

The USA Compass-EZ™ integrated care organisational capability audit tool: Adaptation for Australian Alcohol and Drug (AOD) and Mental Health (MH) organisations

Authors:

Jane Moreton
Gillian Clark

Victorian Alcohol and Drug Association,
Melbourne, Victoria Australia

Ali Cheetham
Katrin Oliver
Irina Hart
Shalini Arunogiri

Turning Point, Eastern Health and Monash Addiction Research Centre,
Eastern Health Clinical School, Monash University,
Melbourne, Victoria, Australia

Acknowledgment of Country

VAADA acknowledges the Traditional Owners of the land on which we are on today, the Gadigal peoples of the Eora Nation. We pay our respects to all Elders past and present and acknowledge their continuing connection to land, waters and sky.



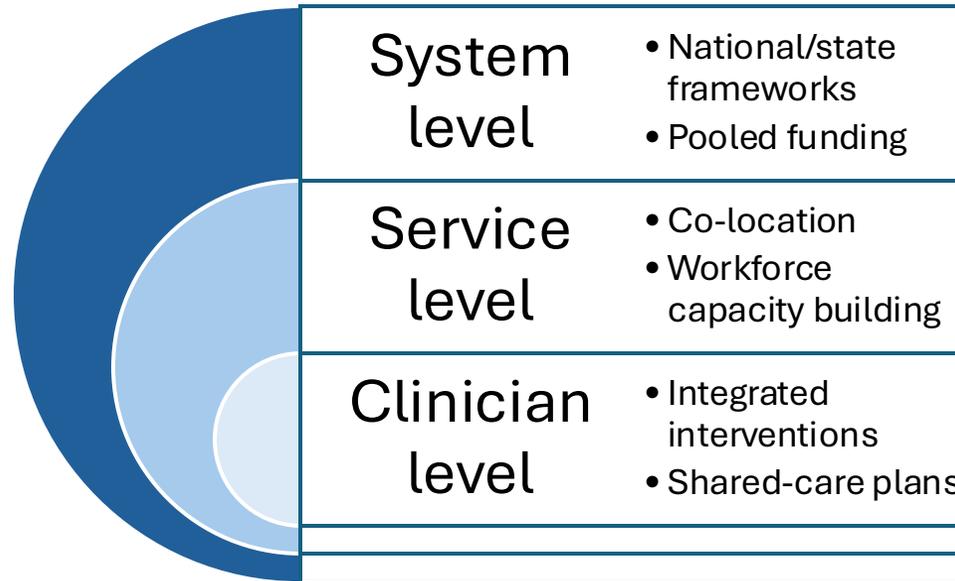
Acknowledgement of Lived and Living Experience

We recognise people with lived and living experience of trauma, neurodiversity, mental health challenges, psychological distress, suicide, substance use or addiction, and their families, carers, supporters, those experiencing bereavement, advocates and allies.

Background

- Separation of the AOD and mental health service sectors is a significant barrier to effective treatment for co-occurring conditions
- Integrated care improves outcomes – but challenging to achieve in practice

Examples of integration at various levels



Victorian Royal Commission Recommendation 35:

All mental health services provide integrated treatment, care and support to people living with mental illness and substance use or addiction

The COMPASS-EZ™

- Organisational self-assessment tool (ZiaPartners, Inc., USA)
- Part of the Comprehensive Continuous Integrated System of Care (CCISC) framework (Minkoff & Cline, 2001)
- Focusses on building integrated care from the ‘bottom up’ – i.e. embedding person-centred care within the existing infrastructure of individual services.
- Allows organisations to benchmark and improve performance across 15 domains

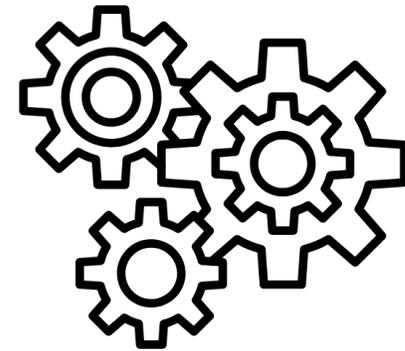
Integrated Care Pilot



- Multi-site pilot in Victoria in 2021 (funded by DoH, led by First Step)
- Found potential to improve integrated care across the service system
- Recommended revising language to ensure relevance to local services.

Current Project

- Funded by the Victorian Government
- **Aim: To adapt the COMPASS-EZ tool to enable broader implementation within Victorian mental health and AOD services.**
- Specifically, aimed to co-produce a tool that was:
 - i. Understandable and meaningful for organisations across AOD and MH sectors
 - ii. Easy to use
 - iii. Maintained the original intent and validity of the COMPASS-EZ.



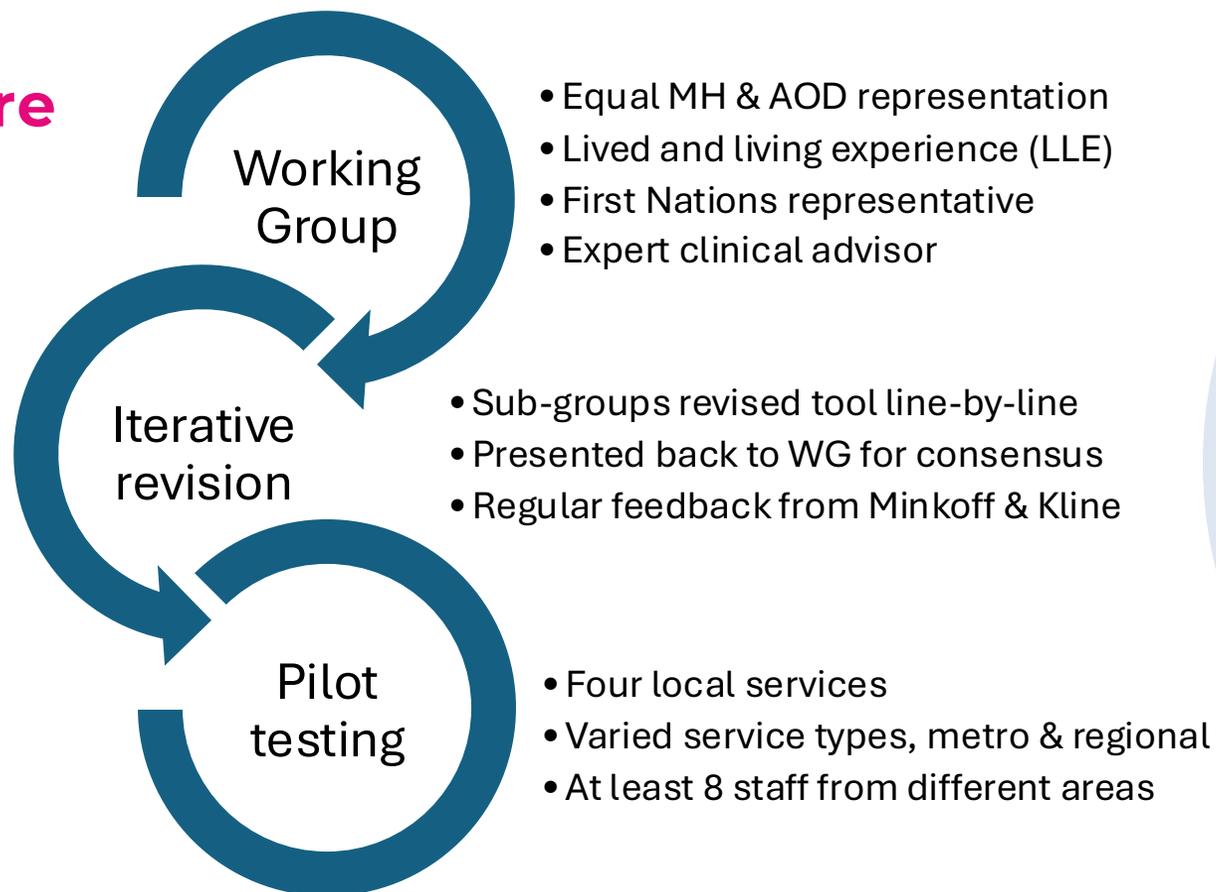
Created by Maan Icons
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Methods

Governance and procedure



**Hamilton
Centre**



Outcomes

- The pilot testing confirmed the following:
 - Easy to understand - not too wordy, use of jargon
 - Relevant to treatment settings in both sectors
 - Safe and inclusive – suitable for all staff at all levels to participate, culturally appropriate (First Nations, LLE etc.)
 - The tool is fit for purpose
- In general, the Victorian Integrated Care Compass (VICC) was well received
- Participants found the experience beneficial
- Desire to continue with the process



Victorian Integrated Care Compass ('VICC')

VICC is based on the Compass EI from the Comprehensive Continuous Integrated System of Care. It is endorsed and licensed for free use within the Mental Health and Alcohol and Drug sector in Victoria by Zia Partners.

If you are having any technical difficulties with this spreadsheet please contact patrick@firststep.org.au or 0438 414 467

[Go to Glossary](#)

	1. Program philosophy	2. Program Policies	3. Quality improvement and	4. Access	5. Screening	6. Recovery-focused int. assessment
Total section score	12	13	8	5	21	18.5
(out of)	25	15	25	10	30	30
Highest score	4	5	2	3	4	4
Lowest score	1	4	1	2	2	2.5
Average score	2.4	4.3	1.6	2.5	3.5	3.1
	1.9	2.0	2.1	2.8	3.7	4.1
	1.7	2.2	2.9	2.4	4.0	3.0

SCORE (1 = not at all 2 = slightly 3 = somewhat 4 = mostly 5 = completely)

1. PROGRAM PHILOSOPHY

		COMMENTS (you may need extra space to collate comments that come from conversations doing the VICC tool, but use this space if it is helpful)
The organisation's vision, mission or strategic direction clearly state its commitment to welcoming and caring for people with co-occurring needs .	2	Here are sample comments that a person might leave to collate the experience and conversation of the group. Or, they might use this space to start documenting ideas for improvement; a little preemptive QI work for example. Others might leave this space blank and start such work elsewhere. It's really up to each group how they want to use this. The could leave copious
Written program descriptions specifically say that people with co-occurring needs , and their families are welcomed for care.	3	
Written program descriptions specifically say that people with co-occurring needs , and their families will receive an approach focused on strengths and tailored to meet all of their needs.	4	
The physical environment including written materials (e.g. posters) creates a welcoming atmosphere that supports engagement and wellbeing of people who use drugs and people living with mental distress.	2	
Program brochures welcome people with co-occurring needs and their families and offer hope.	1	

2. PROGRAM POLICIES

Program funding instructions support delivery of integrated approaches.	4	Here are sample comments that a person might leave to collate the experience and conversation of the group. Or, they might use this space to start documenting ideas for improvement; a little preemptive QI work for example. Others might leave this space blank and start such work elsewhere. It's really up to each group how they want to use this. The could leave copious
Organisational policies and documents promote the routine sharing of information where appropriate between mental health and AOD treatment providers and other healthcare providers.	4	Here are sample comments that a person might leave to collate the experience and conversation of the group. Or, they might use this space to start documenting ideas for improvement; a little preemptive QI work for example. Others might leave this space blank and start such work elsewhere. It's really up to each group how they want to use this. The could leave copious
Record keeping policies support documentation of mental health, physical health, and AOD needs in a single note and single record .	5	

Outcomes/Implications for Practice

- Use of the tool drives quality improvement processes
- Assists in identifying workforce skill gaps, ensures that capabilities and roles align with goals and the vision of the agency
- Some resourcing is required but this is generally not prohibitive
- Agencies need to be proactively engaged to learn about the tool to make an informed decision about its use
- External facilitator not mandatory, but recommended to minimise any power imbalances and to facilitate communication and inclusivity

Outcomes/Implications for Practice

- External facilitator recommended to minimise power imbalances, facilitate communication and inclusivity
- Some agencies need support to develop their Action Plans
- Face-to-face setting encourages better discussion and allows for reading of non-verbal cues
- Safety and inclusivity – suitable for all staff at all levels to participate, culturally appropriate (First Nations, LLE etc.)
- Video aids (education about the tool and how to use it) are helpful
- Between 8 and 12 team members is a good group size, in addition to differing roles (clinicians, administrative and managers) and seniority

Next Steps

- New VICC tool has been licensed (by Dr Ken Minkoff and Dr Chris Cline) for use by Victorian AOD and MH treatment agencies
- Will be available to Victorian mental health and AOD services via the Hamilton Centre website (<https://www.hamiltoncentre.org.au/>)
- Recommendations (and suggested models) have been made to the Victorian Department of Health for state-wide roll-out
- Potential for broader roll-out nationally