



CODECAT-EZ™ 2.0

Recovery-oriented Co-occurring Competency:
A Service Provider Self-assessment Tool

A SELF-ASSESSMENT TOOL
FOR BEHAVIORAL HEALTH TREATMENT, SERVICE AND SUPPORT PROVIDERS
WORKING WITH ADULTS, CHILDREN, YOUTH AND FAMILIES

Name: _____

Role or Job Title: _____

Program Name: _____

Agency Name: _____

Date Completed: _____

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CODECAT-EZ 2.0™ USERS' GUIDE

Welcome!

We are delighted that you have the opportunity to use CODECAT-EZ 2.0™ to help improve services for individuals and families with multiple co-occurring conditions and complex needs. CODECAT-EZ™ is a tool for individual service providers working on their own recovery-oriented co-occurring competency development. This tool provides a way for staff who provide service to individuals and families with mental health and/or substance use conditions and other complex health and human service needs to evaluate their own attitudes/values and knowledge/skills related to helping people and families with complex needs to make progress in recovery. CODECAT-EZ™ also provides supervisory staff with a structured process to assist their supervisees with competency development. We hope that you find the process to be enjoyable and helpful.

Checklist for Programs

For your convenience, a step-by-step checklist for the CODECAT-EZ™ process is on page 9.

Helpful Definitions

■ Co-occurring Conditions (Also Termed Co-occurring Issues or Co-occurring Disorders)

An individual has co-occurring behavioral health conditions if he or she has any combination of any mental health issue and/or any substance use problem and/or any cognitive disability even if the condition(s) have not yet been diagnosed. The concept of co-occurring conditions can also be applied to the co-occurrence of any behavioral health conditions with any physical health condition. Many systems and programs are also including trauma issues, problem gambling, and nicotine dependence, as well as complex social needs such as homelessness, poverty, criminal justice involvement, and cultural/linguistic challenges in the list of co-occurring conditions or issues. Co-occurring conditions and complex needs may also apply to families ("families with co-occurring (complex) conditions") where one member has one kind of problem, such as child with serious emotional issues or intellectual disability, and another member has another kind of problem, such as a family member or caregiver with a significant substance use issue, or significant physical health issue.

■ Co-occurring (Complexity) Competency

For any **service provider** delivering what might be termed "whole-person care" to individuals and families with co-occurring conditions and other complex needs, recovery-oriented co-occurring (complexity) competency involves developing core attitudes/values and knowledge/skills so that the service provider becomes a helpful, hopeful, and skillful partner to the individuals and families with multiple co-occurring (complex) 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 service or support to people and families with co-occurring (complex) issues does not need to have multiple licenses or special certification to become co-occurring (complexity) competent; co-occurring (complexity) competency is achievable by individuals with one license, two licenses, or no licenses at all, including peer specialists, wellness coaches, residential aides, case managers, medical assistants, and support staff who may be working directly with individuals or families with co-occurring (complex) issues.

■ Co-occurring (Complexity) Capability

For any type of program, within the mission and resources of that program, recovery-oriented co-occurring (complexity) 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 (complex) conditions 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. (Minkoff & Cline,

2006¹) Recovery-oriented co-occurring (complexity) capability necessitates that all treatment, service, and support is welcoming and person-centered. This dynamic approach to service is attuned to people and families with diverse goals, strengths, histories and cultures. Co-occurring (complexity) 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 service provider to deliver co-occurring (complexity)-competent care successfully.

■ CCISC

CCISC (Comprehensive Continuous Integrated System of Care) (Minkoff and Cline, 2004², 2005³) is both a framework and a process for designing a whole system of care to meet 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 (complexity) capable.** In addition, every person delivering and supporting care is engaged in a process to become welcoming, recovery-oriented, and co-occurring (complexity) competent as well.

Implementation of CCISC in real-world systems with limited resources is based on significant advances in clinical knowledge in the last several 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, 2004², 2005³), 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 use of positive contingencies to reward progress a day at a time. CCISC implementation helps all programs in the system, through the use of tools such as COMPASS-EZ™ for program self-assessment and CODECAT-EZ™ for individual service provider self-assessment, to learn how to apply the CCISC principles to build recovery-oriented co-occurring (complexity) capability into all areas of services and programming.

■ Complexity Capability and Complexity Competency

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 (complex) needs are an expectation, not an exception. Individuals and families not only have substance use and mental health issues, they frequently have medical, legal, trauma, housing, parenting, educational, vocational and cognitive/learning issues. In addition, these individuals and families are culturally and linguistically diverse. 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 individuals and families with co-occurring (complex) 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.

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. *Psychiatr 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 Inte-

What is CODECAT-EZ 2.0™?

■ A Key Tool in the Successful Implementation of 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 conditions, cognitive disabilities, physical health conditions, and other complex needs. The CCISC process is specifically designed to change the way programs and systems are organized to support best practice “whole person” services at all levels for individuals and families with co-occurring conditions.

Most important, from the service provider point of view, CCISC is also designed to help service providers in each program feel more successful and have more fun working with the people and families with co-occurring conditions and complex needs whom they are already serving.

■ Outcomes

- ▶ **For a service provider:** The CODECAT-EZ™ allows you to see where you feel that you have strengths in working with clients with co-occurring conditions, and where you feel that you have room to grow. This helps you 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 to apply them to help you with your 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 service providers and to be more effective with the people they serve.
- ▶ **For a program:** Looking at the results of the CODECAT-EZ™ for all service providers as a group, or all supervisors as a group, can help the program identify strengths in the provision of integrated co-occurring capable service, as well as identify areas for further training and practice support.

■ Organization of the CODECAT-EZ 2.0™

The CODECAT-EZ 2.0™ has two parts:

- ▶ **Part 1: The first part of the tool is for service providers.** By “service provider,” we mean anyone who is working with individual clients (**adults, adolescents, or children**) or families who have mental health and/or substance use and/or cognitive conditions, 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. To make any item more relevant to service providers working with children and families, the words “client and family” can be substituted for “client.”
 - ▶ A service provider can be a licensed clinician, a certified counselor, a peer support worker, a psychiatrist, a trainee, a residential technician, or a nurse—anyone who is in a role that involves providing help to clients with behavioral health needs. **The service provider part of the tool looks at attitudes, values, knowledge and skills as they relate to direct client care for people with co-occurring conditions and complex needs.**
- ▶ **Part 2: The second part of the tool is for “supervisors.”** By “supervisor” we mean anyone who has, as part of their job, the responsibility of supervising service providers and helping them to do their jobs.
 - ▶ A supervisor can spend some time doing direct service, and some time supervising other service providers, 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/complexity-competent attitudes, values, knowledge, and skills.

- ▶ Since many supervisors are also service providers, it may make sense for them to do *both* parts of the tool: the service provider part related to their own direct service 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 service providers and supervisors in prevention and early intervention services, and other “non-treatment” programs, as well as for service providers and supervisors in developmental disability services, probation services, child welfare services, and so on.

What is the Best Way to Use the CODECAT-EZ 2.0™?

■ Preparation

Before any program uses the CODECAT-EZ™ as a survey for service providers and supervisors, some important steps 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 service providers. 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 service providers and supervisors, the time frame within which the tool will be completed, and a scheduled time for service providers 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 service providers 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 reflects on the items and writes down his or her scores as a beginning step for further discussion and growth.

Some 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. Whatever process is used for staff to complete the form, please make sure there is time for discussion.

■ Discussion

Following completion of the tool, there needs to be an opportunity for supervisors and service providers 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 service providers 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 2.0™?

■ Use 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 service provider or supervisor scoring the tool should select the whole number (no decimals, please!) that most closely approximates his or her assessment regarding that item.

■ Score 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 service providers 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 service provider 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 asks the service provider to self-assess (in the service provider part) or asks the supervisor to assess his or her staff in the supervisor part).

- ▶ For each sentence in that section, your job is to assess yourself (or your staff) from 1 (Strongly Disagree) to 5 (Strongly Agree) related to how much you agree (or, as a supervisor, how much you feel that your staff agree) with 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 an assessment of the strength of your own knowledge and skills (in the service provider 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 assess your knowledge and skills (or your staff's knowledge and skills, if you are using the tool as a supervisor) from 1 (Very Limited) to 5 (Outstanding). Please choose a whole number from 1 to 5, and write it down in the box next to the sentence. At the end of Part 1 and Part 2 are scoring sheets to total and record your scores.

■ VERY IMPORTANT!!!

This is a tool, 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 2.0™?

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

After everyone in the program has used the CODECAT-EZ™, program staff and supervisors should come together, and share what they have learned. This gives 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 service providers to feel safe in scoring honestly. In other programs, service providers may not have a problem putting their names on the tool. In any case, **it is important that individual service provider 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, service providers should be encouraged to participate, and share their scores if they wish, but not required to share scores with the group.

Most programs will, however, collect the completed tools and average the scores of all service providers, and share the collective results (rather than individual results), so that each service provider 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.

■ Developing a Competency Development and Supervision Plan

One of the most important outcomes for programs using the CODECAT-EZ™ is to utilize the results to develop a co-occurring competency development plan for each service provider, individually and collectively. This requires identifying the areas on the tool where there seemed to be the most significant gaps between staff’s desire to learn (attitudes and values) and perceived competency (knowledge and skills). This allows for targeted training and competency development, as well as a specific plan by which each supervisor regularly reinforces the development of that competency in individual supervision, group supervision, and case discussions. The competency development plan and supervision plan should be aligned with the program’s action plan items that derived from completing the COMPASS-EZ™. Programs and supervisors may find the ILSA™ Supervision Workbook in the ZiaPartners CCISC Toolkit to be a helpful tool to organize how to provide supervision to address specific competencies.

■ 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 service providers 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 to your work.

COMPANION TOOLS

ZiaPartners has developed a comprehensive toolkit for system transformation, which includes tools for assessment of systems, agencies/programs, and clinician competencies, as well as clinical practice tools. The CODECAT-EZ™ is one of the tools in that toolkit. See the last page of this booklet for a complete list.

CODECAT-EZ™ CHECKLIST FOR PROGRAMS

1. Leadership meet with staff about program's goals of co-occurring capability and staff's co-occurring competency.
2. Complete COMPASS-EZ™ as program self-assessment.
3. Implement action plan to improve program co-occurring capability.
4. Determine process for distribution of CODECAT-EZ™ to service providers and supervisors, with time frames for completion and scheduling post-completion discussion of the experience.
5. Service providers complete CODECAT-EZ™ self-assessment.
6. Supervisors complete CODECAT-EZ™ assessment of their staff as a group.
7. Supervisors and staff meet to discuss results and learnings.
8. (Optional) Average the scores of all service providers and share collective results.
9. Use the results to create a program-specific competency development and supervision plan.
10. Repeat the CODECAT-EZ™ once a year to measure progress and modify the plan.

TO BE COMPLETED BY SERVICE PROVIDER

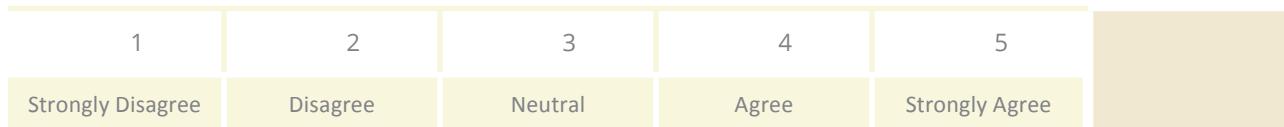
SERVICE PROVIDER

Principle 1: Co-occurring conditions and complex needs are an expectation, not an exception. All services are designed to welcome the opportunity to help people with all of their issues.

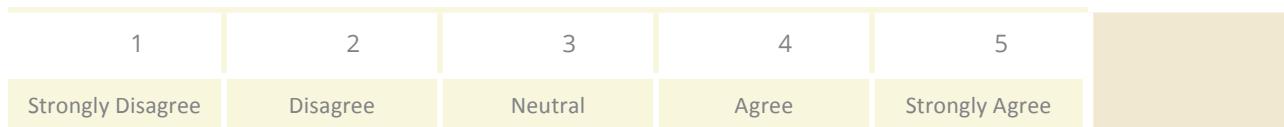
Attitudes and Values

Please self-assess using the scale below.

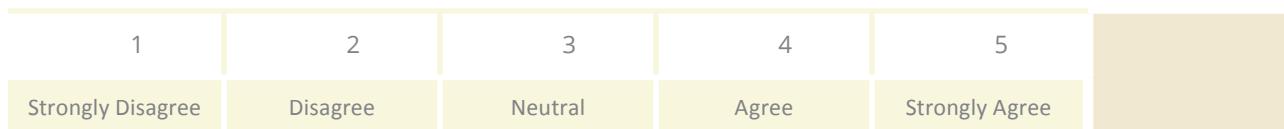
1. Individuals and families with co-occurring conditions and/or complex needs should be welcomed as they are, wherever and whenever they present.



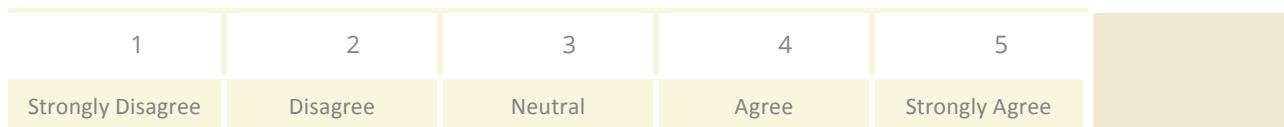
2. It is not appropriate to use negative labels (such as *manipulative, non-compliant, med-seeking*) to describe clients, even when the clients are not present.



3. It is important to screen all clients for mental health issues, substance use, trauma, cognitive impairments, medical conditions, and other issues or needs.



4. It is important for me to develop my competency to welcome and engage the people with complex needs and challenges who are likely to be most in need of help.



Total Section Score (Sum of all items answered)

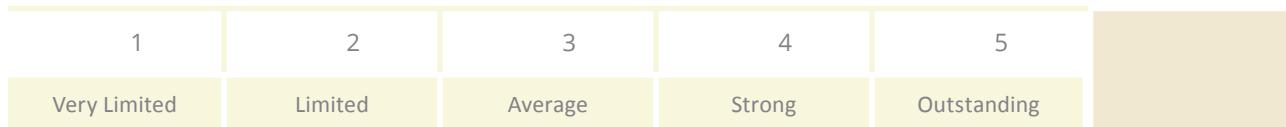
SERVICE PROVIDER

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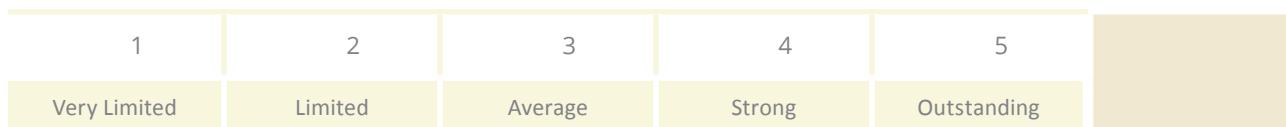
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

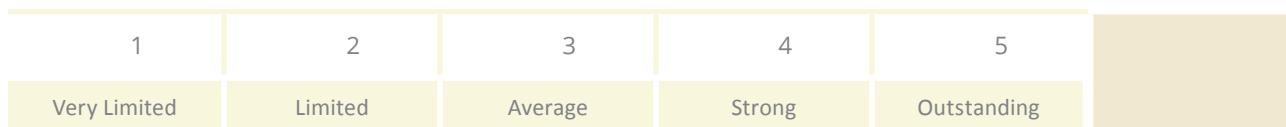
5. Welcoming clients and their families with co-occurring conditions/complex needs, including those with active symptoms of mental illness and/or active substance use:



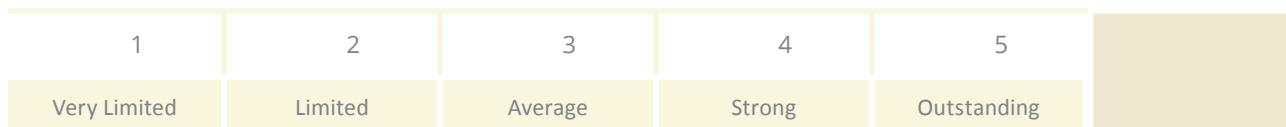
6. Talking with and about clients and families with co-occurring conditions/complex needs without using negative labels such as *non-compliant, manipulative, med-seeking*:



7. Screening in a welcoming manner for (and documenting) co-occurring mental health issues, substance use, trauma, cognitive impairments, medical conditions, and other issues/needs of individuals and families entering service:



8. Welcoming the opportunity to work toward the goal of developing the very best possible competency to help the people with complexity who are in my caseload:



Total Section Score (Sum of all items answered)

SERVICE PROVIDER

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

Attitudes and Values

Please self-assess using the scale below.

9. Providing hope to clients and families with co-occurring conditions/complex needs is one of my most important responsibilities.

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

10. The hopeful concepts of self-determination, resilience, and recovery can be applied to mental illness, addiction, cognitive challenges, trauma, serious health issues, and other chronic conditions.

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

11. When people are having the greatest struggle, that is the most important time to focus on the amazing strengths they are using to do things “right.”

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

12. It is always important to recognize and document the strengths that individuals and families are using to make progress for *each issue*.

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

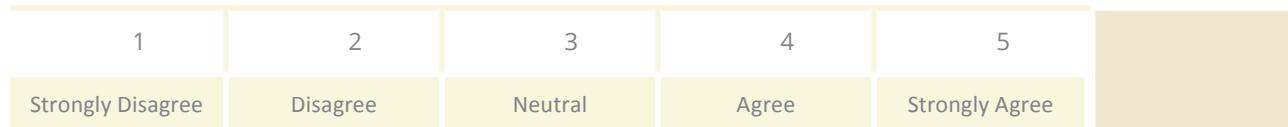
13. As a competent service provider for my clients/families, my job is to integrate help and support for *all* of their multiple issues.

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

14. It is better for most clients and families to work with a team that provides integrated help than to just receive multiple referrals to different types of staff or services.

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

15. It is important to work as a partner with clients and families on all their issues to help them achieve their goals for happy and productive lives.



Total Section Score (Sum of all items answered)

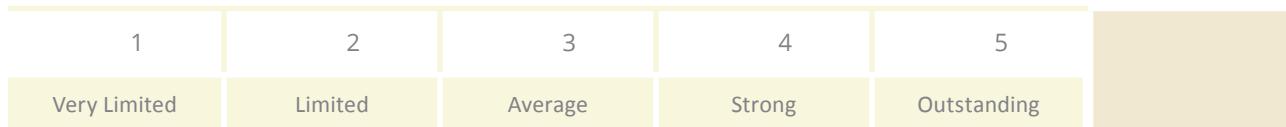
SERVICE PROVIDER

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

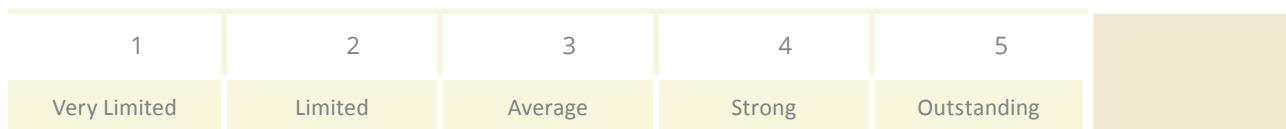
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

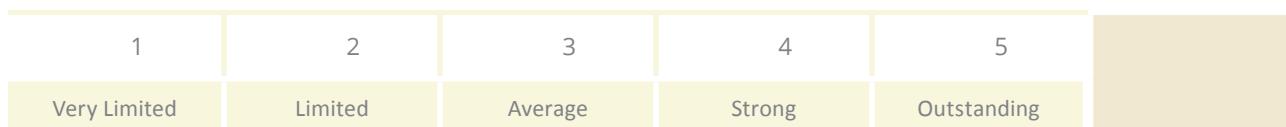
16. Asking clients and families about their most inspired hopeful vision for happy productive lives, and writing this vision into a service plan in their own words:



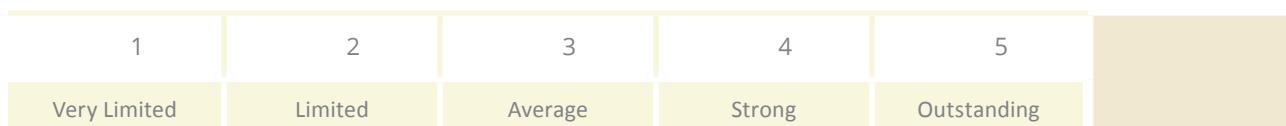
17. Identifying the strengths that clients are using to make progress for each of their challenges:



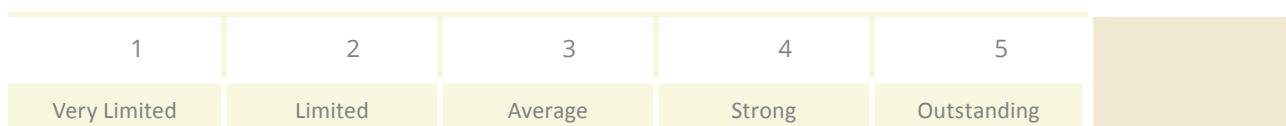
18. Talking with my clients—and about my clients with my team—in a strength-based manner, especially when the clients are having a hard time:



19. Working as an integrated partner to help my clients with *all* of their issues together:



20. Helping clients and families with multiple issues build on their strengths and successes to make small steps of progress with *each issue* over time:



Total Section Score (Sum of all items answered)

SERVICE PROVIDER

Principle 3: All people with co-occurring conditions are not the same, so service matching must be based on an individualized assessment of each area of need.

Attitudes and Values

Please self-assess using the scale below.

21. A “diagnosis” or “problem label” (e.g., “homeless”) alone is not enough to design services.

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

22. Each person with co-occurring/complex issues needs empathetic understanding of his or her experience of *each issue* in order to develop a service plan.

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

23. It is important for me to empathize with each client’s experience of *all* their issues, especially issues that I am not “expert” in addressing.

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

24. A good history is usually the best way to identify potential “diagnoses” (e.g., mental health, substance use, health) even when the person has active symptoms (e.g., actively using substances).

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

25. It is important to understand and identify low severity vs. high severity for *each issue* (e.g., substance misuse vs. addiction; painful feelings vs. serious mental illness; mild vs. severe health, cognitive, legal issues).

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

26. Addiction (more severe substance use disorder) is a brain disease that is present in the brain—and requires ongoing attention—even when the person is clean and sober.

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

27. Mental health issues can usually be identified and diagnosed by getting a good history and even when the client is actively using substances.

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

28. Services should be matched (at least) according to acuity, severity, and client preferences for *each issue*.

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

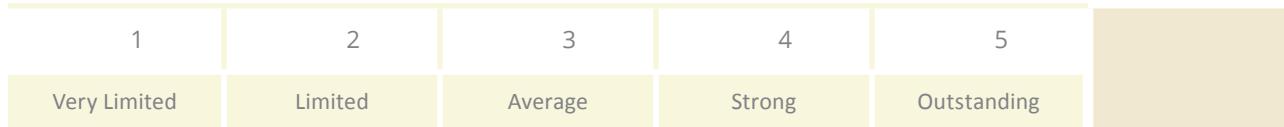
Total Section Score (Sum of all items answered)

SERVICE PROVIDER

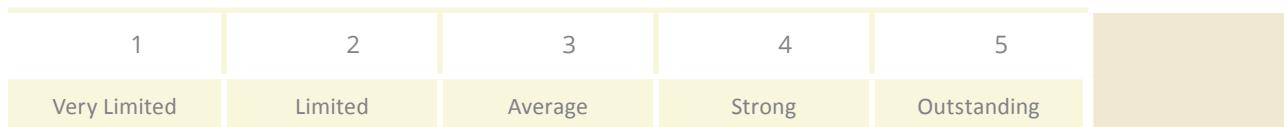
Principle 3: All people with co-occurring conditions are not the same, so service matching must be based on an individualized assessment of each area of need.

Knowledge and Skills**Please self-assess your knowledge and skills in the following areas:**

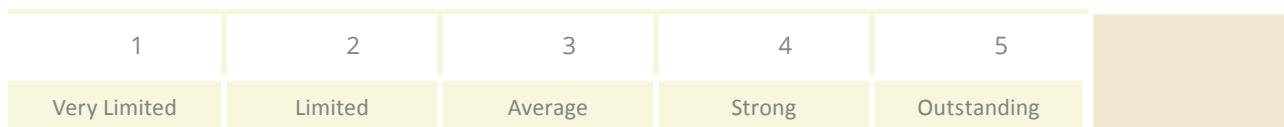
29. Empathizing with clients' experience of multiple issues, including ones I'm not expert in:



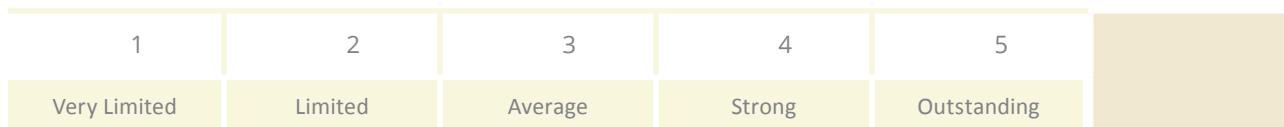
30. Distinguishing type and severity of substance use issues (e.g., misuse vs. addiction):



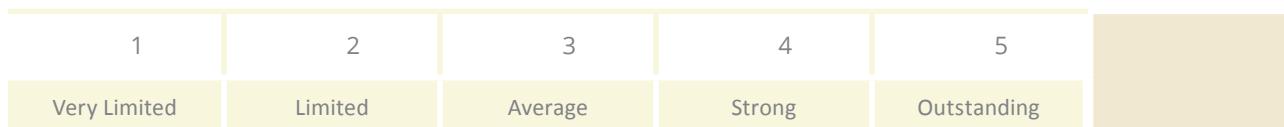
31. Distinguishing signs, symptoms, and disabilities due to a mental illness from painful feelings due to difficult life circumstances:



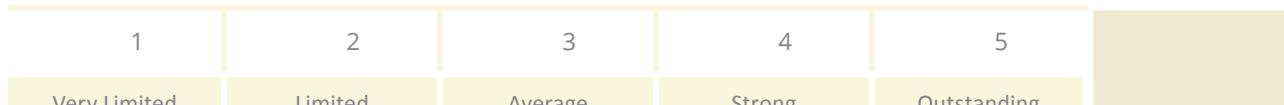
32. Getting an empathic, strength-based, integrated history from a client using substances in order to determine the likely presence of a diagnosable mental or medical illness:



33. Understanding a client's whole story in order to identify multiple co-occurring issues:



34. Knowing how to match clients with multiple issues to the best choice of "co-occurring" program and services, based on acuity, severity, and preferences regarding *each issue*:



Total Section Score (Sum of all items answered)

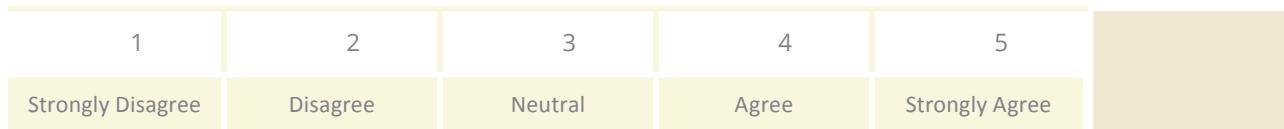
SERVICE PROVIDER

Principle 4: When co-occurring conditions and issues co-exist, each condition or issue is considered primary, and integrated attention to each issue is needed.

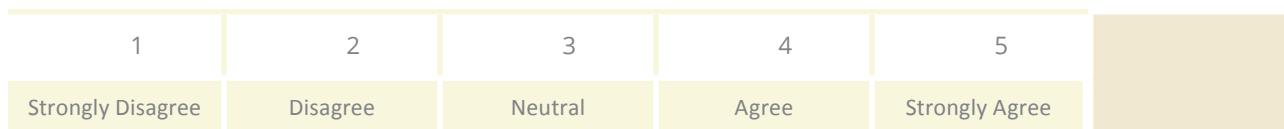
Attitudes and Values

Please self-assess using the scale below:

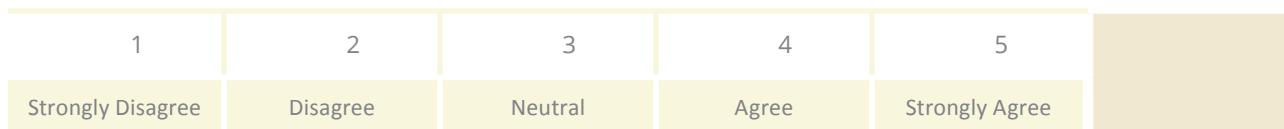
35. When individuals and families have multiple co-occurring conditions or issues, all the problems are “primary” because they are all relevant to the person and/or to the family.



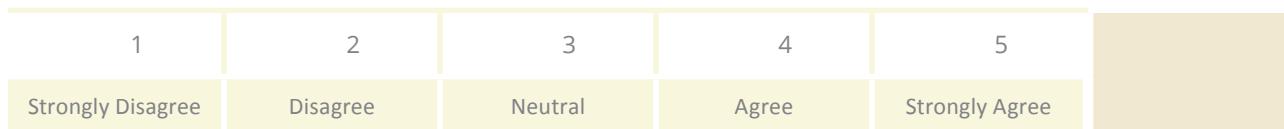
36. To help the person or family make steps of progress, the best practice for individuals with multiple issues is to provide accurately matched interventions for *each issue* at the same time.



37. It is important to maintain necessary and appropriate non-addictive medication for the treatment of serious mental illnesses and medical conditions, even if the person is using substances.



38. All types of staff and programs should work together to help each other—through consultation and teamwork—to deliver integrated services and communication to the people they serve.



Total Section Score (Sum of all items answered)

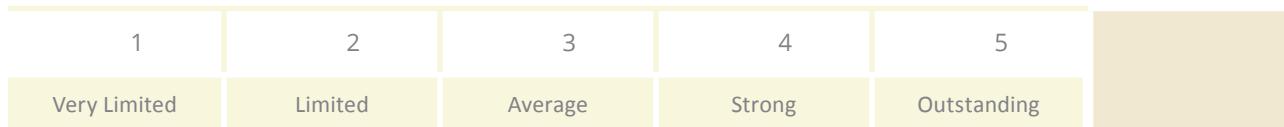
SERVICE PROVIDER

Principle 4: When co-occurring conditions and issues co-exist, each condition or issue is considered primary, and integrated attention to each issue is needed.

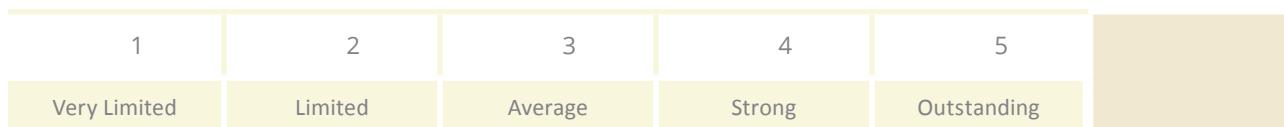
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

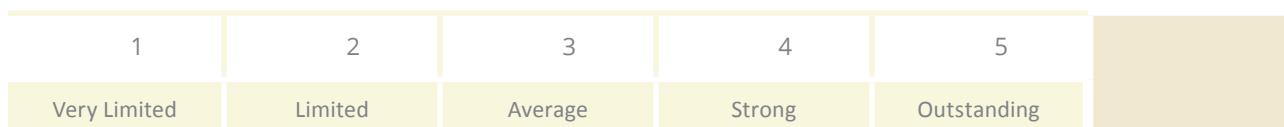
39. Identifying and listing multiple primary issues on a service plan for the client and family, starting with the issues that the client and family members most want to work on to achieve their goals:



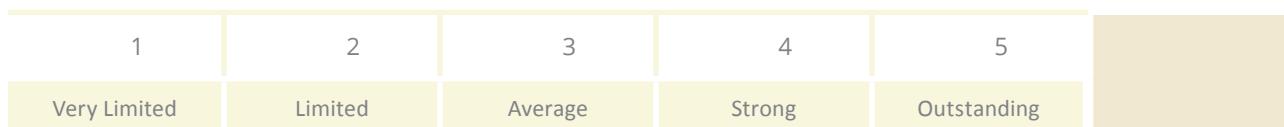
40. Helping the client and family identify next-step recommendations for *each issue*, either on my own or by consulting with someone more knowledgeable than I am about that problem:



41. Helping the client and family learn how to follow treatment and service recommendations for multiple issues at the same time:



42. Working as a welcoming team member with other service providers and programs to help my clients and families receive integrated communication and services:



Total Section Score (Sum of all items answered)

SERVICE PROVIDER

Principle 5: Progress toward a hopeful vision for a happy and meaningful life involves moving through stages of change for each issue.
 (Stages of change: Precontemplation, Contemplation, Preparation, Early Action, Late Action, Maintenance)
Attitudes and Values

Please self-assess using the scale below.

43. When clients have multiple problems, it is important to recognize that they may be in different stages of change for *each issue*.

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

44. In a family, it is important to recognize that different members may be in different stages of change for the same issue.

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

45. Using stage-matched interventions for *each issue* is the best way to work as an integrated partner to support progress for multiple issues.

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

46. Helping individuals (and supportive family members) move through stages of change for each of their multiple issues represents real progress in their journey of change.

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

Total Section Score (Sum of all items answered)

SERVICE PROVIDER

Principle 5: Progress toward a hopeful vision for a happy and meaningful life involves moving through stages of change for each issue.
 (Stages of change: Precontemplation, Contemplation, Preparation, Early Action, Late Action, Maintenance)
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

47. Identifying stage of change for each issue:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

48. Identifying stage-matched interventions and outcomes for each issue:

1	2	3	4	5	
Very limited	Limited	Average	Strong	Outstanding	

49. Using motivational engagement strategies with clients who are in earlier stages of change:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

50. Identifying stage of change and using stage-matched interventions for each relevant issue with clients' caregivers or significant others:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

Total Section Score (Sum of all items answered)

SERVICE PROVIDER

Principle 6: Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring/complex condition or issue.

Attitudes and Values

Please self-assess using the scale below.

51. It is important that each client get the help, structure, and support that he or she needs to succeed for *each issue*.

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

52. Active treatment or support for any issue involves the client learning skills and using supports in order to be successful following the recommendations for that issue.

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

53. Peer support is a valuable resource for individuals with all types of co-occurring issues.

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

54. Reward is more effective than punishment as a way to promote learning skills.

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

55. Individuals with multiple issues generally make progress slowly, and deserve rounds of applause for each small step of progress (e.g., one day of being sober, taking medication on any given day, eating healthily for one meal, cutting back on smoking).

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

56. I do not have to be an expert in order to teach helpful skills (e.g., how to talk to the doctor, how to take meds as prescribed, how to ask for help, how to manage anxiety).

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

Total Section Score (Sum of all items answered)

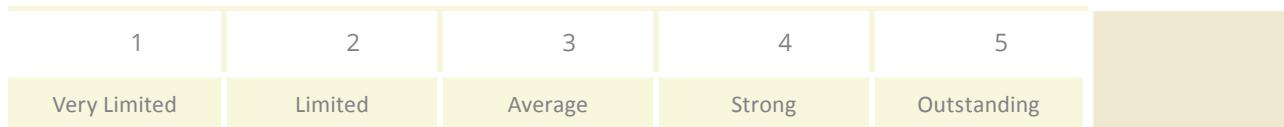
SERVICE PROVIDER

Principle 6: Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring/complex condition or issue.

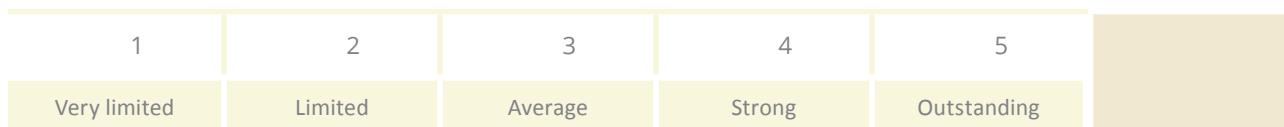
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

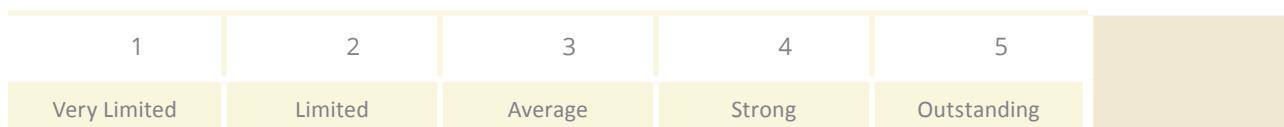
57. Helping the client break the learning process into small steps for *each* issue so he or she has more structure to succeed:



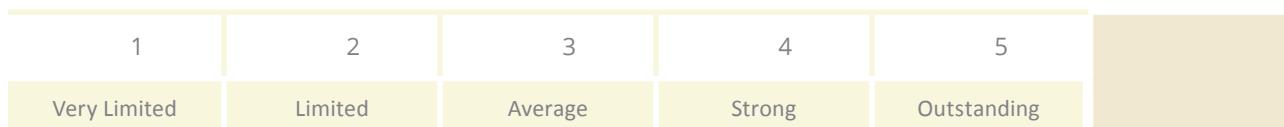
58. Teaching clients and family members basic skills to manage symptoms and follow recommendations for each of their co-occurring issues:



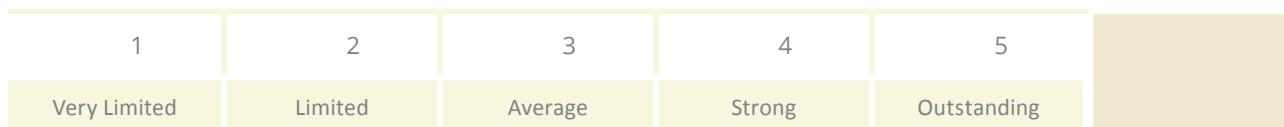
59. Helping clients practice how to ask for help from service providers, peers, or other supports when they are having a hard time or are in danger of relapse with any issue:



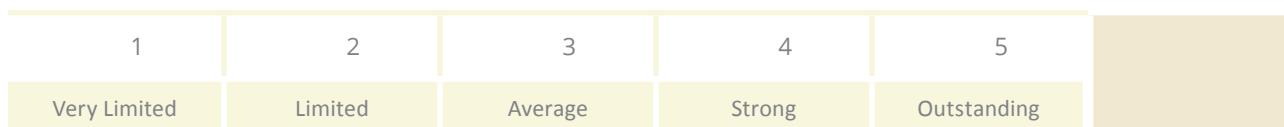
60. Connecting clients with multiple issues to peer recovery supports, and teaching clients the skills they need to be successful using those supports:



61. Recognizing small, meaningful steps of progress for each issue and providing enthusiastic positive rewards (e.g., rounds of applause) for those small steps:



62. Finding the right balance between doing things *for* my clients and partnering to help them learn to do things for themselves:



Total Section Score (Sum of all items answered)

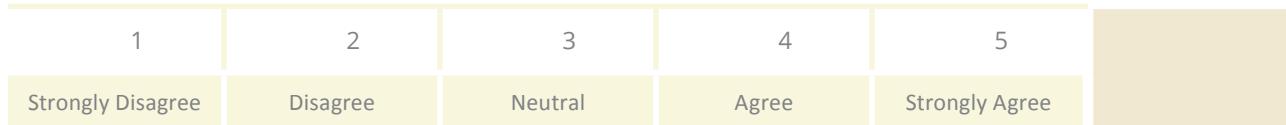
SERVICE PROVIDER

Principle 7: Because services are individualized, there is no single “correct” co-occurring/complexity-capable program or intervention for everyone.

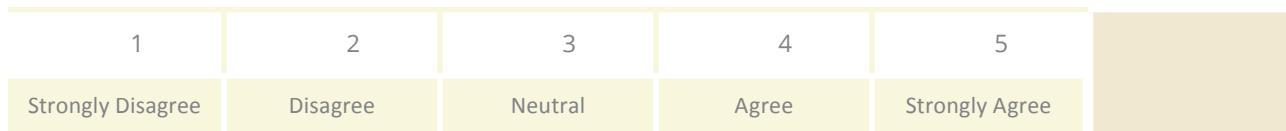
Attitudes and Values

Please self-assess using the scale below.

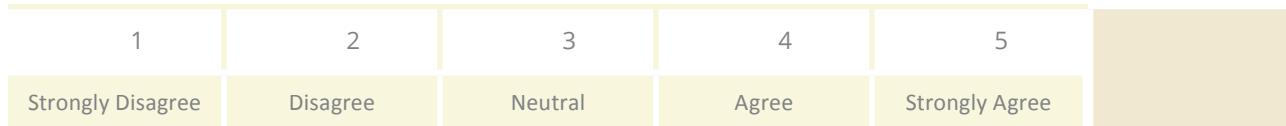
63. No single type of “co-occurring” or “integrated” program or intervention can meet the needs of all clients or families.



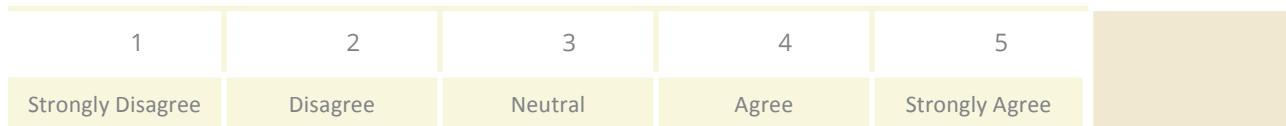
64. In service plans, it is important to recognize the client’s and family’s small steps of stage-matched progress for each issue as successful outcomes.



65. Harm reduction and abstinence orientation are *both* valuable strategies for addressing substance use when appropriately matched based on individual need—focusing on partial progress (i.e., harm reduction) or full sobriety (i.e., abstinence orientation).



66. Individualized service plans for individuals and families with co-occurring/complex issues should be person-centered and “hopeful goal”-oriented, strength-based and integrated, with achievable stage-matched objectives for each primary issue.



Total Section Score (Sum of all items answered)

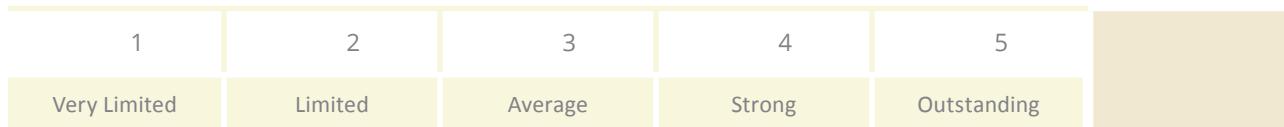
SERVICE PROVIDER

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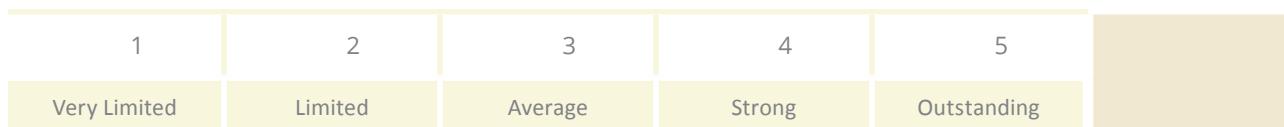
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

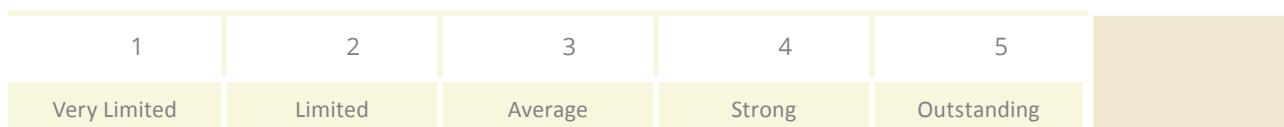
67. Understanding how my program or team can provide the right matched services for the individuals and families with co-occurring/complex needs who are the expectation in our program:



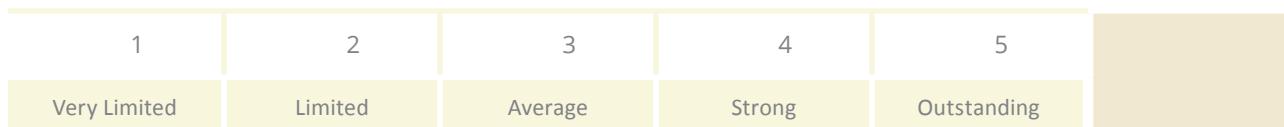
68. Developing and documenting an individualized integrated service plan based on the client’s or family’s own person-centered goals and strengths:



69. Developing and documenting an integrated service plan with individualized stage-matched interventions for each primary issue:



70. Identifying strengths and rewarding measurable small steps of progress for clients who are having difficulty with consistently following treatment recommendations (e.g., continuing to use substances, engaging in unhealthy activities, taking medication inconsistently):



Total Section Score (Sum of all items answered)

SERVICE PROVIDER

Principle 8: Comprehensive, continuous integrated systems of care are designed so that all policies, procedures, practices, programs and service providers become welcoming, recovery/resiliency-oriented and complexity/co-occurring-capable.

Attitudes and Values

Please self-assess using the scale below.

71. My entire organization should work toward whole-person and co-occurring/complexity-capable/whole person/integrated care to better meet the needs of the people we serve.

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

72. Every program in the system (*including the one I work in*) can and should become welcoming, hopeful, person-centered (recovery-oriented), and co-occurring/complexity-capable to better meet the needs of the individuals and families needing service.

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

73. Every person delivering care and support should become welcoming, hopeful, person-centered (recovery-oriented) and have core competency to provide integrated services to people with co-occurring/complex needs.

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

74. Every funding stream that pays for services in my program/organization should be used to support billing or payment for integrated services.

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

Total Section Score (Sum of all items answered)

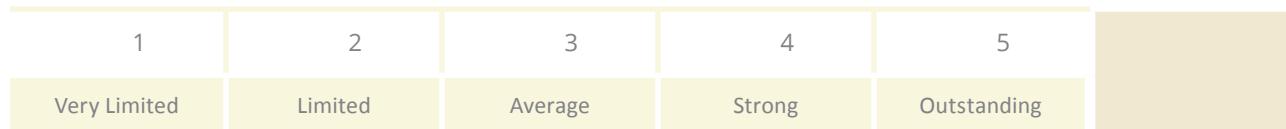
SERVICE PROVIDER

Principle 8: Comprehensive, continuous, integrated systems of care are designed so that all policies, procedures, practices, programs and service providers become welcoming, recovery/resiliency-oriented, and co-occurring capable.

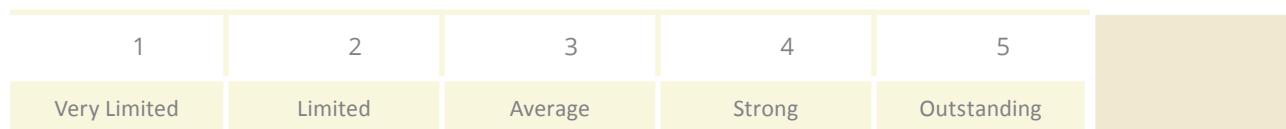
Knowledge and Skills

Please self-assess your knowledge and skills in the following areas:

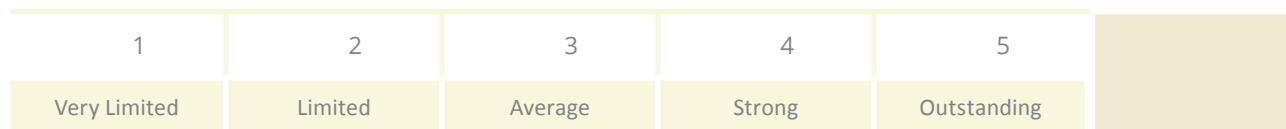
75. Understanding and participating in the current change process in my program or agency to make progress toward co-occurring/complex/whole-person/integrated care:



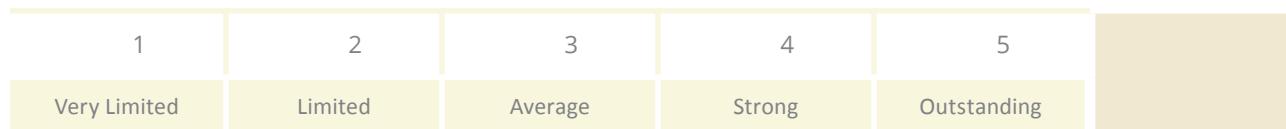
76. Knowing how to help my colleagues make progress in improving their ability to work with people with co-occurring conditions/complex needs:



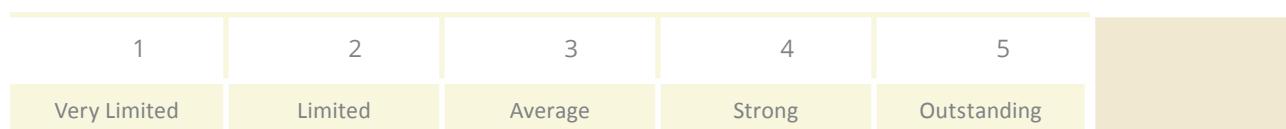
77. Understanding the current change process in my state, province, county, community, or local system to make progress toward a welcoming and integrated system of care:



78. Knowing how to use the policies, procedures, and practices of the program in which I work to support welcoming access and integrated service delivery for my clients with co-occurring/complex issues:



79. Knowing how to use the policies and procedures in my program to support billing, payment, and documentation of co-occurring/complex/whole-person/integrated care within any single funding stream or service code that I utilize:



Total Section Score (Sum of all items answered)

CODECAT-EZ 2.0™ Score Sheet - Service Provider Section

Principles	Attitudes and Values	Knowledge and Skills
	Score	Score
Principle 1		
Principle 2		
Principle 3		
Principle 4		
Principle 5		
Principle 6		
Principle 7		
Principle 8		
Score		

CODECAT-EZ 2.0™ Combined Service Provider Score:

TO BE COMPLETED BY SUPERVISOR

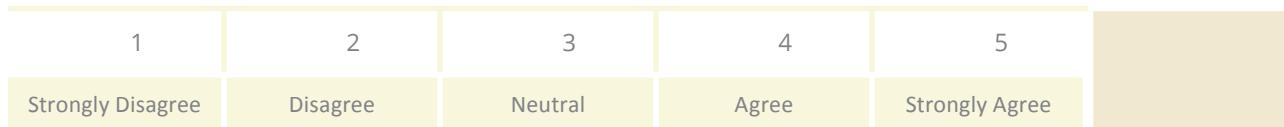
SUPERVISOR

Principle 1: Co-occurring conditions and complex needs are an expectation, not an exception. All services are designed to welcome the opportunity to help people with all of their issues.

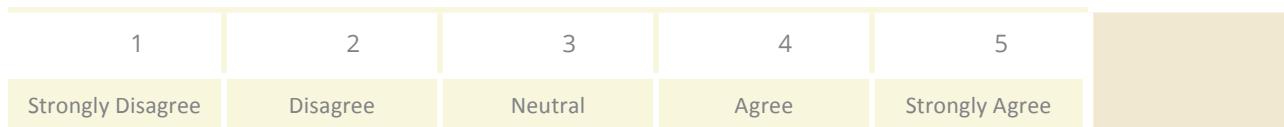
Attitudes and Values

Please assess your staff using the scale below.

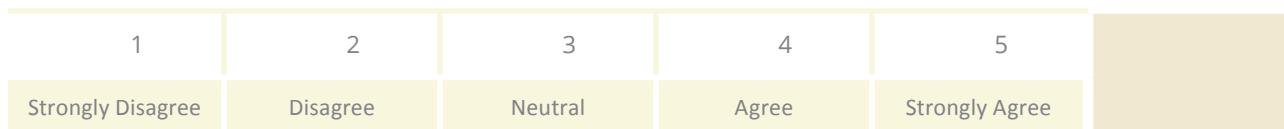
1. Individuals and families with co-occurring conditions and/or complex needs should be welcomed as they are, wherever and whenever they present.



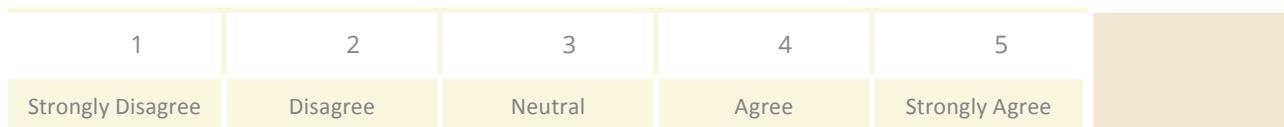
2. It is not appropriate to use negative labels (such as *manipulative, non-compliant, med-seeking*) to describe clients, even when the clients are not present.



3. It is important to screen all clients for mental health issues, substance use, trauma, cognitive impairments, medical conditions, and other issues or needs.



4. It is important for me to develop my competency to welcome and engage the people with complex needs and challenges who are likely to be most in need of help.



Total Section Score (Sum of all items answered)

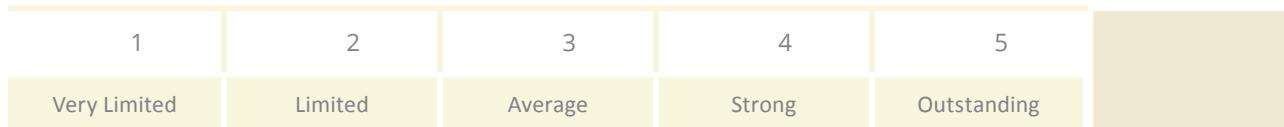
SUPERVISOR

Principle 1: Co-occurring conditions and complex needs are an expectation, not an exception. All services are designed to welcome the opportunity to help people with all of their issues.

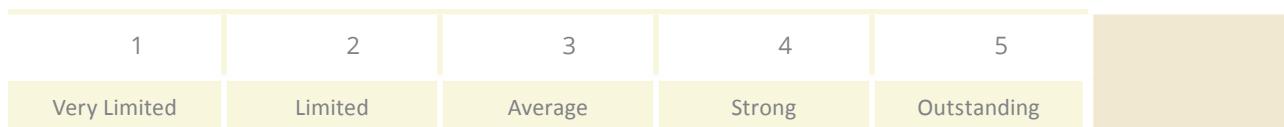
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

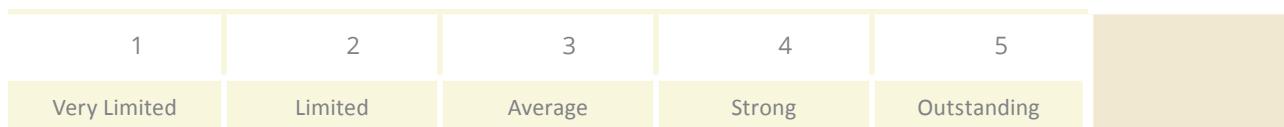
5. Welcoming clients and their families with co-occurring conditions/complex needs, including those with active symptoms of mental illness and/or active substance use:



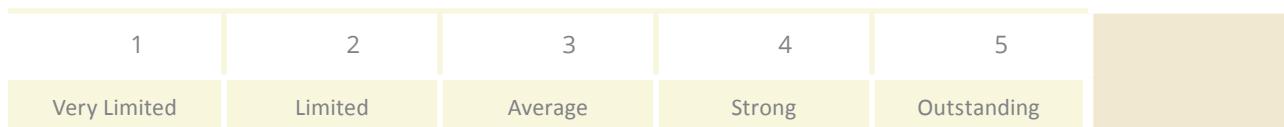
6. Talking with and about clients and families with co-occurring conditions/complex needs without using negative labels such as *non-compliant, manipulative, med-seeking*:



7. Screening in a welcoming manner for (and documenting) co-occurring mental health issues, substance use, trauma, cognitive impairments, medical conditions, and other issues/needs of individuals and families entering service:



8. Welcoming the opportunity to work toward the goal of developing the very best possible competency to help the people with complexity who are in my caseload:



Total Section Score (Sum of all items answered)

SUPERVISOR

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

Attitudes and Values

Please assess your staff using the scale below.

9. Providing hope to clients and families with co-occurring conditions/complex needs is one of my most important responsibilities.

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

10. The hopeful concepts of self-determination, resilience, and recovery can be applied to mental illness, addiction, cognitive challenges, trauma, serious health issues, and other chronic conditions.

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

11. When people are having the greatest struggle, that is the most important time to focus on the amazing strengths they are using to do things “right.”

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

12. It is always important to recognize and document the strengths that individuals and families are using to make progress for *each issue*.

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

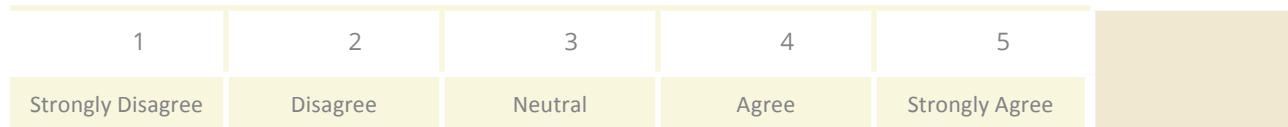
13. As a competent service provider for my clients/families, my job is to integrate help and support for *all* of their multiple issues.

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

14. It is better for most clients and families to work with a team that provides integrated help than to just receive multiple referrals to different types of staff or services.

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

15. It is important to work as a partner with clients and families on all their issues to help them achieve their goals for happy and productive lives.



Total Section Score (Sum of all items answered)

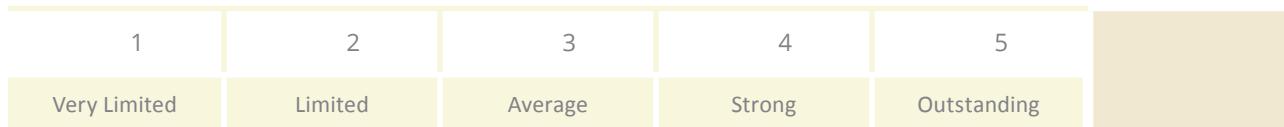
SUPERVISOR

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

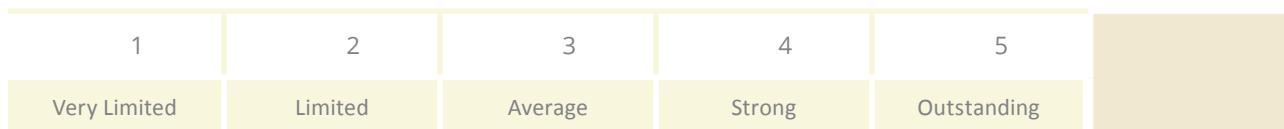
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

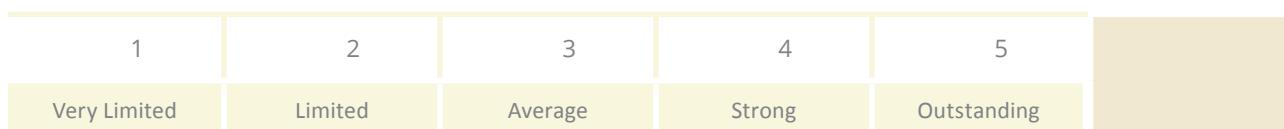
16. Asking clients and families about their most inspired hopeful vision for happy productive lives, and writing this vision into a service plan in their own words:



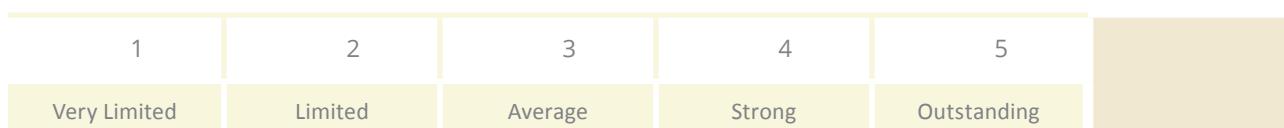
17. Identifying the strengths that clients are using to make progress for each of their challenges:



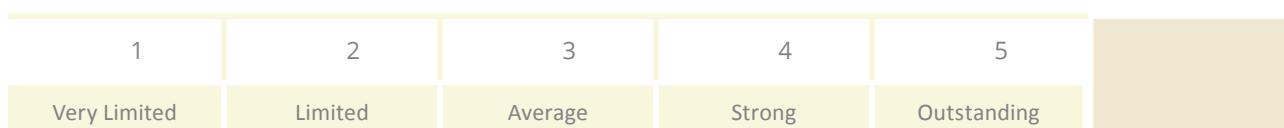
18. Talking with my clients—and about my clients with my team—in a strength-based manner, especially when the clients are having a hard time:



19. Working as an integrated partner to help my clients with *all* of their issues together:



20. Helping clients and families with multiple issues build on their strengths and successes to make small steps of progress with *each issue* over time:



Total Section Score (Sum of all items answered)

SUPERVISOR

Principle 3: All people with co-occurring conditions are not the same, so service matching must be based on an individualized assessment of each area of need.

Attitudes and Values

Please assess your staff using the scale below.

21. A “diagnosis” or “problem label” (e.g., “homeless”) alone is not enough to design services.

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

22. Each person with co-occurring/complex issues needs empathetic understanding of his or her experience of *each issue* in order to develop a service plan.

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

23. It is important for me to empathize with each client’s experience of *all* their issues, especially issues that I am not “expert” in addressing.

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

24. A good history is usually the best way to identify potential “diagnoses” (e.g., mental health, substance use, health) even when the person has active symptoms (e.g., actively using substances).

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

25. It is important to understand and identify low severity vs. high severity for *each issue* (e.g., substance misuse vs. addiction; painful feelings vs. serious mental illness; mild vs. severe health, cognitive, legal issues).

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

26. Addiction (more severe substance use disorder) is a brain disease that is present in the brain—and requires ongoing attention—even when the person is clean and sober.

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

27. Mental health issues can usually be identified and diagnosed by getting a good history and even when the client is actively using substances.

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

28. Services should be matched (at least) according to acuity, severity, and client preferences for *each issue*.

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

Total Section Score (Sum of all items answered)

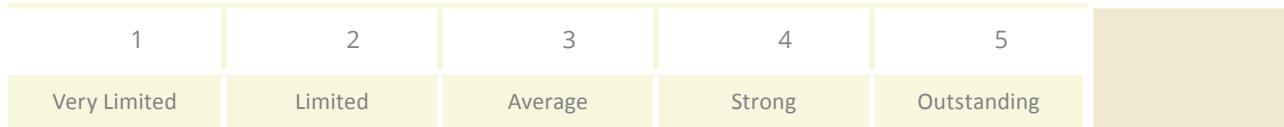
SUPERVISOR

Principle 3: All people with co-occurring conditions are not the same, so service matching must be based on an individualized assessment of each area of need.

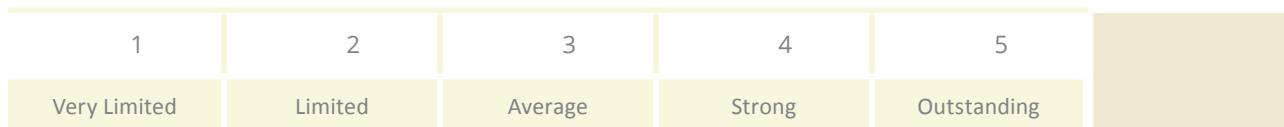
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

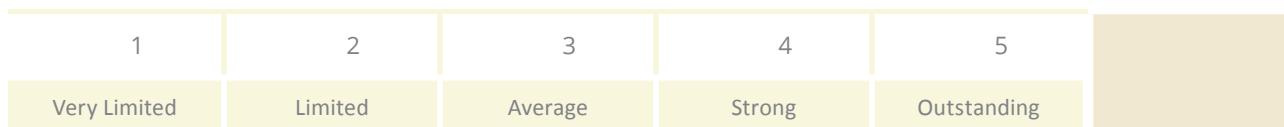
29. Empathizing with clients' experience of multiple issues, including ones I'm not expert in:



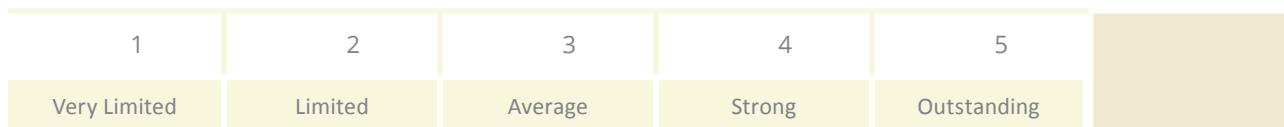
30. Distinguishing type and severity of substance use issues (e.g., misuse vs. addiction):



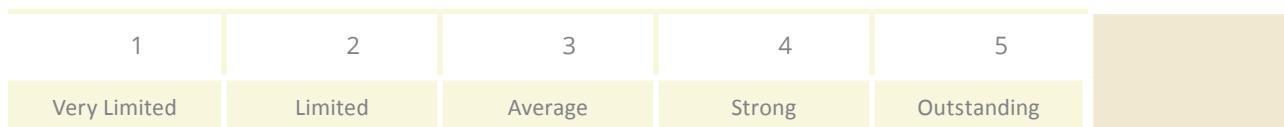
31. Distinguishing signs, symptoms, and disabilities due to a mental illness from painful feelings due to difficult life circumstances:



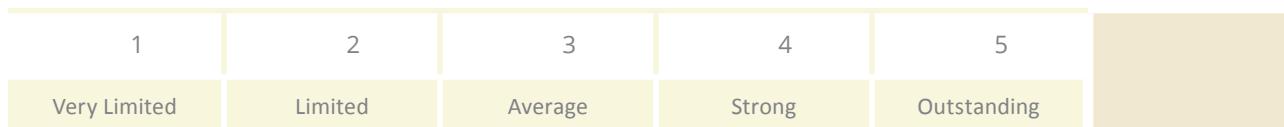
32. Getting an empathic, strength-based, integrated history from a client using substances in order to determine the likely presence of a diagnosable mental or medical illness:



33. Understanding a client's whole story in order to identify multiple co-occurring issues:



34. Knowing how to match clients with multiple issues to the best choice of "co-occurring" program and services, based on acuity, severity, and preferences regarding *each issue*:



Total Section Score (Sum of all items answered)

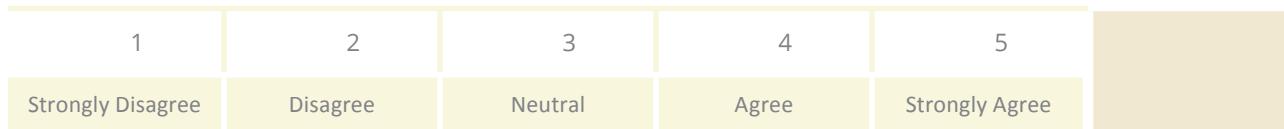
SUPERVISOR

Principle 4: When co-occurring conditions and issues co-exist, each condition or issue is considered primary, and integrated attention to each issue is needed.

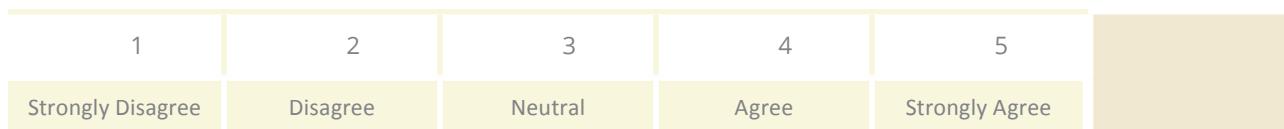
Attitudes and Values

Please assess your staff using the scale below:

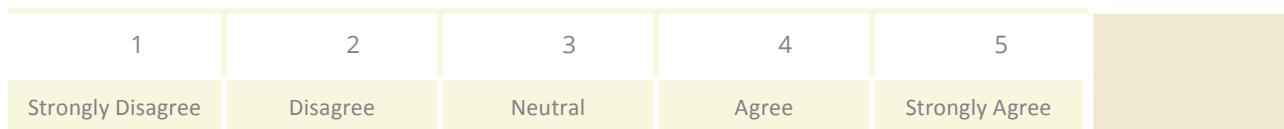
35. When individuals and families have multiple co-occurring conditions or issues, all the problems are “primary” because they are all relevant to the person and/or to the family.



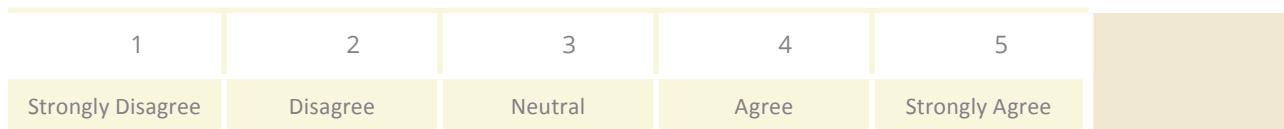
36. To help the person or family make steps of progress, the best practice for individuals with multiple issues is to provide accurately matched interventions for *each issue* at the same time.



37. It is important to maintain necessary and appropriate non-addictive medication for the treatment of serious mental illnesses and medical conditions, even if the person is using substances.



38. All types of staff and programs should work together to help each other—through consultation and teamwork—to deliver integrated services and communication to the people they serve.



Total Section Score (Sum of all items answered)

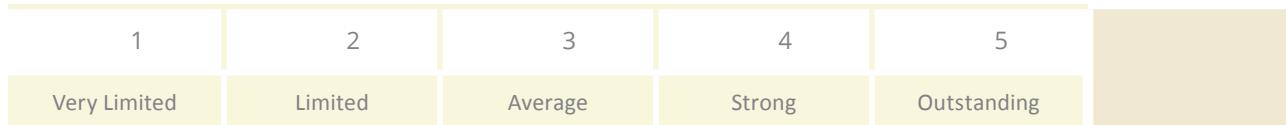
SUPERVISOR

Principle 4: When co-occurring conditions and issues co-exist, each condition or issue is considered primary, and integrated attention to each issue is needed.

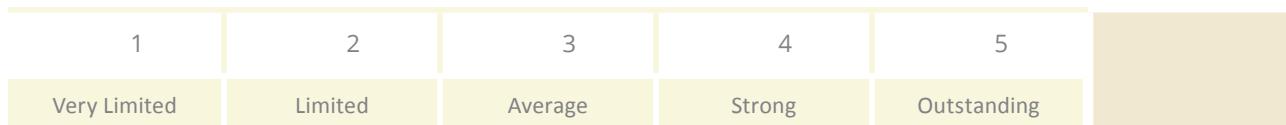
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

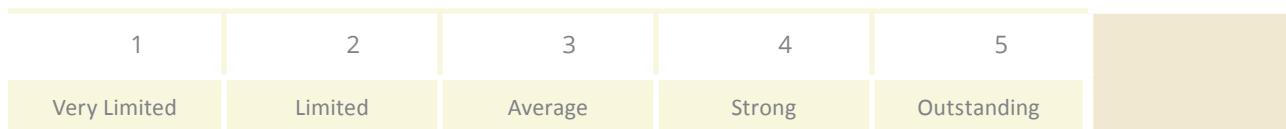
39. Identifying and listing multiple primary issues on a service plan for the client and family, starting with the issues that the client and family members most want to work on to achieve their goals:



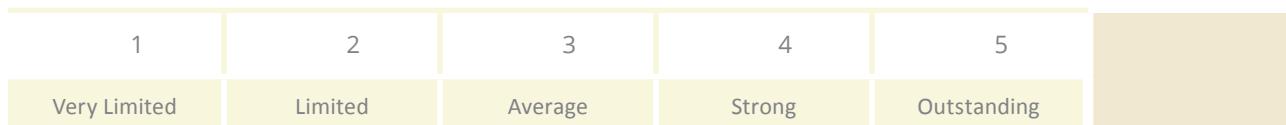
40. Helping the client and family identify next-step recommendations for *each issue*, either on my own or by consulting with someone more knowledgeable than I am about that problem:



41. Helping the client and family learn how to follow treatment and service recommendations for multiple issues at the same time:



42. Working as a welcoming team member with other service providers and programs to help my clients and families receive integrated communication and services:



Total Section Score (Sum of all items answered)

SUPERVISOR

Principle 5: Progress toward a hopeful vision for a happy and meaningful life involves moving through stages of change for each issue.
 (Stages of change: Precontemplation, Contemplation, Preparation, Early Action, Late Action, Maintenance)
Attitudes and Values

Please assess your staff using the scale below.

43. When clients have multiple problems, it is important to recognize that they may be in different stages of change for *each issue*.

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

44. In a family, it is important to recognize that different members may be in different stages of change for the same issue.

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

45. Using stage-matched interventions for *each issue* is the best way to work as an integrated partner to support progress for multiple issues.

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

46. Helping individuals (and supportive family members) move through stages of change for each of their multiple issues represents real progress in their journey of change.

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

Total Section Score (Sum of all items answered)

SUPERVISOR

Principle 5: Progress toward a hopeful vision for a happy and meaningful life involves moving through stages of change for each issue.
 (Stages of change: Precontemplation, Contemplation, Preparation, Early Action, Late Action, Maintenance)
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

47. Identifying stage of change for each issue:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

48. Identifying stage-matched interventions and outcomes for each issue:

1	2	3	4	5	
Very limited	Limited	Average	Strong	Outstanding	

49. Using motivational engagement strategies with clients who are in earlier stages of change:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

50. Identifying stage of change and using stage-matched interventions for each relevant issue with clients' caregivers or significant others:

1	2	3	4	5	
Very Limited	Limited	Average	Strong	Outstanding	

Total Section Score (Sum of all items answered)

SUPERVISOR

Principle 6: Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring/complex condition or issue.

Attitudes and Values

Please assess your staff using the scale below.

51. It is important that each client get the help, structure, and support that he or she needs to succeed for *each issue*.

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

52. Active treatment or support for any issue involves the client learning skills and using supports in order to be successful following the recommendations for that issue.

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

53. Peer support is a valuable resource for individuals with all types of co-occurring issues.

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

54. Reward is more effective than punishment as a way to promote learning skills.

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

55. Individuals with multiple issues generally make progress slowly, and deserve rounds of applause for each small step of progress (e.g., one day of being sober, taking medication on any given day, eating healthily for one meal, cutting back on smoking).

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

56. I do not have to be an expert in order to teach helpful skills (e.g., how to talk to the doctor, how to take meds as prescribed, how to ask for help, how to manage anxiety).

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

Total Section Score (Sum of all items answered)

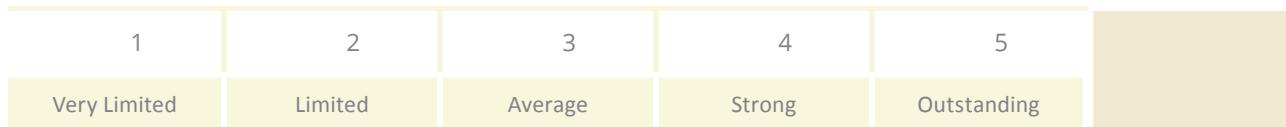
SUPERVISOR

Principle 6: Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring/complex condition or issue.

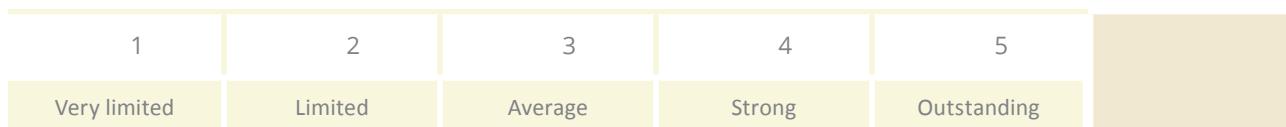
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

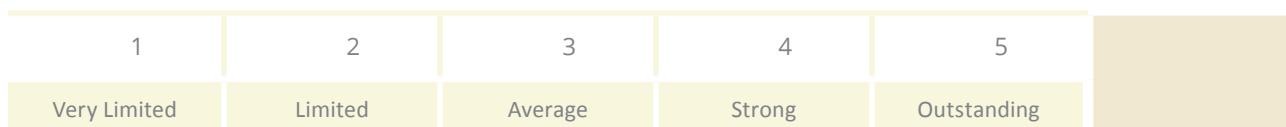
57. Helping the client break the learning process into small steps for *each* issue so he or she has more structure to succeed:



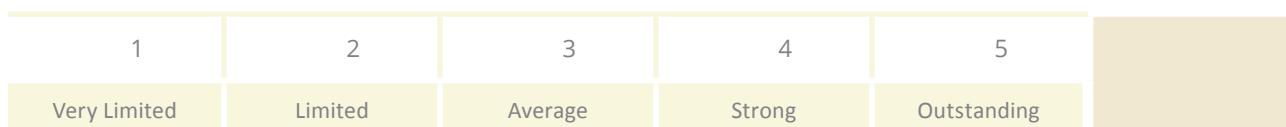
58. Teaching clients and family members basic skills to manage symptoms and follow recommendations for each of their co-occurring issues:



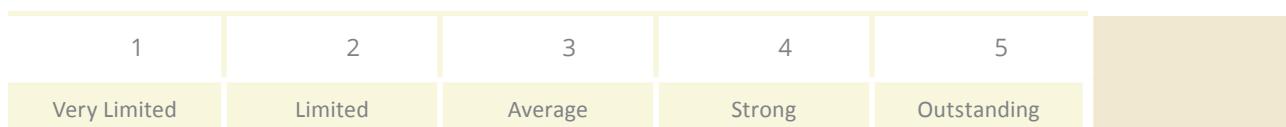
59. Helping clients practice how to ask for help from service providers, peers, or other supports when they are having a hard time or are in danger of relapse with any issue:



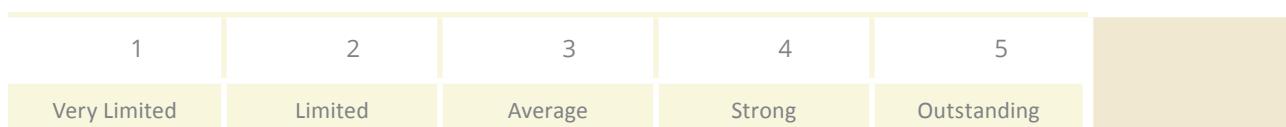
60. Connecting clients with multiple issues to peer recovery supports, and teaching clients the skills they need to be successful using those supports:



61. Recognizing small, meaningful steps of progress for each issue and providing enthusiastic positive rewards (e.g., rounds of applause) for those small steps:



62. Finding the right balance between doing things *for* my clients and partnering to help them learn to do things for themselves:



Total Section Score (Sum of all items answered)

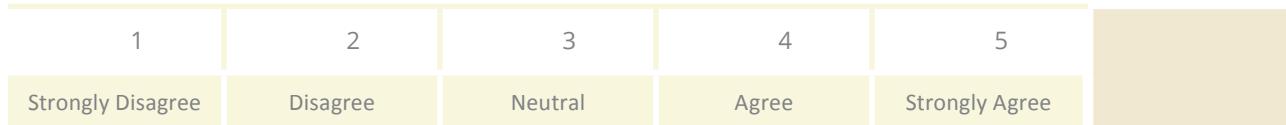
SUPERVISOR

Principle 7: Because services are individualized, there is no single “correct” co-occurring/complexity-capable program or intervention for everyone.

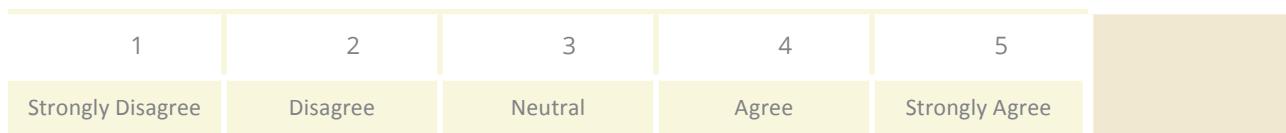
Attitudes and Values

Please self-assess using the scale below.

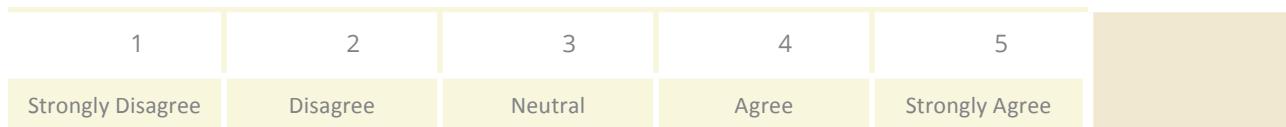
63. No single type of “co-occurring” or “integrated” program or intervention can meet the needs of all clients or families.



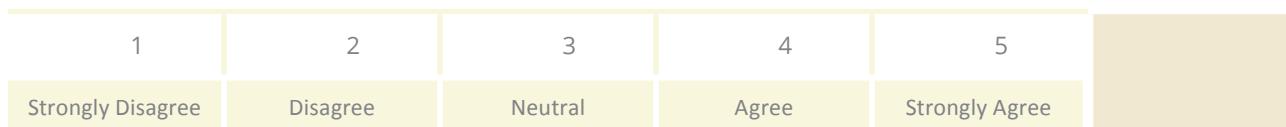
64. In service plans, it is important to recognize the client’s and family’s small steps of stage-matched progress for each issue as successful outcomes.



65. Harm reduction and abstinence orientation are *both* valuable strategies for addressing substance use when appropriately matched based on individual need—focusing on partial progress (i.e., harm reduction) or full sobriety (i.e., abstinence orientation).



66. Individualized service plans for individuals and families with co-occurring/complex issues should be person-centered and “hopeful goal”-oriented, strength-based and integrated, with achievable stage-matched objectives for each primary issue.



Total Section Score (Sum of all items answered)

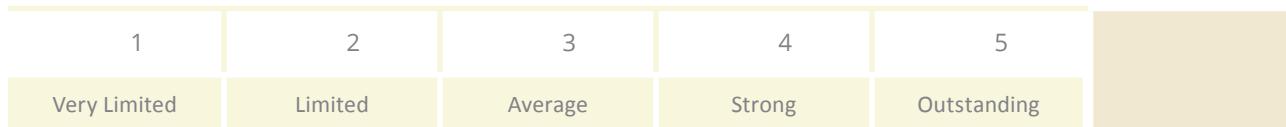
SUPERVISOR

Principle 7: Because services are individualized, there is no single “correct” co-occurring/complexity-capable program or intervention for everyone.

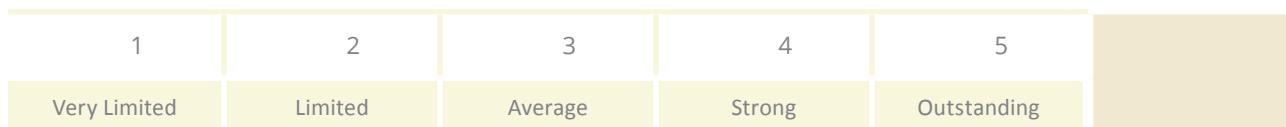
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

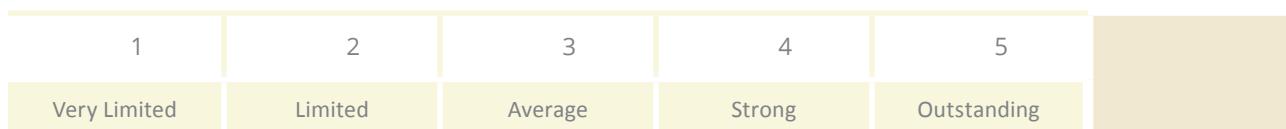
67. Understanding how my program or team can provide the right matched services for the individuals and families with co-occurring/complex needs who are the expectation in our program:



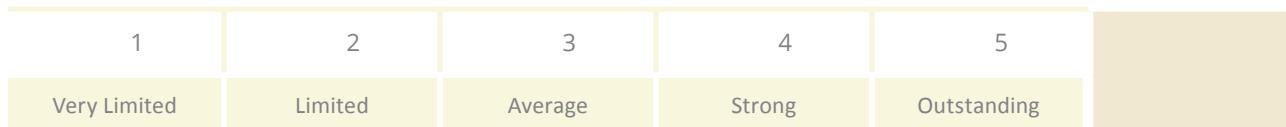
68. Developing and documenting an individualized integrated service plan based on the client's or family's own person-centered goals and strengths:



69. Developing and documenting an integrated service plan with individualized stage-matched interventions for each primary issue:



70. Identifying strengths and rewarding measurable small steps of progress for clients who are having difficulty with consistently following treatment recommendations (e.g., continuing to use substances, engaging in unhealthy activities, taking medication inconsistently):



Total Section Score (Sum of all items answered)

SUPERVISOR

Principle 8: Comprehensive, continuous integrated systems of care are designed so that all policies, procedures, practices, programs and service providers become welcoming, recovery/resiliency-oriented and complexity/co-occurring-capable.

Attitudes and Values

Please self-assess using the scale below.

71. My entire organization should work toward whole-person and co-occurring/complexity-capable/whole person/integrated care to better meet the needs of the people we serve.

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

72. Every program in the system (*including the one I work in*) can and should become welcoming, hopeful, person-centered (recovery-oriented), and co-occurring/complexity-capable to better meet the needs of the individuals and families needing service.

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

73. Every person delivering care and support should become welcoming, hopeful, person-centered (recovery-oriented) and have core competency to provide integrated services to people with co-occurring/complex needs.

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

74. Every funding stream that pays for services in my program/organization should be used to support billing or payment for integrated services.

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

Total Section Score (Sum of all items answered)

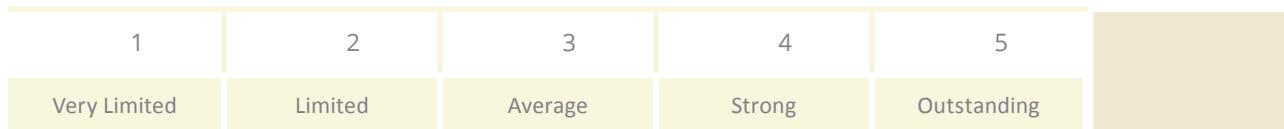
SUPERVISOR

Principle 8: Comprehensive, continuous, integrated systems of care are designed so that all policies, procedures, practices, programs and service providers become welcoming, recovery/resiliency-oriented, and co-occurring capable.

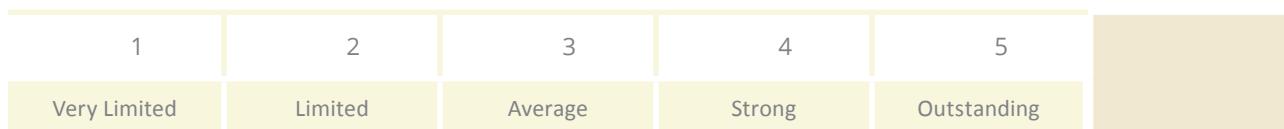
Knowledge and Skills

Please assess your staff's knowledge and skills in the following areas:

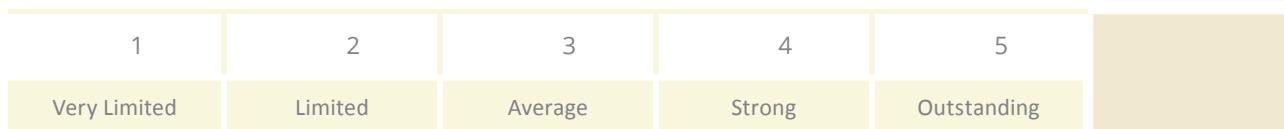
75. Understanding and participating in the current change process in my program or agency to make progress toward co-occurring/complex/whole-person/integrated care:



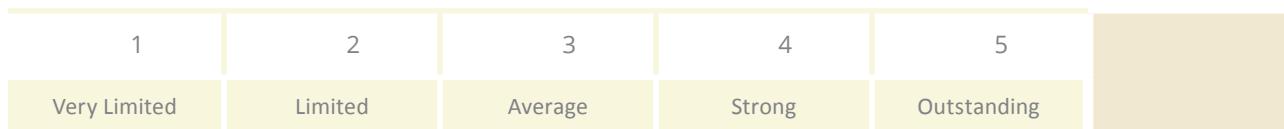
76. Knowing how to help my colleagues make progress in improving their ability to work with people with co-occurring conditions/complex needs:



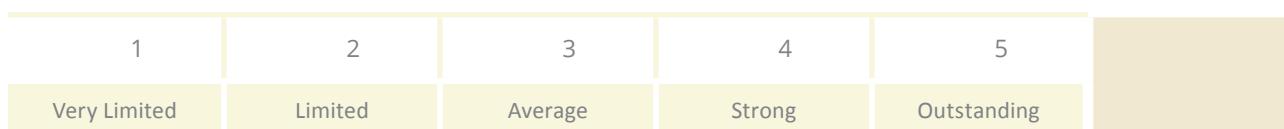
77. Understanding the current change process in my state, province, county, community, or local system to make progress toward a welcoming and integrated system of care:



78. Knowing how to use the policies, procedures, and practices of the program in which I work to support welcoming access and integrated service delivery for my clients with co-occurring/complex issues:



79. Knowing how to use the policies and procedures in my program to support billing, payment, and documentation of co-occurring/complex/whole-person/integrated care within any single funding stream or service code that I utilize:



Total Section Score (Sum of all items answered)

CODECAT-EZ™ Score Sheet - Supervisor Section

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

ZIA TOOLS

For Systems in Transformation

ZiaPartners has developed a comprehensive array of tools to improve welcoming, person/family-centered, recovery/resiliency-oriented, integrated systems of care in real-world systems. These tools use the Comprehensive Continuous Integrated System of Care (CCISC) as a framework and a process for designing a whole system of care in a quality improvement partnership to be about the complex needs of individuals and families being served. In CCISC, all programs in the system engage in partnership with system leadership and individuals and their families to become complexity (co-occurring) capable. The tools below are designed to be used by systems in transformation to help the partners learn how to apply CCISC principles to practice, programming, and design. For more details, visit www.ziapartners.com/tools.

■ System Tools

- ▶ **SOCAT™** - A self-survey tool for participating organizations and agencies in community-based system of care partnerships.
- ▶ **CO-FIT100™** - A systems measurement tool for CCISC outcome fidelity and implementation.
- ▶ **COCAP™** - A self-assessment tool for identifying measurable indicators of progress in integration for programs, agencies and systems.
- ▶ **COMPASS-EXEC™** - A self-assessment tool for executive leadership and administrative teams of large systems working on integration.

■ Agency/Program Tools

- ▶ **COMPASS-EZ™** - A self-assessment tool for behavioral health programs.
- ▶ **COMPASS-ID™** - A self-assessment tool for intellectual disability programs and services.
- ▶ **COMPASS-PREVENTION™** - A self-assessment tool for prevention and early intervention programs.
- ▶ **COMPASS-PH/BH™ [For primary health/behavioral health integration]** - A self-survey tool for primary health and/or behavioral health clinics, programs and/or teams. [One of the assessment tools in the OATI; in the Public Domain]
- ▶ **OATI™** (Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration) - Co-authored by CIHS, ZiaPartners, and MTM Associates, the OATI contains a suite of public-domain assessment tools used together to provide an understanding of an organization's capability for integrated care. Visit www.integration.samhsa.gov/operations-administration/assessment-tools#OATI.

■ Staff Competency Tools

- ▶ **CODECAT-EZ™** - A self-assessment tool for behavioral health treatment and service provider staff working with adults, children, youth and families.

■ Clinical Practice Tools

- ▶ **ILSA-Basic™** (Integrated Longitudinal Strength-based Assessment) - A documentation format that organizes a welcoming, hopeful, integrated, recovery-oriented assessment for adults or older adolescents.
- ▶ **Z-Planner™** - Guidelines for documentation of integrated, strength-based, stage-matched mental health and substance abuse recovery planning for children, youth, and adults.

How to Acquire and Use These Tools

Licensing these tools is required, except for those in the public domain. Some tools may have already been licensed in your system. Please contact us at info@ziapartners.com to obtain information on licensure.