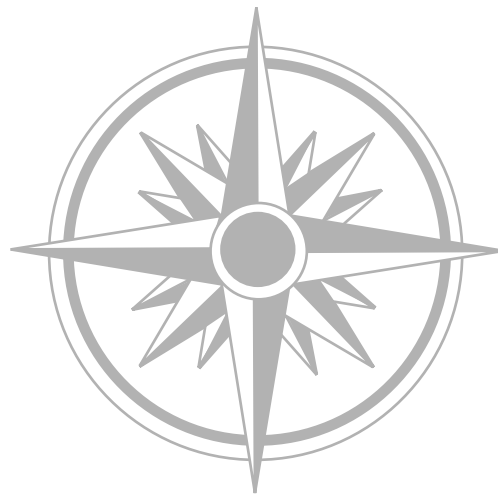


COMPASS™

Version 1.0

COMORBIDITY PROGRAM AUDIT AND SELF-SURVEY FOR BEHAVIORAL HEALTH SERVICES

Adult and Adolescent Program Audit Tool
For Dual Diagnosis Capability



Innovative Strategies for
Behavioral Health Systems

Christie A. Cline, M.D., M.B.A., P.C.
President

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Co-occurring Disorders Services Enhancement Toolkit – Tool Number 5

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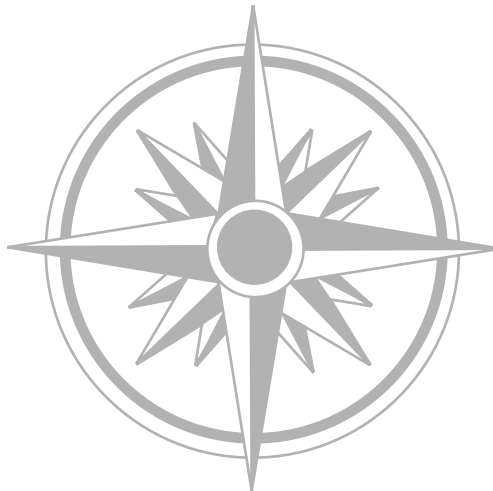
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User's Guide

Purpose

COMPASS™ (Comorbidity Program Audit and Self-Survey for Behavioral Health Services) is a tool that can be used by behavioral health care systems to assess program competencies in multiple areas that reflect standards for Dual Diagnosis Capable mental health (DDC-MH) and substance use disorder (DDC-CD) services. Dual Diagnosis Capability (DDC-MH; DDC-CD) has recently emerged in the literature as a term used to describe basic expectations of program performance for mental health services, substance use disorder services and integrated systems of care (ASAM PPC-2R, 2001¹). Dual Diagnosis Enhanced (DDE-MH; DDE-CD) is a term used to describe standards for more specialized programs. **COMPASS™** is designed for either mental health or substance services wishing to achieve or solidify DDC-MH or DDC-CD status, as well as for existing DDC programs that seek to improve or enhance integration of services. **COMPASS™** can be used for both adult and adolescent programs.

COMPASS™ was developed for systems that support an array of behavioral health programs as a tool to assist in the implementation of the Comprehensive Continuous Integrated Systems of Care (CCISC) Model for systems change (Minkoff, 2001²). The tool can be used by the system designers and managers to inform policy for system planning and development, for identification of training and technical assistance needs and for defining quality improvement implementation practices for the system network. **COMPASS™** can also be used by individual programs that wish to evaluate their competencies when not a part of a larger system change initiative. **COMPASS™** is typically applied at the program level and aids programs in developing “Action Plans” (Minkoff and Cline, 2001³) that focus on strategic, incremental, measurable, and sustainable change toward the goal of Dual Diagnosis Capability. The domains evaluated by **COMPASS™** are Philosophy, Management Structure, Access, Identification/Detection of Co-occurring Disorders, Assessment/Diagnosis,

¹American Society of Addiction Medicine (ASAM). ASAM Patient Placement Criteria. 2nd rev. ed. (ASAM PPC 2R). Washington, DC: American Society of Addiction Medicine 2001.

²Minkoff K. Developing Standards of Care for Individuals with Co-occurring Psychiatric and Substance Use Disorders. *Psychiatric Services* 2001; 52 (5): 597-599.

³Minkoff K, Cline C. Action Planning and Next Steps. Co-occurring Disorders Services Enhancement Toolkit—Tool Number 9. ZiaLogic 2001.

Treatment Planning, Treatment Content and Treatment Programming, Integrated Treatment Relationships, Treatment Program Policies, Psychopharmacology, Discharge Planning, Integrated External Care Management, Staff Competency/Training, and Specific Competencies: Cultural, Gender, Age, Developmental Disability, Trauma, and Family Competency. These domains are rooted in the “Eight Principles” (Minkoff 2000⁴) of the CCISC Model and in the concepts of “dual recovery”.

Administration

FOCUS GROUP FORMAT

COMPASS™ is best used in a venue resembling a focus group of program administrators, managers, clinicians and support staff to collectively evaluate performance in the specific COMPASS™ domains. Often the discussion that ensues as the items are sequentially addressed leads to a better understanding of different perspectives and approaches to what the “next steps” in the program’s development should be.

SELF-SURVEY VERSUS EXTERNAL AUDIT

Because true change in program performance relies on a collaborative process, much of the utility of COMPASS™ comes from the open discussion and synthesis of these various views. As such, COMPASS™ is designed to be administered as a self-survey first, as opposed to an external audit. We recommend that programs become familiar with COMPASS™ and have the opportunity to engage in their own growth prior to any system adopting COMPASS™ as an external audit tool. Once programs are familiar and engaged with the process, however, systems can use COMPASS™ as an external program audit tool. Often this familiarity with “ the audit tool” makes change a less threatening and more manageable process for all.

SEQUENTIAL APPLICATION

COMPASS™ should also be used sequentially, at approximately six month intervals, to demonstrate program development over time. This requires that the scoring process be performed in the same general manner and that the “baseline” scores are as representative of true performance as possible. The self-survey approach helps program staff feel that they have the ability to set realistic targets and manage change. Demonstration of measurable change over time becomes the foundation of program performance outcomes measurements and systems can use information from sequential COMPASS™ administrations to design and facilitate a Quality Improvement Process throughout a service system.

⁴Minkoff, K. An Integrated Model for the Management of Co-occurring Psychiatric and Substance Disorders in Managed-Care Systems. *Dis Manage Health Outcomes* 2000; Nov: 8 (5): 251-257.

Consideration for the Use of COMPASS™ in Adolescent Programs

To use this tool for assessment of adolescent programs, the following must be assessed for each item:

- involvement of family/caregivers/schools in the treatment process as primary participants;
- use of program material that is appropriate to developmental age and reading ability of the adolescent served;
- documentation of staff and supervisor competencies in treating adolescents; and
- linkage with community agencies serving adolescents, including recovery programs.

For agencies or programs that have both adult and adolescent services, two separate forms should be used or there can be two scores for each item on a single form (e.g., one for adults and one for adolescents).

Scoring

DOCUMENTATION-BASED SCORING

Items should be scored based upon existing documentation and actual uniform practices demonstrating that the item's criteria are met, just as would be the case in a licensing or certification audit.

LIKERT SCALE SCORING FOR ITEMS AND DOMAINS

All items are scored on a Likert Scale of 1-Rarely, 2-Occasionally, 3-Sometimes, 4-Often and 5-Consistently. Some items may not be applicable to a particular program. These items should be scored as not applicable (NA). The scores for the items in each domain are tallied to give a composite score for each individual domain. The total scored in a domain should be evaluated against the total possible score for a particular domain (e.g., as a percentage: $\text{actual score} / \text{total possible score for a specific domain}$). Evaluation of the total of all domain scores is less useful than evaluation of the individual domain scores.

SCORING MULTIPLE PROGRAMS

For agencies that have multiple programs, we recommend that a separate COMPASS™ be performed for each autonomously organized program. An alternate approach may be to compile agency-wide scores from the multiple programs to produce an aggregate score for the agency as a whole (e.g., Program A scores a 4 on an item and Program B scores a 2 on the same item resulting in a average score of 3 for the agency).

Interpretation and Evaluation

INDIVIDUAL PROGRAM PERFORMANCE

The score of an individual item and the collective score of a domain will demonstrate performance in areas of the program that affect its ability to deliver Dual Diagnosis Capable services. The scoring may be used to establish baseline performance and relative change on sequential COMPASS™ administrations.

SYSTEM LEVEL COMPARISONS

It is reasonable for programs to consider an individual item score of 1 or 2 as an area of weakness needing improvement and an individual item score of 4 or 5 as an area of strength. COMPASS™ may also be used to compare programs of similar types (e.g., residential treatment programs for chemical dependency, intensive outpatient mental health programs, acute inpatient detoxification programs, etc...). Domain scores may be collected from programs of similar types throughout a service system to compare program performance to the system mean for that domain. Programs and systems may use this information to do a comparative evaluation of strengths and weaknesses among similar types of programs in a particular service system. For example, program “X” is below the mean system performance in the “Treatment Content and Treatment Programming” domain for all residential treatment programs for chemical dependency. Within a service system, this information could then be used to target training and technical assistance to assist the programs, such as program “X”, that need to be strengthened and to identify programs that could serve as system resources and models.

DEVELOPING SYSTEM-WIDE PERFORMANCE CRITERIA

Finally, using COMPASS™ as a system-wide self-survey tool and engaging network programs in the evaluation of the system-wide results can be part of a process for building consensus on expected performance criteria for Dual Diagnosis Capable programs. Out of this type of collective evaluation and consensus approach might develop a set of system-wide performance criteria that could be adopted as standards for a service system.

Philosophy

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Program descriptions and orientation materials are written with the expectation that individuals with co-occurring disorders will be welcomed for treatment. Score:
2. 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. Score:
3. 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. Score:
4. Program policies and procedures are written in a manner that indicates that individuals with co-occurring disorders are routinely accepted for treatment. Score:
5. The program displays and distributes literature and other materials that emphasize recovery of the individual from both the mental illness and the substance disorder. Score:

Total Score:

Notes:

Action Plan:

Management Structure

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. The organizational structure supports programmatic integration of mental health and substance disorder services. Score:
2. There is an integrated set of policies, procedures, and regulations that govern mental health and substance disorder services. Score:
3. Agency budgeting and funding allocation processes support integrated system planning with regard to mental health and substance disorder services. Score:
4. Agency information systems permit gathering integrated data concerning mental health and substance disorder services delivered to clients with co-occurring disorders. Score:
5. Agency billing structures permit reporting and tracking of mental health, substance disorder, and integrated services for clients with co-occurring disorders. Score:
6. Agency practices for maintaining clinical records promote integration of services and integration of documentation for individuals with co-occurring disorders. Score:
7. 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. Score:

Continues on Next Page

Management Structure (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

8. Quality improvement and outcome evaluation systems are integrated and target quality improvement initiatives and outcomes assessment for co-occurring disorders

Score:

Total Score 1 through 8 :

Notes:

Action Plan:

Access

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Policies identify individuals with co-occurring disorders as a population that is welcomed for admission. Score:
2. Pre-admission screening and triage routinely gathers information about both mental illnesses and substance disorders. Score:
3. Individuals with active co-occurring disorders are accepted for admission without barrier, provided level of care criteria are met. Score:
4. 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. Score:
5. Interactions between psychiatric and substance related symptoms contribute to level of care determinations that identify admission eligibility. Score:

Total Score:

Notes:

Action Plan:

Identification/Detection of Co-occurring Disorders

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. During initial evaluation, all individuals are screened to detect the presence of co-occurring disorders and evidence of screening is documented in the chart. Score:
2. The program uses a formal tool(s) to detect co-occurring disorders in individuals who deny comorbidity. Score:
3. There is documentation of a policy and procedure for obtaining a formal integrated assessment p triggered by findings on screening. Score:
4. There are checklists for documenting substance use patterns and mental health symptoms. Score:
5. There is a policy or procedure for the use of urine screens to detect substance use. Score:

Total Score:

Notes:

Action Plan:

Assessment/Diagnosis

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. There is documentation of the use of a formal assessment instrument or assessment process that demonstrates integrated assessment of both psychiatric and substance disorders. Score:
2. There is an assessment instrument that provides opportunity to describe mental health symptoms and treatment when substance use is at baseline, and vice versa, as well as the interactive effects of one disorder on the other. Score:
3. The integrated assessment instrument is routinely completed and competently filled out. Score:
4. Assessment for substance disorders in psychiatric settings documents information to support a diagnosis of abuse vs. dependence, measures stage of change, and describes current and past recovery efforts. Score:
5. Assessment for psychiatric disorders in a substance setting documents information to support psychiatric diagnoses, measures stage of change, and describes current treatment recommendations to be used to stabilize symptoms and address disability. Score:
6. Diagnoses of comorbid conditions are clearly documented in the chart when identified in the assessment. Score:

Continues on Next Page

Assessment/Diagnosis (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

7. The program has a documented policy on how to access expert consultation to perform or supervise assessments for co-occurring disorders.

Score:

Total Score 1 through 7:

Notes:

Action Plan:

Treatment Planning

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Treatment plans identify each co-occurring disorder as a primary problem. Score:
2. Specific goals, objectives, and interventions are identified for each co-occurring disorder. Score:
3. Treatment interventions are individualized based on information gathered in the assessment regarding each disorder. Score:
4. Progress notes document problem-specific interventions for each disorder. Score:
5. Where applicable, treatment for both disorders involves documented interventions by all or most members of the interdisciplinary treatment team. Score:

Total Score:

Notes:

Action Plan:

Treatment Content and Treatment Programming

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. There are educational materials available regarding co-occurring disorders and these materials are disseminated readily to clients. Score:
2. Where group programming is provided, all clients of the program, regardless of comorbidity, have access to educational, engagement, and informational groups regarding co-occurring disorders. Score:
3. For clients in mental health programs, stage-specific substance use treatment interventions used by primary clinicians are documented. Score:
4. For clients in mental health programs where groups are provided, stage-specific group programming is available. Score:
5. Clients have access to disorder-specific self-help recovery programs, as well as dual recovery programs. Score:
6. Clients have access to peer counselors, peer leaders, or peers as role models for dual recovery as part of program, content or design. Score:
7. Clients receive specific education regarding participation in treatment for the co-occurring disorders. Score:
8. Clients in substance disorder treatment programs receive education promoting psychotropic medication adherence and are provided support for taking medication while in recovery. Score:

Continues on Next Page

Treatment Content and Treatment Programming (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

9. Individual and group interventions in substance disorder treatment programming are modified to accommodate psychiatric symptoms or disability.

Score:

10. There are specific manuals, procedures, and protocols for individual and group interventions regarding co-occurring disorders.

Score:

11. For programs with group schedules, the overall program content incorporates specific attention to co-occurring disorders.

Score:

12. Treatment interventions for co-occurring disorders indicate a balance between continuing care and case management, and individualized contracting, confrontation, and/or expectation.

Score:

13. Treatment interventions incorporate contingency management strategies to promote treatment adherence for both disorders. These strategies emphasize treatment continuity rather than treatment termination.

Score:

Total Score 1 through 13:

Notes:

Action Plan:

Integrated Treatment Relationships

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Each client has access to a primary relationship with an individual clinician or team of clinicians that integrates interventions for both disorders throughout the course of care in the program.

Score:

2. For programs that provide continuous treatment, the primary relationship offers continuous integrated case management that stays with the individual regardless of treatment compliance or continuing substance use.

Score:

3. Continuous treatment relationships are maintained when patients enter episodes of care for either disorder.

Score:

4. Continuous treatment relationship providers participate in integrated treatment planning with providers of episodic interventions for either disorder (e.g., hospitalization, inpatient detoxification, residential treatment, etc...).

Score:

5. Continuous case managers develop treatment plans that incorporate primary diagnosis-specific and stage-specific treatment interventions for each disorder.

Score:

6. Interdisciplinary treatment teams share responsibility for both disorders and integrate input from all team members into a single treatment plan.

Score:

-AND/OR-

7. Individual primary clinicians are responsible for coordinating care for both disorders and integrating input from multiple sites and interventions into a single integrated client-specific treatment plan.

Score:

Continues on Next Page

Integrated Treatment Relationships (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

8. There are well-established internal integrated clinical leadership mechanisms for resolving clinical disputes among staff regarding co-occurring disorders interventions.

Score:

Total Score 1 through 8:

Notes:

Action Plan:

Treatment Program Policies

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. The program clearly identifies its target population in terms of level of impairment, stage of change, and type of comorbidity, and this is documented in program policy and literature.

Score:

2. The program has a specific set of policies regarding co-occurring disorders and associated behaviors (e.g., regarding substance use in a mental health program and psychiatric illness related behaviors in substance treatment.).

Score:

3. The policies and procedures are matched appropriately to the needs of the target population (e.g., wet vs. damp vs. dry in residential programs and flexibility regarding group participation in dual diagnosis enhanced substance abuse programs, etc...).

Score:

4. There are documented behavioral policies or contracts designed to maintain individuals in treatment that delineate positive and negative contingencies to manage behaviors resulting from comorbidity.

Score:

Total Score:

Notes:

Action Plan:

Psychopharmacology

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. The program has defined policies or practice guidelines for psychopharmacologic treatment of co-occurring disorders. Score:
2. There is documentation of early access to psychopharmacologic assessment and intervention without arbitrary barriers based on length of sobriety. Score:
3. Necessary medications for treatment of serious mental illness are maintained even when patients are continuing to use substances unless medically contraindicated. There is appropriate documentation where otherwise recommended to the client. Score:
4. Benzodiazepines are not routinely initiated in the ongoing treatment of individuals with substance dependence and there is a mechanism for consultation and peer review when this does occur. Score:
5. There is documentation that psychopharmacology for either mental illness or addiction is identified as specific to the primary disorder being treated and that patients are educated that treating mental illness does not eliminate the need for intensive substance specific intervention, nor does having a mental illness inhibit access to addiction related psychopharmacology (e.g., methadone). Score:
6. The program documents and uses detoxification protocols for common substances and routinely maintains psychotropic medication during detoxification unless medically contraindicated. Score:

Continues on Next Page

Psychopharmacology (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

7. Psychopharmacology providers have documented certification, training, competency, and/or access to competent supervision/consultation regarding treatment of co-occurring disorders.

Score:

Total Score 1 through 7:

Notes:

Action Plan:

Discharge Planning

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Discharge planning addresses specific continuing care requirements for each primary co-occurring disorder. Score:
2. Discharge plans for clients match the level of impairment, level of capability and capacity for treatment adherence for both the mental illness and substance use disorder. Score:
3. Discharge plans for both disorders involve documented coordination and collaboration with outpatient providers and plans for continuing integrated case management if warranted. Score:
4. Discharge plans for both disorders involve documented communication with family members and significant others where possible and permit use of leverage by involved caregivers to promote treatment participation, where appropriate. Score:
5. Discharge planning is specific regarding co-occurring treatment (e.g., specific AA meeting list with rides, specific medications, numbers of pills, and appointment dates, etc...). Score:
6. Discharge planning is conducted with the same degree of intensity for both disorders even in the event of an unplanned or administrative discharge. Score:

Continues on Next Page

Discharge Planning (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

7. Discharge plans include documentation of conditions under which the patient with co-occurring disorders may return for further treatment, for both planned and unplanned discharges.

Score:

Total Score 1 through 7:

Notes:

Action Plan:

Integrated External Care Management

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. Resource and referral manuals include up-to-date information regarding services available for both disorders. Score:
2. Documentation supports use of a full range of referral resources for both disorders with evidence of appropriate matching based on the individual assessment. Score:
3. Program has documentation that such referral relationships follow the terms of the written agreement. Score:
4. The program can document established procedures for crisis response and crisis referral for individuals in a crisis involving either disorder separately or both simultaneously. Score:
5. Program representatives meet regularly with other system representatives of agencies providing co-occurring disorder services. Score:
6. Program clinical leadership participates regularly in a forum for interagency care management for difficult-to-treat individuals. Score:
7. The program is involved in system level advocacy efforts for co-occurring disorders. Score:

Continues on Next Page

Integrated External Care Management (continued)

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

8. The program is seen as a specialty resource for co-occurring disorders and provides training, consultation, and support for other generic programs in its service area.

Score:

Total Score 1 through 8:

Notes:

Action Plan:

Staff Competency/Training

(In the following: "competencies" always refers to "competencies in managing or treating co-occurring disorders")

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. There are identifiable staff competencies for co-occurring disorders service delivery included in human resource policies.

Score:

2. The competencies are tied to definable job functions included in staff job descriptions (e.g., assessment, treatment planning, discharge planning, groups, etc.).

Score:

3. There is documentation of training delivered at least annually to develop and maintain staff competencies.

Score:

4. Competencies are evaluated as part of annual staff performance reviews.

Score:

5. There are advanced competencies for co-occurring disorders defined for supervisory staff.

Score:

6. There are defined positions, competencies and training programs for dual recovery peer companions, guides, or counselors.

Score:

Total Score:

Notes:

Action Plan:

Specific Competencies:

Cultural, Gender, Age, Developmental Disability, Trauma, and Family Competency

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

1. The program demonstrates cultural sensitivity and cultural competency for both psychiatric and substance disorders through staff training and program design. Score:
2. The program provides culturally specific and linguistically specific treatment interventions for individuals with co-occurring disorders. Score:
3. The program demonstrates sensitivity to the need for gender-specific programming and makes accommodations for the needs of pregnant and/or parenting women. Score:
4. Program documentation, the assessment process, treatment planning and program content recognize the high prevalence of trauma histories among individuals with co-occurring disorders, are designed to be trauma-sensitive and address trauma-related difficulties during the course of treatment for both disorders. Score:
5. The program demonstrates specific competency, expertise, and programming for geriatric clients with co-occurring disorders. Score:
6. The program demonstrates specific competency, expertise, and programming for adolescents transitioning from childrens' services to adult services. Score:
7. The program demonstrates specific competency, expertise, and programming for developmentally disabled clients with co-occurring substance disorders. Score:
8. Families and significant others are involved in treatment when possible and are provided support and education regarding both psychiatric and substance disorders. Score:

Continues on Next Page

Specific Competencies (continued): Cultural, Gender, Age, Developmental Disability, Trauma, and Family Competency

All items are scored on the following Likert scale:

Not Applicable	Rarely	Occasionally	Sometimes	Often	Consistently
NA	1	2	3	4	5

9. Family support groups, psychoeducational groups, and/or self-help groups are provided or made available regarding psychiatric and substance disorders, and ideally co-occurring disorders.

Score:

Total Score 1 through 9:

Notes:

Action Plan:

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