COMPASS-EXEC™

A Self-assessment Tool for Executive Leadership and Administrative Teams of Large Systems

Creating Complexity-capable Systems of Care for Individuals and their Families

Version 1.0

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Date Completed: _____

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COMPASS-EXEC™ Users Guide

Welcome! We are delighted that your Executive Team has an opportunity to use **COMPASS-EXEC™** to help improve services for individuals and families with complex lives.

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

The COMPASS-EXEC™ is created for executives, administrators and core implementation staff working toward implementing Comprehensive Continuous Integrated Systems of Care (CCISC) at the system level in States, Counties, Networks, etc…. The focus of the tool is on administrative policies, procedures and practices that support the implementation of integrated systems and services.

CCISC (Comprehensive Continuous Integrated System of Care) (Minkoff and Cline, 2004[1], 2005[2]) is both a framework and a process for designing a whole system of care to be about the complex needs of the individuals and families being served. In CCISC, **all programs in the system engage in partnership with other programs, along with the leadership of the system, and consumer and family stakeholders, to become welcoming, person-centered and co-occurring capable.** In addition, every person delivering and supporting care is engaged in a process to become welcoming, person-centered, and co-occurring competent as well.

Implementation of CCISC in real world systems with limited resources is based on significant advances in knowledge in the last two decades. We now have enough knowledge to know how to successfully embed practices in any program in order to be helpful to individuals and families with complex needs. Such practices are organized by **Eight Core CCISC Principles** (See Minkoff and Cline, 2004[1], 2005[2]), and placed in an integrated framework to create a common language throughout the whole system. Such practices involve welcoming access, integrated screening and assessment, empathic hopeful integrated relationships, stage matched and developmentally matched interventions, strength-based skill-based learning, and using positive reinforcements and rewards to support learning and progress a day at a time. CCISC implementation helps all programs in the system, through the use of **COMPASS-EXEC™** (and other companion COMPASS™ tools) to learn how to apply the CCISC principles to build co-occurring capability into all areas of services and programming.

Definitions

Complexity Capability: In service and support settings, individuals and families with multiple co-occurring needs are an expectation, not an exception. Individuals and their families frequently have medical issues, legal issues, transportation issues, housing issues, parenting issues, educational issues, vocational issues, learning and cognitive issues, in addition to mental health, trauma and substance use issues. In addition, these individuals and families are culturally and linguistically diverse. In short, these are people and families who are characterized by "**complexity**". People with complex lives tend to have poorer outcomes, in spite of higher costs of care. However, instead of systems being designed to clearly welcome and prioritize these complex individuals and families with high risk and poor outcomes, individuals and families with complexity have historically been experienced as "misfits" at every level. This realization has become a major driver for comprehensive system change. In order for systems with scarce resources to successfully address the needs of the individuals and families with complex co-occurring issues who are an "expectation", it is not adequate to fund a few "special programs" to work around fundamentally mis-designed approaches and structures. We

need to engage in a process of organizing everything we do at every level with every scarce resource we have to be about all the complex needs of the people and families seeking help. By doing a self-assessment of its own capability to routinely address complexity in an integrated manner, each program can begin an organized process to become a welcoming "Complexity Capable" program. Some systems implementing CCISC have begun to use this terminology to reflect this broader and more inclusive perspective. Although **COMPASS-EXEC™** primarily uses the terminology Co-occurring Capability, we anticipate that over time this term may well be replaced with Complexity Capability.

COMPASS-EXEC™ is organized by sections. These are:

1. Setting the Direction and Creating the Partnership Framework
2. Organizing the Process
3. Departmental Staff Engagement and Competency Development
4. Implementation— Continuous Quality Improvement Philosophy, Structure and Function
5. Implementation— Targeting Initial Outcomes
6. Implementation— Policy Framework for Funding and Billing Practices
7. Implementation— Regulations, Standards and Contracts
8. Implementation—Project Management
9. Implementation—Development of Clinical Practice
10.Implementation--Co-occurring Competency Development
11. Interagency Collaboration
12. Subsystem Partnerships
13. System Transformation Outcomes and Evaluation
14. Continuation and Sustainability

What is the Process for Using the COMPASS-EXEC™?

1. **Self-Survey:**
2. **Small Group Discussion:**
3. **Preparing the Group**
4. **Structuring the Discussion**
5. **Planning the Time:**

How do We Score the COMPASS-EXEC™?

1. **Read Each Item Aloud:**
2. **Reach Consensus as a Group:**
3. **Follow "Evidence-Based" Scoring:** Just like an accreditation survey, the purpose of the **COMPASS-EXEC™** is to score based on "the evidence". **COMPASS-EXEC™** 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 co-occurring capability, there will be much uncertainty and inconsistency in these perceptions within the group. There will also be inconsistency 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.

4. **Use 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.

5. **Score Honestly:**
6. **Focus on All People, not just currently designated priority popolations:**
7. **Consider Diverse Issues:**
8. **Do Not Over Use Not Applicable:**

9. **Take Notes:** During the discussion, the group will generate ideas about next steps for action or questions to be followed up. It is best to take notes in the box at the end of each section. 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.

10. **Summarize Section Scores:** After completing the **COMPASS-EXEC™**, it is helpful to summarize scoring in each of the sections. There is a score sheet in the back of the tool for this purpose. Each section will have a Total Section Score and an Average Item Score for the Section. There is also a place to record the Total **COMPASS-EXEC™** Score. Scoring prompts are written at the bottom of each section to help with filling out the **COMPASS-EXEC™** Score Sheet.

11. **Do Not Over Emphasize the Score, Learn from the Experience:** Don't forget. The most important part of the **COMPASS-EXEC™** process is the collective learning experience as a team, not the score.

What Do We Do after We Complete the COMPASS-EXEC™?

1. **Develop an Action Plan:**
2. **Use the "Serenity Prayer of System Change":**
3. **Be Thoughtful about Sharing the Scores**
4. **Plan to Repeat the Process**
5. **Remember, Progress, Not Perfection is Key:**

WE HOPE YOU ALL HAVE A GREAT CONVERSATION, LEARN MUCH FROM SHARING YOUR IDEAS WITH EACH OTHER, AND FEEL MUCH BETTER PREPARED TO IMPROVE SERVICES AS A RESULT OF USING THE COMPASS-EXEC™.

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[1]Minkoff K & Cline CA, Changing the world: the design and implementation of comprehensive continuous integrated systems of care for individuals with co-occurring disorders. Psychiat Clin N Am (2004), 27: 727-743.

[2]Minkoff K & Cline CA, Developing welcoming systems for individuals with co-occurring disorders: the role of the Comprehensive Continuous Integrated System of Care model. Journal of Dual Diagnosis (2005), 1:63-89.

[3]Minkoff K &. Cline CA, Dual diagnosis capability: moving from concept to implementation. Journal of Dual Diagnosis (2006), 2(2):121-134.

Section 1: Setting the Direction and Creating Partnership Framework

1. The system operates under a written vision, mission or goal statement that communicates to all staff and stakeholders the universal goal of all of subsystems and clinical and prevention programs becoming welcoming, recovery/resiliency oriented and co-occurring capable.

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

2. System leadership communicates directly and repeatedly to all stakeholders (internal system staff, providers, consumers and families) the intent to work in an integrated partnership with all stakeholders to achieve the vision of universal recovery oriented co-occurring capability within existing resources.

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

3. System leadership has communicated to all stakeholders in a formal kick-off or roll-out event that the system is beginning the implementation of a process to achieve universal co-occurring capability.

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

4. The system has provided a series of introductory training events in order to engage as many clinicians and managers as possible in understanding the vision of universal co-occurring capability

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

5. System leadership has worked with stakeholders to articulate a formal policy that states that all individuals with co-occurring conditions will be welcomed for care at any door.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 2: Organizing the Process

1. The system has identified, and empowered, an integrated internal implementation team, representing all components of the system (e.g., adult/child, mental health/substance abuse) to be responsible for organizing the process of universal co-occurring capability development.

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

2. The system has formed a representative Steering Committee with input from all components of the system (internal system leadership, mental health and substance abuse providers, adult and child providers, prevention providers, consumers, family advocates, change agents, etc.) to work in partnership with leadership to help guide the process of recovery oriented integrated system development.

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

3. System leadership has developed a consensus or charter document, in partnership with stakeholders, that defines the respective activities of system leadership, subsystems, and providers in making progress toward recovery oriented co-occurring capability.

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

4. The internal implementation team meets regularly, communicates regular project updates to all system stakeholders, and has routine access to leadership for assistance with project management.

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

5. The Steering Committee meets regularly, disseminates minutes to key stakeholders, and communicates recommendations to system leadership for implementation.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 3: Departmental Staff Engagement and Competency Development

1. All central administration staff members have received introductory training on universal co-occurring capability.

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

2. System leadership has directed each division head or project lead to incorporate the development of recovery oriented co-occurring capability into their own activities, and to participate in the process.

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

1. Each division or unit of central administration has a defined role in supporting the process of co-occurring capability development within its own activities, and partnering with other units to provide consistent messaging to subsystems and stakeholders..

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

2. Central administration staff members have been directed and guided to incorporate recovery oriented co-occurring capability development in their own work and their own projects.

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

3. Central administration staff who provide program monitoring, support, and oversight are able to provide technical assistance on co-occurring capability development to the programs they work with.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 4: Implementation— Continuous Quality Improvement Philosophy, Structure and Function

1. System leadership uses the framework and culture of continuous quality improvement at all levels of the system to organize the change process at the system level, the subsystem level, and the provider level, in order to have every aspect of the system be designed to better meet the complex needs and inspire the hopes and dreams of individuals and families with co-occurring conditions.

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

2. System leadership continually reinforces that the system <u>will</u> be moving toward universal co-occurring capability, and that the movement will occur in a quality improvement partnership with all stakeholders, including clinicians, consumers, and families

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

3. The implementation process emphasizes that each division, each subsystem, and each agency/program organizes its own quality improvement process and QI team in order to make measurable progress toward recovery oriented co-occurring capability.

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

4. System leadership formally promotes and supports the development of learning communities and change agent teams (representing mental health and substance abuse clinicians and consumers from each program) system wide, and in each subsystem....

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

5. Change agent team representatives formally represent the voice of front line clinicians and consumers in the Steering Committee and other implementation activities.

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

<u>Total Section Score</u>: _____
(Sum of All Items Answered)
<u>Average Item Score for the Section</u> : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 5: Implementation— Targeting Initial Outcomes

1. Each provider agency and program is welcomed into the process, and provided with core objectives for attaining co-occurring capability that can be achieved within existing resources.

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

2. All system partners commit to the initial objective of improving the ability to welcome and engage individuals and families with co-occurring issues at every door, and to demonstrating progress in welcoming..

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

3. System leadership has provided guidance to all programs regarding the use of the COMPASS-EZ for program self-assessment of co-occurring capability, and encourages all programs to report their learning experiences and improvement plans, beginning with welcoming, screening and identification of the population.

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

4. System leadership has begun the process of improving screening and identification of co-occurring individuals and families by collecting baseline information from each provider on co-occurring prevalence in their data system, and then tracking improvement efforts over time.

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

5. System leadership has provided guidance to all programs on the development of universal recovery oriented co-occurring competency for clinicians, and on how to use the CODECAT-EZ as a clinician and supervisor competency self-assessment tool.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 6: Implementation— Policy Framework for Administrative and Billing Practice

1. The system has provided policy guidance on how to bill for integrated services within EACH funding stream, including Medicaid, general fund, grants, etc.

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

2. The system has provided policy guidance on how to appropriatelydocument integrated services in the clinical record.

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

3. The system has provided policy guidance on how to perform universal integrated screening within existing resources, and how to document positive screening results in the data system and in the clinical record.

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

4. The system has provided policy guidance on how to create release of information protocols that meet 42CFR requirements and HIPAA, and facilitate release of integrated information between mental health, substance abuse, and medical providers.

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

5. The system has provided policy guidance on how to bill for – and easily document - mental health consultation services provided on site at a substance program, and vice versa.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 7: Implementation— Regulations, Standards and Contracts

1. The system has reviewed current program standards and regulations, incorporated language that indicates that all programs are moving toward co-occurring capability, and inserted appropriate developmental co-occurring capability language in regulations/standards on welcoming, access, screening, assessment, recovery planning, programming, and staff competencies..

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

2. System direct operated service policies, intermediary contracts (e.g., MCOs) and provider contracts include language that defines achievable expectations for progress in all programs toward welcoming, recovery oriented, co-occurring capability.

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

3. Program contracts and standards emphasize that movement toward co-occurring capability is a developmental quality improvement process, and the system will work in partnership with providers to offer technical assistance to providers that are having a hard time making progress.

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

4. Program expectations of co-occurring capability achievement in regulation, contracts, or standards are regularly updated, working with the Steering Committee, to reflect program's continuing progress.

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

5. All programs are able to demonstrate welcoming policies and practices for individuals or families with co-occurring disorders during program review.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 8: Implementation—Project Management

1. The project manager or internal implementation team collects information on all programs (through intermediary organizations) regarding participation in the process, progress, and need for assistance

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

2. The system organizes the provision of consultation to system leadership and central administration staff, and technical assistance to all participating subsystems and programs.

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

3. System leadership, in partnership with the Steering Committee, and the internal implementation team communicates regularly to all stakeholders on steps of progress across all programs in the system.

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

4. The Change agent team(s) are provided with continuing support and training to bring new clinical practice and co-occurring capability development information to their programs, as well as to provide input to leadership on how to support the process of change.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 9: Implementation— Development of Clinical Practice

1. The system has provided policy guidance on integrated recovery oriented strength based stage matched assessment, and on how to document that assessment process in each program, and has a framework for monitoring progress in routine oversight functions….

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

2. The system has provided policy guidance on integrated stage matched recovery planning for all programs, and has a framework for monitoring progress in routine oversight functions…

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

3. The system has provided policy guidance on welcoming and elimination of barriers to access based on co-occurring conditions (alcohol level, length of sobriety, type of medication, etc.) in either mental health or substance abuse treatment settings, and has a framework for monitoring progress in routine oversight functions

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

4. The system has engaged medical leadership, physicians, and other prescribers in the change process, and in the development of psychopharmacology guidelines for welcoming, integrated treatment of individuals with co-occurring conditions..

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

5. The system has involved clinical and medical leadership in critical incident or death reviews as an opportunity to develop co-occurring capability improvement opportunities related to high risk situations involving complex clients and families..

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 10: Implementation: Co-occurring Competency Development

1. The system has developed a clear policy statement with the expectation that all clinical staff should be working toward becoming welcoming, recovery-oriented, and co-occurring competent.

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

2. The system has developed and disseminated guidance documents for basic core competencies and scopes of practice for entry level and singly licensed clinicians.

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

3. The system has identified improvement targets for all provider agencies and programs that include a competency development plan for all staff that is part of the agency/program co-occurring capability improvement plan.

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

4. The system has facilitated the ability of change agents and learning communities to work on practice improvement activities at the program and local subsystem level.

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

5. The system has developed access to co-occurring principles and interventions training modules for supervisors and front line clinicians to use in the process of clinical practice development in their programs.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 11: Interagency Collaboration

1. System behavioral health leadership has partnered with other system agencies (criminal justice, child welfare, Medicaid) in the integrated system development process.

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

2. Each participating program has been provided guidelines or expectations for developing collaborative partnerships with programs of the "other" type in its local community.

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

3. System leadership creates a structure and expectation for mental health and substance abuse providers in each community to be meeting regularly for collaboration and mutual support on co-occurring capability development.

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

4. System leadership creates a structure and expectation that each local community as both an adult table and a children's table where mental health, substance abuse, and other providers come together to share responsibility for individual or family cases that are at high risk.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 12: Subsystem Partnerships

1. System leadership ensures that each organized subsystem has an opportunity to be a full partner in the process. This can include population subsystems (adult, child, older adult, transitional youth, Hispanic, Asian, etc.) or geographic subsystems (counties, districts, regions, cities)

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

2. Each organizes subsystem has its own leadership team, implementation team, and implementation plan, as well as mechanisms to engage providers and change agents that are specifically connected to that subsystem.

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

3. All managed care and funding intermediaries (e.g. counties or towns) have contract language and incentives to support the quality improvement process for all providers toward developing welcoming, recovery oriented, co-occurring capability.

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

4. The system has created a process to organize all adult and child mental health and substance use programs that provide urgent or emergent services at the front door into an integrated access system that welcomes and engages complex individuals and families in crisis., and stays with them long enough to get connected to appropriate integrated continuing care..

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

5. The system encourages mental health and substance abuse provider program partnerships to work collaboratively to improve the ability of each program to provide more integrated services on site with the help and support of the other program

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 13: System Change Outcomes and Evaluation

1. The system has used the CO-FIT 100 as a baseline tool for CCISC implementation, and is organized to use the tool regularly to monitor system level progress.

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

2. The system has developed, in partnership with providers, (using the COCAP or another tool) formal measures of progress toward achieving co-occurring capability for all programs, and monitoring program outcomes.

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

3. The system has mechanisms for monitoring and measuring progress in integrated screening, assessment, stage matching, recovery planning, programming, and progress note documentation through routine chart reviews.

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

4. The system measures and monitors improvement in client satisfaction with welcoming, access, integration, and continuity for individuals with co-occurring conditions.

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

5. The system has measures of welcoming, access, and retention in care for co-occurring clients.

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

6. The system can demonstrate progress in co-occurring capability through External Quality Review and independent evaluation findings.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

Section 14: Continuation and Sustainability

1. System leadership has built the process of project management, internal implementation, Steering Committee meetings, and subsystem implementation into "business as usual" in the system.

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

2. System leadership has identified places in the system architecture (policy documents, standards, contract monitoring tools) that can anchor the continuing process of co-occurring capability development in place over time.

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

Total Section Score: _____
(Sum of All Items Answered)
Average Item Score for the Section : _____
(Total Section Score Divided by the Number of Items Answered in the Section)

Action Plan Notes:

COMPASS--EXEC™ SCORE SHEET Sections:	Total Section Score	Average Item Score for Section
1. Setting the Direction and Creating the Partnership Framework		
2. Organizing the Process		
3. Departmental Staff Engagement and Competency Development		
4. Implementation— Continuous Quality Improvement Philosophy, Structure and Function		
5. Implementation— Targeting Initial Outcomes		
6. Implementation— Policy Framework for Funding and Billing Practices		
7. Implementation— Regulations, Standards and Contracts		
8. Implementation—Project Management		
9. Implementation—Development of Clinical Practice		
10.Implementation--Co-occurring Competency Development		
11. Interagency Collaboration		
12. Subsystem Partnerships		
13. System Transformation Outcomes and Evaluation		
14. Continuation and Sustainability		
Total COMPASS-EXEC™ Score:		