



# Concurrent Capable Review for Programs

## Using COMPASS-EZ™

*Creating welcoming, recovery-oriented  
& concurrent capable services*

©2017 ALBERTA HEALTH SERVICES, PROFESSIONAL DEVELOPMENT CONCURRENT CAPABILITY AND PROBLEM GAMBLING



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# Getting Started

## Introductions

### Question to Consider:

- What are we doing?
- Why are we reviewing our services now?
- What happens during a Review?
- What's in it for me?

### Clarify Terms:

- Your program or team
- Stakeholders
- Care team
- Family
- Discharge plan

# Process of Review

1. Choose someone to take scores and notes
2. Read each item out loud
3. Show your score using number cards
  - Likert scale: 1-5
  - Score honestly
  - Evidence-based scoring
4. Discuss and reach consensus on score
5. Record scores with discussion notes
6. Progress through sections
7. Learn from the conversation

## The Goal:

Welcoming, recovery-oriented &  
concurrent capable services  
for individuals and families in need

## Access

1. The program has “no wrong door” access guidelines that emphasize welcoming and engaging all individuals and families with concurrent disorders from the moment of initial contact.
2. Individuals and families receive welcoming access to appropriate service regardless of active addiction disorder (e.g., blood alcohol level, urine toxicology screen, length of sobriety, or commitment to maintain sobriety).
3. Individuals and families receive welcoming access to appropriate service regardless of active mental health disorder (e.g. active symptoms, type of psychiatric diagnosis, or type of prescribed psychiatric medications, such as anti-psychotics, stimulants, benzodiazepines, opiate maintenance, etc...).

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**Not at All**①    **Slightly**②    **Somewhat**③    **Mostly**④    **Completely**⑤

# Screening and Identification

1. The program's screening guidelines state that all individuals are to be screened in a welcoming and respectful manner for concurrent addiction and mental health disorder (including trauma), medical disorder, and basic social needs, and for immediate risk concerns in each of these areas.
2. The program uses a standard approach to screening for concurrent disorders that are appropriately matched to the population being screened.
3. Staff follows a procedure for clearly documenting positive screenings for concurrent disorders in the program data system.
4. The program has a process for identifying and documenting concurrent nicotine use.
5. The program has a clear protocol on how to facilitate access to primary health care for every client.
6. The program has a process for identifying and documenting high risk infectious diseases, including Hepatitis C, HIV, and TB.

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# Recovery-Oriented Integrated Assessment

1. Assessments document individual and/or family goals for a hopeful, meaningful and happy life using the person/family's own words.
2. The assessment identifies and elaborates on a specific time period of recent strength or stability, and skills and supports the individual and family used in order to do relatively well during that time.
3. The assessment documents data to support the presence of an addiction disorder.
4. The assessment documents current and past information to support the identification of a mental health issue, including describing mental health symptoms during previous periods of addiction or sobriety.
5. Assessments routinely document each concurrent condition, active or stable, past and present, during the assessment process.
6. The assessment documents the stage of change (i.e. precontemplation, contemplation, preparation, early action, etc...) the individual is in regarding each disorder, condition or issue.

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# Program Collaboration and Partnership

1. The program collaborates with internal and external stakeholders to share knowledge and learning opportunities that promote recovery-oriented concurrent capable practice.
2. The program has guidelines for documentation of care coordination and collaborative service planning for concurrent individuals and families who attend services in another program.
3. There is a routine process where program staff provides concurrent disorders consultation (ideally on site) to a collaborative program providing services in the “other” domain.
4. There is a routine process where program staff receives concurrent disorder consultation (ideally on site) from a collaborative program providing services in the “other” domain.
5. Designated program clinicians participate in a regularly scheduled addiction and mental health services interagency care coordination meeting that addresses the needs of individuals and/or families with complex care needs.

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# Integrated Person Centered Planning

1. The individual and family's hopeful goals, recent successes and strengths are the foundation of the service plans.
2. Service plans list all the relevant concurrent issues in the plan.
3. For each of the concurrent issues listed in the plan, there is an identified stage of change, stage matched interventions, and achievable steps to help the person feel and be successful.
4. Person centered plans focus on building skills and supports and identifying and acknowledging small steps of progress in learning and using skills and supports.

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# Psychopharmacology

1. Whether prescribing is done on or off site, there are procedures, forms, and materials to help individuals learn about medications, communicate openly with prescribers and take medication as prescribed.
2. The program provides and documents routine communication between clinical staff and medical and mental health prescribers.
3. Program guidelines specify access to medication assessment and prescription without requiring a mandatory period of sobriety.
4. Program guidelines ensure that necessary medications for treatment of serious mental illness are appropriately maintained even though individuals may continue to use substances.
5. Medications with addictive potential (e.g., benzodiazepines) are neither routinely initiated nor routinely refused in the ongoing treatment of individuals with addiction disorders. Prescription of such medications is individualized based on evaluation and consultation.
6. Medications used specifically for treatment of addiction disorders are prescribed routinely for individuals who might benefit from such medications as part of their treatment.

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# Integrated Treatment/Recovery Programming

1. Educational materials about concurrent disorders and recovery are routinely provided to individuals and families.
2. All individuals are engaged in group or individual work that provides basic education and assistance with choices and decisions regarding concurrent disorder.
3. Individuals have access to group programming that is matched to their stage of change for each issue. *(You may omit this question if the program does not have groups.)*
4. There are specific interventions for all individuals providing education about psychiatric medications, including how to take medication as prescribed, and how to take medications more safely if continuing to use substances.
5. There are concurrent skills manuals that are used regularly in the program for individual or group skill building regarding concurrent disorders, such as manuals on managing trauma symptoms while in addiction treatment or sobriety skill building while in mental health treatment.
6. Individuals with concurrent disorders are helped to get involved with individual and group peer support for both addiction and mental health disorders, including concurrent disorders support programs.

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# Integrated Treatment/Recovery Relationships

1. Each individual has a primary relationship with a clinician or team that integrates attention to concurrent disorders inside the relationship.
2. The primary clinician or team continues working with the individual and family, even when the person may still using substances, may not be taking medication prescribed, or may be having trouble following other aspects of the treatment plan.
3. Each clinical staff person on the team directly provides and documents the delivery of integrated services.

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# Integrated Treatment/Recovery Program Policies

1. Program guidelines state clearly that individuals and families are not routinely discharged or “punished” for addiction behaviour, displaying mental health symptoms, or having trouble following a treatment plan.
2. Program guidelines are designed to acknowledge and support individuals that ask for help when they are having difficulty or beginning to relapse with any issue.
3. Integrated service plans provide acknowledgement and celebrate small steps of progress in addressing any issues, rather than focusing on negative consequences for “treatment failure”, “relapse”, “inappropriate behavior” or “non-compliance”.
4. For individuals with concurrent disorders who are also involved with the court or with social services, integrated service plans are designed to acknowledge and celebrate small steps of progress to help individuals be successful with their recovery journey, not just to monitor compliance with external mandates.

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# Integrated Discharge/Transition Planning

1. Discharge plan guidelines, practices and forms address specific stage matched continuing care requirements for each concurrent issue.
2. Each discharge plan for individuals and/or families with concurrent disorders provides for continuing integrated care with a clinician or team, ideally in a single setting.

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# General Staff Competencies and Training

1. Programs utilize recovery-oriented concurrent capable competencies in Human Resources documents (interviewing tools, job descriptions).
2. The program has written guidelines for routinely documenting concurrent disorders and interventions provided by any clinician with any level of licensure or training.
3. The program has a written plan for recovery-oriented concurrent competency development (e.g., supervision, training activities, etc...) related to all staff (e.g., clinical, support, management, etc...).
4. Supervisors have the appropriate knowledge and skills to help staff become more welcoming, recovery-oriented and concurrent capable.
5. Concurrent capable competencies are evaluated as part of annual staff performance reviews.

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## Specific Staff Competencies

1. The program staff demonstrate competency to welcome and address the needs of individuals and families with concurrent disorders who are from different cultures and linguistic backgrounds.
2. The program staff demonstrate specific competency in working with individuals and families with concurrent disorders and have cognitive impairments (i.e., individuals and families with learning disabilities, intellectual impairments, thought processing difficulties, etc....).
3. The program staff demonstrate specific competency in providing family support, family psychoeducation, family-to-family peer support, and in addressing concurrent disorders with families in the context of these individual or group interventions.
4. The program staff demonstrate specific competency in providing developmentally matched services to seniors and older adults with concurrent disorder. *(You may omit this item if the program does not provide senior or older adult services.)*
5. The program staff demonstrate specific competency in providing developmentally matched services to children and youth with concurrent disorder. *(You may omit this item if the program does not provide services to children and youth.)*

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**Not at All**①    **Slightly**②    **Somewhat**③    **Mostly**④    **Completely**⑤



# Quality Improvement and Data

1. The program has a culture of empowered partnership in which leadership, supervisors, front line staff (clinical and support), and individuals and families work together to design and implement a vision of recovery-oriented concurrent capable services.
2. The program meets regularly with representation from leadership, supervisors, front line staff, and individuals and families to guide, track, and celebrate progress toward being recovery-oriented and concurrent capable.
3. Program management information systems are designed to collect accurate data on how many individuals and families in the program have concurrent disorder.

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**Not at All**①    **Slightly**②    **Somewhat**③    **Mostly**④    **Completely**⑤

# Program Philosophy

1. The program operates under a written vision, team charter or goal statement that officially communicates to all staff and stakeholders the goal of all of the program becoming welcoming, recovery oriented, and concurrent capable.
2. Written program descriptions specifically say that individuals and families with concurrent disorders are welcomed for care.
3. Written program descriptions specifically say that individuals and families with concurrent disorders will be helped to use their strengths to address all their concerns in order to achieve their goals.
4. The program environment (i.e. waiting room, treatment spaces, wall posters, flyers, etc...) creates a welcoming atmosphere that supports engagement and recovery for individuals and families with both addiction and mental health conditions.
5. Program brochures for clients welcome individuals and families with concurrent disorders into service, and offer hope for recovery.

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# Program Policies

1. The program confidentiality or release of information policy is written to promote appropriate routine sharing of necessary information between mental health providers, addiction treatment providers, and the client's care team to promote quality of care.
2. Clinical record keeping policies support documentation of integrated attention to mental health, health, and addiction disorder in a single progress note and in a single client chart or record.

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# Wrap Up

1. Feedback on Review Session experience
2. Quick wins?
3. Team priorities?

## Next Steps:

- Consultant creates Recommendations List
- Follow-up meeting
- QI priorities chosen
- Pursue QI initiatives
- Repeat Review

*We hope you had  
great conversations & learned a lot  
from sharing your ideas with each other  
And feel prepared to improve services  
as a result of this review process*