COMPASS-EZ™

Concurrent Capable Review

PARTICIPANT GUIDE

Creating welcoming, recovery-oriented & concurrent capable services

Alberta Health Services

Contents

Welcome!

We are delighted that your program has an opportunity to use COMPASS-EZ™ to help improve services for individuals and families with complex lives.

COMPASS-EZ™ helps programs begin the process of developing recovery and resiliency-oriented co-occurring capability.

COMPASS-EZ™ is designed to help your program develop welcoming services that inspire hope and provide help to people and families with concurrent issues. Individuals and families that have multiple concurrent issues are the expectation in behavioral health settings, and with hope and help, all can make progress toward having healthier, happier, and more meaningful lives.

COMPASS-EZ™ brings together critical knowledge of what we all have learned over the years about what helps individuals and families--knowledge about integrated treatment and services, trauma informed services, person-centered planning, cultural competency, population-specific services, and most fundamentally, empathic relationships that inspire hope and help.

COMPASS-EZ™'s most important purpose 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.

We hope that you find your group conversation an enlightening, creative and enjoyable experience.

Definitions

Concurrent Disorders

- Also termed Concurrent issues, Concurrent Conditions, Co-occurring Disorders and Dual Diagnosis

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.
- 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.

What is COMPASS-EZ™?

COMPASS-EZ™ is designed to help individual programs organize a baseline self-assessment of recovery-oriented concurrent capability as the first step in a continuous quality improvement process in which the program designs an action plan to make progress. It helps programs have a consistent method for measuring progress, and continuing the learning and change process, by repeating the self-assessment at regular intervals.

COMPASS-EZ™ is organized by sections that address aspects of a concurrent capable program's design. These are:

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Screening and Identification

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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...).

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.

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.

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.

Integrated Person Centered Planning

1. The individual and family's hopeful goals, recent successes and strengths are the foundation of the service plans.

Reflective Question: How may we include the family into person centered planning? How may we include their hopeful goals, recent successes and strengths into the service plan?

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.

Reflective Question: What would your documentation look like if it included identified stages of change, stage matched interventions, and achievable steps for each concurrent issue? What are some benefits to documenting in this fashion?

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.

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.

Reflective Question: What are some strategies that may improve communication between staff and mental health prescribers? How may we advocate for the individuals we see?

Integrated Treatment/Recovery Programming

1. Educational materials about concurrent disorders and recovery are routinely provided to persons and families.

2. All persons 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.)*

> *Reflective Question: Is it possible to start concurrent groups in your setting? What would you need in order to start a group within your program?*

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.

Integrated Treatment/Recovery Relationships

1. Each person has a primary relationship with an individual clinician or team of clinicians that integrates attention to concurrent disorders inside the relationship.

2. The primary clinician or team continues working with the individual and family, on each issue 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.

> *Reflective Question: What may be some ways to work with individuals around their challenges while they may be still using substances or having difficulty following aspects of the treatment plan?*

3. Each clinical staff person on the team directly provides and documents the delivery of integrated services.

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.

Reflective Question: What are some ways to provide support or care for individuals who may be challenged with acute mental health or addiction? How about individuals in the pre-contemplative stage?

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.

Reflective Question: Think of some ways that individuals may be rewarded for asking for help. Name two ways that you can reward individuals, starting today.

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".

Reflective Question: How important is language when engaging with individuals? What meta-messages may be provided when using these terms? What may be alternate strategies in engaging individuals who may be experiencing challenges around expression, emotion, substance use, or treatment?

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.

Integrated Discharge/Transition Planning

1. Discharge plan guidelines, practices and forms address specific stage matched continuing care requirements for each concurrent issue.

> *Reflective Question: What is your current practice around discharges? How do you document continuing care requirements currently? What are benefits to documenting specific stage matched requirement for each concurrent issue? Does discharge processes include families?*

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.

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.

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.)

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.

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.

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.