CODECAT-EZ™

(Version 1.0)

DEMO ONLY

RECOVERY-ORIENTED CO-OCCURRING COMPETENCY:

A CLINICIAN SELF-ASSESSMENT TOOL

A Tool for Behavioral Health Treatment and Service Providers Working with Adults, Children, Youth and Families

ZiaPartners, Inc.

Changing the World through Partnership

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CODECAT-EZ™ Guide

Welcome! We are delighted that you have an opportunity to use **CODECAT-EZ™** to help improve services for individuals and families with complex lives. **CODECAT-EZ™** is a tool for clinicians working on their recovery-oriented co-occurring competency development. This tool provides a way for staff to evaluate their own attitudes/values and knowledge/skills related to helping people and families with complex lives make progress in recovery. **CODECAT-EZ™** also provides supervisory staff with a structured process to assist staff with competency development. We hope that you find the process to be enjoyable and helpful to you.

Definitions

Co-occurring Issues (Also called Co-occurring Conditions, Co-occurring Disorders and Dual Diagnosis): An individual has co-occurring behavioral health issues if he or she has any combination of any mental health and any substance use problem, even if the issues have not yet been diagnosed. Many systems and programs are including trauma issues, problem gambling and nicotine dependence in the list of co-occurring behavioral health issues. Co-occurring issues also apply to **families.** One member may have one kind of problem, such as a child with an emotional disturbance, and another member may have another kind of problem, such as a parent or caregiver with a substance use issue. This attention to affected families has given rise to the concept of a "co-occurring family."

Co-occurring Competency: For any **person** delivering care to individuals and families with co-occurring issues or other complex concerns, recovery-oriented co-occurring competency involves developing core attitudes/values and knowledge/skills so that the care provider becomes a helpful, hopeful, and skillful partner to the individuals and families with co-occurring issues in his or her caseload. These attitudes/values and knowledge/skills are core competencies of the person's job, applied in the program in which he or she works. Further, these core competencies are applied in accordance with that person's level of training, licensure, and experience. An individual providing care to individuals and families with co-occurring issues does not need to have multiple licenses or special certification to become co-occurring competent; co-occurring competency is achievable by individuals with one license, two licenses or no license at all, including peer specialists, residential aides, case managers, and support staff who may be working directly with individuals or families with co-occurring issues.

Co-occurring Capability: (Minkoff & Cline, 2006[1]) For any type of **program**, within the mission and resources of that program, recovery-oriented co-occurring capability involves designing every aspect of that program at every level on the assumption that the next person "coming to the door" of the program is likely to have co-occurring issues and needs, and that they need to be welcomed for care, engaged with empathy and the hope of recovery, and provided what they need in a person-specific and integrated fashion in order to make progress toward having a happy productive life. Recovery-oriented co-occurring capability necessitates that all care is welcoming and person-centered. This dynamic approach to service and care is attuned to people and families with diverse goals, strengths, histories and cultures. Co-occurring capability involves looking at all aspects of program design and functioning in order to embed integrated policies, procedures and practices in the operations of the program to make it easier and more routine for each clinician to deliver co-occurring competent care successfully.

CCISC--CCISC (Comprehensive Continuous Integrated System of Care) (Minkoff and Cline, 2004[2], 2005[3]) is both a framework and a process for designing a whole system of care to be about the complex needs of the individuals and families being served. In CCISC, **all programs in the system engage in partnership with other programs, along with the leadership of the system, and consumer and family stakeholders, to**

become welcoming, recovery-oriented, and co-occurring capable. In addition, every person delivering and supporting care is engaged in a process to become welcoming, recovery-oriented, and co-occurring competent as well.

Implementation of CCISC in real world systems with limited resources is based on significant advances in clinical knowledge over the last two decades. We now have enough knowledge to know how to successfully embed practices in any program in order to be helpful to individuals and families with complex needs. Such practices are organized by **Eight Core CCISC Principles** (See Minkoff and Cline, 2004[2], 2005[3]), and placed in an integrated recovery framework to create a common language throughout the whole system. Such practices involve welcoming access, integrated screening and assessment, empathic hopeful integrated relationships, stage-matched interventions, strength-based skill-based learning, and using positive contingencies to reward progress a day at a time. CCISC implementation helps all programs in the system, through the use of tools such **COMPASS-EZ™** for program self-assessment, and **CODECAT-EZ™** for clinician self-assessment, to learn how to apply the CCISC principles to build recovery-oriented co-occurring capability into all areas of practice and programming.

Complexity Capability: In the past decade, CCISC has evolved to address more than just mental health and substance use issues. In real world behavioral health and health systems, individuals and families with multiple co-occurring needs are an expectation, not an exception. Individuals and families not only have substance use and mental health issues, they frequently have medical issues, legal issues, trauma issues, housing issues, parenting issues, educational issues, vocational issues and cognitive/learning issues. In addition, these individuals and families are culturally and linguistically diverse. In short, these are people and families who are characterized by "**complexity**," and they tend to have poorer outcomes and higher costs of care. However, instead of systems being designed to clearly welcome and prioritize these complex individuals and families with high risk and poor outcomes, individuals and families with complexity have historically been experienced as "misfits" at every level. This realization has become a major driver for comprehensive system change.

In order for systems with scarce resources to successfully address the needs of the individuals and families with complex co-occurring issues who are the "expectation," it is not adequate to fund a few "special programs" to work around a fundamentally mis-designed system. We need to engage in a process of organizing everything we do at every level with every scarce resource we have to be about all the complex needs of the people and families seeking help. By doing a self-assessment of capability or competency to routinely address complexity in an integrated manner, each program can begin an organized process to become a welcoming recovery-oriented "Complexity Capable" program, and each person delivering care can begin a process to become more welcoming, recovery-oriented, and "Complexity Competent" as well. Some systems implementing CCISC have begun to use this terminology to reflect this broader perspective. We anticipate that over time the term "Co-occurring Capability" may well be replaced with "Complexity Capability."

What is CODECAT-EZ™?

CODECAT-EZ™ is a key tool in the successful implementation of the **Comprehensive Continuous Integrated System of Care (CCISC).**

CODECAT-EZ™ is used by systems, agencies, and programs as part of the **CCISC** process to help improve services to individuals and families with co-occurring mental health and substance use issues, and other complex needs (i.e., medical needs, disability needs, housing needs, etc.). The **CCISC** process is specifically designed to change the way programs and systems are organized to support good clinical care for people with co-occurring issues.

Most important, from the clinician point of view, CCISC is also designed to help each clinician in each program feel more successful and have more fun working with the people and families with complex needs who they are already serving.

What are the Outcomes of Using the Tool?

For a clinician, the **CODECAT-EZ™** allows you to see where you feel that you have strengths in working with clients with co-occurring disorders, and where you feel that you have room to grow. This helps you to identify areas that you want to work on, and areas in which further training or practice will be helpful for you. It also introduces you to the principles of **CCISC** and how they might be applied to help you with your own work.

For a supervisor, the **CODECAT-EZ™** allows you to see how your perceptions of your staff's competencies compare to their perceptions of themselves. This helps you know where they might need more support or training, and helps you work with your staff more effectively in order for them to grow as clinicians and to be more effective with the people they serve.

For a program, looking at the results of the **CODECAT-EZ™** for ALL clinicians as a group, or ALL supervisors as a group, can help the program identify clinical strengths, as well as identify areas for further training and practice support.

How is the Tool Organized?

The CODECAT-EZ™ has two parts.

Part 1: The first part of the tool is for "clinicians.". By "clinician," we mean anyone who is working with individual clients (**adults, adolescents, or children**) or families who have mental health and/or substance use disorders or issues.

For children's services, "co-occurring" often relates to **families** where one member has one kind of problem, like a child with an emotional disturbance, and another member another kind of problem, like a family member with a substance use issue. Working with families is mentioned in many, but not all of the items. The language "client and family" can be substituted for "client" in any item.

A clinician can be a licensed clinician, a certified counselor, a peer support worker, a psychiatrist, a trainee, a residential technician or aide, or a nurse; anyone who is working in a role that involves trying to be helpful to clients with behavioral health needs. The clinician part of the tool looks at attitudes, values, knowledge and skills as they relate to direct client care for people with co-occurring disorders.

Part Two: The second part of the tool is for "clinical supervisors." By "supervisor," we mean anyone who has, as part of their job, the responsibility of supervising clinicians and helping them to do their jobs.

A supervisor can spend some time doing direct clinical work, and some time supervising other clinicians, and would still qualify as a supervisor for the purpose of this tool. The supervisor part of the tool looks specifically at supervisor perceptions-the extent to which the supervisor feels the people he or she supervises have co-occurring competent attitudes, values, knowledge, and skills.

Since many supervisors are also clinicians, it may make sense for them to do both parts of the tool: the clinician part related to their own clinical work, and the supervisor part related to their perceptions of the competencies of the people that they supervise.

Note: The tool can be easily adapted for clinicians and supervisors in prevention and early intervention services, and other "non-treatment" programs, as well as for clinicians and supervisors in developmental disability services.

What is the Difference Between CODECAT-EZ™ and CODECAT™?

CODECAT™ (2001) was the first tool that could help clinicians with a varied backgrounds working in a variety of programs (mental health, substance abuse, adult, child or adolescent) perform a self-assessment of what was then termed Dual Diagnosis Competency (DDC), and is now more commonly termed Co-occurring Competency**.**

CODECAT-EZ™ is a significant simplification and update of the original **CODECAT™. CODECAT-EZ™** is used the same way as the original **CODECAT™**. For systems or programs that have been using the original tool, the **CODECAT-EZ™** should now replace the original tool.

Why did we create this update?

- To simplify and shorten the original **CODECAT™** to make it easier to understand and quicker to use
- To strengthen the language about consumer and family involvement, hope, recovery, and resiliency
- To improve the relevance of the tool for children, youth and family programs
- To reflect current "state-of-the-art" indicators of co-occurring competency

Thank you to the hundreds of programs over the years that have used the original CODECAT™. Your experiences and recommendations have helped make the CODECAT-EZ™ come to life!

What is the Best Way to Use the CODECAT-EZ™?

Preparation: Before any program uses the **CODECAT-EZ™** as a survey for clinicians and supervisors, there are some important steps that are necessary to prepare staff to participate in the process.

First, we recommend that program leadership involve staff in a conversation about the program's goal to develop co-occurring capability, and the goal of the program to help all staff develop co-occurring competency. This is necessary to build a context in which using the tool makes sense for all the participants.

Second, we recommend that the program use the **COMPASS-EZ™** for a program self-assessment before using the **CODECAT-EZ™** for clinicians. Following the program self-assessment, the program should develop and begin to implement an "action plan" to improve co-occurring capability in the program. Again, this is to demonstrate to the staff that the program is committed to making changes in order to support co-occurring capability.

Third, we recommend that the program plan a process for how the tool will be distributed to clinicians and supervisors, the time frame within which the tool will be completed, and a scheduled time for the clinicians and supervisors to get together to have a conversation about the experience. The conversation is more important than the scores themselves.

Self-Survey: **CODECAT-EZ™** is used first by clinicians and supervisors as a self-survey. Each individual reads through the items on the tool, by himself or herself, and writes down a score for each item. At the end, there is a place for totaling scores on each section. The whole process should take about 20-30 minutes. Each person has an honest conversation with himself or herself about the items and writes down his or her scores as a beginning step for further discussion and growth.

Some programs send their clinicians and supervisors home with the tool, to bring the results back the next day. Other programs set aside time in a staff meeting for everyone to sit with the tool, complete it, and then immediately begin the discussion process afterward. Either approach is fine, as long as there is time for discussion.

Discussion: Following completion of the tool, there needs to be an opportunity for supervisors and clinicians to discuss the results. The experience of using the tool allows for a more open dialogue about attitudes, values, knowledge, and skills than would otherwise occur. It is often striking that clinicians score very differently from one another, even in the same program, and even more striking that supervisors' perceptions are often mismatched in a variety of directions from the perceptions of the staff overall. These differences generate a good discussion, and the discussion itself helps the participants become more familiar with the eight core principles of CCISC.

How do I Score the CODECAT-EZ™?

Using the Likert Scale: Each item is rated on a Likert scale. For the Attitudes and Values section, the Likert Scale ranges from 1-Strongly Disagree to 5 -Strongly Agree. For the Knowledge and Skills section, the Likert Scale ranges from 1-Very Limited to 5-Outstanding. The ratings are easy to interpret. Each clinician or supervisor scoring the tool should select the whole number (no decimals, please!) that most closely approximates his or her perception regarding that item.

Scoring Honestly: One of the challenges of using the **CODECAT-EZ™** is the temptation to try to make your score "look and feel good." This is defeating the purpose of the tool. The goal of the tool is to do an honest self-assessment, and then for supervisors and clinicians to have an open and honest discussion about recovery-oriented co-occurring competency. In this type of process, the best score is the most accurate score. This is an important part of shifting the system culture to valuing efforts to improve. Give yourself a big round of applause every time you discover opportunities for improvement.

How Does the Tool Work?

In both the clinician part and the supervisor part, the **CODECAT-EZ™** is divided into eight sections based on the "**Eight Core CCISC Principles.**" The principles relate to evidence-based approaches to co-occurring capable care, and are fundamental building blocks for the Comprehensive Continuous Integrated System of Care (**CCISC**).

Under each principle, there is a set of statements. The first set of statements is labeled "**Attitudes and Values,**" and starts with "I believe that" (in the clinician part) or "The staff I supervise believe that" (in the supervisor part).

For each sentence in that section, your job is to rate yourself (or your staff) from 1 (strongly disagree) to 5 (strongly agree) related to how strongly you hold or believe (or, as a supervisor, you feel that your staff hold or believe) that attitude or value statement. Please choose a whole number from 1 to 5, and write it down in the box next to the sentence.

The second set of statements is labeled "**Knowledge and Skills**," and asks for a rating of the strength of your own knowledge and skills (in the clinician part) or your perception of your staff's knowledge and skills (in the supervisor part).

For each sentence in that section, your job is to rate yourself (or your staff, if you are using the tool as a supervisor,) from 1 to 5. Please choose a whole number and circle your choice for each item. At the end of Part 1 and Part 2 is a scoring sheet to total and record your scores.

VERY IMPORTANT!!! THIS IS A TOOL. IT IS NOT A TEST. YOU CANNOT FAIL. YOUR CHALLENGE ON THIS TOOL IS TO BE HONEST ABOUT HOW YOU SCORE YOURSELF OR YOUR STAFF SO YOU KNOW WHERE THE STRENGTHS AND NEEDS REALLY ARE.

What Do We Do after We Complete the CODECAT-EZ™?

What Happens After the Tool is Filled Out? Who Gets the Scores?

Ideally, after everyone in the program has used the **CODECAT-EZ™**, there will be an opportunity for the program staff and supervisors to come together, and share what they have learned. This will give everyone a chance to have an open conversation and easier discussion about attitudes, values, knowledge, and skills. The discussion between supervisors and staff is particularly valuable. Supervisors often rate their staff's attitudes and skills very differently than how staff rate themselves. The tool allows these perceptions to be "put on the table." In the context of this type of conversation, the program as a whole can begin to figure out where everyone needs help, and how to provide that help.

Many programs collect the scores anonymously, to make it easier for clinicians to feel safe in scoring honestly. In other programs, clinicians may not have a problem putting their names on the tool. In any case, it is important that individual clinician scores are not "reported" or "posted" so that everyone can see what everyone else wrote down. That would interfere with the level of comfort and partnership that is needed for the tool to be helpful. Similarly, in the discussion, clinicians should be encouraged to participate, and to share their scores if they wish, but should not be required to share their scores with the group.

Most programs will, however, collect the completed tools and average the scores of all clinicians, and share the collective results (rather than individual results), so that each clinician can see what the whole group average is, and think about his or her own score in relation to that average. That usually helps everyone to further identify strengths and learning needs.

When Should We Repeat the Tool? What is the Ultimate Goal?

Once programs start using the **CODECAT-EZ,** they often find it useful to repeat the tool approximately once a year, as a way of continuing the conversation, continuing to recognize progress, and continuing to identify new learning needs. Remember, though, that the goal is NOT that everyone scores a 5 on every item. The process is one of "progress, not perfection." Over time, all clinicians and supervisors can easily experience growth and progress, as their co-occurring competency slowly and steadily improves. When this can be demonstrated, everyone in the program can, and should, get a big round of applause!!!

So that's all there is to it!!! Get started, and most of all, have some fun. The whole process should take no more than 30 minutes to complete. We hope that you find it worthwhile and helpful in your work.

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[1]Minkoff K & Cline CA, Dual diagnosis capability: moving from concept to implementation. Journal of Dual Diagnosis (2006), 2(2):121-134.

[2]Minkoff K & Cline CA, Changing the world: the design and implementation of comprehensive continuous integrated systems of care for individuals with co-occurring disorders. Psychiat Clin N Am (2004), 27: 727-743.

[3]Minkoff K & Cline CA, Developing welcoming systems for individuals with co-occurring disorders: the role of the Comprehensive Continuous Integrated System of Care model. Journal of Dual Diagnosis (2005), 1:63-89.

PART I: CLINICIAN SECTION--EXAMPLE

Principle 2: The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.

Attitudes and Values:

1. *I believe that* providing hope to clients and families with complex needs is one of the most important goals when we meet them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. *I believe that* I should be a "co-occurring competent" clinician, whose job is to be helpful in an integrated manner to clients and families with <u>both</u> mental health and substance use issues.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Knowledge and Skills:

Please rate yourself on the strength of your knowledge and/or skills in the following areas:

1. Asking clients and families to identify their most hopeful goals for a happy, productive life, and writing down their goals in their own words.

Very Limited	Limited	Average	Strong	Outstanding
1	2	3	4	5

2. Working as an integrated "co-occurring competent" clinician, helping clients and families with <u>both</u> mental health and substance use issues make progress in each area.

Very Limited	Limited	Average	Strong	Outstanding
1	2	3	4	5

PART I: CLINICIAN SECTION

CODECAT-EZ™ SCORING SHEET

CODECAT-EZ™	Attitudes and Values	Knowledge and Skills
Principle 1		
Principle 2		
Principle 3		
Principle 4		
Principle 5		
Principle 6		
Principle 7		
Principle 8		
	Score: _____	Score: _____

CODECAT-EZ™
Combined Score: _____

PART 2: SUPERVISOR SECTION--EXAMPLE

Principle 2: The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.

Attitudes and Values:

1. *The staff I supervise believe that* providing hope to clients and families with complex needs is one of the most important goals when we meet them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. *The staff I supervise believe that* they should be "co-occurring competent" clinicians, whose job is to be helpful in an integrated manner to clients and families with <u>both</u> mental health and substance use issues.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Knowledge and Skills:

Please rate your staff on the strength of their knowledge and/or skills in the following areas:

1. Asking clients and families to identify their most hopeful goals for a happy, productive life, and writing down their goals in their own words.

Very Limited	Limited	Average	Strong	Outstanding
1	2	3	4	5

2. Working as an integrated "co-occurring competent" clinician, helping clients and families with <u>both</u> mental health and substance use issues make progress in each area.

Very Limited	Limited	Average	Strong	Outstanding
1	2	3	4	5

PART 2: SUPERVISOR SECTION

CODECAT-EZ™ SCORING SHEET

CODECAT-EZ™	Attitudes and Values	Knowledge and Skills
Principle 1		
Principle 2		
Principle 3		
Principle 4		
Principle 5		
Principle 6		
Principle 7		
Principle 8		
	Score: _____	**Score: _____**

CODECAT-EZ™ Score
Combined Score: _____