

*COD meeting*

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# **Using the COMPASS: An example**

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# COMPASS

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## Comorbidity Program Audit and Self-Survey for Behavioral Health Services

- Developed by Minkoff and Cline
- Self assessment
  - Foster a conversation
  - Raise awareness about co-occurring capability
- It may look intimidating, but its really pretty straightforward

# COMPASS Domains

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- Philosophy
- Management
- Access
- Identification
- Assessment
- Treatment Planning
- Treatment Content
- Integrated Treatment Relationships
- Policies
- Psychopharmacology
- Discharge Planning
- External Care
- Staff Competency
- Specific Competencies

# COMPASS Elements

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- **14 domains**
- **Average of 6 – 7 items per domain  
(range 4 – 14)**
- **Total of 96 items**
- **Rated 1 – 5 (less to more co-occurring  
capable)**

# Example: Domain 1 Philosophy

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- Program descriptions and orientation materials are written with the expectation that individuals with co-occurring disorders will be welcomed for treatment
- The program has a mission statement, set of principles, and/or written philosophy that emphasizes a welcoming, empathic, integrated approach to the treatment of individuals with co-occurring disorders

## **Philosophy (cont.)**

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- There is documentation that staff members are routinely oriented to understand and implement the program's philosophy of acceptance of individuals with co-occurring disorders**
- Program policies and procedures are written in a manner that indicates that individuals with co-occurring disorders are routinely accepted for treatment**
- The program displays and distributes literature and other materials that emphasize recovery of the individual from both the mental illness and the substance disorder**

# Domain 2: Management

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- **The organizational structure supports programmatic integration of mental health and substance disorder services**
- **There is an integrated set of policies, procedures and regulations that govern mental health and substance disorder services**
- **Agency budgeting and funding allocation processes support integrated system planning with regard to mental health and substance disorder services**
- **Agency information systems permit gathering integrated data concerning mental health and substance disorder services delivered to clients with co-occurring disorders**

# Management (cont.)

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- **Agency billing structures permit reporting and tracking of mental health, substance disorder, and integrated services for clients with co-occurring disorders**
- **Agency practices for maintaining clinical reports promote integration of services and integration of documentation for individuals with co-occurring disorders**
- **Utilization management and case management systems are integrated to permit continuous oversight of the integration of services and of the needs of clients with co-occurring disorders**
- **Quality improvement and outcome evaluation systems are integrated and target quality improvement initiatives and outcomes assessment for co-occurring disorders**

# Domain 3:

## Access

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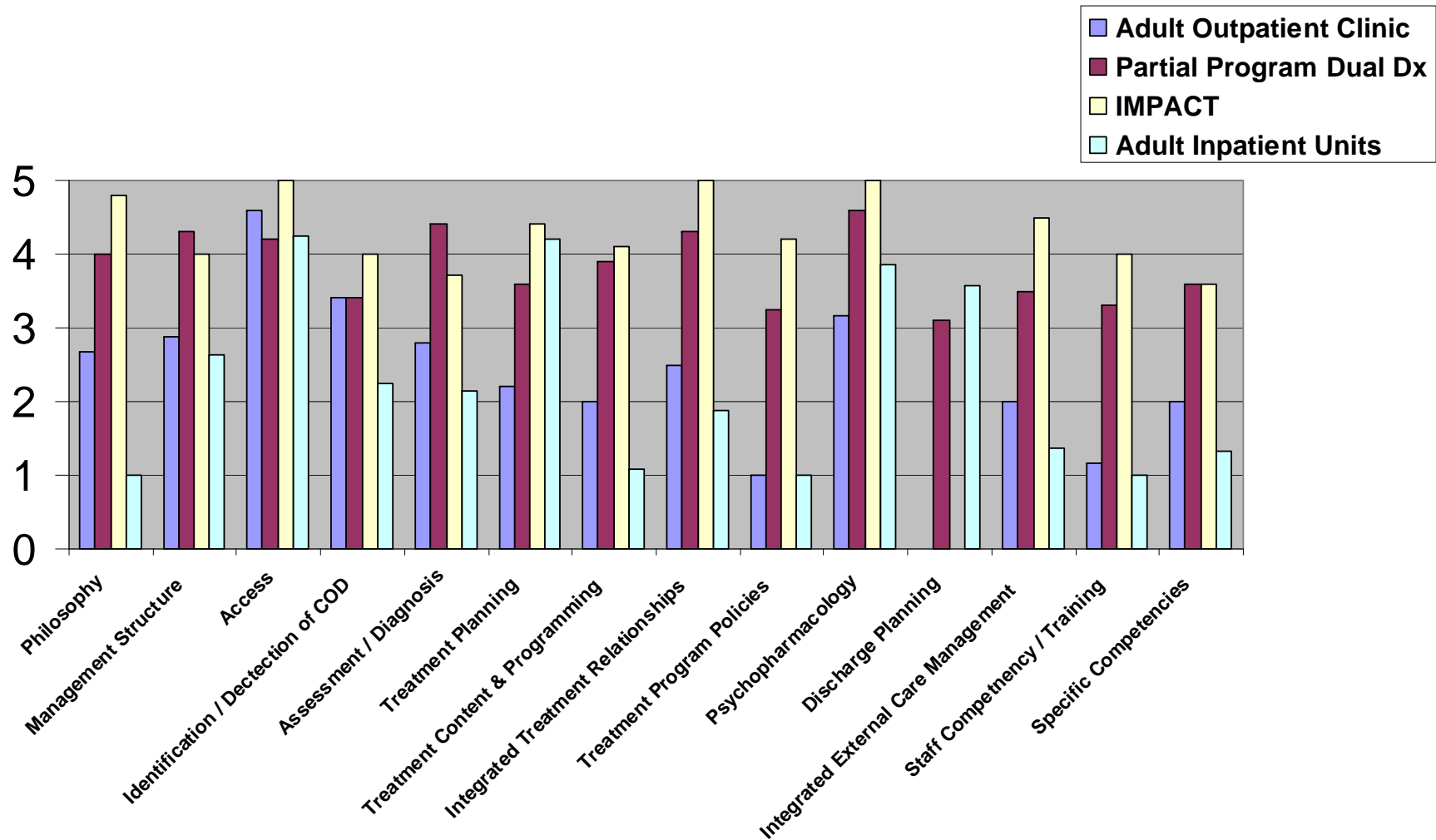
- Policies identify individuals with co-occurring disorders as a population that is welcomed for admission
- Pre-admission screening and triage routinely gathers information about both mental illnesses and substance disorders
- Individuals with active co-occurring disorders are accepted for admission without barrier, provided level of care criteria are met
- There is no evidence of arbitrary exclusion criteria based on alcohol level, urine toxicology screen, psychiatric diagnosis or class of medication used by the individual
- Interactions between psychiatric and substance related symptoms contribute to level of care determinations that identify admission eligibility

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# Mean COMPASS Scores Across 4 Clinical Programs at UIHC



# What do we do with this information?

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- Different clinical programs within one agency / hospital that are at very different points along the continuum of co-occurring competence

# What do we do with this?

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- **Establish a few concrete (and ideally measurable) goals**
  - **1-2 Short term goals**
  - **1-2 Intermediate term goals**
  - **1-2 Long term goals**
- **Start thinking about some agency wide or institutional vision**

# Examples of Goals

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- **Short-term – Adult Inpatient Units**
  - Have an in-service for nursing on the inpatient services on the basics of co-occurring disorders
  - Introduce terms and ideas
- **Intermediate –term: Outpatient Clinics**
  - Integrate specific screening instruments to our routine intake forms
    - ◆ AUDIT
    - ◆ DAST

# Feedback: UIHC

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- **On the plus side:**
  - **The instrument facilitated interesting and useful staff discussion.**
  - **Helped us focus on simple steps we could take that would improve care.**

# Criticisms

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- **Is long and redundant.**
  - **Treatment planning addressed in treatment planning and in treatment relationships**
- **Some items are unclear**
  - **Many questions related to policies that support integrated dual care**
  - **if the intent was to assess something specific/different with the many questions this was not clear.**

# What You Can Do

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- Do the COMPASS at your \_\_\_\_\_
- Feel free to forward to me if you like
  - We will enter the data
  - Make pretty pictures
  - Compare with other agencies
- Set a few concrete, achievable goals
- Make a commitment to do it again in some point in time, and look at progress over time