



***Using the COMPASS® to Improve  
Services for Women with  
Co-Occurring Disorders***

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# Training Outline

At the conclusion of the workshop, participants will be able to .....

- Identify several of the practice domains covered by the COMPASS
- Describe at least two specific programmatic changes that can be made consistent with the COMPASS guidelines
- Name at least practice change example that addresses the specific population of women with co-occurring disorders
- Describe at least one reason the COMPASS should be utilized in the context of a system wide change effort.



# CCISC Model

*Ken Minkoff and Chris Cline*

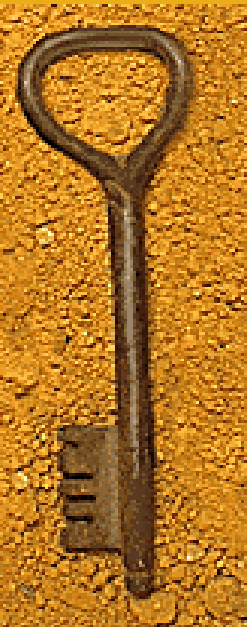
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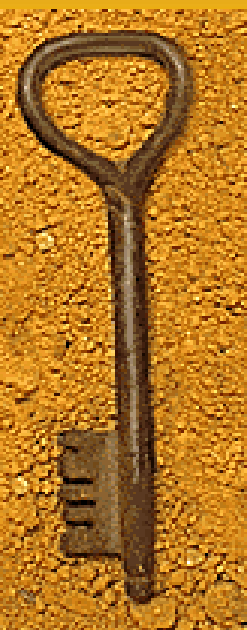
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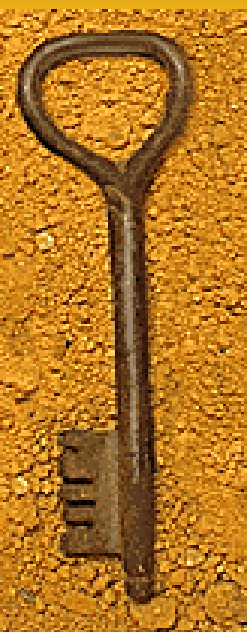
## CCISC Model Recommendations:

- Welcoming
- Accessible
- Integrated
- Continuous
- Comprehensive
- Consumer / Family Oriented

# CCISC Model

## Philosophy of Service:

- ◆ Comorbidity is the Expectation
- ◆ Both disorders are considered as primary
- ◆ Both are chronic relapsing illnesses
- ◆ Acknowledge that readiness will vary
- ◆ Need treatment to be lead by 'integrated' staff
- ◆ Need to have continuous relationship with providers





# Definition of Integrated Service (Minkoff, 2001)

Treatment is

Diagnostically Specific  
Phase Specific

Modified as Needed

Continuous Across Multiple  
Treatment Episodes



# Principles of Service

Service is Integrated Across:

MH / SA


Acute and Long Term Care

Across Systems: Children, Criminal  
Justice, Rehabilitation, Housing



## Goals of Integrated Treatment (Drake, et al., 1998)

- ◆ Consider Disorders as Chronic
- ◆ Take a Long Term Approach
- ◆ Focus on Stabilization, Education, Self-Management
- ◆ Employ a Team of Clinicians
- ◆ Treat Both Disorders within the Same Program



## Goals of Integrated Treatment (Drake, et al., 1998)

- ◆ Give Consistent Explanations
- ◆ Offer a Coherent Prescription for Treatment
- ◆ Reduce Conflict between Providers
- ◆ Reduce Burden associated with 2 Programs
- ◆ Reduce Opportunity for Conflicting Messages



# Tools of the CCISC Model

*(Minkoff & Cline, 2001)*

- COFIT, COMPASS, CODECAT
- Designed to be used in either MH or SA settings, Focuses on Systems and Service Integration
- Considered an Evidence Based Practice
- Being evaluated through the COSIG grants



# Use of CCISC Tools

*(Minkoff & Cline, 2001)*

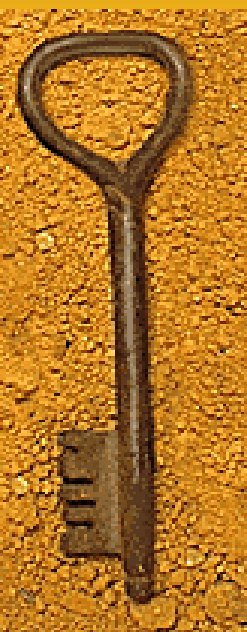
- ◆ Use the COFIT for System Level Evaluation
- ◆ Use the CODECAT for Clinician Self-Assessment of Competency
- ◆ Use the COMPASS as a Program Audit and Self-Survey

# COFIT - 100

The **COFIT-100™** has two key sections:

- ◆ Implementation (process) section
- ◆ Outcomes section
  - Welcoming
  - Accessibility
  - Integration
  - Continuity
  - Comprehensiveness

Systems are likely to see progress in their implementation scores before seeing comparable progress in their outcome scores. There are 100 items that are to be scored, giving a scoring range of 100 to 500.

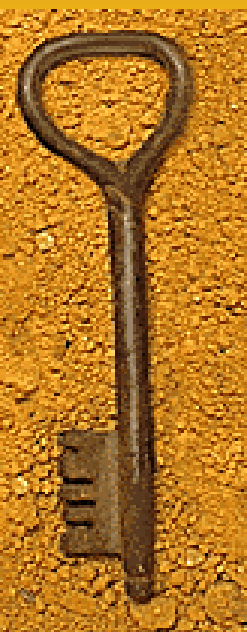


## Using the CODECAT

Measures the clinician's attitudes and knowledge regarding the COD population

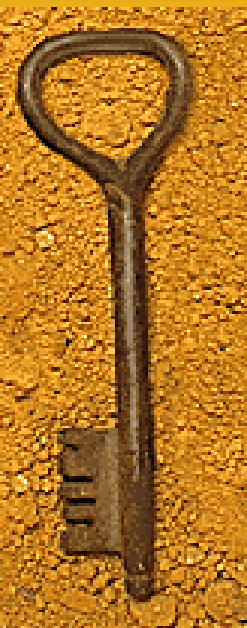
Can be used as a supervisor evaluation or as an individual self-evaluation

Scores may be used to identify gaps in training or as part of a supervisory process to identify clinician strengths



# COMPASS: Comorbidity Program Audit and Self Survey for Behavioral Health Services

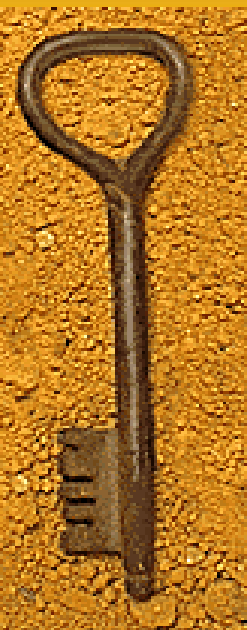
- ◆ Can be used by system level planners to inform policy decisions or to identify training and technical assistance needs more broadly
- ◆ Here we are discussing it as a tool to evaluate individual programs to assist them in developing action plans that will give them strategic, incremental, and measurable goals to move them toward Dual Diagnosis Capability



# COMPASS: Comorbidity Program Audit and Self Survey for Behavioral Health Services

## Measurement Domains

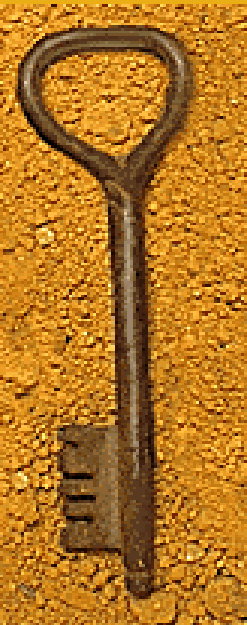
- ◆ Philosophy
- ◆ Management Structure
- ◆ Access
- ◆ Identification / detection of COD
- ◆ Assessment / Diagnosis
- ◆ Treatment Planning
- ◆ Treatment Content and Programming
- ◆ Integrated Treatment Relationships



# COMPASS: Comorbidity Program Audit and Self Survey for Behavioral Health Services

## Measurement Domains

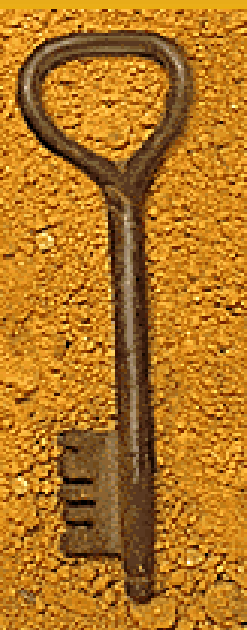
- ◆ Treatment Program Policies
- ◆ Psychopharmacology
- ◆ Discharge Planning
- ◆ Integrated External Care Management
- ◆ Staff Competency/Training
- ◆ Specific Competencies



# COMPASS: Comorbidity Program Audit and Self Survey for Behavioral Health Services

## Recommended Method

- ◆ Focus group structured interview  
Represent a range of providers, 5-8 persons
- ◆ Asked to evaluate services that would be received by “average” or “typical” client  
Range is ‘rarely’ to ‘consistently’



# COMPASS: Comorbidity Program Audit and Self Survey for Behavioral Health Services

## Recommended Method

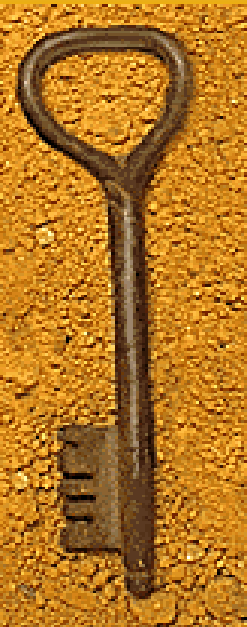
- ◆ Done as a self-survey to encourage discussion, engage various perspectives
- ◆ Recommended to be repeated at six month intervals
- ◆ Goal is to get a baseline score that is as true a representation of current performance as is possible -- and to repeat administration scoring in the same way / with the same/similar group process



## COMPASS: Domains

### Philosophy:

These five items assess the extent to which an agency has an overall operating philosophy to assist clients with dual diagnoses. This can be documented or reflected in various forms, including program descriptions, orientation materials, mission statements, policies, and/or procedures.



## COMPASS: Domains

### Management Structure:

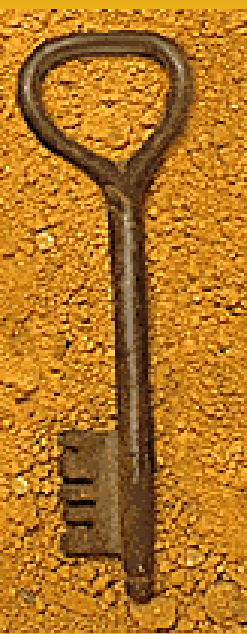
These eight items tap the degree to which organizational structures are organized to support integrated treatment of individuals with co-occurring disorders. Specific evidence of these structures includes budgeting and funding allocating processes, information systems, and billing structures.



## COMPASS: Domains

### Access:

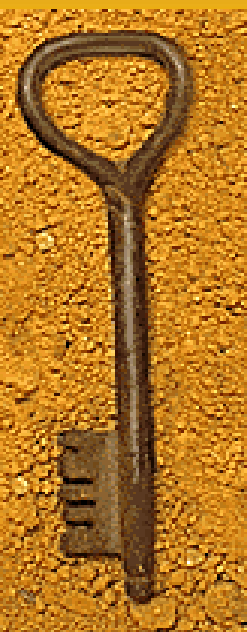
These five items tap the extent to which individuals with co-occurring disorders are welcomed or allowed to enter a treatment agency. Specific criteria include admission screening procedures, level of care determinations, and exclusionary criteria.



## COMPASS: Domains

Identification/Detection of Co-occurring Disorders:

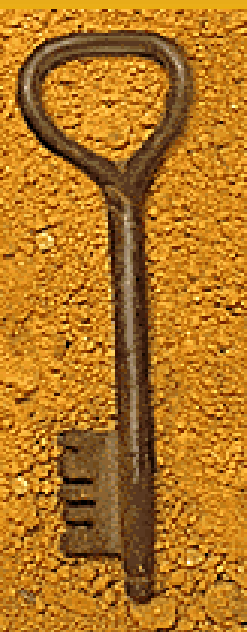
These five items measure the extent to which an agency can correctly determine if a client has a dual diagnosis. Evaluative criteria include urine screens and tools or checklists to detect substance use and mental health symptoms.



## COMPASS: Domains

### Assessment/Diagnosis:

These seven items determine the extent to which an agency can conduct an integrated, formal assessment of a client's mental health and substance abuse problems. Using an integrated assessment instrument, routinely filling it out and documenting both MH/SA conditions in client charts are assessed.



## COMPASS: Domains

### Treatment Planning:

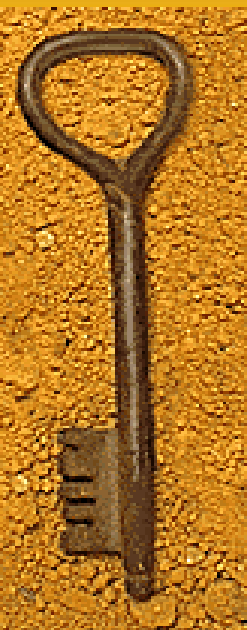
These five items assess the extent to which agencies treat each comorbid disorder as a primary problem. Criteria used to address competencies in this area include treatment plans, goals, objectives, interventions, and progress notes.



## COMPASS: Domains

Treatment Content and Treatment Programming:

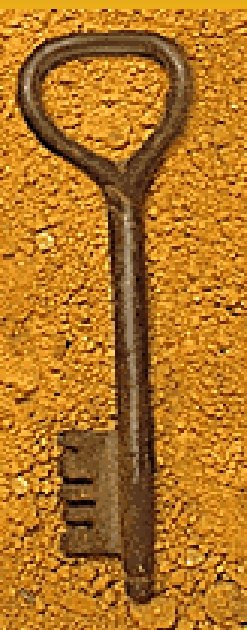
These thirteen items determine the extent to which an agency's treatment services are designed to address co-occurring disorders. Domains include whether dual diagnosis-informed interventions, educational materials, group programming, and treatment manuals are offered.



## COMPASS: Domains

### Integrated Treatment Relationships:

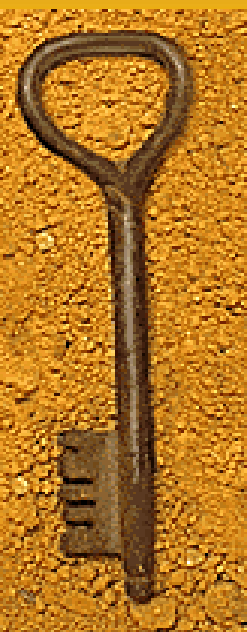
These eight items tap competencies concerning offering continuous case management and interdisciplinary treatment teams that assist with recovery from both mental health and substance abuse problems.



# COMPASS: Domains

## Treatment Program Policies:

These four items gauge the extent to which an agency has established policies, contracts, and procedures for addressing treatment needs.



## COMPASS: Domains

### Psychopharmacology:

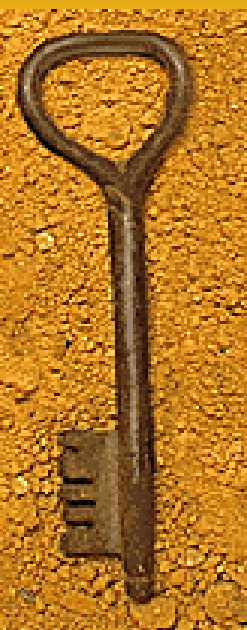
These seven items assess the degree to which the medication management process, in general, and the medical staff, in particular, consider both mental health and substance-related problems.



## COMPASS: Domains

### Discharge Planning:

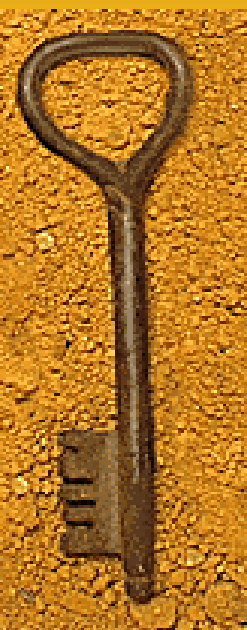
These seven items measure the degree to which an agency considers both the mental health and substance abuse treatment needs when they leave an agency treatment program.



## COMPASS: Domains

### Integrated External Care Management:

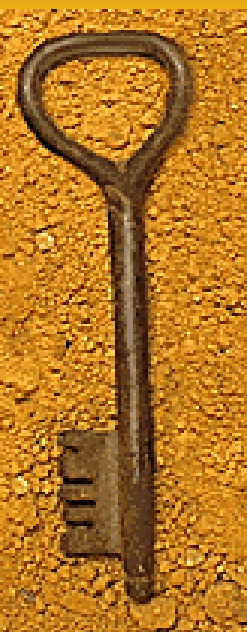
These eight items determine the extent to which an agency links clients to additional community services outside of their agency. Evaluative criteria include referral resources and documentation, crisis response procedures, and inter-agency collaborative efforts.



## COMPASS: Domains

### Staff Competency/Training:

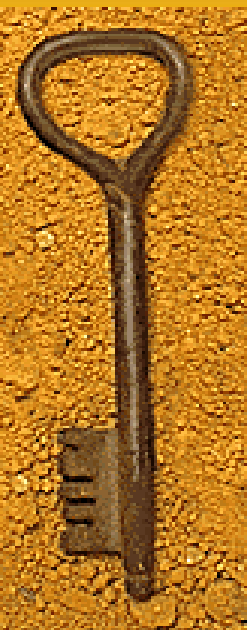
These six items detail the degree to which agency staff members are prepared to assist clients with both of their disorders. Competency in this area may be documented in human resource policies, job descriptions, training materials, and performance reviews.



# COMPASS: Domains

## Specific Competencies:

These nine items tap agency dual diagnosis competencies to address issues related to culture, gender, age, developmental disability, trauma, or family.



# Model Interventions: PTSD and Substance Abuse

- ◆ Seeking Safety (Najavits, 2002)
- ◆ Concurrent Treatment of PTSD and Cocaine Dependence (Brady et al., 2001)
- ◆ Substance Dependence PTSD Therapy (Triffleman et al., 1999)
- ◆ Triad Women's Project (C. Clark, PI)
- ◆ Trauma Recovery and Empowerment (TREM) (Harris, 1998)

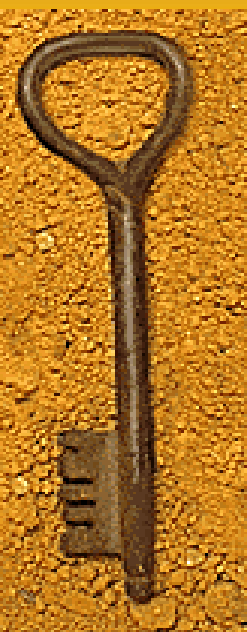


# Seeking Safety

(Najavits, 2002)

- ◆ Structured interventions in manual format
- ◆ Organized around 25 trauma-related topics
- ◆ Integrates trauma & substance abuse
- ◆ Derived primarily from Cognitive Behavioral Therapy with a focus on structured activities, problem solving in the present, education, and time-limited nature





“Seeking Safety: A Treatment Manual for PTSD and Substance Abuse” (2002) can be ordered from Guilford Press (800-365-7006) or online at [www.guilford.com](http://www.guilford.com).

Additional materials:

[www.seekingsafety.org](http://www.seekingsafety.org)



# CCISC Strategies for Implementation

- ❑ Design policies to support integrated scopes of practice and treatment documentation within each funding stream / license
- ❑ Identify initial clinician competency goals
- ❑ Develop system wide training plan, Train-the-trainer, and available technical assistance
- ❑ Address service system gaps: related to available EBPs, consumer and family involvement, available service array



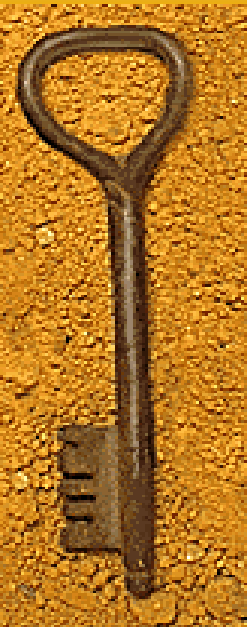
# CCISC Strategies for Implementation

- ❑ Develop a Structure for integrated system planning and implementation
- ❑ Develop a consensus vision and an a collaborative plan of action
- ❑ Agree to proceed with implementation within existing resources – strategizing on how to incentivize participation
- ❑ Utilize four quadrant model
- ❑ Gather consensus for all programs to move to DD Capability



# CCISC Strategies for Implementation

- ❑ Develop structures for care coordination between MH and SA providers
- ❑ Disseminate EBP and Consensus Best Practice guidelines
- ❑ Identify priorities for BP implementation – starting with welcoming, removing access barriers, integrated screening and data capture



# Available Frameworks and Tools:

*National Registry of Evidence-based Programs and Practices*

[www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

[www.nwattc.org](http://www.nwattc.org)

[www.scattc.org](http://www.scattc.org)

Assessments:

[www.ncptsd.va.gov](http://www.ncptsd.va.gov)



# Resources

Co-occurring Center For Excellence

– [www.coce.samhsa.gov](http://www.coce.samhsa.gov)

TIP 42 also at [www.samhsa.gov](http://www.samhsa.gov)

**Chapter 1—Introduction**

**Chapter 2—Definitions, Terms, and Classification Systems**

**Chapter 3—Keys to Successful Programming**

**Chapter 4—Assessment**

**Chapter 5—Strategies for Working With Clients With CODs**

**Chapter 6—Traditional Settings and Models**

**Chapter 7—Special Settings and Special Populations**

**Chapter 8—A Brief Overview of Specific Mental Disorders**

**Chapter 9—Substance Induced Disorders**

**Appendices**



# Resources

Co-occurring Center For Excellence

– [www.coce.samhsa.gov](http://www.coce.samhsa.gov)

TIP 42 -- [www.samhsa.gov](http://www.samhsa.gov)

Compendium of relevant COD  
Screening and Assessment  
Instruments can be found in  
Appendices G & H



# Resources

Screening and Assessment of Co-Occurring Disorders in the Justice System – Peters, Bartoi, and Sherman (2008)

<http://www.gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>

COD training modules: [www.fmhi.usf.edu](http://www.fmhi.usf.edu) follow the links for web-based training on co-occurring disorders

Ken Minkoff's Website: [www.kenminkoff.com](http://www.kenminkoff.com)



# Resources

**Co-Occurring Disorders Web-based Curriculum**

**[www.fmhi.usf.edu](http://www.fmhi.usf.edu) (*follow the prompts for online education*)**

**Brief Psychoeducational Manual on COD available at**

**[www.fmhi.usf.edu/sparc/statement.html](http://www.fmhi.usf.edu/sparc/statement.html)**

**Further information on Seeking Safety Manual at:**

**[www.seekingsafety.org](http://www.seekingsafety.org)**

**Further information on Trauma Recovery and Empowerment (TREM):**

**[www.communityconnectionsdc.org/trauma](http://www.communityconnectionsdc.org/trauma)**