

Comparison of Region 3 Providers' COMPASS-EZ from FY19 to FY25

Quest.		FY19 Mean	FY21 Mean	FY23 Mean	FY25 Mean	Change FY23 to FY25
	Mean of Total Agency Score (Maximum = 340)	286.1	285.3	296.1	301.6	5.5↑
	Program Philosophy	85.3%	88.8%	89.1%	90.9%	1.8%↑
1.1	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 co-occurring capable.	86.7%	93.3%	91.4%	94.3%	2.9%↑
1.2	Written program descriptions specifically say that individuals and families with co-occurring issues are welcomes for care.	85.3%	90.7%	94.3%	92.9%	-1.4%↓
1.3	Written program descriptions specifically say that individuals and families with co-occurring issues will be helped to use their strengths to address <u>all</u> their issues in order to achieve their goals.	76.0%	84.0%	88.6%	85.7%	-2.9%↓
1.4	The program environment (i.e. waiting room, treatment spaces, wall posters, flyers, etc...) creates a welcoming atmosphere that supports engagement and recovery for individual and families with both mental health conditions and substance use conditions.	90.7%	89.3%	87.1%	91.4%	4.3%↑
1.5	Program brochures for clients welcome individuals and families with co-occurring issues into service, and offer hope for recovery.	88.0%	86.7%	84.3%	90.0%	5.7%↑
	Program Policies	90.5%	92.9%	92.9%	95.5%	2.6%↑
2.1	Program billing instructions support delivery of integrated approaches within <u>each</u> billing event.	76.4%	84.0%	84.3%	89.3%	5.0%↑
2.2	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, <u>and</u> medical providers to promote quality care.	98.7%	97.3%	95.7%	98.6%	2.9%↑
2.3	Clinical record keeping policies support documentation of integrated attention to mental health, health, and substance use issues in a <u>single</u> client chart or record.	94.7%	97.3%	98.6%	98.6%	0.0%
	Quality Improvement and Data	75.1%	81.3%	82.4%	87.0%	4.6%↑
3.1	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 co-occurring capable services.	80.0%	87.3%	91.4%	95.0%	3.6%↑
3.2	The program has a continuous quality improvement team, with representation from leadership, supervisors, front line staff, and consumers and families that meets regularly and uses a written plan to guide, track, and celebrate progress toward being recovery-oriented and co-occurring capable.	73.3%	74.0%	77.1%	81.4%	4.3%↑
3.3	The program has identified and empowered change agents or champions to assist with the continuous quality improvement process.	85.3%	86.0%	87.1%	88.6%	1.5%↑
3.4	Program management information systems are designed to collect accurate data on how many individuals in the program have co-occurring issues.	70.7%	83.3%	75.7%	87.1%	11.4%↑
3.5	Program management information systems in infant/child/youth services are designed to collect data on how many <u>families</u> served have co-occurring issues.	62.0%	72.5%	80.0%	78.9%	-1.1%↓

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	Access	91.1%	94.4%	92.8%	98.3%	5.5%↑
4.1	The program has "no wrong door" access policies and procedures that emphasize welcoming and engaging <u>all</u> individuals and families with co-occurring issues from the moment of initial contact.	89.3%	94.0%	92.9%	100%	7.1%↑
4.2	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.)	92.0%	93.3%	90.0%	95.0%	5.0%↑
4.3	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-psychotic, stimulants, benzodiazepines, opiate maintenance, etc....)	92.0%	96.0%	95.7%	100%	4.3%↑
	Screening and Identification	91.6%	93.7%	92.8%	95.0%	2.2%↑
5.1	The program's screening policy states that all individuals are to be screened in a welcoming and respectful manner for 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.	97.3%	96.0%	94.3%	98.6%	4.3%↑
5.2	The program uses screening processes, checklists, and/or tools for each co-occurring issue that are appropriately matched to the population being screened.	90.7%	97.1%	97.1%	97.1%	0.0%
5.3	Staff follow a procedure for clearly documenting positive screenings for co-occurring issues in the program data system.	86.7%	94.3%	88.6%	87.9%	-0.7%↓
5.4	The program has a screening process for identifying and documenting co-occurring nicotine use/dependence.	91.3%	90.0%	94.3%	96.4%	2.1%↑
5.5	The program has a clear protocol on how to facilitate access to primary health care for every client.	91.3%	92.1%	92.9%	97.1%	4.2%↑
5.6	The program has a formal screening procedure for identifying high risk infectious diseases, including Hepatitis C, HIV, and TB.	92.0%	90.0%	90.0%	92.9%	2.9%↑
	Recovery-Oriented Integrated Assessment	89.3%	89.8%	90.5%	92.5%	2.0%↑
6.1	Assessment document individual and/or family goals for a hopeful, meaningful and happy life using the person/family's own words.	92.0%	90.7%	91.4%	97.9%	6.5%↑
6.2	The assessment identifies and elaborates on a specific time period of recent strength or stability, and skills and supports the individual or family used in order to do relatively well during that time.	89.3%	86.7%	82.9%	91.4%	8.5%↑
6.3	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.	98.7%	93.3%	95.7%	92.9%	-2.8%↓
6.4	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.	96.0%	96.0%	97.1%	98.6%	1.5%↑
6.5	Assessments routinely document <u>each</u> co-occurring condition, active or stable, when previously diagnosed or when identified/diagnosed during the current assessment process.	86.7%	92.0%	88.6%	94.3%	5.7%↑
6.6	The assessment documents the stage of change (i.e. pre-contemplation, contemplation, preparation, early action, etc...) that individual is in regarding <u>each</u> disorder, condition or issue.	73.3%	80.0%	87.1%	80.0%	-7.1%↓

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	Integrated Person Centered Planning	83.7%	84.0%	85.0%	89.1%	4.1%↑
7.1	The person's/family's hopeful goals, recent successes and strengths are the foundation of the service plans.	94.7%	95.7%	88.6%	94.3%	5.7%↑
7.2	Service plans list all the relevant co-occurring issues in the plan.	88.0%	89.3%	91.4%	91.4%	0.0%
7.3	For each of the 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.	72.0%	73.3%	77.1%	82.1%	5.0%↑
7.4	Person centered plans focus on building skills and supports using positive rewards for small steps of progress in learning and using skills and supports.	80.0%	80.7%	82.9%	88.6%	5.7%↑
	Integrated Treatment/Recovery Programming	81.9%	79.3%	83.5%	85.2%	1.7%↑
8.1	Educational materials about co-occurring disorders and recovery are routinely provided to clients and families.	78.7%	82.0%	92.9%	90.0%	-2.9%↓
8.2	<u>All</u> clients are engaged in group or individual work that provides basic education and assistance with choices and decisions regarding co-occurring issues.	89.3%	90.0%	92.9%	93.6%	0.7%↑
8.3	Clients have access to group programming that is matched to their stage of change for each issue.	76.4%	72.0%	78.3%	80.0%	1.7%↑
8.4	There are specific group or individual interventions for <u>all</u> 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.	85.7%	78.0%	77.1%	83.1%	6.0%↑
8.5	There are specific co-occurring <u>skills manuals</u> that are used regularly in the program for individual or group skill building regarding co-occurring disorders, such as manuals on managing trauma symptoms while in addiction treatment or sobriety skill building while in mental health treatment.	69.3%	68.0%	75.7%	78.5%	2.8%↑
8.6	Clients with 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.	90.7%	86.0%	84.3%	91.5%	7.2%↑
	Integrated Treatment/Recovery Relationships	93.8%	94.3%	96.7%	99.5%	2.8%↑
9.1	Each client has a primary relationship with an individual clinician or team of clinicians that integrated attention to co-occurring issues inside the relationship.	98.6%	95.7%	97.1%	98.5%	1.4%↑
9.2	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 prescribed, or may be having trouble following other aspects of the treatment plan.	93.9%	94.3%	97.1%	100%	2.9%↑
9.3	Each clinical staff person on the team directly provides and documents the delivery of integrated services.	97.1%	92.9%	95.7%	100%	4.3%↑
	Integrated Treatment/Recovery Program Policies	89.0%	87.7%	85.0%	91.2%	6.2%↑
10.1	Program Policies state clearly that individuals are <u>not</u> routinely discharged or "punished" for substance use, displaying mental health symptoms, or having trouble following a treatment plan.	90.0%	90.7%	84.3%	95.4%	11.1%↑

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10.2	Program policies and procedures are designed to <u>reward</u> individuals for asking for help when they are having difficulty or beginning to relapse with any issue.	85.7%	86.7%	81.4%	86.2%	4.8%↑
10.3	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".	88.0%	85.3%	85.7%	89.2%	3.5%↑
10.4	For co-occurring clients 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.	90.7%	88.0%	88.6%	93.9%	5.3%↑
	Psychopharmacology	90.4%	85.2%	87.5%	89.9%	2.4%↑
11.1	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.	93.3%	84.3%	84.3%	89.2%	4.9%↑
11.2	The program provides and documents for all clients routine communication between clinical staff and medical and mental health prescribers.	92.9%	86.4%	87.1%	89.2%	2.1%↑
11.3	Policies or practice guidelines specify access to medication assessment and prescription <i>without</i> requiring a mandatory period of sobriety.	93.3%	87.1%	91.4%	91.7%	0.3%↑
11.4	Policies or practice guidelines ensure that necessary medications for treatment of serious mental health illness are appropriately maintained even though clients may continue to use substances.	85.5%	83.3%	90.0%	93.3%	3.3%↑
11.5	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 <i>individualized</i> based on evaluation and consultation or peer review.	91.7%	85.5%	87.3%	87.3%	0.0%
11.6	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.	81.8%	81.8%	85.5%	87.3%	1.8%↑
	Integrated Discharge/Transition Planning	84.7%	82.7%	83.6%	88.6%	5.0%↑
12.1	Discharge plan policies, procedures, practices and forms address specific stage matched continuing care requirements for each co-occurring issue.	82.7%	77.3%	77.1%	84.3%	7.2%↑
12.2	Each discharge plan for individuals and/or families with co-occurring issues provides for continuing integrated care with a clinician or team, ideally in a single setting.	86.7%	88.0%	90.0%	92.9%	2.9%↑
	Program Collaboration and Partnership	87.3%	82.8%	86.6%	90.1%	3.5%↑
13.1	The program has developed a network of partner programs offering differing services to function as learning collaborative to develop its own recovery-oriented co-occurring capability and to help other programs do the same.	89.3%	89.3%	92.9%	94.3%	1.4%↑
13.2	The program has policies and procedures for documentation of care coordination and collaborative service planning for co-occurring clients who attend services in another program.	86.0%	84.0%	90.0%	94.3%	4.3%↑

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13.3	There is a routine process where program staff <u>provides</u> co-occurring consultation (ideally on site) to a collaborative program providing services in the "other" domain.	85.3%	77.1%	77.1%	84.6%	7.5%↑
13.4	There is a routine process where program staff <u>receives</u> co-occurring disorder consultation (ideally on site) from a collaborative program providing services in the "other" domain.	85.3%	76.4%	81.4%	85.0%	3.6%↑
13.5	Designated program clinicians participate in a regularly scheduled mental health and substance abuse provider interagency care coordination meeting that address the needs of individuals and/or families with complex issues.	90.7%	84.0%	91.4%	92.3%	0.9%↑
	General Staff Competencies and Training	82.1%	83.9%	84.2%	88.0%	3.8%↑
14.1	There are specific recovery-oriented co-occurring competencies for all staff included in human resource policies and job descriptions.	71.3%	79.3%	80.0%	87.9%	7.9%↑
14.2	The program has a written scope of practice for 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).	82.9%	76.2%	80.0%	78.5%	-1.5%↓
14.3	The program has written procedures for routinely documenting co-occurring issues and interventions provided by any clinician with any level of licensure or training.	94.3%	91.4%	91.4%	93.9%	2.5%↑
14.4	The program has a written plan for recovery-oriented co-occurring competency development (e.g., supervision, training activities, etc...) related to all staff (e.g., clinical, support, management, etc...).	82.0%	84.0%	88.6%	90.0%	1.4%↑
14.5	Supervisors have the appropriate knowledge and skills to help staff become more welcoming, recovery-oriented and co-occurring competent.	92.7%	94.7%	91.4%	97.9%	6.5%↑
14.6	Recovery/resiliency and co-occurring competencies are evaluated as part of annual staff performance reviews.	74.7%	78.0%	72.9%	83.6%	10.7%↑
	Specific Staff Competencies	83.4%	83.7%	80.3%	91.6%	11.3%↑
15.1	The program staff demonstrate competency to welcome and address the needs of clients with co-occurring issues who are from different cultures and linguistic backgrounds.	90.7%	86.7%	82.9%	93.6%	10.7%↑
15.2	The program staff demonstrate specific competency in working on co-occurring issues with clients who have cognitive impairments (i.e., clients with learning disabilities, intellectual impairments, thought processing difficulties, etc...).	85.3%	82.7%	75.7%	90.0%	14.3%↑
15.3	The program staff demonstrate specific competency in providing family support, family psycho-education, family-to-family peer support, and in addressing co-occurring issues with families in the context of these individual or group interventions.	80.7%	81.3%	78.6%	87.1%	8.5%↑
15.4	The program staff demonstrate specific competency in providing developmentally matched services to seniors and older adults with co-occurring issues.	76.9%	80.0%	77.1%	91.7%	14.6%↑
15.5	The program staff demonstrate specific competency in providing developmentally matched services to children and youth with co-occurring issues.	82.7%	92.0%	98.0%	99.0%	1.0%↑