COMPASS-EZ™ 2.0

Creating Welcoming, Recovery-oriented, Complexity (Co-occurring) Capable Services for Adults, Children, Youth, and Families with Behavioral Health, Health, and Human Services Needs

A SELF-ASSESSMENT TOOL FOR BEHAVIORAL HEALTH PROGRAMS

The COMPASS-EZ™ is designed to help individual programs organize a baseline self-assessment of recovery-oriented complexity (co-occurring) capability as the first step in a continuous quality improvement process in which the program designs an action plan to make progress. It is designed to help programs have a consistent method for measuring progress and continue the learning and change process by repeating the self-assessment at regular intervals. Most broadly, the COMPASS-EZ™ is designed to be used universally by systems in transformation. All programs in the system can work in partnership, with each program using a shared process to make progress toward the collective vision of recovery-oriented complexity (co-occurring) capability across the whole system.

Agency Name:_____

Program/Team Name: _____

COMPASS-EZ™ Participants: _____

_____

_____

Date Completed:_____

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COMPASS-EZ™ USERS' GUIDE

Welcome!

We are delighted that your program has an opportunity to use the COMPASS-EZ™ to help improve services for individuals and families with complex lives. COMPASS-EZ™ is designed to help your program develop welcoming services that inspire hope and provide help to people and families with complex (co-occurring) issues. Individuals and families that have multiple complex (co-occurring) 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™ helps programs begin the process of developing recovery- and resiliency-oriented complexity (co-occurring) capability. It 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.

The most important purpose of the COMPASS-EZ™ is to create a foundation for an improvement process through an empowered conversation that involves as many people as possible working together to build the program and its services. We hope that you find your group conversation to be enlightening, creative, and enjoyable.

Who Should Use the COMPASS-EZ™?

- Mental health settings, including inpatient, outpatient, and other levels of care
- Adult and older adult services
- Child and adolescent services
- Supportive services, such as homeless shelters, correctional settings, child welfare settings
- Addiction settings, including residential, outpatient, and other levels of care
- COMPASS-EZ™ is informative for other service settings, such as primary care programs. (Note: The companion tool, COMPASS-PH/BH™, is a tool developed specifically for primary health-behavioral health integration.)

Outcomes

The COMPASS-EZ™ helps programs, agencies and systems:

- Communicate a common language and understanding of recovery-oriented complexity (co-occurring) capable services for individuals and families with complex needs.
- Understand the program baseline of recovery-oriented complexity (co-occurring) capability so that there is an organized and rational foundation for a change process toward this vision.
- Provide a common tool and shared process that can be used in any system for an array of diverse programs working collectively on complexity (co-occurring) capability development.
- Create a continuous quality improvement framework regarding complexity (co-occurring) capability development for *all* types of programs in any system of care that serves individuals and families with complex lives.

Companion Tools

ZiaPartners has developed a comprehensive toolkit for system transformation, which includes tools for assessment of systems, agencies/programs, and clinician competencies, as well as clinical practice tools. The COMPASS-EZ™ is one of the tools in that toolkit. See the last page of this booklet for a complete list.

Helpful Definitions

CCISC

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 meet 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, recovery-oriented, and complexity (co-occurring) capable.** In addition, every person delivering and supporting care is engaged in a process to become welcoming, recovery-oriented, and complexity (co-occurring) competent as well.

Implementation of CCISC in real-world systems with limited resources is based on significant advances in clinical knowledge in the last several 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 recovery 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 interventions, strength-based skill-based learning, and use of positive contingencies to reward progress a day at a time. Through the use of COMPASS-EZ™, CCISC implementation helps all programs in the system learn how to apply CCISC principles to build recovery-oriented complexity (co-occurring) capability into all areas of practice and programming.

Complexity Capability

In the past decade, CCISC has evolved to address more than just mental health and substance use issues. COMPASS-EZ™ has similarly evolved. In real-world behavioral health and health systems, individuals and families with multiple complex (co-occurring) needs are an expectation, not an exception. Individuals and families not only have substance use and mental health issues, they frequently have medical, legal, trauma, housing, parenting, educational, vocational and cognitive/learning issues. In addition, these individuals and families are culturally and linguistically diverse. These are people and families who are characterized by complexity, and they tend to have poorer outcomes and 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 individuals and families with complex (co-occurring) issues who are the expectation, it is not adequate to fund a few special programs to work around a fundamentally misdesigned system. 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 recovery-oriented complexity-capable program.

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.

Co-occurring Capability

For any type of program, within the mission and resources of that program, recovery-oriented co-occurring capability involves 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 co-occurring 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. Recovery-oriented co-occurring capability necessitates that all care is welcoming and person-centered. This dynamic approach to service and care is attuned to people and families with diverse goals, strengths, histories and cultures. Co-occurring capability 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 successfully deliver integrated care.

Organization of the COMPASS-EZ™

Each section of the COMPASS-EZ™ addresses an aspect of a complexity (co-occurring) capable program's design:

- Program Philosophy
- Program Policies
- Quality Improvement and Data
- Access
- Screening and Identification
- Recovery-oriented Integrated Assessment
- Integrated Person-centered Planning
- Integrated Treatment/Recovery Programming
- Integrated Treatment/Recovery Relationships
- Integrated Treatment/Recovery Program Policies
- Psychopharmacology
- Integrated Discharge/Transition Planning
- Program Collaboration and Partnership
- General Staff Competencies and Training
- Specific Staff Competencies

WHAT IS THE BEST WAY TO USE THE COMPASS-EZ™?

Self-Survey

COMPASS-EZ™ is used primarily as a program self-survey. The goal is for participants in the process to discuss the items on the tool and be empowered to examine diverse perceptions about the program policies, procedures, and practices in order to identify the program baseline and opportunities for improvement. COMPASS-EZ™ is designed to help programs develop and take ownership of the continuous quality improvement process. Note: For systems that wish to develop indicators of complexity (co-occurring) capability that can be used in program oversight, ZiaPartners has designed a tool/process call COCAP™ to help systems partner to select indicators that developmentally fit the programs in the system. This approach to "auditing" supports transformational partnering and sustains change. COCAP™ should be used only after the programs in the system have used the COMPASS-EZ™ over a period of time, usually at least a year.

Small Group Discussion

The COMPASS-EZ™ is designed to be used in a small group discussion format that includes representation from all of the different perspectives in the program: managers, supervisors, frontline clinicians, support staff, peer recovery specialists, and, when possible, representative consumers and/or families who are or have been in service. A typical group may have 10-15 participants, depending on the size of the program. Your group size may be larger or smaller.

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 complex (co-occurring) issues. This opportunity for a deep and rich discussion engages COMPASS-EZ™ participants in learning about complexity (co-occurring) capability, often gets people excited about the opportunity to make real change, and jump-starts the process of improvement.

The most common mistake that programs make is to have the tool completed by a single manager, or to have people complete the tool on their own, without a discussion, and then average the scores. Proceeding this way is a missed opportunity to get the most value out of using the COMPASS-EZ™.

Preparing the Group

It is extremely helpful for the group to have some background about the process of complexity (co-occurring) capability development before using the COMPASS-EZ™. If this is part of a larger system effort, this should be explained. If the agency or program is committing to make some changes, this should be explained and discussed as well. It may be helpful for group members to review some material about CCISC ahead of time, and to read through the COMPASS-EZ™ briefly (without answering the questions) in order to get ready to talk to each other.

Structuring the Discussion

It is not necessary to have a facilitator for the COMPASS-EZ™. Most programs organize themselves to have the conversation quite well. One person (usually not the program manager) can be identified as a timekeeper to remind the group to come to closure on the items and to stay on track. The same or different person may take notes to capture important parts of the conversation and write down scores. It is important to keep the discussion "democratic," in that everyone's opinion and perspective counts equally in the conversation and contributes to the consensus score.

Planning the Time

Completing the COMPASS-EZ™ takes about two hours. It is ideal if the whole tool is done in a single session, but this is not always possible. Many programs take a small amount of time (like 30 minutes) in a regular weekly meeting with a consistent group and go through a few sections at each sitting. This way the process has continuity and is less disruptive of normal work activities. Because discussions on some items can get pretty far-ranging, while other items go quickly, it helps to have a timekeeper to bring everyone to closure in order to stay on schedule. Going too fast or too slowly through the process may indicate that the group needs a little more framework built for the discussion to work well.

Specifying the Program

COMPASS-EZ™ is designed as a survey of a "program." In very small agencies, it is often easy to determine what the program is—it's the whole agency, and everybody gets involved in the COMPASS-EZ™! In larger agencies, this may sometimes be harder to figure out. Here are some guidelines:

- A large agency should plan to have each distinct program use COMPASS-EZ™ to perform its own self-survey.
- A distinct program has a unique set of services, and/or is a distinct administrative unit that would be responsible for its own improvement activities. For example, in a large mental health center, the Assertive Community Treatment Team would use the COMPASS-EZ™ as a separate program, distinct from the Outpatient Counseling Center, Targeted Case Management Team, or the School-based Team. Similarly, in a large substance abuse treatment agency, the Women's Residential Unit would complete the COMPASS-EZ™ separately from the Men's Program, the Partial Hospital Program, or the Outpatient Counseling Program.
- It is possible and sometimes helpful to bring representative teams (not just individuals) from different programs in an agency together to share a common conversation and experience. In this instance, the distinct programs might score themselves differently from one another on various items, maintaining a unique scoring for each program.

Learning from the Experience

The most important outcome of using the COMPASS-EZ™ is the collective learning experience for the program and translating that learning into an improvement approach. The scoring is not the main point. It is simply a method for focusing conversation in order to facilitate constructive discussion. Therefore, it is important for someone to take notes during the process to track what is learned and what the program members feel might be inspiring ideas for next steps to make the program better. These notes can be jotted down in the "Action Plan Notes" in each section.

HOW DO WE SCORE THE COMPASS-EZ™?

Read Each Item Aloud

The best way for the COMPASS-EZ™ to be scored is for each member in the group discussion to have his or her own copy of the tool, and to have reviewed it briefly ahead of time, without answering the questions. The timekeeper identifies one member of the group to read the first question aloud, then opens up the discussion about what the group thinks the score should be for the program, based on a Likert scale of 1 to 5. This process is repeated with each successive question, with participants taking turns reading a question aloud.

Reach Consensus as a Group

Members of the group will have differing opinions about various items. It is important that the group discuss each item to achieve consensus, and to literally poll each member to come to a conclusion on the score. In fact, one of the most important reasons for specifying a score is to reinforce the importance of continuing the discussion until consensus is reached. 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 not 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 that 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 are the policies and procedures. It is important to realize, however, that, because many programs are not well organized in their approaches to complex needs, 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.

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 zero. Each program can give itself a "1" for just 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 choose 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, 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 complexity (co-occurring) 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 overrating is much less helpful. This is an important part of shifting the system culture to valuing efforts to improve. Give yourselves a big round of applause every time you discover opportunities for improvement for your program. *Note: If your program is having extraordinary difficulty having an open conversation, it is reasonable to talk this through with each other, rather than missing out on the value of the COMPASS-EZ™ by continuing on in the process. Sometimes creating a safe environment for conversation is part of the framework that needs to be built prior to doing the COMPASS-EZ™. On the other hand, COMPASS-EZ™ often provides enough structure to the conversation so that people discover how to talk more openly with each other.*

Scoring Children's Programs

When scoring children's programs, it is important to apply each item not only to the youth but to their families. This inclusive language should be used when each question is read aloud.

Consider Diverse issues

As the group talks, it is likely that highly prevalent issues, like trauma, will naturally be incorporated into the conversation and be identified as an issue. But, just in case, it is a good idea to spell this out in the beginning and reinforce it during the conversation. Trauma issues are common and are a routine consideration in complexity (co-occurring) capable care. The same applies for addictive behaviors like problem gambling and addiction to substances (such as nicotine) that are very unhealthy, but not frequently identified or addressed in routine services. When present, these issues are serious and need attention in the framework of integrated treatment. Remember, nicotine dependence will result in more illness and death than all other drug use combined when we are focusing on people in public behavioral health settings.

Scoring Programs That Do Not Provide Treatment

When scoring service programs that do not provide treatment, such as homeless shelters or child welfare services, the COMPASS-EZ™ may be adapted based on the services provided by that program. Each such program should review the tool ahead of time and determine which domains relate to their activities and which ones are not relevant to the services provided. For example, in some types of programs, the sections that relate to clinical functions like assessment and treatment planning may not apply and would not be scored. However, some types of programs do perform assessment and treatment planning. Consequently, the adaptation of the tool needs to be individualized by each program.

"Not Applicable" Does Not Apply

For treatment programs, with very few exceptions, every item applies to every program. For example, if your program does not have any staff who writes prescriptions, it is still applicable to have policies and procedures related to helping clients take medication properly and communicate with their prescribers. Only a few items might not apply to your program. These items specify that you may skip them if you meet the italicized criteria at the end of the question.

Taking 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 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.

Section Scoring

After completing the COMPASS-EZ™, it 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. There is also a place to record the total COMPASS-EZ™ score. Scoring prompts are written at the bottom of each section to help with filling out the COMPASS-EZ™ score sheet.

Using the Interactive PDF to Complete the COMPASS-EZ

This version of the COMPASS-EZ™ has been formatted as an interactive PDF. If you want to use the PDF to complete the COMPASS-EZ™, click the check box next to the appropriate score for each item. Please try to use whole numbers in scoring, but if your group decides to score an item in between two whole numbers (e.g., "2.5"), click both scores. Type the score (e.g., "2.5") in the box to the right of the Likert Scale. If an item is not applicable, leave it blank. (See *'Not Applicable' Does Not Apply*, above.) The total and average for each section will calculate, and will automatically be filled in on the summary sheet as well. You can type Action Plan Notes at the end of each section and summarize on page 26.

Learning from the Experience

Remember—the most important part of the process is the collective learning experience as a team, not the score itself.

WHAT DO WE DO AFTER WE COMPLETE THE COMPASS-EZ™?

Develop an Action Plan

The most important next step for the program, based on the learning experience with the COMPASS-EZ™, is to find starting places for making progress. These starting places do not have to be numerous or complicated. They should, however, be connected to the program's vision and values, be achievable, and make sense. Many programs start by trying to make progress in the area of welcoming individuals and families with complex (co-occurring) issues. Another common starting place is working on improving screening and identification of complex issues in 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 creating a written action plan that helps the program continually improve over time in the direction of recovery-oriented complexity (co-occurring) capability.

Use the "Serenity Prayer of System Change"

Many programs focus on issues over which they have no control. This leads to frustration. The goal of this process is to identify areas of improvement that the program does have some control over, in order to feel capable of making progress. Note that none of the items on the tool require the program to hire additional staff, acquire additional funding resources, or change its program designation or licensure. All the items relate to improvement activities that can be accomplished within existing resources, and can often result in more efficient use of those resources.

Sharing the Scores

If the program is part of a larger organization or a larger system, that larger system may want the program to share its scores. If scores are collected, it may be helpful for programs to know where they have scored in relation to other similar programs, and therefore it may be useful for the system to post average scores in each section for each type of program. However, it is important not to place too much value on the numbers themselves.

- The most important message is to facilitate an honest conversation, not have anyone think they should perform around the score. Every program should find opportunities to improve. That is the point.
- Systems should resist the temptation to overanalyze the scores. The tool is designed to stimulate quality improvement partnerships. Using statistical analyses may be more confusing than helpful in the process.
- This is a learning process, and many programs will find that the first time they use the tool they are still learning what complexity (co-occurring) capability means. Programs will often work hard, make progress, and then repeat the COMPASS-EZ™ a year later, only to find that scores went down slightly on certain items. This represents a situation in which increasing knowedge about an item leads to more accurate scoring over time. This is GOOD.
- In some systems, programs may feel that having to share their scores would inhibit their ability to have an open conversation. In those systems, it may be better for programs just to report when they have completed the tool and what they learned, without sharing specific scores.

Repeat the Process

In most instances, programs will 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, programs are more likely to demonstrate real progress on many of the items. Then the COMPASS-EZ™ and COCAP™ may be used to inform the development of complexity (co-occurring) capability standards for the sytem that can then be anchored in place through routine program monitoring and technical assistance activities.

Progress, Not Perfection

The goal for any program should not be to achieve a perfect score on all items on the COMPASS-EZ™. Over time, many programs will make significant changes within existing resources and will continue to find opportunities to improve. In this type of honest process, COMPASS-EZ™ scores will, in fact, slowly improve. Hopefully, the changes programs make will be incorporated into evolving system policies and standards so that they are held in place. New concepts, knowledge and capabilities emerge in light of the progress, and the cycle of change continues.

We hope that 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 this process.

Section 1: Program Philosophy

1. The program operates under a written vision, mission or goal statement that officially communicates to all staff and stakeholders the agency-wide goal of all of its programs becoming welcoming, recovery-oriented, and complexity (co-occurring) capable.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

2. Written program descriptions specifically say that individuals and families with complex (co-occurring) issues are welcomed for care.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

3. Written program descriptions specifically say that individuals and families with complex (co-occurring) issues will be helped to use their strengths to address *all* their issues in order to achieve their goals.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

4. The program environment (e.g., waiting room, treatment spaces, wall posters, flyers) creates a welcoming atmosphere that supports engagement and recovery for individuals and families with both mental health conditions and substance use conditions.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

5. Program brochures for clients welcome individuals and families with complex (co-occurring) issues into service, and offer hope for recovery.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 2: Program Policies

6. Program billing instructions support delivery of integrated approaches within *each* billing event.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

7. The program confidentiality or release of information policy is written to promote appropriate routine sharing of necessary information between mental health providers, substance abuse providers, *and* medical providers to promote quality of care.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

8. Clinical recordkeeping policies support documentation of integrated attention to mental health, health, and substance use issues in a *single* process note and in a *single* client chart or record.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 3: Quality Improvement and Data

9. The program has a culture of empowered partnership in which leadership, supervisors, representative front-line staff (clinical and support) and consumers and families work together to design and implement a vision of recovery-oriented complexity (co-occurring) capable services.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

10. The program has a continuous quality improvement team, with representation from leadership, supervisors, frontline staff, and consumers and families, that meets regularly and uses a written plan to guide, track, and celebrate progress toward being recovery-oriented and complexity (co-occurring) capable.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

11. The program has identified and empowered change agents or champions to assist with the continuous quality improvement process.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

12. Program management information systems are designed to collect accurate data on how many individuals in the program have complex (co-occurring) issues.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

13. Program management information systems in infant/child/youth services are designed to collect data on how many *families* served have complex (co-occurring) issues. *(You may omit this question if the program does not specifically serve infants, children and youth.)*

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 4: Access

14. The program has "no wrong door" access policies and procedures that emphasize welcoming and engaging *all* individuals and families with complex (co-occurring) issues from the moment of initial contact.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

15. Individuals and families receive welcoming access to appropriate service regardless of active substance use issues (e.g., blood alcohol level, urine toxicology screen, length of sobriety, or commitment to maintain sobriety).

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

16. Individuals and families receive welcoming access to appropriate service regardless of active mental health issues (e.g., active symptoms, type of psychiatric diagnosis, or type of prescribed psychiatric medications, such as anti-psychotics, stimulants, benzodiazepines, opiate maintenance).

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 5: Screening and Identification

17. The program's screening policy states that all individuals are to be screened in a welcoming and respectful manner for complex (co-occurring) mental health issues (including trauma), substance use issues, medical issues, and basic social needs, and for immediate risk concerns in each of these areas.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

18. The program uses screening processes, checklists, and/or tools for each complex (co-occurring) issue that are appropriately matched to the population being screened.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

19. Staff follow a procedure for clearly documenting positive screenings for complex (co-occurring) issues in the program data system.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

20. The program has a screening process for identifying and documenting co-occurring nicotine use/dependence.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

21. The program has a clear protocol on how to facilitate access to primary health care for every client.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

22. The program has a formal screening procedure for identifying high-risk infectious diseases, including Hepatitis C, HIV and TB.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 6: Recovery-oriented Integrated Assessment

23. Assessments document individual and/or family goals for a hopeful, meaningful and happy life using the person's/family's own words.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

24. The assessment identifies and elaborates on a specific time period of recent strength or stability, and skills and supports that the individual or family used in order to do relatively well during that time.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

25. The assessment documents data to support the presence of a substance use/gambling issue or diagnosis, including distinguishing between use, abuse and dependence for each substance or behavior.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

26. The assessment documents current and past information to support the identification of a mental health issue or diagnosis when present, including if possible, describing mental health symptoms during previous periods of non-harmful substance use or sobriety.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

27. Assessments routinely document *each* complex (co-occurring) condition, active or stable, when previously diagnosed or when identified/diagnosed during the current assessment process.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

28. 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.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 7: Integrated Person-centered Planning

29. The person's/family's hopeful goals, recent successes and strengths are the foundation of the service plans.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

30. Service plans list all the relevant complex (co-occurring) issues in the plan.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

31. For each of the complex (co-occurring) 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.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

32. Person-centered plans focus on building skills and supports, using positive rewards for small steps of progress in learning and using skills and supports.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 8: Integrated Treatment/Recovery Programming

33. Educational materials about complex (co-occurring) disorders and recovery are routinely provided to clients and families.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

34. All clients are engaged in group or individual work that provides basic education and assistance with choices and decisions regarding complex (co-occurring) issues.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

35. Clients 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.)*

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

36. There are specific group or individual interventions for *all* clients providing education about psychiatric medications, including how to take medication as prescribed, and how to take medications more safely if continuing to use substances.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

37. There are specific co-occurring *skills manuals* that are used regularly in the program for individual or group skill building regarding complex (co-occurring) conditions, such as manuals on managing trauma symptoms while in addiction treatment, or sobriety skill building while in mental health treatment.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

38. Clients with complex (co-occurring) issues are helped to get involved with individual and group peer support for both mental health and substance use issues, including dual recovery support programs.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 9: Integrated Treatment/Recovery Relationships

39. Each client has a primary relationship with an individual clinician or team of clinicians that integrates attention to complex (co-occurring) issues inside the relationship.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

40. The primary clinician or team continues working with the client on each issue even when the person may still be using substances, may not be taking medication as prescribed, or may be having trouble following other aspects of the treatment plan.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

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

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 10: Integrated Treatment/Recovery Program Policies

42. Program policies state clearly that individuals are *not* routinely discharged or "punished" for substance use, displaying mental health symptoms, or having trouble following a treatment plan.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

43. Program policies and procedures are designed to *reward* individuals for asking for help when they are having difficulty or beginning to relapse with any issue.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

44. Integrated service plans and behavioral policies provide for positive reward for small steps of progress in addressing any problem, rather than focusing on negative consequences for "treatment failure," "relapse," "inappropriate behavior," or "non-compliance."

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

45. For clients with complex (co-occurring) issues who are also involved with the court or with child welfare, integrated service plans are designed to reward small steps of progress to help clients be successful with their multiple issues, not just to monitor compliance with external mandates.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 11: Psychopharmacology

46. Whether prescribing is done on- or off-site, there are procedures, forms, and materials to help clients learn about medications, communicate openly with prescribers, and take medication as prescribed.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

47. The program provides and documents for all clients routine communication between clinical staff and medical and mental health prescribers.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

48. Policies or practice guidelines specify access to medication assessment and prescription *without* requiring a mandatory period of sobriety.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

49. Policies or practice guidelines ensure that necessary medications for treatment of serious mental illness are appropriately maintained even though clients may continue to use substances.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

50. Medications with addictive potential (e.g., benzodiazepines) are neither routinely initiated nor routinely refused in the ongoing treatment of individuals with substance dependence. Prescription of such medications is *individualized* based on evaluation and consultation or peer review.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

51. Medications used specifically for treatment of substance use disorders are prescribed routinely for clients who might benefit from such medications as part of their treatment.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 12: Integrated Discharge/Transition Planning

52. Discharge plan policies, procedures, practices and forms address specific stage-matched continuing care requirements for each complex (co-occurring) issue.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

53. Each discharge plan for individuals and/or families with complex (co-occurring) issues provides for continuing integrated care with a clinician or team, ideally in a single setting.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 13: Program Collaboration and Partnership

54. The program has developed a network of partner programs offering differing services to function as a learning collaborative to develop its own recovery-oriented complexity (co-occurring) capability and to help other programs do the same.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

55. The program has policies and procedures for documentation of care coordination and collaborative service planning for clients with complex (co-occurring) issues who attend services in another program.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

56. There is a routine process where program staff *provide* complexity (co-occurring) consultation (ideally on site) to a collaborative program providing services in the "other" domain.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

57. There is a routine process where program staff *receive* complexity (co-occurring) consultation (ideally on site) from a collaborative program providing services in the "other" domain.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

58. Designated program clinicians participate in a regularly scheduled mental health and substance abuse provider interagency care coordination meeting that addresses the needs of individuals and/or families with complex (co-occurring) issues.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 14: General Staff Competencies and Training

59. There are specific recovery-oriented complexity (co-occurring) competencies for all staff included in human resource policies and job descriptions.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

60. The program has a written scope of practice for complexity (co-occurring) competency for all clinicians trained or licensed in only one area of service (e.g., licensed or formally trained in mental health OR substance abuse, but not both).

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

61. The program has written procedures for routinely documenting complex (co-occurring) issues and interventions provided by any clinician with any level of licensure or training.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

62. The program has a written plan for recovery-oriented complexity (co-occurring) competency development (e.g., supervision, training activities) related to all staff (e.g., clinical, support, management).

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

63. Supervisors have the appropriate knowledge and skills to help staff become more welcoming, recovery-oriented and complexity (co-occurring) competent.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

64. Recovery/resiliency and complexity (co-occurring) competencies are evaluated as part of annual staff performance reviews.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

Section 15: Specific Staff Competencies

65. The program staff demonstrate competency to welcome and address the needs of clients with complex (co-occurring) issues who are from different cultural and linguistic backgrounds.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

66. The program staff demonstrate specific competency in working on complex (co-occurring) issues with clients who have cognitive impairments (e.g., clients with learning disabilities, intellectual impairments, thought processing difficulties).

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

67. The program staff demonstrate specific competency in providing family support, family psychoeducation, family-to-family peer support, and in addressing complex (co-occurring) issues with families in the context of these individual or group interventions.

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

68. The program staff demonstrate specific competency in providing developmentally matched services to seniors and older adults with complex (co-occurring) issues. *(You may omit this item if the program does not provide senior or older adult services.)*

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

69. The program staff demonstrate specific competency in providing developmentally matched services to children and youth with complex (co-occurring) issues. *(You may omit this item if the program does not provide services to children and youth.)*

❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
Not at all	Slightly	Somewhat	Mostly	Completely	

Total Section Score (Sum of all items answered)	0.0
Average Item Score (Total Section Score divided by number of items answered in the section)	

Action Plan Notes

ACTION PLAN

Summarize the notes from each section, identifying and listing those items that have been prioritized as important areas to address in the change process, as well as identifying any creative change strategies.

COMPASS-EZ™ Score Sheet			
	Sections	Total Section Score	Average Item Score for Section
1	Program Philosophy	0.0	
2	Program Policies	0.0	
3	Quality Improvement and Data	0.0	
4	Access	0.0	
5	Screening and Identification	0.0	
6	Recovery-oriented Integrated Assessment	0.0	
7	Integrated Person-centered Planning	0.0	
8	Integrated Treatment/Recovery Programming	0.0	
9	Integrated Treatment/Recovery Relationships	0.0	
10	Integrated Treatment/Recovery Program Policies	0.0	
11	Psychopharmacology	0.0	
12	Integrated Discharge/Transition Planning	0.0	
13	Program Collaboration and Partnership	0.0	
14	General Staff Competencies and Training	0.0	
15	Specific Staff Competencies	0.0	
	Total COMPASS-EZ™ Score		

ZIA TOOLS

For Systems in Transformation

ZiaPartners has developed a comprehensive array of tools to improve welcoming, person/family-centered, recovery/resiliency-oriented, integrated systems of care in real-world systems. These tools use the Comprehensive Continuous Integrated System of Care (CCISC) as a framework and a process for designing a whole system of care in a quality improvement partnership to be about the complex needs of individuals and families being served. In CCISC, all programs in the system engage in partnership with system leadership and individuals and their families to become complexity (co-occurring) capable. The tools below are designed to be used by systems in transformation to help the partners learn how to apply CCISC principles to practice, programming, and design. For more details, visit *www.ziapartners.com/tools*.

System Tools

- SOCAT™ **-** A self-survey tool for participating organizations and agencies in community-based system of care partnerships.
- CO-FIT100™ - A systems measurement tool for CCISC outcome fidelity and implementation.
- COCAP™ - A self-assessment tool for identifying measurable indicators of progress in integration for programs, agencies and systems.
- COMPASS-EXEC™ - A self-assessment tool for executive leadership and administrative teams of large systems working on integration.

Agency/Program Tools

- COMPASS-EZ™ - A self-assessment tool for behavioral health programs.
- COMPASS-ID™ - A self-assessment tool for intellectual disability programs and services.
- COMPASS-PREVENTION™ - A self-assessment tool for prevention and early intervention programs.
- COMPASS-PH/BH™ **[For primary health/behavioral health integration]** - A self-survey tool for primary health and/or behavioral health clinics, programs and/or teams. [One of the assessment tools in the OATI; in the Public Domain]
- OATI™ (Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration) - Co-authored by CIHS, ZiaPartners, and MTM Associates, the OATI contains a suite of public-domain assessment tools used together to provide an understanding of an organization's capability for integrated care. Visit *www.integration.samhsa.gov/operations-administration/assessment-tools#OATI*.

Staff Competency Tools

- CODECAT-EZ™ - A self-assessment tool for behavioral health treatment and service provider staff working with adults, children, youth and families.

Clinical Practice Tools

- ILSA-Basic™ (Integrated Longitudinal Strength-based Assessment) - A documentation format that organizes a welcoming, hopeful, integrated, recovery-oriented assessment for adults or older adolescents.
- Z-Planner™ - Guidelines for documentation of integrated, strength-based, stage-matched mental health and substance abuse recovery planning for children, youth, and adults.

How to Acquire and Use These Tools

Licensing these tools is required, except for those in the public domain. Some tools may have already been licensed in your system. Please contact us at *info@ziapartners.com* to obtain information on licensure.