Using the COMPASS-EZ™

Concurrent Capable Review Service Facilitators Guide

Alberta Health Services

Creating Welcoming Recovery-Oriented Concurrent Capable Services for Adults, Children, Youth and Families with Complex Needs

**The most important purpose of COMPASS-EZ™ is to create a foundation for an improvement process through an empowered conversation that involves as many people working together to build the program and its services as possible.*

Outline of the Concurrent Capable Review Service

The following steps outline the process of the Concurrent Capable Review Service:

1. *Manager requests review session to clinical consultant*
   - Time and date
   - Site address and room number
   - Number of participants
   - Email manager recommended prep resources for staff
2. *Day of Review session (2 - 2.5 hours)*
   - Bring flipchart/stand, participant handouts, voting cards
   - one Compass EZ Session Scorebook
   - Compass EZ Session Sign in Sheet
   - Facilitate walk through of each Compass EZ sections
3. *Clinical Consultant compiles Recommendations List*
   - Scan list of participants to ECC admin for Compass EZ Session post email
   - translates scores and notes into list of quality improvement opportunities and resources
   - CCRS Recommendations Template and CCRS QI Opportunities List
4. *Follow-up meeting with team leads (and staff) within one month*
   - Review of QI opportunities with leader (and staff)
   - 2-3 QI opportunities chosen by leader/team at meeting to after
   - QI change agents identified for each project (optional)
5. *Program/team makes planned improvements using QI process*
6. *Manager/team can repeat review in 12-18 months or as needed*

Considerations before Facilitating a Review Session

Facilitator role: It is important to keep the review session discussion "democratic", in that everyone's opinion and perspective counts equally in the conversation, and contributes to the consensus score. One of the most important outcomes of using the tool is the discussion people have who hold different perspectives. It is quite striking how often people in the same program have very different opinions about what the "policies" really are regarding individuals with concurrent issues.

Specifying the Program

The COMPASS-EZ™ is designed as a survey of a "program". (If leadership is interested to review their systems and operations, offer the Compass EXEC service instead)

A large agency should plan to have each distinct program use the COMPASS-EZ

*A **Distinct Program** has a unique set of services, a distinct administrative unit and would be responsible for its own improvement activities.*

*A **Multi-Team** brings representative teams (not just individuals) from different programs in an agency together to share a common conversation and experience. The distinct teams score themselves differently from one another maintaining unique scoring for each program.*

Choose Participants for the Review Session

10 to 15 participants, depending on the size of the program. The group size may be larger or smaller. Team representative will invite participants from all of the different perspectives in the program: managers, supervisors, front line clinicians, support staff, peer recovery specialists, and when possible, consumers and/or families who are or have been in service.

Preparing the Participants

It may be helpful for group members to read through the COMPASS-EZ™ briefly (without scoring) in order to get ready to talk to each other. Each participant can be sent:

- a copy of Compass EZ participant handout
- *links to Ken Minkoff video*
- *recommendation to review their program brochures, documents, team charters etc.*

Supplies to Bring to Review Session

- ☐ Compass EZ participant handout folders – printed and provided for each participant
- ☐ Colored Scoring Cards 1-5 (reused)
- ☐ Compass EZ Session Scorebook –for one person to track scores and notes
- ☐ Compass EZ flipchart on stand (case & holder)
- ☐ Markers & large sticky note posters – clarify terms and definitions

Getting the Review Session Started

Facilitate Introductions of staff and yourself the instructor: It is extremely helpful for the group to have some background about the process of concurrent capability development before using the COMPASS-EZ™. If the program is committing to make some changes, this should be explained and discussed as well. Compass EZ Prosci Key Messages for Mgrs may help to provide staff with background to why they are participating in a review session.

Identify one writer: who may take notes to capture important parts of the conversation and write down scores. They are given the Compass EZ Session Scorebook. It is important for the program to take notes during the process to keep track of what is learned, and what the program members feel might be inspiring ideas for next steps to make the program better. During the review session, the group will generate ideas about next steps for action or questions to be followed up. These notes can be jotted down in each section of the scorebook. In addition, group members often like to take more detailed notes for their own purposes. This is encouraged, as long as it does not distract from the conversation.

Clarify Definitions of Concurrent Disorders and Concurrent Capable

Concurrent Disorders -Also termed Concurrent issues, Concurrent Conditions, Co-occurring Disorders and Dual Diagnosis. A combination of mental health disorders and either substance use disorders or process addictions

Concurrent Capability -designing every aspect of that program at every level on the assumption that the next person "coming to the door" of the program is likely to have concurrent issues and needs, and they need to be welcomed for care, engaged with empathy and the hope of recovery, and provided what they need in a person-specific and integrated fashion in order to make progress toward having a happy productive life.

This involves looking at all aspects of program design and functioning in order to embed integrated policies, procedures and practices in the operations of the program to make it easier and more routine for each clinician to deliver integrated care successfully.

Define Stakeholders, Primary Healthcare, Care Team, Program, Team, Policy, Family

Care Team: team of people who work collaboratively with you, your family and your care team to ensure you receive the support you need to achieve your goals in your recovery journey -may include family physician, elder, community counselor, probation officer, psychiatrist, addiction worker, mental health clinician, peer support worker, housing support worker, outreach worker, teachers, etc.

Family: refers to persons who you consider as being part of your support system, including immediate relatives, extended family, partners, friends, advocates, cultural supports, guardians, etc.

Definitions adapted from Concurrent Capability Practice Standards for Alberta)

Policy – refer to clp-pdf-document-types

Review Session Structure

To maintain engagement in this rather intense review session it is suggested to add variety by alternating large group, small group and pairs discussion on the sections as follows below

During small group and pairs work, participants are encouraged to experience leadership/facilitation by standing by flipchart and presenting their section/sentence, their agreed score and any rationale.

Discuss as large group (20 min):

- Access
- Screening and Identification
- Recovery-Oriented Integrated Assessment
- Program Collaboration and Partnership

Small groups (20 min) for reflective activity:

- Integrated Person Centered Planning
  - Use reflective questions in Participant Handout
  - 2 small groups - #1&2 + 3&4
- Psychopharmacology
  - 3 small groups – #1&2, 3&4, 5&6

Discuss as Large group (10 min):

- Integrated Treatment/Recovery Programming
- Integrated Treatment/Recovery Relationships

Break into pairs (one sentence each; 15min):

- Integrated Treatment/Recovery Program Policies
- Integrated Discharge/Transition Planning

Large Group Discussion (10 min):

- General Staff Competencies and Training

- Specific Staff Competencies

SMALL GROUP DISCUSSION (3 SECTIONS, 3 GROUPS, 15 MIN):

- Quality Improvement and Data
- Program Philosophy
- Program Policies

Read Each Item Aloud

The facilitator reads or identifies one member of the group to read the first question aloud, and then opens up the discussion about what the group thinks the score should be for the program, using Colored Score Cards 1-5. This process is repeated, taking turns reading each successive question aloud. Use flipchart to guide each section.

Reach Consensus as a Group

Members of the group will have differing opinions about the various items. It is important that the group discuss each item to achieve consensus on score, and to literally poll each member to come to a conclusion on the score. Often, the quietest members of the group will have important contributions to the discussion if their opinion is solicited. Their contribution may even change the consensus score on the item. As with most consensus processes, absolute agreement is necessary. If after adequate discussion, some group members remain in disagreement, simply note the rationale and be aware that often this indicates an important issue that might become an improvement opportunity. It is helpful to remind each other that you do not need to solve the issue during the **COMPASS-EZ™,** just recognize there is one.

"Evidence-Based" Scoring

Just like an accreditation survey, the purpose of the **COMPASS- EZ™** is to score based on "the evidence". **COMPASS-EZ™** does not ask questions like: "How welcoming do we feel?" It asks about the content of welcoming in specific policies, procedures, practices, and documentation. The group should therefore score based on objective content. This does not mean that the group should sit and read the policy manual or do chart reviews, although there are times when programs will actually look things up in the course of the discussion. It is enough to simply discuss what the group members believe the policies and procedures to be. It is important to realize, however, that because many programs are not well organized in their approaches to concurrent individuals, there will be much uncertainty and inconsistency in these perceptions within the group. There will also be inconsistencies between the types of practices the group members feel are provided and what is actually written down. This is an important part of the learning experience. Try not to be too troubled by this...progress, not perfection.

Using the Likert Scale

Each item is rated on a Likert scale from 1 "Not at All" to 5 "Completely". The ratings are easy to interpret. There is no "0". Each program can give itself a 1 just for answering the question. When scoring by consensus, individual group members may be advocating for different numbers on the scale. It is the task of the group to achieve closure by "picking a number". We recommend that the group chooses a whole number whenever possible. If the group gets stuck and cannot choose a whole number, it is acceptable to split the difference and pick 1.5, or 2.5 and so on. Do not try to pick other decimals. It is beyond the purpose of the tool to have the score be that precise. Just do your best to pick a number reflecting your approximation of consensus, and move on to the next item.

Scoring Honestly

One of the challenges of using the **COMPASS-EZ™** is the temptation to try to make your score "look and feel good". This is defeating the purpose of the tool. The goal of the conversation is for the group to have an open and honest discussion of the program's current status of recovery-oriented concurrent capability. In this type of process, the best score is the most accurate score. An honest "1" deserves a round of applause for recognizing an improvement opportunity. A "4" or "5" that is essentially over rating is much less helpful. This is an important part of shifting the system culture to valuing efforts to improve.

Not Applicable Does Not Apply

For treatment programs, with very few exceptions, every item applies to every program. If, for example, your program does not have anyone on staff who writes prescriptions, it is still applicable to have policies and procedures related to helping clients take medication properly and to communicate with their prescribers. These items specify that you may skip them if you meet the criteria spelled out at the end of the question. These criteria are in italics and are clear.

COMPASS-EZ™ Follow Up

Developing a Recommendations List

CCRS QI Opportunities List

CCRS Recommendations Template

The most important next step for the program, based on the learning experience with the **COMPASS-EZ™**, is to find some starting places for making progress. Many programs start by trying to make progress in the area of welcoming individuals and families with concurrent issues. Another common starting place is working on improving screening and identification of concurrent individuals and families, both clinically and in the data system. Other programs choose to work on integrated assessment or stages of change. The goal is to begin an organized quality improvement process by considering a list of recommendations and deciding which are to be actioned on that helps the program to continually improve over time in the direction of recovery-oriented concurrent capability.

Follow-up Meeting with Program team leads and managers

Usually within one month of the review session a follow up meeting is scheduled to review the recommendations list. The ECC Manager is included in the meeting invitation by phone or in person. The consultant walks through each recommendation and then facilitates discussion among the participants. QI opportunities can be chosen at that time or the recommendations can be left with the leaders to reflect on with their team.

Repeating the Process

Programs can use the **COMPASS-EZ™** approximately once a year for several years in order to support regular self-assessment in the quality improvement process. After repeated use, the programs are more likely to demonstrate real progress on many of the items.

The Goal

Have a great conversation, learn from sharing ideas with each other, and feel much better prepared to improve services as a result of this process.