarding, staff-wide initial and refresher training, and individualized learning plans. Onboarding training programs must balance both timing and content. A methodical, paced, and streamlined delivery of training materials can reduce overloading the staff with new information and expectations in the first week. However, there are also pressures to get the team members into the field as soon as possible so that they can start contributing to the work and supporting individuals with complex needs. Onboarding training is a balance of job-specific clinical competencies as well as legal requirements and organizational practices that are not competency-related.

Example: Complex care trainers and managers need to identify who receives which trainings and at what frequency. Which trainings does everyone in the organization receive versus just the care team members? Hill Country Community Clinic recognizes that everyone, including the maintenance and IT staff, interacts with their patients and interacts with community members outside of their working hours. Everyone on staff is trained in motivational interviewing and de-escalation because the clinic sees these as fundamental and vital skills both in the workplace and in the community.

For more on who at Hill Country Community Clinic gets trained in what, see: Hill Country Community Clinic **training matrix**. Through this process, they've learned that training all team members or all staff members requires interprofessional communication. Complex care managers need to speak and train in a common language so that it resonates with people from different professions, disciplines, and backgrounds.

Which topics do I prioritize?

Here are a few topics that complex care managers think should be prioritized during onboarding:

- Systems complexity and context (**see page 39**)
  - Organizational and complex care history, principles, and core values: This information builds culture, invites the new team member into a shared history, sets expectations, imparts values, and teaches basic definitions of services. Sharing personal and organizational stories helps bridge the story of self and the story of the team to help identify the commonalities and tap into powerful sources of lived experience.
  - Finding resources in the community: The community is an ever-changing environment and team members need to be connected to their local community to work effectively across sectors.
  - Equity: This provides a shared vocabulary and shared values, sets up expectations and accountability processes, and sparks and facilitates reflection, learning, and actionable commitments to equity and inclusion.
- Person-centered, relationship-powered care (**see page 29**)
  - Person-centered/whole-person care
- Human complexity and context (**see page 19**)
  - Harm reduction
  - Motivational interviewing
  - Trauma-informed care
- Integrated team collaboration (**see page 32**)
  - Flexibility: The environment in which team members are operating is ever-changing and full of barriers; the ability to adapt and change directions based on context, crisis, and needs is essential.
  - Team care: Taking care of the team means mutual support (including psychological safety), working effectively with other disciplines, and building team culture.
  - Role: Effective team members understand their role in individuals' lives; they need to understand and communicate limits and boundaries. They also need to have an understanding of their own and their teammates' roles to deliver comprehensive care effectively and efficiently.

Who should train my complex care staff?

In a practice setting, the best trainers are often other team members. They are familiar with the people, the context, and the available resources in the community. They can more easily adapt the information to the specifics of the site's population and culture, and have credibility because they have done the work. Developing in-house experts offers staff the opportunity to be leaders among peers and to serve as a real-time resource. This approach also creates a sense of accountability to teammates and offers the staff an opportunity to reflect and distill what they are learning in the field.

However, this comes at a cost: time spent developing or conducting a training is not available for clinical work in the field. This detracts from the care individuals are receiving and from team member productivity. Some complex care teams address this by batching new hires together or by conducting routine all-staff training at times when no one is expected to be in the field.

Consumers as trainers: Effective complex care requires practitioners to understand and value the life history, challenges, strengths, preferences, and goals of those being served. Consumers (particularly program graduates) are ideal teachers of these elements, which are rarely taught in a classroom. Consumers can also bring a critical perspective on what elements of care are effective and how team members should and should not act.

There are several ways to bring consumers in as trainers: in-person, on video, or in stories. Regardless of the method, consumers (as with all trainers) should be supported and compensated to provide the best training possible. Pre-training conversations can help frame the training and provide support as requested. Post-training conversations can help the consumer decompress and process. Managers have found that bringing consumers in to train has been easier than they anticipated as long as they provide open communication and appropriate compensation.

Related resources:

- **Building authentic and mutually beneficial partnerships with complex care consumers (Better Care Playbook)**
  Tips for building relationships with consumers including appropriate compensation.

- **Engaging people with lived/living experience: A guide for including people in poverty reduction (Alison Homer)**
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Quick tip: Here are a few ways to identify individuals with lived experience in your local community:

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- **Local National Alliance on Mental Illness (NAMI) chapter**

Example: One harm reduction organization facilitated a training for physicians on how individuals use heroin. Individuals with experience using heroin in various settings conducted the training and taught the physicians what the actual harms of injecting drugs might include and what it means to work with a person who injects drugs.

How do I train through supervision?

Supervision of a complex care team requires not only managing the day-to-day administrative and clinical needs of the team but also understanding and supporting the long-term professional development needs of the team. Supervisors should consider the following to get ahead of burnout and support their teams:

- Build team morale
- Celebrate staff and celebrate wins
- Proactively check in with staff members to prevent and address burnout
- Invest in relationships with team members as you would expect them to do with the individuals they serve. Practice authentic use of self and purposeful self-disclosure
- Set clear expectations of roles and healthy boundaries
- Normalize bi-directional learning
- Normalize struggle and set-backs
- Connect the daily work to the systems perspective
- Highlight team member progress and effort, not just outcomes

Complex care frontline staff are often under-resourced and focused on supporting the present needs of the patients. The manager's role is two-fold: to protect the time and cognitive load of staff to allow them to focus on patients by addressing structural barriers (e.g., data systems, bureaucracy), and to support the staff emotionally and clinically. The manager provides the latter at the team level by creating a culture of support and acceptance. They also provide it at an individual level by paralleling the manager-team member relationship to the authentic healing relationship between a team member and a patient.

The manager should be supportive, use motivational interviewing, ask questions, actively listen, collaborate on goals, empower team members, and demonstrate transparency without fear and radical curiosity. Complex care managers prioritize 1:1 supervision time and use the principles of **reflective supervision** to process and work through clinical challenges, countertransference, and symptoms of burnout.

The manager also uses this 1:1 time to observe individual needs and needs across the care team. When a need across a team is identified, they reinforce training through a refresher course or a shorter update version of a training. These will change and shift with the team culture and the current data.

How do I hire and train for attitudes?

Hiring for attitudes: Assessing potential complex care team members on their attitudes as well as skills and knowledge allows managers to consider fit within the team and the field. Complex care teams are looking for applicants whose values match those of the team's and of the field of complex care, as articulated in the complex care core competencies.

Quick tip: How to recruit and assess new hires for attitudes/culture:

- Include only the actual minimum necessary and realistic requirements on the job description. Consider the value of lived experience in addition to the value of formal education.
- Involve members of the team in the interview process. This makes sure that there are diverse perspectives, that the manager's own biases are not dominating the selection process, and that there is buy-in from multiple team members.

- Expose applicants to challenging or controversial content (e.g., a video that demonstrates a harm reduction approach like a safe injection site or **heroin-assisted treatment**) and then facilitate a conversation about it. Ask them how they felt and if they felt uncomfortable, what made them feel that way? Managers who use this tactic are not looking for one specific answer but value self-reflection and strengths-based language.

- Use behavioral interview questions. For example, ask applicants to name a time when they let prejudice or bias affect a situation with a colleague or patient. Managers who use this are concerned when interviewees are not able to name a time because they are looking for team members who are self-reflective, aware, and working on their biases.

- Conduct a role play or use a case study during the interview process using the scenarios in Section 4. Managers who do this look for the applicant to follow the individual's direction and preferences, and use harm reduction techniques. They also watch for non-verbal cues and any biases that arise.

- Use questions specific to your team's values or philosophies. For example, if your team provides trauma-informed care, use trauma-informed care specific interview questions.

There is no expectation that anyone will be free from bias or discomfort. Instead, managers are looking for applicants who are aware of their biases and are open to changing or improving them. They are not looking for saviors who might get burned out easily, not work well on a team, and set their own goals instead of listening to others. Instead, they are looking for team members who are passionate, curious, and empathic. Managers are also looking for team members who are familiar with the community and with the population. Assembling a complex care team that comes from the same community as the population served invests in the community, furthers the mission of improving health and well-being in that population, and facilitates authentic relationship-building.

Training for attitudes: A complex care team member's attitude is the foundation for all of their interactions with individuals with complex needs. Complex care managers do their best to hire individuals who will share common values with the team but this is not always possible. As managers train new team members, they should embrace the idea that attitudes can be informed and evolve through exposure and practice. Managers should encourage self- and group reflection so that all team members grow.

To teach these attitudes, complex care managers can model them by seeking education and spaces for self-reflection. A strong mission statement and set of core professional and/or organizational values can ground and guide a team and their training. Organizational practices that name, celebrate, and reinforce core values are also important to creating a strong culture.

Related resources: The following resources can be used to assess for attitudes and train attitudes necessary for complex care.

- The **Interprofessional Attitudes Scale** was designed to capture healthcare students' self-reported attitudes and beliefs about interprofessional education and interprofessional collaborative practice. Use this to understand baseline attitudes and growth.

- **HEALS training** prepares to facilitate difficult conversations triggered by differences in attitudes or perspectives.

- **Professional Codes or Social Action Statements** can be references for foundational attitudes.

▪ The **Jefferson Scale of Empathy** is used to measure empathy in physicians, and other health professionals involved in patient care in a clinical setting; as well as students studying medicine and other forms of healthcare in preparation for working in a clinical setting.

How do I train complex care staff?

Training new complex care team members is a critical investment: it can be expensive to pay them to be trained and to pay other team members to train, the timeline between hiring and going out into the field is necessarily short, and the quality of their work will directly impact the quality of life of individuals with complex needs. Training is an ongoing process that is a safe place to practice skills, express emotions and doubts, and build team competency and capacity. Below are a few engaging strategies and activities for training on complex care:

Didactic training: Short lessons or lectures paired with skills practice can help communicate and teach information quickly. In their training plans, managers should include relevant protocols, lead facilitators, target audience, quantifiable objectives, timing, cadence, logistical support needed, and opportunities for continuing education credits.

Quick tip: The following elements should be considered when designing a training module:

- The hook: why should they care?
- The lecture/ette: tell them what they need to know
- The model: show them (video or role-play)
- The rehearsal: they show you (role-play / switch)
- The debrief: they internalize lessons using their own voice (what did you learn?)
- The transition: connection to next training (how does A connect to B?)

Role-plays: Role-plays enable new practitioners to demonstrate and practice complex care skills and techniques in a safe, low-risk environment. A well-developed and standardized case can support practitioners' learning over time by providing new concepts and new challenges to match the didactic learning and situations they are experiencing in the field. Role-plays can happen in-person or virtually, and should include a debrief discussion.

Quick tip: To involve more than two team members in role-play, begin the role-play with an initial set of participants and then call on others to "tag in" to the care team member role at arbitrary intervals. Let the role-play proceed as much as possible but also call a timeout if a comment or question requires immediate feedback or correction.

Shadowing: Shadowing is an essential element of clinical onboarding because it is the best learning environment for new staff. New complex care team members can also be given roles (e.g., scribe, lead one task, listening for something specific) during the shadowing process so that they can practice using tools and techniques. Shadowing can also be used in the clinical hiring process so that the potential care team member and the manager can both assess for fit. Additionally, shadowing frontline complex care team members can be

useful to ground the work of all employees — from those in the finance department to those in HR — in a shared mission and understanding of the organization's impact on individuals and the community. However, this can become a burden when organizations grow rapidly or experience high turnover. It is always imperative to consider the emotional and physical safety of all involved and to obtain patient consent.

Example: Trainees at Southern Illinois University School of Medicine's Survivor Recovery Center have the opportunity to engage with patients in pairs to complete an ecomap. This provides them with the opportunity to use the tool in a genuine situation and understand the real challenges and opportunities of the tool. The pairing also encourages accountability and engagement. They then debrief with their supervisor. The supervisor has found that when trainees are given a role with real responsibilities that pushes them, the trainees rise to the challenge and learn in a deeper way.

Accountability and engagement: In some organizations, training can be viewed as optional or less important than addressing time-sensitive patient needs. To effectively teach challenging concepts and skills, participants must be prepared and fully engaged in the training activities. Here are a few ways managers have encouraged accountability and engagement in training activities:

- Assign team members to try a tool in the field and come to a debrief or training prepared to talk about the experience
- Include incentives in the homework such as, "the first person to find this line and email me will get a gift card"
- Tell everyone to review materials to prepare for a simulation or role-play then select only a random subset to participate
- Separate into breakout groups of pairs or triads. In a triad, A is the practitioner, B is the recipient, and C is the observer who provides feedback. Then everyone switches roles in the next round.

Observation as assessment: Managers use observation while shadowing and during role-plays to evaluate a potential team member for fit; to assess for gaps in knowledge, skills, and attitudes; and to inform future training. Often, non-verbal cues and body language are just as informative as verbal communication. Complex care team managers should watch to ensure that team members interact with individuals with dignity and person-centered care. Cues from the individuals receiving care can also be telling: Is the person opening up? Are they quiet and nervous or suspicious? What is it about the team member that may be triggering that? Prior to observation, managers should set expectations for roles and can inform the team member that they may provide cues to redirect or may step in to act as a buffer in the interaction if necessary.

Debrief: Debriefing is vital regardless of the educational strategy. This is where learning is made explicit and where changes can be integrated into practice. Although debriefs do not have to be formal, they should be built into routines so that they are normalized. Managers should incorporate concepts of growth mindset, exploration, and non-judgement among colleagues to create psychological safety to learn and practice new and very difficult skills. Questions can include:

- What worked?
- What didn't?
- What felt uncomfortable?
- What might you be taking home today (positive or negative)?
- What did you hear that you liked?
- What could I do differently?
- What surprised you?

Related resource:

- Here is an **example debrief session** from the Camden Coalition and Adventist Health.

Building team culture: Team routines can build accountability, cohesiveness, and competency. Here are a few routines that build team-based competencies among all members:

- Share metrics: To foster accountability and friendly competition on one team, metrics about enrollment are sent out every Monday morning. This friendly competition encourages each team member to do their best throughout the week. Metrics are part of many teams' feedback loop, but it takes trust in leadership to view this practice as an inspiration to build relationships with more individuals and not punitive for not checking enough boxes.
- Morning meeting and debrief: To increase team communication and cohesiveness, every day begins with a brief meeting to note who is there, who is covering, what needs can be anticipated, and if there are any updates. They also hold a debrief at the end of the day to process and prepare for the next day.
- Daily team huddles with rotating host: The host provides a silly or engaging opener that the team briefly discusses and then teammates exchange updates and shout-outs. This provides the team with an opportunity to be vulnerable, share how they are feeling, and build each other up. The rotating host position provides teammates with the opportunity for shared leadership and to set and run a meeting in a low-stakes environment. If attendance is open to all, this space can be used for others in the organization to routinely connect with care team members

How do I evaluate complex care staff?

The complex care core competencies and sub-competencies can be used to evaluate complex care team members. They can be used as a supervisory tool to identify gaps in learning and to measure progress. Here are a few considerations regarding team evaluation and fidelity:

- Conduct annual reviews that include a self-assessment, a managerial review, and a peer review. This requires comfort, trust, and communication on the team.
- Be specific when identifying team member strengths in the evaluation. Work with the team member to figure out how those specific strengths can help the team member overcome their challenges.
- Approach evaluation from a trauma-informed lens. This means recognizing that team members need support and encouragement in their evaluation rather than being treated like a set of numbers on an evaluation. Emphasize the importance of honesty and vulnerability in self-assessments. The most interesting and productive part of a self-assessment is the discussion that it prompts. This may mean eliminating numerical rating for categories and instead encouraging deeper written or verbal reflection.
- Evaluations can also be used to help team members recognize and understand non-clinical goals. For example, assessing documentation and productivity is important to make sure that individuals are receiving care and that communication about that care is clear, but it may also be important for funding purposes or to show potential for expanding to other sites. Help team members connect their clinical work to these larger goals.
- Develop a culture that values growth mindset, honesty, timely feedback, and is able to have crucial conversations. This will encourage ongoing communication, feedback, and growth.

Complex care core competencies and training resources

The following resources were collected and curated by the National Center in mid-2021 to support managers, trainers, and educators teach complex care. They are derived from the **complex care core competencies** and are organized by domain and competency. Each competency is divided into sub-competencies to further define and elaborate on the concepts in each competency.

You can use this section by identifying gaps in your students' or employees' current knowledge, skills, and attitudes, locating a competency to fill that gap, and then using the resources below each competency as training materials. We cannot attest to the accuracy of the resources based on ever-changing science and standards.

Domain: Human complexity and context

Description: *Delivering effective complex care requires an empathetic understanding that the human experience is complicated and that poor health and inadequate living conditions have multiple causes, including an interplay of physical and behavioral health, structural and social conditions, racism, stigma, and bias.*

Context: *These competencies constitute an orientation that complex care team members apply to interactions with individuals, teams, and systems. Using that orientation to inquire about, listen for, and adapt to an individual's context is especially important in complex care because the intersection of health and social needs, exposure to trauma, and stigma evolve throughout the lifespan. Complex care team members understand these complexities and support individuals in reaching their goals within their own context. Additionally, many challenges and inequities faced by individuals are ingrained in governmental, cultural, and social systems and thus environment and context are not always immediately modifiable. Complex care team members aim to balance seeking to change an individual's environment and supporting them within it.*

Competency 1. Obtain and apply foundational knowledge in:

a. **Physical and behavioral health as relevant to the discipline and context**
    • Describe basic concepts relevant to human growth and development, disability, disease states, and chronic disease management.
    • Understand basic concepts about substances, substance use disorders, and substance-related health conditions.
    • Demonstrates basic knowledge of the biological, social, affective, and cognitive bases of behavior.

Resource	Description
Medications for addiction treatment: Commonly used acronyms and abbreviations (pg 10)	A glossary from the National Center for Complex Health and Social Needs (National Center) with commonly used acronyms and abbreviations in addiction care
Substance use disorder 101	A powerpoint presentation from the Camden Coalition of Healthcare Providers (Camden Coalition) on the basics of substance use disorders

Mental health 101	A powerpoint presentation from the Camden Coalition on the fundamentals of mental health
Attachment	A lesson plan and set of resources from the National Center on attachment theory
Addiction	A lesson plan and set of resources from the National Center on addiction
Medications for addiction treatment (MAT)	A lesson plan and set of resources from the National Center on medications for addiction treatment (MAT) (also known as medication assisted treatment)
Project TRANSFORM-Teaching Recovery-informed Addiction Care and Negating Stigma FOR Medical Professionals	A lesson plan with voiceover powerpoints and videos of people with lived experience from Prisma Health-Upstate, University of South Carolina School of Medicine-Greenville and Clemson University School of Nursing provides training for professionals on healthcare teams who, in the course of their roles, may serve individuals and families affected by substance use disorder

b. **Social drivers of health**
  • Understand the health and healthcare utilization impact of social deprivation and unmet needs.
  • Analyze the macro (e.g., housing policy) and mezzo (e.g., social class, gender, race, ethnicity, place of birth, disability, physical environments) determinants of individuals' and populations' health.

Resource	Description
A place at the table	A video series from the New York Times on food insecurity among various populations
Social determinants of health (SDOH) training plan	A self-guided training plan from the Centers for Disease Control and Prevention (CDC) that describes fundamental aspects of SDOH, explains social contexts and effects of SDOH on specific populations, and applies SDOH knowledge to design targeted interventions for improving public health
What makes us get sick? Look upstream	A TEDx Talk by Dr Rishi Manchanda on another way of examining social determinants of health
When your symptoms don't tell the whole story	A podcast from Marketplace on the importance of non-medical needs

c. **Interplay and compounding effects of multiple health and social needs**
  • Consider the interplay and compounding effects of multiple health and social needs (comorbidity).

Resource	Description
Co-occurring disorders and other health conditions	A lesson plan from the Substance Abuse and Mental Health Services Administration (SAMHSA) about co-occurring disorders and other health conditions that can occur in people who are in medication-assisted treatment (MAT) for substance use disorders

d. **Frameworks used in the care of people with complex needs such as recovery model, strengths-based practice, resilience, and person-in-environment**
   • Identify and apply frameworks used to understand and provide care for complex needs.

Resource	Description
Simple guide to ecomaps	A visual tool and set of instructions from Strong Bonds and Jesuit Social Services on the process of developing case plans
Ecomap	A worksheet from the National Center that helps you to more specifically understand and implement ecomapping
Care Act guidance on strengths-based approaches	A guide from Social Care Institute for Excellence on the process and key elements to consider in relation to using a strengths-based approach
The power of vulnerability	A TEDx Talk on the significance of emotional empathy
What makes a good life? Lessons from the longest study on happiness	A TEDx Talk on human connection in a healthcare setting

e. **Trauma-informed care, including the impact of adverse childhood experiences, historical trauma, and structural oppression (e.g., racism, sexism, etc.)**
   • Define the core concepts of adverse childhood experiences, trauma, toxic stress response, trauma-informed and trauma-specific care, and retraumatization.
   • Promote environments of healing and recovery in the context of historical and ongoing trauma to avoid further harm.

Resource	Description
SAMHSA's concept of trauma and guidance for a trauma-informed approach	A guide from SAMHSA that helps you to develop a working concept of trauma and trauma-informed approach
Trauma therapy & evidence based practice: The basics	A powerpoint presentation from Southern Illinois University School of Medicine (SIU SOM) helps explore the history of trauma therapy and evidence-based practices
Trauma-informed care	A presentation from SIU SOM that helps teach about trauma's complex impact, creative and compassionate responses, and caring for self
Resilience	A film from KPJR Films helps with understanding adverse childhood experiences (ACEs)
How childhood trauma affects health across a lifetime	A TEDx Talk on understanding the long-lasting impact of childhood trauma
The Institute on Trauma and Trauma-Informed Care (ITTIC)	Online modules from University at Buffalo: Buffalo Center for Social Research help shift thinking from "What is wrong with this person?" to "What has happened to this person?"
Medications for addiction treatment: Addiction, trauma and resilience (pg 21-23)	A toolkit from the National Center on providing trauma-informed care in the context of substance use

Healing Neen: Trauma and recovery	A documentary from The Hollow Films that examines the story of Tonier "Neen" Cain's emergence from drug addiction, multiple incarcerations and two decades of homelessness to become a tireless advocate and educator
Neurobiology of trauma	A lesson plan and set of resources from the National Center on understanding trauma from a biological perspective
Adverse childhood experiences (ACEs)	A lesson plan and set of resources from the National Center on the impact and implications of adverse childhood experiences
Trauma-informed care: Implementation resource center	A website from Center for Health Care Strategies includes resources from trauma-informed care leaders across the country that are designed to help improve patient outcomes, increase patient and staff resilience, and reduce avoidable healthcare service use and costs

f. **Philosophy and practice of harm reduction**
   • Define and apply the core principles and practices of harm reduction.

Resource	Description
Harm reduction training	A three-part powerpoint presentation from Hill Country Community Clinic helps you train others on harm reduction philosophy and practices. The first two parts are 1.5 hours minimum and the third part is 1 hour minimum. The training is optimally provided in-person
Insite - not just injecting, but connecting	A video from Drugreporter provides an example of harm reduction work in action
Harm reduction education on demand	A self-paced course from Harm Reduction Coalition provides a deeper perspective into harm reduction principles and practices

g. **Models and techniques of behavior change**
   • Identify and apply methods of engagement and care delivery that promote behavior change to achieve the individual's goals.
   • Examine the challenges of and opportunities for human behavior change.

Resource	Description
Tour of motivational interviewing	A course from the University of California, Los Angeles on the essential skills used to strengthen an individual's motivation for behavior change
Introduction to motivational interviewing	A video from Bill Matulich on the basic concepts of Motivational Interviewing (MI). After a brief definition, topics include: the Spirit of MI, The four basic OARS skills, and the "processes" of MI
The ineffective physician: Non-motivational approach	A video from MerloLab provides an example of how NOT to approach motivational interviewing
The effective physician: Motivational interviewing demonstration	A video from MerloLab provides an example of motivational interviewing

Assessing readiness to change: Transtheoretical model	A guide and worksheet from the Preventive Cardiovascular Nurses Association to introduce the stages of behavior change
Supporting healthy communities and behavior change through planning with theory	A powerpoint presentation from Rhode Island Coalition Against Domestic Violence communicates three leading behavioral change theories
Motivational interview graded standardized patient encounter via telemedicine	A simulated encounter and lesson plan notes from Augusta University/University of Georgia Medical Partnership teaches communication and motivational interviewing best practices in a telemedicine format

Competency 2. Evaluate, respect, and incorporate the diversity of values, strengths, cultures, and personal preferences of individuals, families, and colleagues.

- Assume a stance of cultural humility to understand the needs of individuals.
- Apply cultural intelligence skills and strengths-based practice to support the needs of individuals with diverse backgrounds.

Resource	Description
Cross-cultural issues in integrated care	A powerpoint presentation from SAMHSA on communicating about health disparities, the importance of cross-cultural education, and practical methods for improving cultural competence
Improving cultural competency for behavioral health professions	Training modules from the US Department of Health and Human Services (HHS) that help behavioral health professionals increase their cultural and linguistic competency
Cultural competency/humility	General and specialty trainings from Colorado School of Public Health about cultural humility, cultural competency, and cultural diversity
Cultural competence	A curricula enhancement module series from the National Center for Cultural Competence that helps faculty incorporate key cultural and linguistic competence content areas into existing curricula, offers resources for each content area, and provides instructional and self-discovery strategies
A practical guide to implementing the national CLAS standards: For racial, ethnic and linguistic minorities, people with disabilities and sexual and gender minorities	A practical guide from the Centers for Medicare & Medicaid Services on implementing the National CLAS Standards and improving health equity
LGBTQ health clinical training using the eQuality toolkit	An online primer training from the University of Louisville School of Medicine on addressing gaps in patient care for those who identify as a part of the LGBTQ community

Competency 3. Apply tenacity, ingenuity, and divergent thinking to actively work to eliminate complex and deeply ingrained individual- and community-level health disparities.

- Demonstrate the discipline, determination, and resilience necessary to achieve goals in the face of setbacks, obstacles, or challenging environments.
- Describe strategies to solve difficult problems in original, clever, and inventive ways.

Resource	Description
Uncertainty as the norm	A video from the National Center on how leaders think about the future of complex care
**Adaptability and flexibility (lesson plan)	(presentation)**	A lesson plan and presentation from Health Workforce Initiative (HWI) on the importance of adaptability and flexibility

Domain: Personal and professional commitment and ethics

Description: Complex care team members are deeply and ethically committed to improving the lives of individuals experiencing vulnerability, believe in transformative change at the individual and system levels, engage in continuous learning and self-improvement, and serve as examples of hope and ingenuity.

Context: The work of complex care can be both deeply challenging and rewarding. It requires significant self-reflection to identify and overcome ingrained biases. Routine personal and team check-ins can help sustain a commitment to working with individuals who have complex needs despite the systemic barriers and challenges individuals are facing.

Competency 1. Develop, implement, and evaluate innovative approaches to supporting individuals and families.

- Understand traditional approaches to supporting individuals and families, including their limitations and challenges.
- Pilot and test new and creative approaches to maximize the effectiveness of care and support for individuals.
- Solicit feedback from individuals receiving care and colleagues regarding effective methods of engagement, care planning, and care delivery.

Resource	Description
BUDNER TOL	A tool from the University of Utah for assessing a learner's tolerance for ambiguity
Walking the talk: Consumer centricity via journey mapping and the lived experiences of your consumers	A powerpoint presentation from Commonwealth Care Alliance on journey-mapping
**Lifelong learning (lesson plan)	(presentation)**	A lesson plan and presentation from Healthcare Workforce Initiative on the importance of innovative approaches and ongoing learning

Competency 2. Champion resilience and a strengths-based perspective for individuals, families, communities, teams, and systems.

- Support individuals in adapting to or challenging change and overcoming adversity.
- Identify and support individuals in identifying their own strengths, resourcefulness, and resilience in the face of adversity.
- Communicate specific examples of individuals' strengths, resourcefulness, and resiliency to themselves, their families, and their other practitioners.
- Use techniques to build on individuals and families' strengths.

Resource	Description
Forming, storming, norming, and performing: Bruce Tuckman's team stages model explained	A video from MindToolsVideos on Bruce Tuckman's stages of teaming

| Strengths-based approach | An article with activities and examples from Positive Psychology about developing a strengths-based approach |
| How childhood trauma affects health across a lifetime | A TEDx Talk that provides an example of resiliency |

Competency 3. Identify and develop strategies of self-care to address moral injury and foster joy in work.

- Identify individual strategies to protect and nurture one's own well-being.
- Identify team-based strategies to sustain and promote team member well-being.

Resource	Description
Action collaborative on clinician well-being and resilience	A collection of resources from the National Academy of Medicine to improve clinician/practitioner well-being
Developing a self-care plan worksheet	A worksheet from Bread for the City to plan for a self-care routine
Battling burnout: Self-care and organizational tools to increase community health worker retention and satisfaction	A guide from Health Leads that helps managers prevent and address burnout
Identifying emotional triggers	A video from the Camden Coalition on the identification and mitigation of emotional triggers
Vicarious trauma	A presentation from the National Center and Adventist Health on the fundamentals of vicarious trauma, examples of vicarious trauma, and protective factors against vicarious trauma

Competency 4. Employ the skills and perspective of self-reflection, cultural humility, anti-racism, and unconditional positive regard to mitigate personal and systemic biases and stigmas and to repair historical and personal harms.

- Cultivate a practice of active self-reflection.
- Exhibit a non-judgmental openness to and celebration of personal and cultural identities.
- Demonstrate unconditional acceptance of individuals by setting aside personal opinions and biases.
- Cultivate an understanding of structural racism and implicit bias and the strategies to dismantle racism.
- Implement strategies to develop in self and others the skills of cultural intelligence.

Resource	Description
Unconditionally accepting myself so I can unconditionally accept others	A video from the Camden Coalition on the value of unconditional acceptance
Managing your need to fix	A video from the Camden Coalition helps on how to resist problem-solving when inappropriate

Medications for addiction treatment: Stigma in clinic settings (pg 30)	A toolkit from the National Center on reducing stigma in your setting
Self-reflection (lesson plan) | (presentation)	A lesson plan and presentation from HWI for teaching and facilitating self-reflection
Non-judgemental listening	A tipsheet from Mental Health First Aid on non-judgemental listening
Unconditional acceptance	A powerpoint presentation from Mental Health First Aid on Carl Rogers' theories and practices of unconditional positive regard
Structural racism and implicit bias	A lesson plan from the National Center for Cultural Competence about conscious and unconscious biases in healthcare and their impact on people who are disproportionately affected by disparities in health and healthcare
Best intentions: Using the implicit associations test to promote reflection about personal bias	An exercise from MedEdPORTAL helps students with some clinical experience cultivate awareness or bias and foster self-reflection through an exercise that challenges assumptions about personal bias
Health equity rounds: An interdisciplinary case conference to address implicit bias and structural racism for faculty and trainees	A longitudinal case conference curriculum called Health Equity Rounds (HER) from MedEdPORTAL on the impact of structural racism and implicit bias on care delivery
Words matter: An antibias workshop for health care professionals to reduce stigmatizing language	An interactive workshop from MedEdPORTAL with a framework for identifying and replacing stigmatizing language in clinical practice
How assumptions and preferences can affect patient care: An introduction to implicit bias for first-year medical students	A 1-hour interactive multimedia lecture and active reflection from MedEdPORTAL on the impact of implicit bias on care delivery
Implicit bias recognition and management in interpersonal encounters and the learning environment: A skills-based curriculum for medical students	Curriculum from MedEdPORTAL on recognizing and managing implicit bias
Teaching intersectionality of sexual orientation, gender identity, and race/ethnicity in a health disparities course	Lecture and video series from MedEdPORTAL on the basic concept of intersectionality in the context of health disparities

Implementing the complex care core competencies: A toolkit to guide education and training

Competency 5. Understand and maintain appropriate professional boundaries and limitations within relationship-delivered care.

- Understand the essential elements of professional relationships and the dangers associated with boundary crossing.
- Identify and apply the boundaries of professional ability and scope of practice.

Resource	Description
**Got boundaries? Building safe space and navigating relationships in a Housing First program in Camden, NJ (video)	(presentation)**	A video and powerpoint presentation from the Camden Coalition on appropriate boundaries

Domain: Person-centered, relationship-powered care

Description: *Complex care team members value the autonomy and agency of individuals and families and recognize the importance of authentic healing relationships that support efforts to improve health and well-being.*

Context: *Complex care team members appreciate both the autonomy of the individual (including their right to determine their goals and care plan) and the importance of mutual, respectful, therapeutic relationships between individual and care team to support the individual in achieving those goals. The team members support the individual's capacity and self-direction through the provision of discipline- and profession-specific medical and/or social expertise and access to resources.*

Competency 1. Build authentic healing relationships that prioritize self-determination and encourage bi-directional feedback to inform goal setting and care delivery.

- Apply relationship-building skills incorporating safety, genuineness, and continuity to build a trusting partnership with the individual and their family.
- Demonstrate empathy and compassion in relationship-building and care delivery.
- Engage individuals in the practice of shared decision-making.
- Partner with individuals and families to provide and receive appropriate observations, reactions, and preferences to encourage and improve cooperative care.

Resource	Description
Overview of care philosophies: Authentic healing relationships	A powerpoint presentation from the National Center provides a brief overview of authentic healing relationships
Overview of care philosophies: Peer as provider	A video from the Camden Coalition provides an example and explanation of authentic healing relationships
When your symptoms don't tell the whole story	A podcast from Marketplace on the importance of non-medical needs
SHARE approach workshop	A modular training includes a facilitator's guide and slides from the Agency for Healthcare Research and Quality (AHRQ) on engaging patients in their healthcare decision-making
Engaging patients and families in their health care	A toolkit from AHRQ to help prioritize concerns and maximize interactions between practitioners, patients, and families

Competency 2. Create and maintain relevant shared care plans that reflect the goals and priorities of the individual and family.

- Foster mutual respect with the individual receiving care.
- Demonstrate an understanding of evidence-based assessment and care planning techniques to coordinate comprehensive care plans.
- Implement individual- and family-centered care planning.
- Understand processes for shared care planning across organizations.
- Examine how population characteristics and disparities and individual preferences factor into care planning.

Resource	Description
Patient- and family-centered care	An article from the Institute for Patient and Family Centered Care on the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare practitioners, patients, and families

Competency 3. Partner with individuals and families to anticipate and address challenges in implementing care plans, including navigating complex systems and non-linear pathways.

- Demonstrate an understanding of how to tenaciously navigate a complex system.
- Analyze individual and structural barriers to care, including system gaps.
- Determine which prevention practices are most appropriate to implement based on analysis of barriers to care, risk assessment, and individual preferences.
- Share knowledge with individuals about their conditions and options to receive care to inform decision-making.

Resource	Description
The hidden reefs: Navigating the organizational cultures of healthcare & community-based organizations for success	A powerpoint presentation from the Alliance for Strong Families and Communities on navigating the organizational cultures of healthcare and community-based organizations

Competency 4. Employ established techniques to meet people where they are, create safety, and explore behavior change.

- Identify appropriate evidence-based models of engagement and care planning based on individual characteristics, conditions, and preferences.
- Assess individuals' readiness for behavior change with respect and non-judgement.
- Demonstrate respect for an individual's values, needs, emotions, and readiness for behavior change.
- Support individuals in identifying opportunities for behavior change.

Resource	Description
Preparing for the first primary care provider visit	A video from the Camden Coalition on supporting individuals at primary care visits
Verbal de-escalation	A lesson plan with resources and activities from the National Center for teaching verbal de-escalation
Duty to warn: Assessing for suicidal ideation and homicidal ideation	A presentation from the Camden Coalition to help teach assessment for suicidal and homicidal ideation
Assessing readiness to change: Transtheoretical model	A guide and worksheet from the Preventive Cardiovascular Nurses Association that introduces the stages of behavior change
Transtheoretical model	A video from Steven Chen on the basics of the transtheoretical model

Competency 5. Coordinate access to social and medical care and supports with continuity.

- Identify resources, resource platforms, and strategic partners to meet an individual's needs.
- Differentiate among care support models to appropriately refer individuals to other levels or types of care.
- Apply customized methods of communicating and partnering with other practitioners based on individual characteristics, conditions, and preferences to enable optimal care coordination and transition.
- Identify methods of engaging after a referral to appropriately sustain communication and care with the individual.

Resource	Description
Determining levels of care	An article from Very Well Health on the levels of healthcare
Knowing when a patient is ready to graduate	A video from the Camden Coalition on how to implement a warm handoff

Competency 6. Cultivate individuals' resilience, ability, and self-efficacy in high-stakes moments and their ability to navigate setbacks, barriers, and complex systems.

- Identify the appropriate level of care to support an individual and their self-determination.
- Provide individuals with feedback on their strengths and how to use them.
- Identify opportunities for engagement with individuals during escalating situations.
- Identify appropriate teaching methods during challenges to build capacity for similar future challenges.

Resource	Description
I do, we do, you do	A video from the Getty Museum to help identify the level of care appropriate to support an individual
Giving feedback: 3 models for giving effective feedback	An overview from AUSMed on three models of giving feedback
De-escalation, high stakes moments	A tipsheet from Crisis Prevention Institute for teaching de-escalation

Domain: Integrated team collaboration

Description: *Complex care relies on highly functioning, collaborative care teams that coordinate across multiple settings and in partnership with individuals and families.*

Context: *A complex care team is most successful when its members from diverse disciplines, practices, professions, and perspectives are collaborating to support the individual in reaching their goals. Interprofessional teams support individuals with numerous, diverse, and interrelated needs by effectively integrating social care and healthcare delivery.[33] An interprofessional complex care team also coordinates with practitioners and partners from other departments within their organization and with other organizations. The role of each team member and partner is well-defined but may also depend on the context, needs, and goals of the individual receiving care and the specialty of the team member. Complex care team members have more access to and opportunity for decision-making, leadership opportunities, and changemaking through collective leadership. Collective leadership posits that everyone on a team can and should lead. The collective leadership philosophy is based on the principles of trust, shared power, transparent and effective communication, accountability, and shared learning.[34]*

Competency 1. Understand and respect the distinct role of each care team member, including the individual and family.

- Identify the role, purpose, and function of each team member.
- Demonstrate respect for team members' expertise and experience.
- Describe basic principles of family dynamics and family support.

Resource	Description
Meaningful roles for peer providers in integrated healthcare: A guide	A toolkit from Integrated Behavioral Health Partners on how integrated care settings can hire, train, integrate, and retain health-trained peer support
Role clarity exercise	An activity from Dave Moskowitz on facilitating and establishing role clarity among a team
**Mutual respect (lesson plan)	(presentation)**	A lesson plan and presentation from HWI on the importance of mutual respect in the workplace
Forming, storming, norming, and performing: Bruce Tuckman's team stages model explained	A video from MindToolsVideos on Bruce Tuckman's stages of teaming
Virtual interprofessional learning activity	An activity from Queen's University on the roles of interprofessional teammates

Competency 2. Develop mutual trust, support, and shared identity among care team members.

- Identify components of effective interprofessional team formation and performance.
- Identify team-building and communication strategies to foster alignment on vision/values/mission, strategic priorities, goals, boundaries, and measures of success.
- Nurture a professional identity appropriate to role and setting.
- Demonstrate an appreciation of the individual's voice in the setting of the team's work.
- Foster an environment in which all team members are able to challenge team decisions and structures.

Resource	Description
Collective competence	A TEDxTalk on competence and communication in the context of interprofessional teams
Just a routine operation	A video from thinkpublic on competence and communication in the context of interprofessional teams
The 'music' of coordinated care	A video from the Institute for Healthcare Improvement provides an example of coordinated care and how tracking data can lead to better patient outcomes
Interprofessional professionalism assessment toolkit	Case videos and other tools from the Interprofessional Professionalism Collaborative for implementing the Interprofessional Professionalism Assessment
Arts based teaming scripts	An agenda and guide from the University of Utah for building and supporting a team
TeamSTEPPS curriculum	A self-paced course from AHRQ with strategies and tools to enhance performance and patient safety
TeamSTEPPS video toolkit	A toolkit from the American Hospital Association to improve communication and teamwork in healthcare
Passion for the job and positive attitude (lesson plan)	(presentation)	A lesson plan and presentation from HWI on the importance of maintaining and reinvigorating passion for the job to promote job satisfaction
Self-confidence and workplace pride (lesson plan)	(presentation)	A lesson plan and presentation from HWI to help teach self-confidence and workplace pride

Competency 3. Communicate clearly and directly, orally and in writing, to coordinate activities and collaborate with the individual, family, and service partners.

- Assess individuals' capacity and preference to engage with diverse forms of information.
- Communicate orally and in writing at an appropriate complexity level for the audience.
- Identify appropriate and respectful methods of integrating technology.
- Demonstrate clear and respectful written documentation to facilitate care coordination and continuity of care.

Resource	Description
Instructions for reading level exercise	An activity from the University of Pennsylvania School of Medicine to help teach the process of assessing reading level of materials
Medical REACH to teach observation checklist	A checklist from the University of Pennsylvania School of Medicine (Joshua Kayser) and the University of Pennsylvania School of Nursing (Carolyn Cutilli) for appropriately educating patients (medical)
Non-medical REACH to teach observation checklist	A checklist from the University of Pennsylvania School of Medicine (Joshua Kayser) for appropriately educating patients (non-medical)

Literacy lesson agenda	A lesson plan from the University of Pennsylvania School of Medicine for teaching health literacy proficiency
Telehealth best practices	A tipsheet from Thomas Jefferson University for teaching telehealth best practices
Tele-social care: Implications & strategies	A guide from Rush University and the National Center on the delivery of social care activities via telephonic or virtual video-based platforms, with a focus on care management
**Information and communication technologies (lesson plan)	(presentation)**	A lesson plan and presentation from HWI on how information and communication technologies can negatively influence the delivery and reception of information
**Written communication skills (lesson plan)	(presentation)**	A lesson plan and presentation from HWI on the importance of effective written communication in the healthcare setting
Effective communication for healthcare teams: Addressing health literacy, limited English proficiency and cultural differences	A training from the CDC about health literacy, cultural competency and English proficiency
Creating effective communication in the team	A lesson plan with activities and resources from the National Center on effective team communication

Competency 4. Employ techniques of conflict resolution, bi-directional feedback, and active listening to build, sustain, and repair relationships with colleagues.

- Identify opportunities for engagement with team members during escalating situations.
- Facilitate the prevention and resolution of conflict while preserving working relationships.
- Partner with colleagues to communicate appropriate observations, reactions, and preferences to encourage and improve cooperative care.
- Apply skills of active listening including focusing completely on the speaker, understanding their message, comprehending the information, and responding thoughtfully to improve mutual understanding.

Resource	Description
**Conflict management (lesson plan)	(presentation)**	A lesson plan and presentation from HWI for teaching the dynamics of conflict and how to effectively manage conflict
Crucial conversations	A training from VitalSmarts on carrying out crucial conversations to communicate effectively
**Effectively giving and receiving feedback (lesson plan)	(presentation)**	A lesson plan and presentation from HWI on the purpose of feedback and strategies for how to effectively give as well as receive feedback
**Interpersonal oral communication (lesson plan)	(presentation)**	A lesson plan and presentation from HWI with techniques for the development of effective interpersonal and oral communication skills

Small group communication skills **(lesson plan) | (presentation)**	A lesson plan and presentation from HWI for teaching how supportive communication patterns help to create and negotiate responsibilities by building trust and respect
Listening **(lesson plan) | (presentation)**	A lesson plan and presentation from HWI on the basics of what to do before, during, and after engaging in active listening
Nonverbal communication **(lesson plan) | (presentation)**	A lesson plan and presentation from HWI on nonverbal communication for improved communication competency — including paralanguage, body language, gestures, and physical space

Competency 5. Contribute to collaborative decision making and collective leadership.

- Use person-centered collaborative care with interdisciplinary teams.
- Apply shared decision-making principles related to interdisciplinary teams to meet shared goals.
- Foster an environment of trust, mutual respect, and humility to facilitate collective leadership.
- Contribute skills and perspective to inform team goals and success.

Resource	Description
Building an effective collaborative team **(lesson plan) | (presentation)**	A lesson plan and presentation from HWI on working effectively in interprofessional collaborative teams to improve the quality and safety of patient care
Working at "Top of license" - how to reallocate work among a team?	A webinar from Patient Centered Primary Care Institute on proactively thinking about how to manage team roles in an effective way

Domain: Diverse information management

Description: Complex care team members collect and use quantitative and qualitative information, including from the individual and their family, to identify clients, assess needs, adapt best practices, and continuously improve the delivery of care and supports. The term "information" includes both quantitative and qualitative data, including stories that derive from a variety of sources.

Context: As complex care is in a formative stage, the field needs to develop knowledge through research, quality improvement, and evaluation. Complex care also should look to adapt best practices from more frequently studied interventions for populations without complex needs. At the individual level, complex care promotes the integration of whole-person information. At the systems level, integrating cross-sector information allows team members to identify individuals who need the most support and to collaborate to address their specific needs, maximizing impact and improving outcomes across systems.[35]

Competency 1. Understand best practices in gathering, documenting, and sharing individual-level information, and the impact of bias inherent in those processes on the delivery of care.

- Understand the impact of unconscious bias on data collection and distribution.
- Demonstrate methods of meaningful, trauma-informed, and person-centered data collection, documenting, and sharing.
- Identify ethical, legal, and regulatory requirements of data collection and storage to ensure compliance and minimize impact on individuals.

Resource	Description
Toolkit for communities using health data: How to collect, use, protect, and share data responsibly	A toolkit from HHS for collecting, using, protecting, and sharing data responsibly
HIPAA tip sheet	A tip sheet from Thomas Jefferson University on data privacy
HIPAA training resources	A list of training resources from healthIT.gov on HIPAA regulations
Uncovering and removing data bias in healthcare	An article from Healthcare Information and Management Systems Society on biases in data
**Social media and technology (lesson plan)	(presentation)**	A lesson plan and presentation from HWI on how to engage in professional online boundary management to ensure that public and private use of social media uphold HIPAA standards and do not lead to violations
AHRQ's making informed consent an informed choice: Training modules for health care leaders and professionals	A training module from AHRQ to help teach clear, comprehensive, engaging communication strategies that hospitals and clinical teams can use to ensure that people understand the benefits, harms, and risks of their alternatives, including the option of not having any treatment

Competency 2. Assess the root cause of individual health needs and population disparities to inform care, programmatic, and systems-level decisions.

- Analyze the complex systems surrounding individuals to identify needs.
- Analyze the complex systems surrounding populations to identify reasons for health disparities.

- Apply knowledge of key needs and reasons for health disparities to inform care delivery and programmatic and systems-level decisions.
- Demonstrate ability to define a root cause and conduct a root cause analysis.

Resource	Description
Conduct a three-part data review to understand patient needs	A guide from the Better Care Playbook to understanding patient needs through empirical data
Mapping community supports for patients with complex health and social needs	A guide from the Better Care Playbook to map community support
Asset and partner mapping template and instructions	A guide and template from the National Center to map assets and partners
Root cause assessment	A worksheet from the National Center for assessing root causes of need
Healthcare disparities	A course on healthcare disparities from MedEdPORTAL on increasing awareness about racial and ethnic disparities across the spectrum of healthcare services and examining the use of patient-centered communication skills to minimize these disparities
Structural competency: Curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities	Curriculum from MedEdPORTAL on identifying and understanding the structural factors that produce health disparities
Roots of health inequity course	A course from the National Association of County and City Health Officials on addressing systemic differences in health and wellness that are actionable, unfair, and unjust

Competency 3. Carefully evaluate and implement the current available evidence base to inform care appropriate for each individual's context, as well as programmatic interventions and systems-level policy.

- Demonstrate knowledge of current research and promising practices related to methods of engagement, care planning, and care delivery.
- Evaluate the value and limitations of evidence-based practices to care delivery across all environments and contexts to provide optimal care.
- Use evidence-based and promising practices to inform individual practice.

Resource	Description
What is evidence-based practice?	A case study and guide from the University of Utah on identifying and evaluating evidence-based practices

Implementing the complex care core competencies: A toolkit to guide education and training

One size does not fit all: How to adapt evidence-based interventions to fit local contexts and maintain fidelity	A presentation from the Penn Center for Community Health Workers on the adaptation of evidence-based interventions to fit local contexts and maintain fidelity
Will it work here? A generalizability framework for applying evidence from impact evaluations in new contexts	A presentation from J-PAL on how to adapt interventions for new settings and populations based on the local culture
Adapting evidence-based interventions for new populations and settings	A course from Region 2 Public Health Training on how to adapt interventions for new settings and populations based on the local culture
Making adaptations tip sheet	A tipsheet from Family and Youth Services Bureau for making changes to evidence-based practices so that they are more suitable for a particular population or setting

Competency 4. Continuously collect, use, and evaluate information to drive resource allocation, improve the quality of care, and improve team member experiences in delivering that care.

- Identify core principles and practices of quality improvement science.
- Analyze information to inform tactical decision making.

Resource	Description
Quality improvement science • the basics #1 • the basics #2 • the basics #3	A three-part video series from HealthQuality Ontario on QI science
Data-driven decision making: A primer for beginners	An information guide from Northeastern on how to drive healthcare decision-making

Competency 5. Disseminate lessons, resources, and best practices to individuals, colleagues, community partners, policymakers, and others in the field.

- Identify methods of sharing available knowledge, emerging best practices, evidence, and research in an accessible manner with various stakeholders.
- Identify methods of interpreting findings and information for various audiences and uses.

Resource	Description
Written communication skills (lesson plan)	(presentation)	A lesson and presentation from HWI to help teach the importance of effective written communication in the healthcare setting
Audience adaptation	An article from the University of Pittsburgh's Department of Communications on how to identify an audience and adapt materials to their interest, level of understanding, attitudes and beliefs

Domain: Systems complexity and context

Description: *Individuals with complex needs interact with multiple — often incongruous — systems that can each present barriers to improving health and well-being. The complex care workforce analyzes individual problems from a systems perspective and advocates for systems reform and policies that foster whole-person health.*

Context: *Complex care team members understand that individuals' opportunities for health and well-being are determined in part by the interplay of multiple actors (e.g., political, community, environment) within systems including healthcare, human services, and public health. Care team members operate within existing systems while also working to improve those systems through collaboration, coalitions, and advocacy. Team members support individuals in creatively navigating and problem-solving within these systems. Team members often become liaisons between their organization's policies and systems and the individuals with whom they are working. Cross-system operational and cultural literacy allows team members to collaborate and coordinate services to better meet the diversity of health and social needs.*

Competency 1. Understand essential elements of healthcare, human services, and public health sectors and strategies for sharing information and integrating service delivery across sectors.

- Develop understanding of relevant health and social care systems and their associated barriers and challenges.
- Analyze standards of practice across industries to apply professional behavior and effective communication practices.
- Demonstrate ability to translate and transmit information across sectors.
- Cultivate relationships and knowledge to build collaborative care efforts.

Resource	Description
The hidden reefs: Navigating the organizational cultures of healthcare & community-based organizations for success	A powerpoint presentation from the Alliance for Strong Families and Communities on navigating the organizational cultures of healthcare and community-based organizations
Introduction to healthcare	A course from Coursera on the fundamentals of the US healthcare system, including an overview of the principal institutions and participants in healthcare systems and the interactions between them
Introduction to the healthcare system	A course from the Patient Navigator Training Collaborative on the basics of healthcare systems for new healthcare workers
Introduction to the nonprofit sector, nonprofit organizations, non profit leadership and governance	A course from Coursera on the nonprofit sector, nonprofit organizations, and the concepts of leadership and governance
Introduction to public health	A presentation, course, and webinar from the CDC on public health
Public health 101	Courses from the CDC on the fundamentals of public health and the core sciences of public health practice
Discovering value-based health care	A course from the University of Texas at Austin Dell Medical School that helps you understand and implement value-based care

Competency 2. Understand basic elements of the local, state, and federal civic processes.

- Identify the stakeholders, roles, structures, and processes of local, state, and federal government entities.
- Identify the processes through which civic entities affect care delivery and the environment in which it exists.

Resource	Description
How a bill becomes a law	A video from Govtrack on how a bill becomes a law
Social policy for social services & health practitioners specialization	A course from Coursera on the size, structure and outcome of US social policy
Public health law	A training plan from the CDC on the use of law and policy to improve population health outcomes
What is policy analysis?	A presentation from the Camden Coalition on civic process and policy-making
Health administration and policy	A presentation from the Camden Coalition on national health administration

Competency 3. Collaborate and organize with members of the health and social sectors and with community members to build and maintain coalitions and collaborative structures.

- Identify strategies to engage, develop, sustain, and grow community relationships.
- Develop strategies for communication, collaboration, and relationship building among interprofessional teams to maximize team effectiveness and challenge traditional professional boundaries and structures.
- Collaborate with community partners in identifying the source of challenges, setting goals, developing an action plan, considering possible outcomes, and implementing the action plan.

Resource	Description
Concept mapping: Navigating the learning process	An article from the NIH on concept-mapping
Introduction to the family engagement in systems assessment tools (presentation) | (video)	A slide deck and video presentation from Family Voices on engaging families to build coalitions and change systems
Power of partnership in transformation	A video from the National Center that provides a real life example of patients, caregivers and systems working side-by-side to transform the patient experience
How to turn a group of strangers into a team	A TEDx Talk about the elements of a team
How to lead a collective impact working group: A comprehensive toolkit	A toolkit from the Collective Impact Forum for facilitating teamwork across sectors

Competency 4. Use collective power, privilege, and access to question the status quo and advocate for policy change.

- Understand and leverage self and team positionality related to power, privilege, and oppression and how that positionality influences work with the community and with the targets of advocacy (e.g., decision-makers).
- Identify and question long-standing or normed policies and practices in programs, organizations, and systems that are not benefiting individuals with complex needs.
- Identify methods of influencing decision-makers to implement lasting change.

Resource	Description
Messaging health equity to decision-makers	A webinar from the Northwest Center for Public Health Practice includes strategies for messaging health equity to decision-makers to ensure under-resourced communities have access to the new programs and funding created by a policy
Policy briefs: From plan to action	A course from the Northwest Center for Public Health Practice on organizing your thinking, strategizing and communicating about action items, and proposing changes to policies that affect your community
Critical thinking (lesson plan) | (presentation)	A lesson plan and presentation from HWI on the importance of critical thinking in the healthcare environment
Learning from parallel populations	A video from the National Center about other social movements that are a model for the field of complex care
Tips for advocates: Decision-maker advocacy	A guide from Community Catalyst on advocacy

Competency 5. Inform others' understanding of challenges and potential systems-level solutions by synthesizing personal narratives and aggregating information.

- Consult with communities affected by specific challenges to understand their views and experiences, with attention to economic, social, and cultural perspectives.
- Collaborate with individuals to prepare written and multimedia materials that explain how systems-level and environmental factors cause or exacerbate the harm they experience.
- Authentically center and amplify community voices to educate and influence decision makers, legislators, and policymakers.
- Identify methods of communicating stories and other information to influence a targeted audience.

Resource	Description
Who tells the story?	A guide from Kate Marple on strategies, considerations, and tools for storytelling
Storytelling framework	A framework from the San Mateo County Office of Diversity and Equity with strategies, considerations, and tools for storytelling
Storytelling template	A template from the CDC with strategies, considerations, and tools for storytelling

Competency 6. Recognize and adapt to the current processes and structures of organizations, systems, and policies while seeking to effect positive and aspirational change.

- Analyze how organizational hierarchy, policies and procedures, and personnel resources both contribute to and hinder the organization achieving its mission and vision.
- Use leadership, professionalism, and emotional intelligence to assess interpersonal, organizational, and system-level dynamics and select the appropriate approach to effect positive change.
- Advocate internally for organizational policies, processes, and structures that reduce harm and increase the quality of care delivery and team member wellness.

Resource	Description
Escape fire	A film on the powerful forces that maintain the status quo
Workplace health promotion model	An overview from the CDC helps encourage workplace health promotion
Emotional intelligence (lesson plan) | (presentation)	A lesson plan and presentation from HWI on emotional intelligence, assessments of emotional intelligence, and strategies to improve emotional intelligence

Case studies

Introduction

A core element of complex care training and education is applying the knowledge, skills, and attitudes described in the core competencies to real people and real situations. Many training programs encourage their learners to practice in a low-stakes environment like a **simulation** or role-play. Role-plays and simulations can also help students develop empathy by playing the role of the individual or family member. The best scenarios for these activities will be those that are true to your setting and your population. If those are not readily available, this section includes a series of example scenarios to use as a foundation for simulations, role-plays, or discussions.

How to use

Use this section by choosing either a real story of someone receiving complex care or one of the scenarios below. Feel free to add details to the scenario to make it more relevant or robust. Then, choose an activating incident to pair with the scenario. Use this combination as a foundation for a simulation, role-play, or discussion. There are discussion questions below based on the competencies to spark a conversation. A skilled facilitator with significant knowledge of complex care will help you get the most out of these role-plays and discussions by adding further case details and customization as needed.

Example: Read Scenario 2 for background. Then choose the activating incident of "developing the care plan." Use this scenario and activity to role-play or enact a simulation. After the role-play or simulation, use a few of the discussion questions under the domains "Person-centered, relationship-powered care" and "Human complexity and context" to facilitate a conversation.

Related resources:
- **Virtual Student Hotspotting: Using simulation-based education during the COVID pandemic at Samuel Merritt University (blog post)**
- **Sample virtual simulation scenario template (SMU)**
- **Sample faculty briefing sheet for a simulation (SMU)**
- **Sample student briefing sheet for a simulation (SMU)**
- **Jefferson Center for Interprofessional Practice & Education simulation program overview (TJU)**
- **Society for Simulation in Healthcare (SSH)**
- **Whole person care data sharing convening: Case studies**
- **Case development template (Association of Standardized Patient Educators)**

Scenarios

Choose one of the following scenarios to pair with an activating incident (below). Use this pair to enact a role-play or facilitate a discussion with the questions below.

Scenario 1: Karen

Themes: older adult health, dual eligibility, social isolation, food insecurity, transportation

Karen is a 72-year-old woman who enjoys singing and looks forward to her monthly calls with her grandchildren. The monthly calls are her primary source of social interaction and she often feels lonely. Karen lives alone, far from family, and has difficulty walking and a history of falls. She has multiple chronic conditions including diabetes, hypertension, and arthritis. She faces barriers with transportation and obtaining food because of her limited mobility and small fixed income. Karen is eligible for both Medicare and Medicaid, but is only enrolled in Medicare.

Scenario 2: Lee

Themes: homelessness, substance use, incarceration, no income, hepatitis C, team collaboration

Lee is a 45-year-old male who has been experiencing homelessness on and off for several years and occasionally interacts with outreach workers. He has built strong connections with other people experiencing homelessness and is often able to get what he needs to survive through his network. Lee has been actively using substances since he was 16 years old and has vocalized that he is not interested in quitting. He prefers injecting stimulants but also smokes and uses prescription opiates. He also consumes a pint of vodka per day. He has been incarcerated several times for possession of a controlled substance and other drug-related charges. Lee has had challenges finding housing because he was mandated to register on the National Sex Offender Registry. He can become agitated when services take a long time and asks for a snack each time he comes in. He has no income and he tested positive for hepatitis C last year.

Scenario 3: Taylor

Themes: children with complex needs, race, older adult caregivers, low income, rural, food insecurity

Taylor is a 10-year-old who loves school and is eager to attend as many days of 5th grade as possible. He has cystic fibrosis, which has caused him to miss several weeks of school in the past and fall behind his peers academically. He lives with his 70-year-old grandparents in a rural community and enjoys taking care of the chickens and pigs on their neighbors' land. Their home is over two hours away from his healthcare practitioners and Taylor's grandparents have challenges driving in the dark. The family lives on a fixed income and when the cost of a medicine or treatment increases, they occasionally run out of food at the end of the month. When this happens, they rely on their church's small food pantry until the next month's food stamps come in. After a recent and particularly challenging hospitalization, Taylor began showing symptoms of anxiety when it is time to leave for school and at bedtime. A truancy officer recently began requiring increasing amounts of documentation after every missed day of school. Taylor's grandparents suspect that they are being unfairly targeted by the officer because Taylor is the only Black child in his grade.

Scenario 4: Lucy

Themes: mental health, medication adherence, insurance, Social Security

Lucy is a 37-year-old artist who especially enjoys teaching art skills to elementary school students. She has been living with bipolar disorder and has been managing it with medication and talk therapy. She was diagnosed with end-stage renal disease a year ago. Since receiving the diagnosis, she has grown increasingly depressed and declines to take the medication prescribed for her bipolar disorder consistently. She was fired from her job

because the symptoms of her bipolar disorder and depression were interfering with her ability to teach. She has not applied for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and is worried that she will lose her medical insurance after her COBRA coverage ends.

Scenario 5: Sandy

Themes: sex work, homelessness, substance use, parenting, pregnancy

Sandy is a 35-year-old female involved in sex work. She is independent and strong, and is a bold advocate for herself; she can get loud when she doesn't feel she is getting what she needs. She has been experiencing homelessness for five years. She smokes crack and occasionally lets her clients inject her with stimulants. She has two children who live with her aunt and Sandy believes she may be pregnant again. She is presenting with an abscess on her breast.

Scenario 6: Maria

Themes: comorbidity, social drivers of health, engagement, immigration, substance use

Maria is a 33-year-old woman who is committed to raising her son in a safe household. She has diagnoses of diabetes, hypertension, and substance use disorder. A screening shows that Maria lacks adequate food, utilities, transportation, and housing. There are challenges to getting in touch with Maria by phone. Maria states that she only needs assistance with housing and transportation. Maria and her son were temporarily staying with her sister and, while the living conditions weren't bad, the home had become too crowded and she wasn't on the lease. Maria immigrated to the United States ten years ago and does not have documentation.

Scenario 7: Mary

Themes: chronic conditions, opioid use, mental health, trans health, homelessness, family

Mary is a 62-year-old trans woman who has been experiencing homelessness for the past 5 years. She is an optimistic person and brings a smile to the face of most people who interact with her. She is especially proud that she has been in recovery from opioid use for the past 2 months. She is diagnosed with schizophrenia and receives a monthly injection of a long-action antipsychotic medication. Mary was recently hospitalized for a heart attack and discharged back to street homelessness. She applied for cash assistance and food stamps but was denied. She would like to find stable housing and to reconnect with her family.

Scenario 8: Jerome

Themes: older adult health, veteran, mental health, social isolation, race, police

Jerome is an 68-year-old Vietnam war veteran who loves telling stories about his time in the Marines. He rarely leaves his home because he has difficulty walking and a history of falls and is afraid of falling in public. His basic needs are taken care of through home care services, but you notice that he is feeling the impact of his isolation and that his PTSD symptoms have been worsening. The past few times that you have visited him at his home, he has been on his porch arguing with his neighbor and showing symptoms of hypervigilance and aggression. He later tells you that his reactions remind him of how he was trained to act in Vietnam. He is concerned that someone who does not know him will call the police on him when he is experiencing PTSD symptoms and that the police will harm him because he is a Black man with a mental illness.

Scenario 9: Abraham

Themes: older adult health, end of life, poverty, family

Abraham is 75 years old and spent 35 years owning and operating his family's restaurant, which he passed on to his sons shortly after he was diagnosed with cancer. Abraham quickly spent down the small amount of

savings he had on deductibles for treatment and co-pays for medication. His cancer has metastasized and he is nearing the end of his life. He also has a history of major depression. Family is important to Abraham and he wants to be surrounded by family and also will not disclose his financial or medical situation to them. During most months, he has trouble affording both his medical costs and food. His goal is to see his grandson graduate from college in six months.

Scenario 10: Sara

Themes: family, pregnancy, homelessness, child protective services, team dynamics

Sara, who is 36 weeks pregnant and has diabetes, and her 3-year-old daughter had been living with Sara's aunt for two years. Her aunt received an eviction notice but waited until the day of the eviction to tell Sara that they had to move out. Sara had nowhere else to go so she went to an emergency shelter with her daughter. She has now been homeless for two months and is worried that child protective services could get involved if she doesn't have stable housing for her newborn and daughter. During the past six months, Sara has been exhibiting symptoms of generalized anxiety disorder (GAD): excessive worry that is hard for her to control, impaired concentration, irritability, and difficulty sleeping. One team member believes she should be diagnosed with GAD and provided medications while another thinks that addressing the root cause of her anxiety would better ease her symptoms.

Scenario 11: Reginald

Themes: encampments, veteran, mobility, trust, documentation

Reginald is a 57-year-old man who lives in an encampment by the river. He experiences paranoia, does not trust many people, and does not leave his tent often. Reginald also has difficulty with his mobility and others in the camp often assist him with what he needs. He has a walker, but it is difficult to use in the terrain where he lives and with his lower extremity conditions. There are maggots crawling in and out of the sores on his legs and feet. Reginald is a veteran and all of his documentation is missing. Someone from the encampment psychologically and physically helped him reach your services.

Activating incidents

Pair one or more of the following activating incidents with a story from your team or one of the above scenarios and then role play that situation.

- Engaging the individual at the first meeting
- Introducing yourself and your program
- Asking about goals
- Developing the care plan
- You and your teammates disagree on care approaches
- The individual does not show up for an appointment
- The individual returns to using drugs (if applicable)
- The individual stops paying rent
- The individual asks you to help them move on a non-work day
- The individual expressed suicidal or homicidal ideations
- Your work will the individual is nearing its end

Discussion questions

Use the following discussion questions to facilitate conversation before or after a role play or simulation.

Domain: Human complexity and context

1. What are a few considerations relevant to this person's physical and behavioral health status?
2. What are the major factors affecting this person's health and well-being?
3. What are this person's strengths?
4. What is a trauma-informed approach to this situation?
5. What is a harm reduction approach to this situation?
6. How do you incorporate this person's values, preferences, and goals into your treatment plan?
7. What are this person's goals?
8. How are community-level and/or systemic health disparities showing up in this situation?

Domain: Personal and professional commitment and ethics

1. How can you help this person cultivate resilience?
2. How can you use respectful and person-first language to speak about and to this person?
3. What type of vicarious trauma do you anticipate you might experience in this situation and how can you prevent or address it?
4. How do you as the frontline staff member stay motivated and engaged?
5. What biases do you hold about this person and their situation?
6. How can you demonstrate an openness to and celebration of this person's personal and cultural identities?
7. How do you establish appropriate boundaries with this person during the first encounter?

Domain: Person-centered, relationship-powered care

1. How can you begin to create an authentic healing relationship with this person?
2. How do you know if your approach is appropriate with this person?
3. How do you create a shared care plan with this person? What challenges might arise in the care plan?
4. What does this person need to feel safe? How do you figure that out?
5. What is this person's motivation? How do you help drive motivation when individuals are experiencing numerous complexities and challenges?
6. What other social and medical care supports does this person need?
7. How do you seek to motivate this individual when they feel defeated or hopeless?
8. How can you help this individual create sustainable change for themself?
9. What stage of change (transtheoretical model) are they in with respect to their goals? How can you help motivate and sustain movement toward behavior change?

Domain: Integrated team collaboration

1. What is your role in providing care to this person? What are your teammates' roles? How does your role fit with your teammates' roles?
2. What are the team's goals? If these aren't shared by the individual, how do you align the team's goals with this person's goals?
3. How do you find out the best way to communicate with this person?
4. How is communication with the individual different from communication with your teammates?

5. What are three techniques to prevent conflict with teammates?
6. How can you show trust, mutual respect, and humility to listen to and incorporate your teammates' skills and perspectives?

Domain: Diverse information management

1. In what way is the information that you have about this person biased?
2. What is the root cause of this individual's poor health and well-being?
3. What are three concrete reasons that this person might have poorer or better health and well-being than someone of a different race, gender, or nationality?
4. Which evidence-based practices apply? How can you adapt the practice to be more appropriate to this person?
5. What more information (e.g., on conditions, goals, community resources) do you need to collect and where can you find that information?
6. What have you learned from working with this person that others may benefit from?
7. How do you measure "success" for this individual and for yourself as frontline staff?

Domain: Systems complexity and context

1. What other systems or sectors is this person interacting with and how are those systems or sectors caring for this person?
2. How do you partner with another organization to provide services and support to this individual? How do you collaborate and communicate with them?
3. What barriers do they face in accessing care?
4. What federal, state, local, or organizational policies affect this person and the care they receive?
5. What other organizations or people in your own community can you partner with to make systems-level change to help this person?
6. What is accepted as a "norm" that is hurting this person? How can you use your power, privilege, and access to advocate for that norm to change?
7. How can you support this person in telling their story to other practitioners, to advocate for themselves and/or to advocate for their community?
8. How can you use empowering story sharing practices to support this person in advocating for their community and influencing decision makers, legislators, and policymakers? What would informed consent look like for this person and when is an appropriate time to ask?
9. What aspects of your organization might harm or not help this person? How can you change those?

Appendix 1: Glossary

Authentic healing relationships: Secure, genuine, and continuous connections between individuals and complex care team members[36]

Behavioral health/mental health: The promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.[37]

Complex care: Person centered, team-based, cross-sector care for people with complex health and social needs. It seeks to improve health and well-being through greater integration and coordination of care and attention to psychosocial factors impacting health and healthcare utilization.

Complex care population: The population for whom a complex care approach is most appropriate are those who have a high burden of physical and/or psychosocial needs.

Complex care workforce: The workforce includes members of teams or individuals that are working in programs dedicated to coordinating and providing services for people with complex needs. The unifying characteristic of these teams and individuals is the ongoing wellness-driven interactions with people with complex health and social needs.

Core competency: A core competency is the knowledge, skill, and/or attitude that all frontline team members need to have to be able to provide care and support to individuals with complex health and social needs.

Cross-sector: "An alliance between organizations from two or more sectors with the intention to share responsibility for a project, product, process, or other activities."[1]

Data-driven: "Timely, cross-sector data are freely shared across all care team members and are used to identify individuals with complex needs, enable providers to effectively meet the needs of individuals, and evaluate success."[1]

Equitable: Complex care recognizes the societal, structural, historical, and ongoing barriers to health (e.g., racism, sexism, classism, ageism, heterosexism, xenophobia, etc.) and supports consumers and communities to address them.

Family: Biological, adopted, or chosen individuals who could play a variety of roles and are involved in the care of an individual with complex health and social needs.

Peer: A member of the complex care team who offers and receives help, based on shared understanding, respect and mutual empowerment between people in similar situations.[38]

Person-centered: An approach to care delivery in which "individuals' values and preferences are elicited and, once expressed, guide all aspects of their healthcare, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires."[39]

Practitioner/provider: A practitioner or "frontline practitioner" is any person trained to deliver physical and mental healthcare, social services, and/or community-based services, which includes but is not limited to advanced practice providers, nurses, social workers, community health workers, peer workers, counselors, care coordinators, and nurse navigators. These practitioners comprise the complex care workforce.

Recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."[40] The 10 principles of recovery are hope, person-driven, many pathways, holistic, peer support, relational, culture, addresses trauma, strengths/responsibility, and respect.[40]

Shared identity: A marker of group development for a collection of individuals moving towards a common goal during which the group identifies as we instead of I and you.

Team-based: "The provision of health [and social service supports and] services to individuals, families, and/or their communities by at least two health providers who work collaboratively with [individuals] and their caregivers — to the extent preferred by each [individual] — to accomplish shared goals within and across settings to achieve coordinated, high-quality care."[41]

Trauma-informed care: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."[42]

Appendix 2: References

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Camden Coalition
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An initiative of the Camden Coalition

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About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

Through our **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition. Through our National Center for Complex Health and Social Needs initiative (National Center), we connect complex care practitioners with each other and support the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.