

*Concurrent Capable Review Service for Programs  
using Compass EZ*

# Zone B Summary

*“every door is  
the right door”*



*Helping others achieve concurrent capability*



**Alberta Health  
Services**

Addiction and Mental Health

# Teams Reviewed

Between 2015 and 2017 ten Addiction and Mental Health teams in Alberta's Zone B 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 Sections

## 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

**BLACK** =  
Areas of strength

**BLUE** =  
Areas of  
opportunity  
for QI project  
consideration

# <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)

**4.2**



*Staff navigate clients to resources  
Reception is key to client feeling welcome  
and continue to come back  
we have good team work*

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

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# 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)

*intake and screening is not integrated*

*Piloting an integrated screening form*

*Some clients say they got fired from their physician*

*It would be good to have a form letter to refer*

*Some staff say just go to a doctor*

Average Score  
(1-5)

**2.7**

# Recovery Oriented Integrated Assessment

Average Score (1-5)

4

*Do we need to use stage of change language?  
Capturing client/family goals is done informally  
Interested in integrated assessment*

- 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

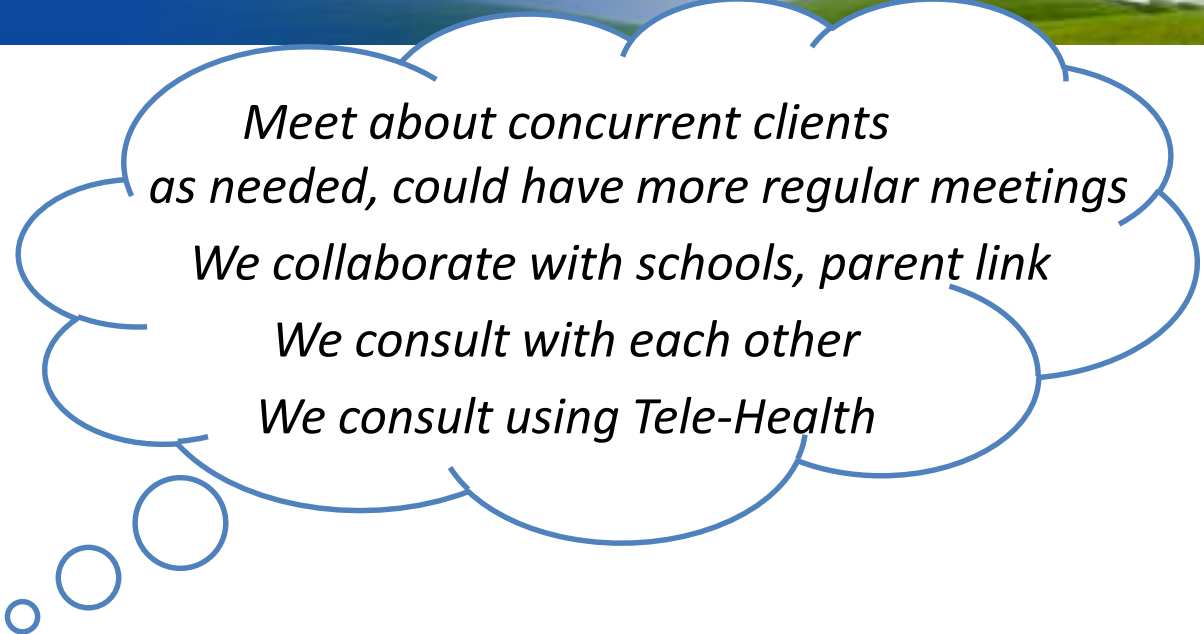


# Program Collaboration and Partnership

Average Score (1-5)

**3.7**

- 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



*Meet about concurrent clients  
as needed, could have more regular meetings  
We collaborate with schools, parent link  
We consult with each other  
We consult using Tele-Health*

# Integrated Person Centred Planning

## Service plans:

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

*Different philosophy between  
addictions and mental health*

*Service plans may be more of a thought vs written*

*Relevant concurrent issue are brought up*

Average Score (1-5)

**3.6**

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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 specific guidelines*

*Very limited role with medication*

*Addictions is left out of process re doctors and meds*

*Dependent on professional designation*

*Staff don't influence prescribers*

Average Score (1-5)

**2.8**

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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

*We are interested in group therapy  
Some groups running like Family Violence  
No ready access to concurrent materials or manuals  
Small rural town, groups are a challenge  
offsite group peer support like NA/AA*

Average Score (1-5)

**2.8**

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# Integrated Treatment – Recovery Relationships

Average Score (1-5)

**4.4**

- 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



# Integrated Treatment - Recovery Program Policies

Average Score (1-5)

4.4

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

*Practices - no formal guidelines*  
*Service plans are not integrated*  
*Individual differences with clinicians*  
*Harm reduction policy*  
*Positive approach*

# Integrated Discharge/Transition Planning

Average Score (1-5)

**2.5**

*Community clinicians do not do discharge planning*  
*Discharge planning is a learning opportunity*  
*Need consistency in discharge planning from treatment centres*  
*Discharge planning exists; Strive to give warm handoff*  
*No stage matching or family involvement*  
*Closure summary used*

- 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)

**3.3**

- 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

*Big need for team training*

*We don't use concurrent capable tools*

*Case conference and supervision  
is competency development plan*

*Concurrent capable competencies  
are evaluated annually*



# Specific Staff Competencies

Average Score (1-5)

**4.3**

*Cultural diversity is a gap  
Not in our mandate to provide family psychoed  
Can do family support no family therapy  
Transitional youth*

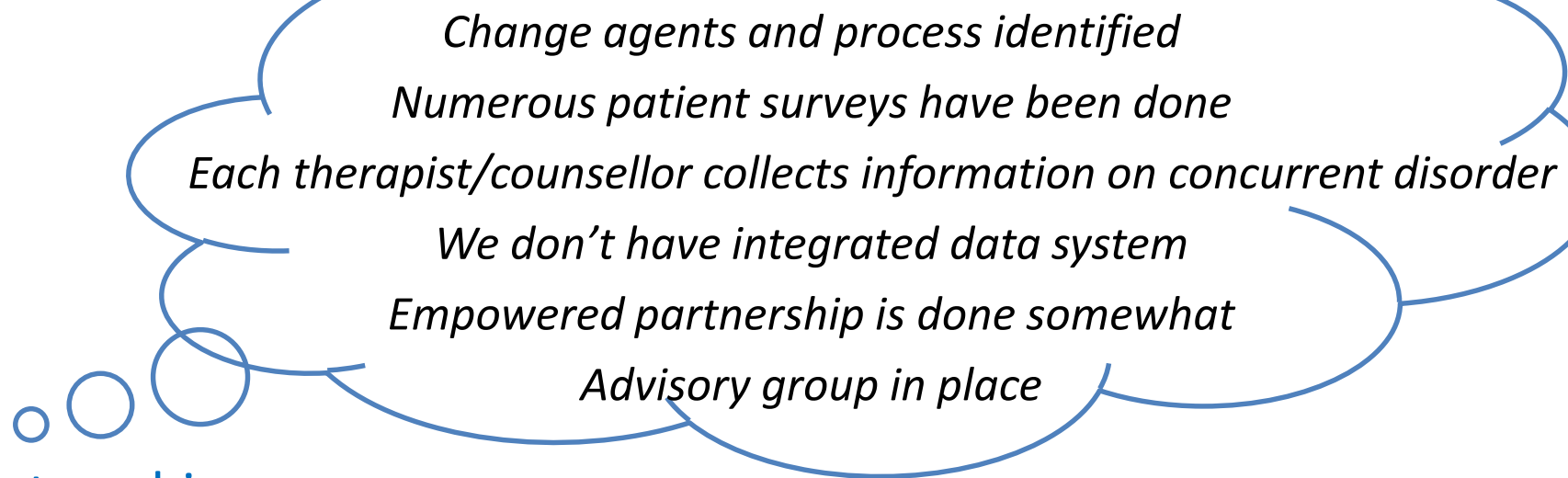
Staff demonstrate competency with:

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

# Quality Improvement and Data

Average Score (1-5)

**1.7**



- 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

*We use an orientation letter*  
*Our posters build on strengths*  
*Addictions has brochures; Mental health has limited brochures*  
*Program description does not include concurrent disorders*  
*No printed info on concurrent disorders*  
*Need a pamphlet for the clinic*  
*Issues re welcoming space*

Average Score (1-5)

**2.7**

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# Program Policies

Average Score (1-5)

**2.5**

*cannot access each others notes*

*Single health record needed to support integrated  
addiction and mental health notes in one file*

*Separate data and charts*

*Need integrated data system*

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

# Summary of strengths

- All are welcomed and engaged
- Both substance use and mental illness symptoms are assessed on intake
- Service plans are developed for each client and concurrent disorder is addressed
- Service continues despite clients stage of change
- A written plan for recovery oriented, concurrent capable competency development
- Annual staff reviews include concurrent capable competencies
- Staff demonstrate competency with diverse client populations
- Collaboration between Addiction staff and mental health staff

# Summary of opportunities

- ☐ Use a standard screen
- ☐ Identify nicotine use, high risk infections
- ☐ Protocol for access to primary care (PCN/GP)
- ☐ Identify stage of change for each concurrent issue: assessment, care planning & discharge
- ☐ Discharge planning
- ☐ Interventions available: group therapy, peer support, medication teaching, educational materials and workbooks
- ☐ Regular interagency complex case conference
- ☐ Principles of care and an advisory group
- ☐ Program guideline
- ☐ Concurrent capable interview tools and job descriptions
- ☐ IT system to support integrated documentation

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# Zone Recommendations



- Adopt or develop a standard screening tool
- Develop process to identify nicotine use and high risk infections



- Develop a process for ensuring each client access to primary care



- Adopt stage of change language for client care
- Develop a process for discharge/transition planning
- Accessible concurrent capable client education, medication teaching and workbooks
- Develop group therapy and peer support service

# Zone Recommendations



- Form an advisory group with community agencies, family, clients, staff, and supervisors



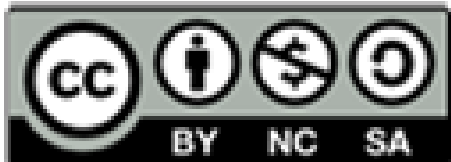
- Develop a principles of care or service charter
- Develop program guidelines ensuring welcoming, recovery oriented, concurrent capable service



- Develop concurrent capable interview tools and job descriptions
- Host a regular interagency complex case conference meeting



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