Presentation Objectives -

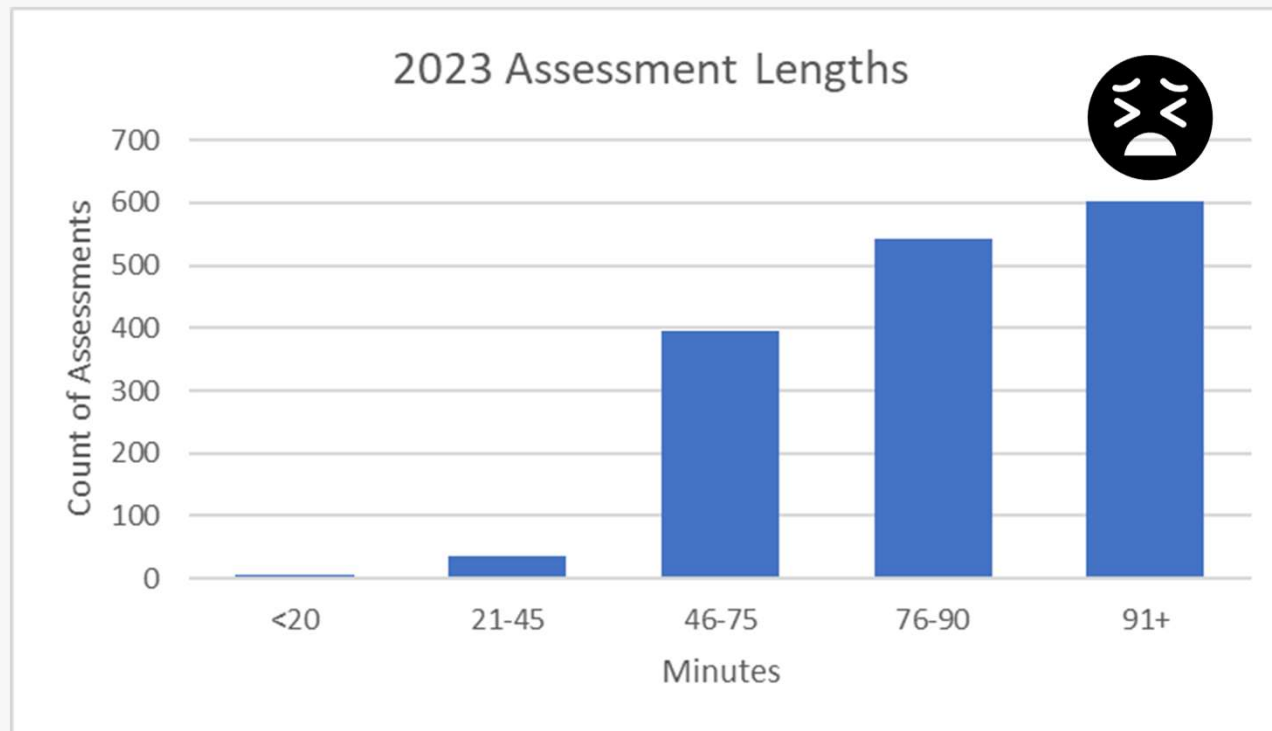Explore how Compass Health improved our assessment-length problem

Understand how change management principles were applied

Identify useful strategies that could be applied to other change efforts

We had a problem....

Our reimbursement for assessments is equal to a 60 minute session. However....
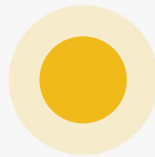
Challenges:

Change fatigue, and history of resistance.

One assessment to meet multiple needs?
- Client populations – ages 0-100! Outpatient, intensive, and specialized (e.g. Child Advocacy Program)
- Assessor expertise – novice to expert
- Volume of assessments – multiple per day to once in awhile

How should we solve it?

Old approach:
- Add requirements
- Short feedback process or unexpected changes
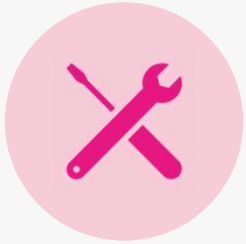- Didn't tend to go well or result in lasting change
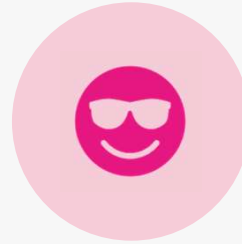
How should we solve it?

New Approach:
- Data-driven
- **Inclusive of the people doing the work**
- Champions throughout the agency
- Many feedback cycles
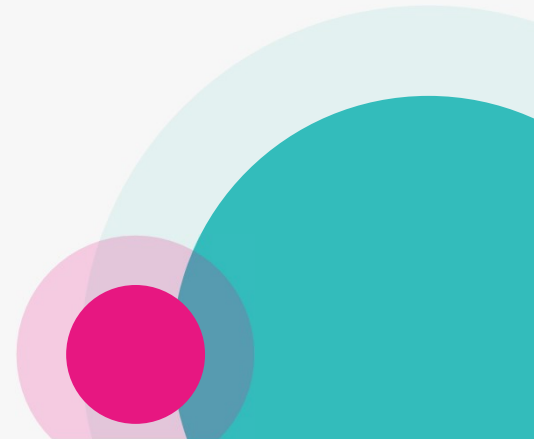- 6 month process (plus two later check-ins)

Project objectives

Effective tools: Improve the usability and efficiency of the mental health assessment to better support client engagement and staff workflows.

Happy People: Facilitate effective change management through inclusive, transparent, and collaborative implementation practices

Project Summary – Key Achievements

Streamlined Tool: From complex and repetitive assessment to intuitive and focused

Clinically grounded & inclusive: reflects real-world needs and diverse client experiences.

Cross-Functional Alignment: fits into existing workflows and systems for all departments.

Change Management Strategy: targeted training, user guides, and feedback loops

Quality Department Prep - Root cause analysis

- EHR Data
- Surveys:
  - Assessors & Primary Clinicians
  - Psychiatric providers
- Individual feedback sessions:
  - 13 individual/team sessions
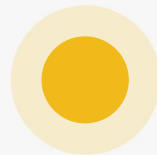
Possible causes to explore:

- DLA-20 Impact

- Telehealth vs. in person assessments

- Walk-ins vs. scheduled

- New clinician vs seasoned

- Adult vs child assessments

EHR Data Collection:
New clinicians vs. seasoned

Increased clinician skill or comfort with the assessment doesn't solve the problem.
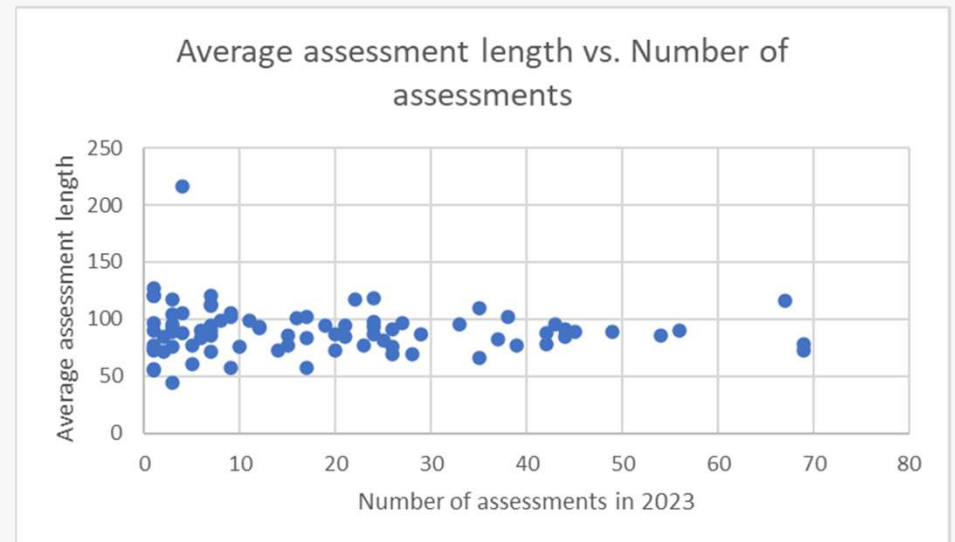
Clinician Survey Results

65 responses
40 were clinicians who also completed assessments

- 70% reported that the assessment was generally useful in identifying the client's needs and desired outcomes to initiate treatment planning.

- 80% of assessing clinicians reported that they're spending **more than 31 minutes** finishing up their documentation after the assessment appointment.

Clinician Survey Results
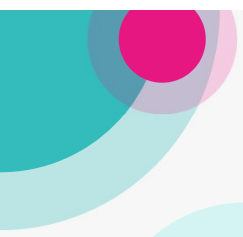
The parts that take a long time to complete are the parts that are most useful.

Prioritized

● Presenting Problem

● Diagnosis

● Risk Assessment

● Client Information

● SUD Screen

● Psychosocial

Quicker to complete

Longer to complete

● Recommendations

● Additional Health Info

● Developmental History

● Recovery Env.

Not Prioritized

Psychiatric Provider Survey Results
4 participants

Presenting Problem

Prioritized

Risk Assessment
Diagnosis

Client Information

SUD Screen

Psychosocial

Quicker to complete

Longer to complete

Recommendations

Additional Health Info

Recovery Env.

Developmental History

Not Prioritized

"We aren't able to provide much of an incentive to return, the engagement piece is missing because so much time is spent getting through the intake. We lack time to build rapport and give a 'spoonful' of treatment. For many people this is the first time that they are talking about something so difficult, and we need to be able to offer them hope and have time to do that."

~Sarah Adams, Clinical Director

Assessment contents:

Client information
Gender identify
Chosen name/pronouns

Diagnosis

Presenting Problem
Problem list and notes

Health information
Behavioral health treatment history
Allergies
PCP
Current meds/concerns
Medical conditions
DDA status
Sexual/Reproductive health
Nutrition
Eating disorder screen
Strengths/Resources or Obstacles to recovery

Developmental History
Developmental assessment for ages 0-18

Psychosocial
Culture open text with ADDRESSING Model
Strengths/Resources or Obstacles to recovery
Current Family living situation/names/ages
Natural supports: Names and relationships
Housing safety

Ability to manage household responsibilities
Visitation/Custody Issues
Family history of mental illness
Strengths/Resources or Obstacles to recovery
Education/Employment status and history
Highest education level completed
Concerns regarding school/learning environment
Career/educational goals
Daily activities
 Time management
 Hygiene/grooming/dress
 Money management/income source
 Problem solving
Strengths/Resources or Obstacles to recovery
Social:
 Communication
 Leisure activities
 Community Resources/involvement
Strengths/Resources or Obstacles to recovery
Legal History and current status
 Guardianship/Dependency info
 Legal history/behavior in community
 Probation/parole info
 Court order info
History of Trauma

SUD
Family history of SUD use
If positive GAIN-SS score complete SUD screening
 NIAAA Alcohol Screening for youth

 S2BI screening for youth
Full SUD/Addictive Behavior history

Risk Assessment
Assess danger to self, others
Potential risk factors
Protective factors
Interim crisis planning

Recovery Environment
Individual/Family expectations for treatment
Initial treatment plan
Strengths/Resources or Obstacles to recovery
Recovery Readiness
Stages of Change for MH and SUD

Recommendations
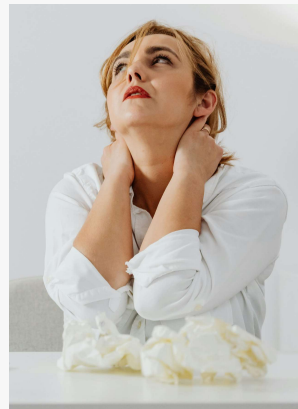
Assessment content requirements

- RCW/WAC requirements:

    - Presenting problem
    - Assessment of risk
    - Treatment recommendations
    - Diagnosis

- MCO requirements:

    - Diagnosis
    - Biopsychosocial hx with information on current and previous medical and behavioral health conditions, medications, interventions and outcomes
    - A list of current and previous medical and behavioral health care providers
    - Risk of harm to self or others
    - For members older than 12 years, the assessment should also include:
        - A substance use history
        - Relevant legal history
        - Assessment of social supports
        - Education and employment history

RCA Outcome

Our desire for reliable workflows led to an unfocused assessment.

Recommendations:

- Define the purpose of the assessment.
  - What is essential?
  - What are the pieces only the MHP Assessor can do?
- Find alternate workflows for the rest.

Where do we go from here?

- Redesign our process - Reduce the MH Assessment to an hour or less.

- Focused on change management
  - Diverse workgroup of workforce members
  - Representation across all areas of the Assessment/Intake process.

- Regular project updates and opportunities for feedback.

**Managing change among consternation**

- Previous attempts at implementing new assessment tools were unsuccessful due to:
    - Lack of frontline engagement
    - Poor integration with existing workflows

- An opportunity for a new experience!
    - Engage early and often
    - Communicate transparently
    - Build ownership across teams
    - Provide practical support
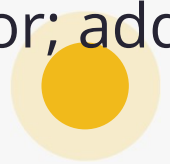   - Integrate – don't disrupt

Challenge:

- Who uses MH assessment?
  - WISe
  - Outpatient Child and Family
  - Child Advocacy Program
  - Outpatient Adult
  - Expanded Community Services (serving folks in AFH settings)
  - Adult intensive programs
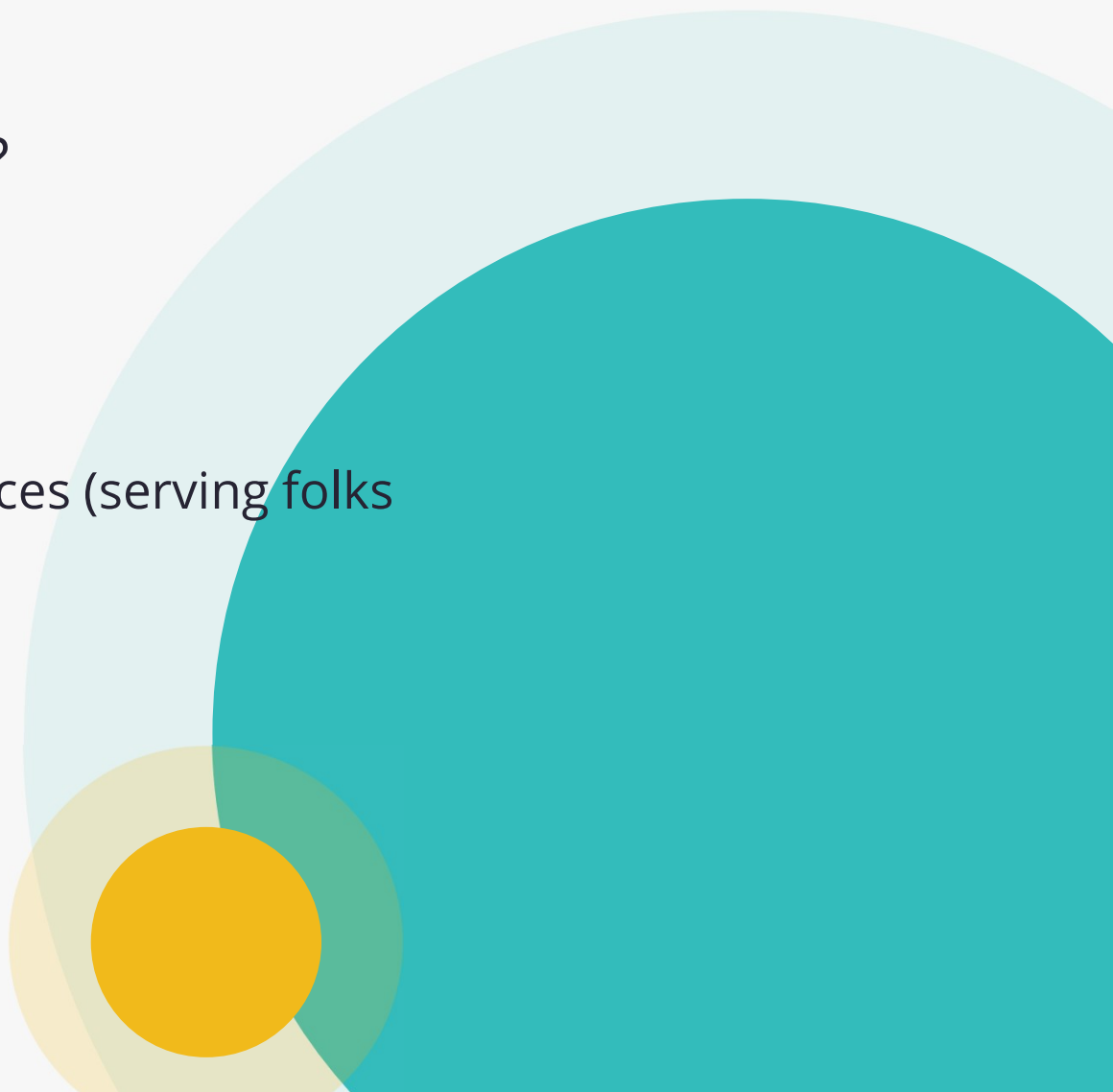
Who was in the workgroup?

- 3 Child and family clinicians (one also provides clinical supervision)
- Office managers (1 child and family; 2 all-ages)
- WISe program manager
- 2 adult services clinicians (one also provides clinical supervision)
- Adult services clinical program assistant (support staff)
- 2 adult services managers
- Outpatient program director (with experience in CAP)
- Guests: Crisis services director; additional outpatient director; psychiatric provider

Meeting cadence – 1 hour, twice monthly

Session 1	In between	Session 2
• New concepts • Brainstorms	• Mull it over • Get feedback • Complete "homework"	• Gather feedback • Make decisions

Visioning...
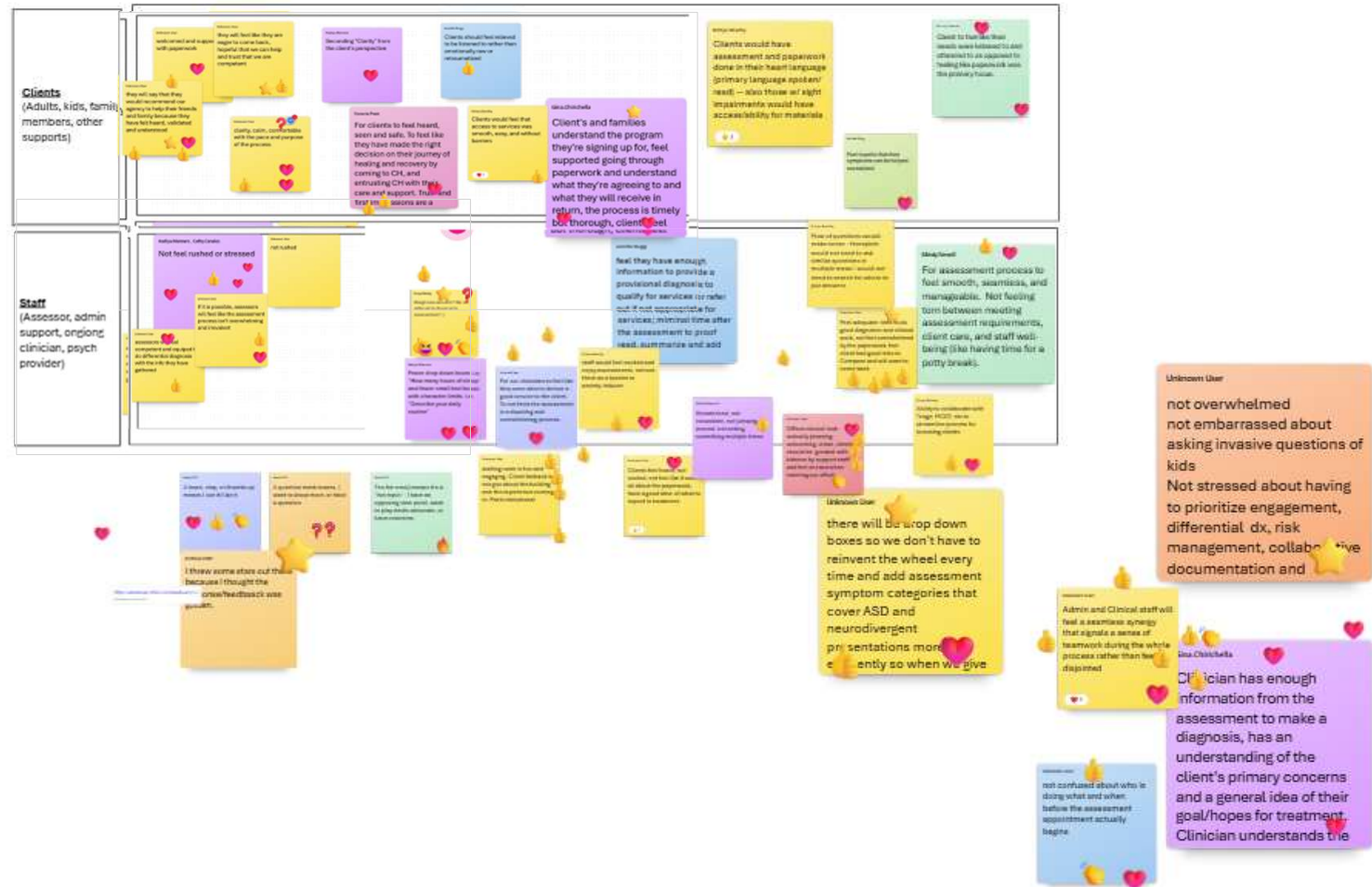
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welcomed and suppor with paperwork

Unknown User

they will feel like they are eager to come back, hopeful that we can help and trust that we are competent

Hadiya.Manners

Seconding "Clarity" from the client's perspective

Jennifer.Rugg

Clients should feel relieved to be listened to rather than emotionally raw or retraumatized

Unknown User

they will say that they would recommend our agency to help their friends and family because they have felt heard, validated and understood

Unknown User

clarity, calm, comfortable with the pace and purpose of the process

Victoria.Pratt

For clients to feel heard, seen and safe. To feel like they have made the right decision on their journey of healing and recovery by coming to CH, and entrusting CH with their care and support. Trust and first impressions are a
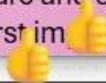
Kimiya.Bowlby

Clients would feel that access to services was smooth, easy, and without barriers

♥ 1

Gina.Chirichella

Client's and families understand the program they're signing up for, feel supported going through paperwork and understand what they're agreeing to and what they will receive in return, the process is timely but thorough, client feel

Hadiya Manners Cathy Canales

Unknown User

Hadiya.Manners , Cathy.Canales

Not feel rushed or stressed

Unknown User

not rushed

Unknown User

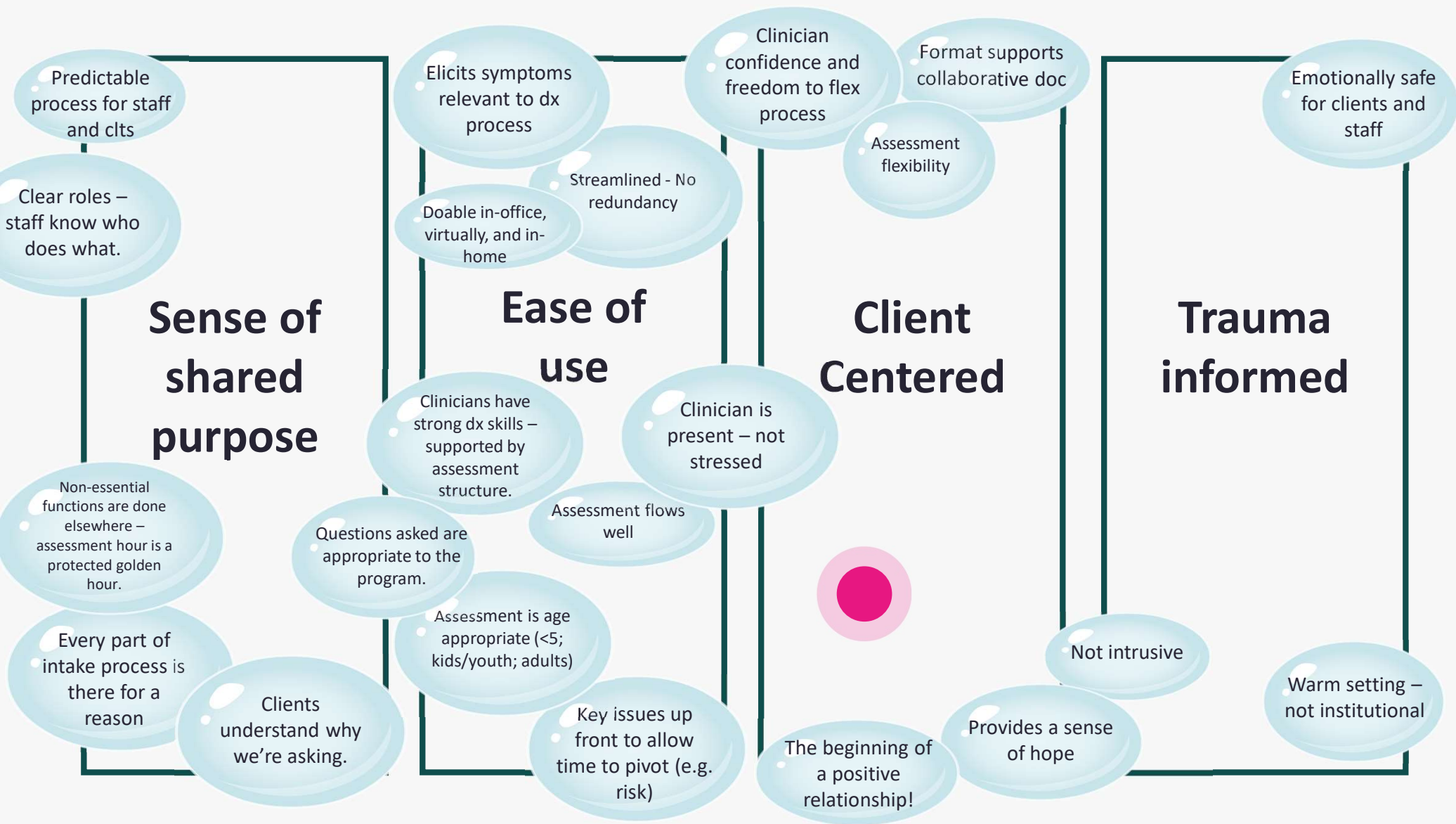If it is possible, assessors will feel like the assessment process isn't overwhelming and irrevalent
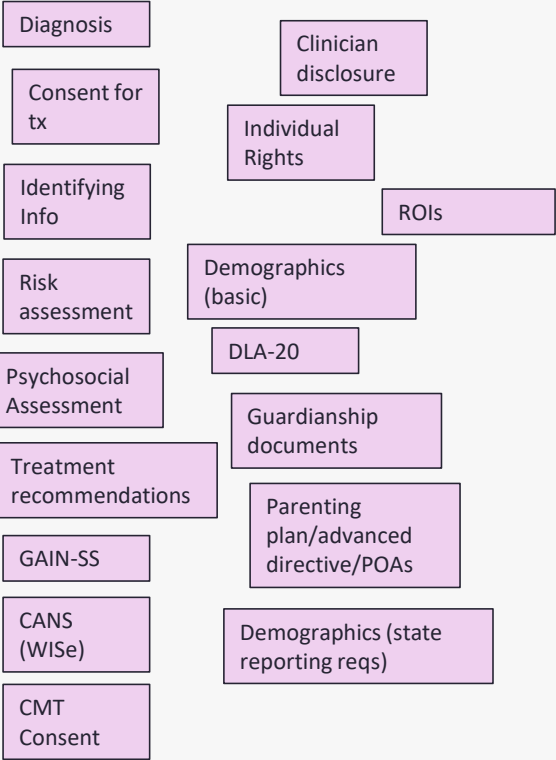
Unknown User

assessors will feel competent and equiped to do differential diagnosis with the info they have gathered

Sense of shared purpose

- Predictable process for staff and clts
- Clear roles – staff know who does what.
- Non-essential functions are done elsewhere – assessment hour is a protected golden hour.
- Every part of intake process is there for a reason
- Clients understand why we're asking.

Ease of use

- Elicits symptoms relevant to dx process
- Streamlined - No redundancy
- Doable in-office, virtually, and in-home
- Clinicians have strong dx skills – supported by assessment structure.
- Questions asked are appropriate to the program.
- Assessment is age appropriate (<5; kids/youth; adults)
- Key issues up front to allow time to pivot (e.g. risk)

Client Centered

- Clinician confidence and freedom to flex process
- Format supports collaborative doc
- Assessment flexibility
- Clinician is present – not stressed
- Assessment flows well
- The beginning of a positive relationship!
- Provides a sense of hope

Trauma informed

- Emotionally safe for clients and staff
- Not intrusive
- Warm setting – not institutional

	Before Assessment	During Assessment	After Assessment
Access Line Staff			
Site Office Staff			
Assessing Clinician			
Ongoing Clinician			
Other Clinical staff			
Other/Unsure			

Must Dos (per regulations)

Diagnosis

Clinician disclosure

Consent for tx

Individual Rights

Identifying Info

ROIs

Risk assessment

Demographics (basic)

DLA-20

Psychosocial Assessment

Guardianship documents

Treatment recommendations

Parenting plan/advanced directive/POAs

GAIN-SS

CANS (WISe)

Demographics (state reporting reqs)

CMT Consent

Must Dos/Want to dos (to achieve our vision)

Example: Explain the process

Compass Health

	Before Assessment	During Assessment	After Assessment	Must Dos (per regulations)
Access Line Staff	Identifying Info; Guardianship documents; CMT Consent	Parenting plan/advanced directive/POAs	Demographics (State reporting reqs)	
Site Office Staff	GAIN-SS; Demographics (basic); ROIs	ROI		
Assessing Clinician	Consent for tx; Individual Rights	Clinician disclosure; Risk assessment; Spoonful of tx; Psychosocial Assessment	Diagnosis; Treatment recommendations	
Ongoing Clinician			DLA-20; ROI	
Other Clinical staff				
Other/Unsure	DLA-20 self report form		CANS (WISe)	

Must Dos/Want to dos (to achieve our vision)

Example: Explain the process

[empty boxes]

Compass Health

We clearly need to address the form!

- Developed subcommittees of clinicians
- Focus:
  - Streamline
  - Support diagnostic justification
- "Hot topics" came back to the big group for discussion:
  - When to ask about trauma and risk
  - To checkbox or not to checkbox (how to support both new and experienced assessors?)

Diagnosis Driven/Data Driven

Quality Department gathered top 30 diagnoses, and their symptoms. What do we need to ask at assessment to make a good diagnosis?

Symptom	Major Depression	PTSD	Adjustment Disorder	Anxiety Disorder	Bipolar	Schizoaffective Disorder	Schizophrenia	ADHD	Other Psychotic	
Mood (low, high, irritable)	x	x	x	x	x	x			x	x
Sleep/dreams	x	x		x	x	x				x
Worthlessness/guilt/self esteem/self blame	x	x			x	x				x
impaired functioning			x		x	x		x		
Diminished Interest/Pleasure	x	x			x	x				
Fatigue	x			x	x	x				x
Thinking/concentration/decisiveness	x			x	x	x				x
Weight change	x				x	x				
Psychomotor (movement and speech - decreased or increased activity. Disorganized or catatonic bx.)	x				x	x				
Recurrent thoughts of death	x				x	x				
Avoiding (internal or external stuff)		x								
Delusions						x	x		x	
hallucinations						x	x		x	
Disorganized speech						x	x		x	
negative symptoms						x	x		x	
Exposure to Trauma		x								
Intrusive symptoms (memories, dissociative rxns, distress, physical rxns)		x								

Collaboratively designed Pilot

- One site vs. scattered clinicians? Group wisdom pushed us to scattered clinicians.
- Training materials for piloters
- 4 weeks
- Two formal opportunities for feedback, with small adjustments made along the way.

Do you have any content concerns about the new MH Assessment? (areas needing additional questions, rewording of questions, redundancy etc.)

Answered: 10   Skipped: 0
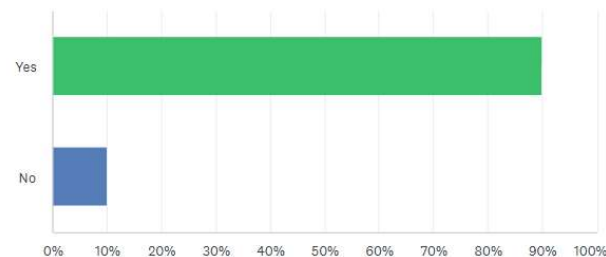
Final products

- A menu of options for pre-assessment paperwork – teams could transform their own workflows.
- A brief transition guide.

All agency roll out

Crickets!!

Results:

All Clinical Teams
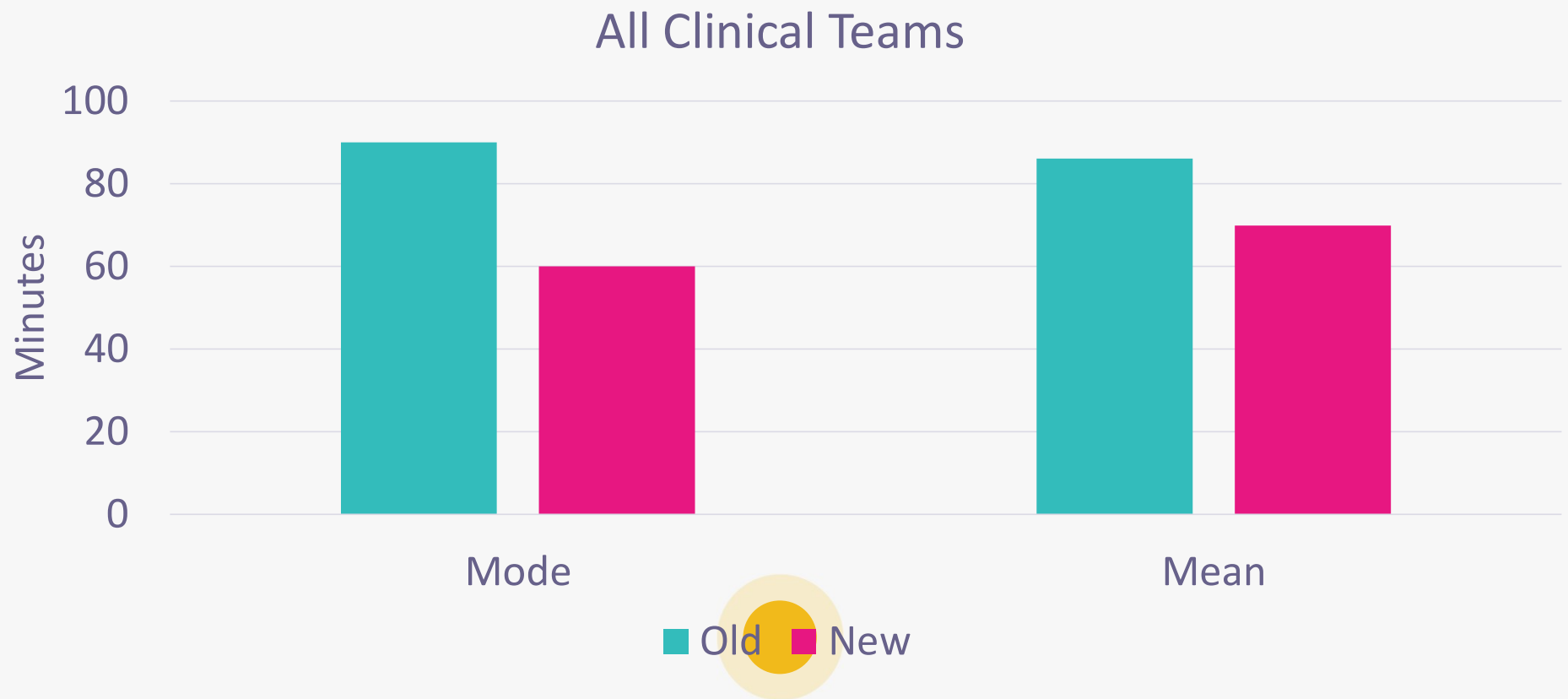
Over 1000 assessments in each category!

Change sustained over time...

Assessment Length Over Time
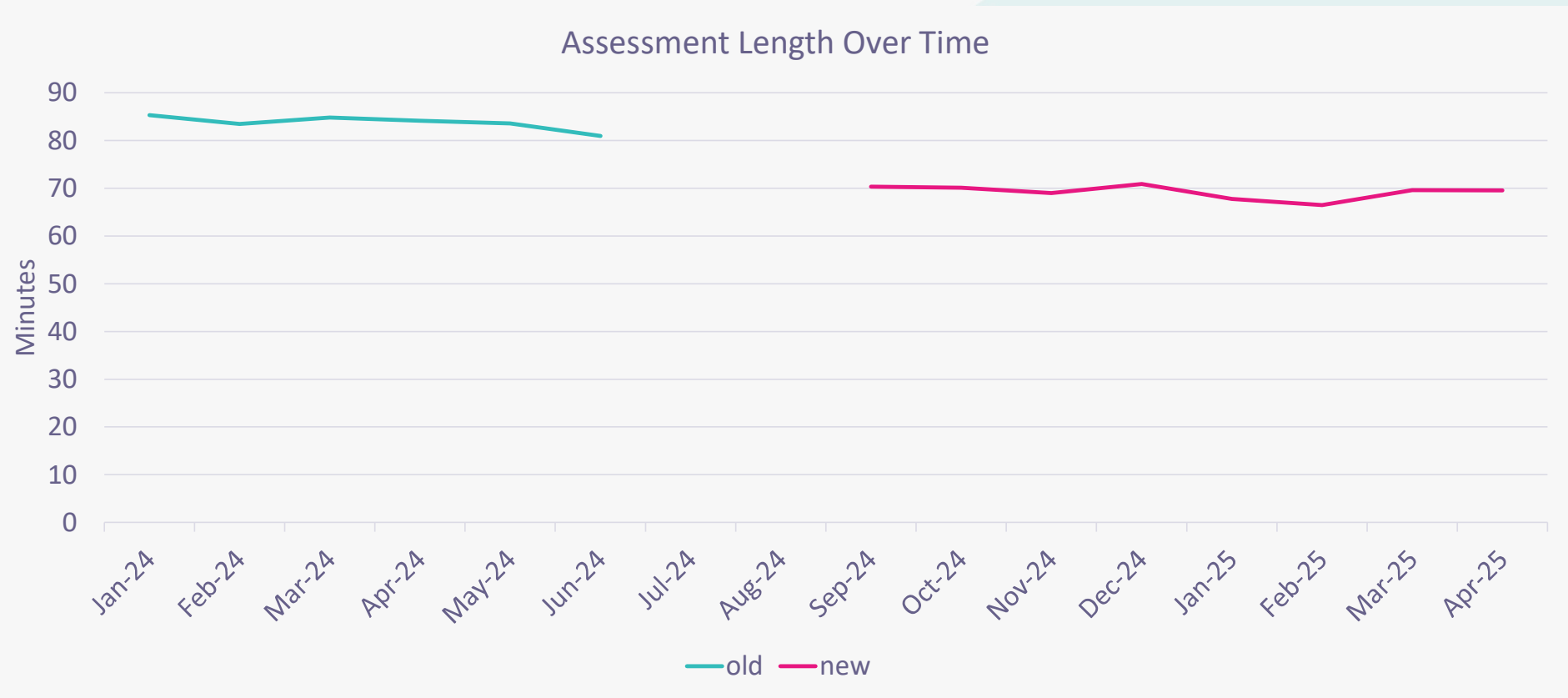
Team Experience - WISe

Team Characteristics:

- WISe team serving youth ages 3-21
- Low cadence of intakes– a clinician may do 10-20 assessments in a year and go many months without doing any assessments
- Mix of brand-new and seasoned clinicians

Workflow adjustments:

- Increase billable time for care coordinators/decrease clinician workload
- Allow the youth and family to interact with multiple team members at first encounter which has led to better overall engagement

Roll-out experience:

- The roll-out was *flawless* -- not one piece of negative feedback was received!

Team Experience – Adult Outpatient

Team characteristics:
- 13 assessors, including 3 International, English as a second language clinicians
- Team averaged 38 assessments a month in 2024, so far averaging 49 a month in 2025
- Experience ranging from just out of grad school through 26 years of clinician experience

Team needs:
- Connect with client as an individual not a number to foster engagement
- Can be completed in an hour with minimal after assessment proofreading/ clean up time

Experience of the process:
- Assessors expressed positive feedback on being part of the homework review process and regular updates during staff meetings
- Appreciated some paperwork being redistributed to support staff or ongoing primary clinician
- Assessors reported the improved assessment got to the "meat and potatoes" without the extra information they don't look at anyway
- "This is the first assessment I like"

In conclusion...

- Focus on including workforce in the change was worth the effort.
- Change was effective, well-accepted, and sustainable.

Teamwork makes the dream work!