

*Concurrent Capable Review Service for Programs
using Compass EZ*

Zone A Summary

*“every door is
the right door”*



Helping others achieve concurrent capability

Teams Reviewed 2015-2017

Between 2015 and 2017 eight Addiction and Mental Health teams in Alberta's Zone A went through a Concurrent Capable Review using the Compass EZ fidelity assessment tool.

The following slides show summary of all the review results and zone recommendations



What happens during a review?

1. Manager requests review
2. Review session (2 – 2.5 hours)
 - Facilitate walk through sections
 - Notes and scores (1-5)
3. Clinical Consultant compiles Recommendations List
 - QI opportunities & resources
4. Follow-up meeting within one month
 - Review of QI opportunities
 - 2-3 QI opportunities chosen
 - QI change agents identified
5. Program/team makes planned improvements
6. Repeat review in 12-18 months

The Goal:
*Welcoming,
recovery-oriented &
concurrent capable
services for
individuals and
families in need*

Compass EZ

Using the Likert Scale

- Each item is rated
- There is no “0”
- Scoring by consensus

Likert scale

1 “Not at All” to 5 “Completely”

- Access
- Screening
- Assessment
- Person Centered Planning
- Discharge Planning
- Psychopharmacology
- Programming
- Staff Competencies & Training
- Quality Improvement
- Program Philosophy
- Program Policies
- Collaboration
- Relationships

<Compass EZ Section>

Average Score (1-5)

1-5

*Staff comments
during the review*

- BLACK Areas of strength
- BLUE Areas of opportunity – for QI project consideration

Access

Average Score (1-5)

4.5

*Consider refreshing “playbook”
Welcoming chapter and Principles Of Care
constitute a guideline*

- “no wrong door” access
- Emphasize welcoming and engaging
- Individuals and families with concurrent disorders
- Regardless of active addiction, mental illness symptoms

Screening & Identification

- Guideline states all screened for
 - Medical disorder
 - Basic social needs
 - Immediate risk
 - concurrent addiction & mental health disorders
- Identify and document: Nicotine use, STI, Hep C, HIV, TB
- Protocol for access to primary care (PCN/GP)

*is screening limited to provider doing intake?
No clear protocol to facilitate
primary care access but staff informally assist clients
Focus more on peoples trauma*

Average Score
(1-5)

3.8

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Recovery Oriented Integrated Assessment

Average Score (1-5)

4.6

*Stages of change mostly focus on addiction
We don't use stage of change for each disorder/issue
Take back to care planning in EMR working group*

- Identify period of strength/stability
- Document:
 - addiction and mental illness symptoms
 - Each concurrent issue
 - **Stage of change for each issue**
- Document goals for a hopeful, meaningful, happy life, using persons own words

Program Collaboration and Partnership

Average Score (1-5)

4.2

- Program documentation guideline:
 - Care coordination
 - Collaborative service planning
- Collaborate with internal and external stakeholders
- Addiction Staff consult with mental health staff and vice versa
- Regularly scheduled AMH interagency case conference to address clients with complex needs

need connections with partner programs
We have smart phrase for transfer, nothing else
No regularly scheduled interagency complex case conference

Integrated Person Centred Planning

Service plans:

- Clients hopeful goals
- Recent success and strengths
- List all concurrent issues
- **Stage of change for each issues**
- Achievable steps
- Focus on building skills and supports
- Acknowledge small steps of progress

More detail needed in plans

Its complex to identify stage of change in plans

Stage of change is used more in addictions

Add stage of change to smart phrases in eClinician?

Average Score (1-5)

4.1

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Psychopharmacology

- Procedures, forms, material help clients:
 - Learn about medications
 - Communicate with physicians
 - Take meds as recommended
- Staff and physicians collaborate
- Program guideline :
 - Period of sobriety is not required
 - Access to medication assessment and prescription
 - medication prescribed despite continued use of substances
- Medications with addictive potential are prescribed as needed
- Medications used to treat addiction are prescribed

*no written guideline re
sobriety/substance use and meds
more contact with pharmacist than family doctor
Could improve resources for client
Need to take back to AMH provincial*

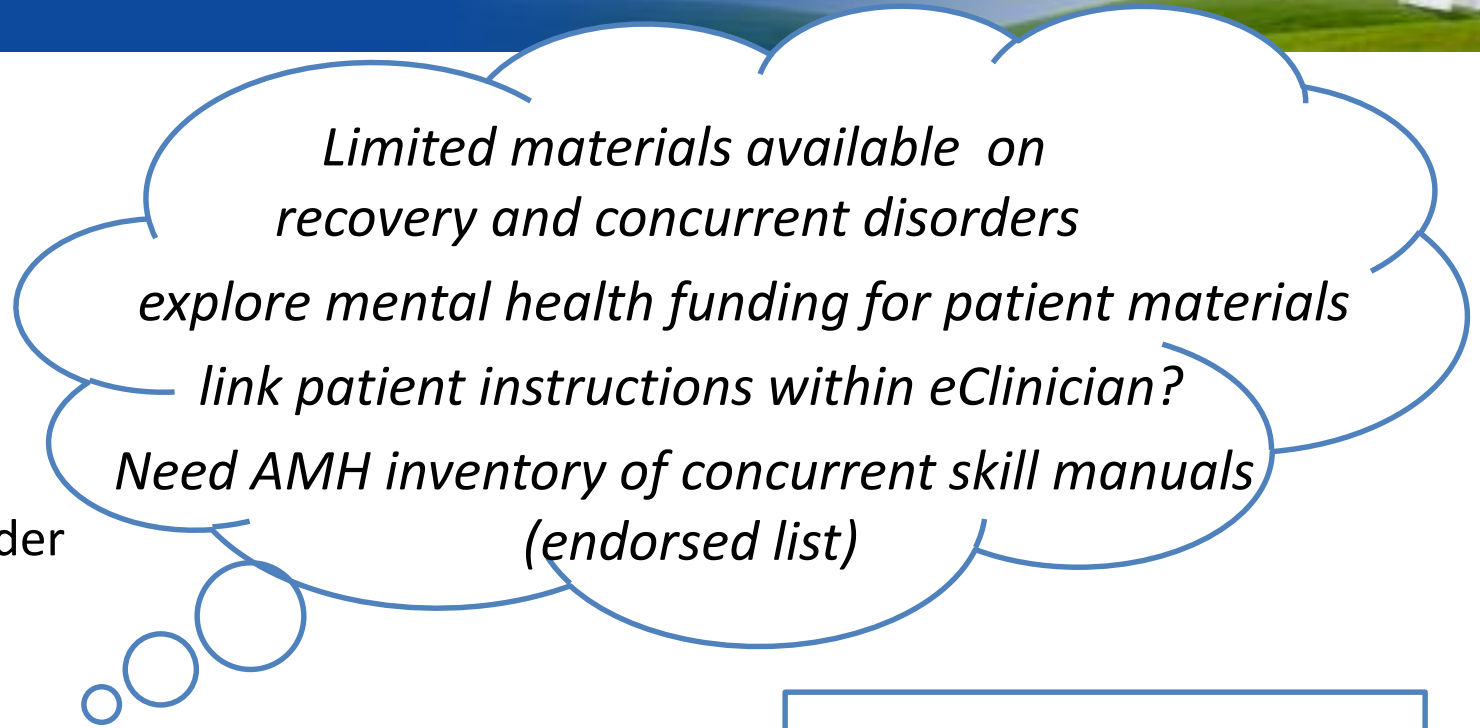
Average Score (1-5)

4.2

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Integrated Treatment Recovery Programming

- Educational Materials available:
 - Concurrent disorders
 - Recovery
 - medications
- Group/Individual therapy
 - Basic education
 - Help with choices re concurrent disorder
 - Matched to stage of change
- Workbooks:
 - Build sobriety skills, manage trauma
- Access to concurrent disorders support:
 - Individual/group
 - peer support



Average Score (1-5)

3.9

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Integrated Treatment – Recovery Relationships

- Service continues despite:
 - Client using substances
 - Client is not taking medications
 - Client is not following treatment plan
- Concurrent disorder is addressed
- Each client has a primary relationship with a clinician who documents service

Average Score (1-5)

4.9

Integrated Treatment - Recovery Program Policies

Average Score (1-5)

4.2

- Service plans:
 - celebrate small success on any issue (social services/justice)
- Program guidelines state service continues despite:
 - Addiction behaviour
 - Mental health symptoms
 - Not following treatment plan
- Support is given to clients when struggling with an issues, i.e. relapsing

*No formal policy that we don't punish for use
but our culture is that we don't*

Principles of Care covers some of this

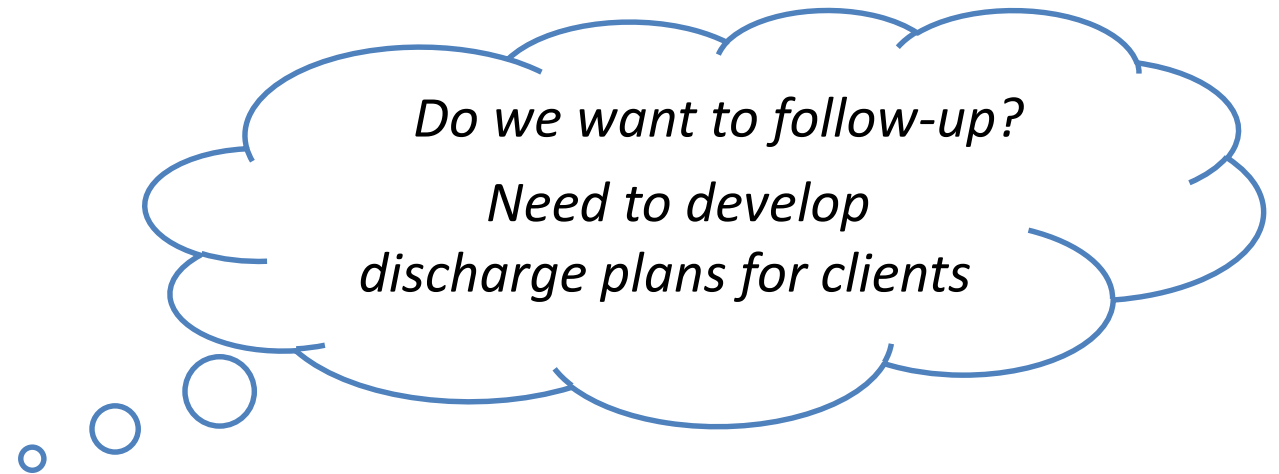
Good practice but not written anywhere

Revamp client agreement?

Integrated Discharge/Transition Planning

Average Score (1-5)

2.8



- Each discharge plan:
 - provides for continuing integrated care with a clinician or team
- Discharge plan guidelines, practices and forms:
 - Identify stage matched continuing care needs for each concurrent issue

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General Staff Competencies and Training

Average Score (1-5)

4.6

- Documentation guideline re concurrent disorders
- Interview tools and job descriptions include:
 - Recovery oriented and concurrent capable competencies
- Written plan for recovery oriented, concurrent capable competency development :
 - Supervision
 - Training activities
- Annual staff reviews include concurrent capable competencies

Written plan for competency development needs work

Specific Staff Competencies

Average Score (1-5)

4.3

Difference in addictions counsellor role
Need hands on training for intellectual disability
Addictions provides services to seniors, families, youth
Could increase competency in seniors care

Staff demonstrate competency with:

- Clients with different language and background
- Clients with intellectual disabilities
- **Families, Seniors,** Children and Youth

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Quality Improvement and Data

Average Score (1-5)

3.1

*Not much input from clients and families
Used to have AIW team, but not ongoing
Client surveys and questionnaires could be done more
We collect some concurrent disorder data
Plan to have more QI meetings*

- Culture of empowered partnership
- Leadership, supervisors, front line staff clients work together
- Vision of recovery-oriented concurrent capable services
- Meets regularly: supervisors, front line staff, and individuals and families
- **Guide, track, progress toward being recovery-oriented and concurrent capable.**
- Information systems collect accurate data on how many concurrent disorder.

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Program Philosophy

- Program environment is welcoming:
 - Engagement of clients and family
 - With addiction and mental illness
- Program brochures:
 - offer hope for recovery
 - welcome clients and family
- Written vision, team charter or goal statement:
 - The goal of becoming welcoming, recovery oriented, and concurrent capable
- Written program descriptions specifically say:
 - Individuals and families with concurrent disorders
 - are welcomed
 - use their strengths to achieve their goals

Revisit team charter and foundational doc's materials for addictions but not mental health

Waiting room issues: crying babies, no privacy, no windows

Need to include concurrent disorders in printed info

More work needed on environment and brochures

Average Score (1-5)

4.3

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Program Policies

- Program confidentiality or release of information policy
- Clinical record keeping policies support integrated documentation

Average Score (1-5)

4.9

Summary of strengths

- All are welcomed and engaged
- Both addiction and mental health is screened and assessed on intake
- Collaboration and consultation with stakeholders and between clinicians
- Service plans include clients goals, all issues and focus on building strengths and skills
- Medications are prescribed for addictions and those continuing to use substances
- Programming includes education, groups, peer support and med teaching

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Summary of strengths

- Recovery oriented relationships celebrate small steps and successes
- Concurrent capable competencies are reflected in HR documents and reviewed with staff annually
- Staff are competent with diverse client populations
- IT systems identify clients with concurrent disorders
- Principles of Care and written materials describes welcoming, recovery oriented care and concurrent capable care
- Integrated documentation of all AMH in EClinician

Zone Recommendations

- ☐ Develop a guideline for helping clients access primary care
- ☐ Determine if STI identification is an necessary part of intake
- ☐ Adopt use of Stage of Change for screening, assessment, service and transition planning and case conferencing
- ☐ Use regular complex case conferences to collaborate with partner ministries like justice, education and social services
- ☐ Collaborate with prescribers re use of medications for addictions, med teaching and advocating for patients
- ☐ Increase availability of AMH and concurrent disorders materials for clients

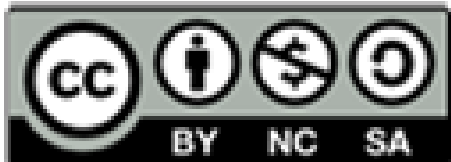
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Zone Recommendations

- ☐ Develop guideline for transition planning and embed in eClinician
- ☐ Develop annual team learning plan for concurrent capable competency development:
 - ☐ Care of Seniors and persons with intellectual disabilities
 - ☐ Family therapy/support (clarify role of MHT and A/C)
- ☐ Develop a written plan for continuous quality improvement (based on Compass EZ recommendations)
- ☐ Update program brochures to include:
 - ☐ Clients will use their strengths and skills
 - ☐ Clients/families with “co-occurring mental health and substance use issues” are welcome

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