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CO-OCCURRING DISORDERS EDUCATIONAL COMPETENCY ASSESSMENT TOOL (CODECAT)

CODECAT™
Version 1.0

CO-OCCURRING DISORDERS EDUCATIONAL COMPETENCY ASSESSMENT TOOL

CLINICIAN CORE COMPETENCIES FOR
CO-OCCURRING PSYCHIATRIC AND SUBSTANCE DISORDERS



Innovative Strategies for
Behavioral Health Systems

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

Tool No. 3

Co-occurring Disorders Services Enhancement Toolkit

CODECAT

Version 1.0

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COMPETENCY ASSESSMENT TOOL**

**CLINICIAN CORE COMPETENCIES FOR
CO-OCCURRING PSYCHIATRIC AND SUBSTANCE DISORDERS**

Co-occurring Disorders Services Enhancement Toolkit – Tool Number 3

Author: Kenneth Minkoff, M.D. and Christie A. Cline, M.D.

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User's Guide

Overview

Training clinicians in the treatment of co-occurring psychiatric and substance use disorders can be organized around research-derived clinical consensus best practice principles of treatment for co-occurring disorders. Such principles have been developed and disseminated through the SAMHSA Managed Care Initiative Panel on Co-occurring Disorders (Minkoff, 1998¹). Each principle has specific implications for core clinical competencies that become the focus of targeted training for individual clinicians and groups of clinicians. CODECAT™ presents these principles, identifies the expected clinician core competencies associated with each principle, and provides a format for either supervisory evaluation or clinician self-evaluation of these competencies. Note that these core competencies include Attitudes and Values, as well as Knowledge and Skills. These core competencies are intended to be applicable to ALL behavioral health clinicians, regardless of background in mental health or substance disorder treatment, and regardless of seniority or type of licensure. They represent the basic necessary clinical requirements to implement a welcoming, accessible, integrated, continuous, and comprehensive system of care for consumers with co-occurring disorders.

CODECAT™ is not intended to evaluate or instruct clinicians on the disorder-specific elements of mental health or substance use disorder treatment. Rather, CODECAT™ is a tool to provide an integrated framework to evaluate clinicians' training needs and to provide a framework within which disorder-specific treatment can be understood and applied more effectively. CODECAT™ is both a competency assessment tool and a self-teaching tool that raises awareness of desired Attitudes, Values, Knowledge, and Skills.

¹Minkoff K. Center for Mental Health Services. Managed Care Initiative Panel on Co-occurring Disorders. Co-occurring psychiatric and substance disorders in managed care systems: standards of care, practice guidelines, workforce competencies, and training curricula. Rockville (MD): Center for Mental Health Services. Jan. 1998.

ASSESSMENT PROCESS

Clinician competency assessment can be performed through either or both of two methods using this tool:

1. Supervisory Evaluation (Group Evaluation)

Each competency listed in CODECAT™ is rated on the following Likert Scale according to the supervisor's assessment of the degree to which staff members, as a group, can demonstrate the specific competency:

1-Rarely 2-Occasionally 3-Sometimes 4-Often 5-Consistently

--AND/OR--

2. Clinician Self-Evaluation (Individual Evaluation)

Each competency listed in CODECAT™ is rated on the following Likert Scale according to the clinician's own assessment of his or her strength in the specific area of competency:

1-Poor 2-Limited 3-Average 4-Above Average 5-Outstanding

A clinician should rate himself or herself within the context of the usual work environment and according to his or her routine performance.

Two versions of CODECAT™ are included in this booklet—The Supervisory Evaluation (Group Evaluation) and The Clinician Self-Evaluation (Individual Evaluation).

Scoring

The Supervisory Evaluation (Group Evaluation) and The Clinician Self-Evaluation (Individual Evaluation) should be scored separately. Each competency is given a Likert score. Any individual competency score of 1 or 2 should be considered an area of weakness needing attention. Any individual competency score of 4 or 5 should be considered an area of strength.

Within each Principle, the total score for Attitudes and Values and the total score for Knowledge and Skills are to be evaluated. It is not uncommon for clinicians to have relative differences between scores on Attitudes and Values and Knowledge and Skills. This information allows targeted training and education that may be more knowledge base or attitudinally based, depending on the need. Further, the Attitudes and Values scores and Knowledge and Skills scores for all Principles combined can be evaluated to show overall competency in Attitudes and Values and Knowledge and Skills.

Attitudes and Values and Knowledge and Skills may be evaluated on a standard scale of 100-90% (strong clinical core competencies), 89-80% (above average), 79-70% (average), 69-60% (below average) and 59% or below (weak clinical core competencies). An overall score, summing all competency scores and dividing by total possible may also be evaluated using the same standard scale.

Score Sheet for Supervisory Evaluation (Group Evaluation)

Clinician Group Evaluated _____

Date Evaluated _____

	Possible	Actual	Percentage Actual/Possible
<u>Attitudes and Values</u>	100	_____	_____
<u>Knowledge and Skills</u>	150	_____	_____
CODECAT Score Total	250	_____	_____

Supervisor's Signature

Principle 1: Dual Diagnosis Is an Expectation, Not An Exception

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are an expected population who should be welcomed into treatment, and who are desirable to engage.

Score:

It is important to fully identify co-occurring disorders in order to provide good treatment.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

The ability to engage with individuals with co-occurring disorders in an empathic, accepting manner.

Score:

Familiarity with screening tools, and an ability to identify the presence of co-occurring disorders.

Score:

Possible Points = 10

Actual Scored:

Notes:

Principle 2: Subtypes of Dual Diagnosis

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are deserving of treatment and are important to engage regardless of broad subtype as defined by high or low severity of mental illness and substance disorder (e.g., high degree of severity of mental illness/high degree of severity of substance disorder, low degree of severity of mental illness/high degree of severity of substance disorder, etc...).

Score:

Possible Points = 5

Actual Scored: _____

Knowledge and Skills:

Knowledge of the criteria for Severe and Persistent Mental Illness (SPMI), and the ability to identify the possible presence of SPMI by history and by clinical presentation.

Score:

Knowledge of the diagnostic criteria for substance abuse and dependence, and the ability to identify the possible presence of substance dependence by history and clinical presentation.

Score:

Ability to identify possible dual diagnosis subtype and familiarity with available system services for each subtype.

Score:

Possible Points = 15

Actual Scored: _____

Notes:

Principle 3: Empathic, Hopeful, Integrated, Continuous Relationships

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are valuable human beings with significant strengths and capacity to achieve a consistent sense of pride, self-respect, and dignity, regardless of the severity of their disorders, and regardless of the extent to which they disagree with our treatment goals and suggestions.

Score:

Individuals with co-occurring disorders should be maintained in a continuing integrated treatment relationship regardless of treatment non-compliance.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Ability to be empathic and convey hope to a wide range of individuals with co-occurring disorders.

Score:

Ability to locate and encourage participation in continuous integrated treatment.

Score:

Ability to integrate discussions of treatment recommendations for two primary disorders within the context of a single treatment relationship in the clinicians' own service setting, within the clinicians' licensures and scopes of practice.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 4: Balancing Case Management and Care with Empathic Detachment, Consequences, and Contingent Learning

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

For each client at each point in time, it is important to find the right balance between care taking and expectation, rather than adhering to a treatment philosophy that emphasizes one or the other.

Score:

Contingency learning programs should be designed to include both positive and negative consequences, and should be designed first to occur within the relationship, not to emphasize termination.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Familiarity with the expected balance between care taking and expectation in the program or service setting, and the availability of other programs or settings where the balance is differently defined.

Score:

Ability to engage in a learning process with the client, family and supports to identify where the best balance of care taking and expectation should be.

Score:

Familiarity with structured contingency learning models and contracts available for use within the service setting, and how to obtain assistance to adapt those models for any client.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 5: Integrated Dual Primary Treatment

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

In any individual in which mental illness and substance disorder coexist, both disorders are important to address with diagnosis-specific treatment of appropriate intensity.

Score:

It is more important to emphasize accurate and capable primary treatment of each disorders than to focus primarily on the interactions between disorders.

Score:

Possible Points = 10

Actual Scored: _____

Knowledge and Skills:

Ability to identify a treatment recommendation for each primary disorder, whether on individually or through consultation or collaboration.

Score:

The ability to discuss the importance of adherence to each primary disorder treatment regimen simultaneously, and to strategize with the client about how to overcome barriers to addressing both at the same time.

Score:

Knowledge of procedures and the ability to implement the procedures regarding identification or screening, documentation, treatment planning, charting through progress notes, and discharge planning regarding two or more primary disorders.

Score:

Possible Points = 15

Actual Scored: _____

Notes:

Principle 6: Disease and Recovery Model with Parallel Phases of Recovery and Stages of Change/Stages of Treatment

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders can be addressed using a common language and treatment philosophy that is recovery oriented.

Score:

Recovery is possible for anyone with co-occurring disorders, and a vision of hope should be established as a framework for treatment.

Score:

Possible Points = 10

Knowledge and Skills:

Knowledge of models for phases of recovery, stages of change, and phases of treatment.

Score:

Ability to use at least one assessment tool for identification of stage of change or stage of treatment.

Score:

Knowledge regarding the types of interventions appropriate for each phase of recovery and stage of change/treatment.

Score:

Ability to implement basic strategies of stage-specific treatment for the individuals in the program (e.g., motivational enhancement, skills training, etc...). Interventions are applied individually, as well as in at least one group.

Score:

Ability to discuss integrated treatment recommendations with family members, and to educate family members about integrated diagnosis-specific and stage-specific treatment strategies.

Score:

Possible Points = 25

Actual Scored:

Actual Scored:

Notes:

Principle 7: Individualization of Treatment

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

There is no one correct program. Interventions should always be individually matched according to identified parameters and client needs.

Score:

Harm reduction and abstinence orientation are both valuable interventions when appropriately matched to the individual and his or her clinical presentation.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Knowledge of the parameters that affect treatment matching, and familiarity with practice guidelines that determine how that matching takes place.

Score:

Ability to assess key parameters for treatment matching, and identify how those parameters might affect a client's treatment plan.

Score:

Ability to participate with the clinical team in applying treatment matching knowledge to the development of a specific treatment plan.

Score:

Knowledge of at least one tool for level of care assessment for co-occurring disorders.

Score:

Ability to identify criteria for various levels of care for co-occurring disorders within the system of care.

Score:

Possible Points = 25

Actual Scored:

Notes:

Principle 8: Flexible Outcomes

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Success can and should be measured in many ways, not just through total stability and/or abstinence.

Score:

Individuals should be praised for using their strengths and demonstrating incremental improvement, recognizing that success usually requires many small steps toward change. Confrontation and consequences should also promote success in incremental stages.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Familiarity with a range of outcome measures for substance use and psychiatric illness, other than complete abstinence or absence of symptoms.

Score:

Ability to use at least one relevant outcomes measurement scale, and ability to incorporate measurable outcomes into treatment planning.

Score:

Possible Points = 10

Actual Scored:

Notes:

Principle 9: Comprehensive, Continuous, Integrated Systems of Care

Competencies: The clinical staff recognizes and demonstrates the following:

All items are scored on the following Likert scale:

Rarely	Occasionally	Sometimes	Often	Consistently
1	2	3	4	5

Attitudes and Values:

Co-occurring disorders services require system level interventions in which ALL programs must participate.

Score:

All programs should be expected to meet basic competencies regarding co-occurring disorders, and all clinicians should be expected to acquire basic competencies, as well.

Score:

Integrated treatment is best accomplished with a single clinician or a clinical team, single service codes, and single funding streams, wherever possible.

Score:

Housing supports for individuals with psychiatric disabilities and substance disorders should include wet, damp, and dry settings.

Score:

The system-wide change initiatives are a valuable strategy for helping the system to change at many levels to improve services.

Score:

Possible Points = 25

Actual Scored:

Knowledge and Skills:

Familiarity with the criteria for Dual Diagnosis Capability for addiction and mental health programs.

Score:

Awareness of characteristics and capabilities of the program and other programs within the system.

Score:

Ability to identify which program(s) might be appropriate for any client at any point in time.

Score:

Knowledge of billing policies and procedures that promote integrated treatment interventions.

Score:

Possible Points = 20

Actual Scored:

Notes:

Score Sheet for Clinician Self-Evaluation (Individual Evaluation)

Clinician Name _____

License or Degree (if any) _____

Position in Agency _____

Date of Self-Evaluation _____

	Possible	Actual	Percentage Actual/Possible
<u>Attitudes and Values</u>	100	_____	_____
<u>Knowledge and Skills</u>	150	_____	_____
CODECAT Score Total	250	_____	_____

Clinician's Signature

Principle 1: Dual Diagnosis is an Expectation, Not an Exception

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are an expected population who should be welcomed into treatment, and who are desirable to engage.

Score:

It is important to fully identify co-occurring disorders in order to provide good treatment.

Score:

Possible Points = 10

Actual Scored: _____

Knowledge and Skills:

The ability to engage with individuals with co-occurring disorders in an empathic, accepting manner.

Score:

Familiarity with screening tools, and an ability to identify the presence of co-occurring disorders.

Score:

Possible Points = 10

Actual Scored: _____

Notes:

Principle 2: Subtypes of Dual Diagnosis

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are deserving of treatment and are important to engage regardless of broad subtype as defined by high or low severity of mental illness and substance disorder (e.g., high degree of severity of mental illness/high degree of severity of substance disorder, low degree of severity of mental illness/high degree of severity of substance disorder, etc...).

Score:

Possible Points = 5

Actual Scored:

Knowledge and Skills:

Knowledge of the criteria for Severe and Persistent Mental Illness (SPMI), and the ability to identify the possible presence of SPMI by history and by clinical presentation.

Score:

Knowledge of the diagnostic criteria for substance abuse and dependence, and the ability to identify the possible presence of substance dependence by history and clinical presentation.

Score:

Ability to identify possible dual diagnosis subtype and familiarity with available system services for each subtype.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 3: Empathic, Hopeful, Integrated, Continuous Relationships

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders are valuable human beings with significant strengths and capacity to achieve a consistent sense of pride, self-respect, and dignity, regardless of the severity of their disorders, and regardless of the extent to which they disagree with my treatment goals and suggestions.

Score:

Individuals with co-occurring disorders should be maintained in a continuing integrated treatment relationship regardless of treatment non-compliance.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Ability to be empathic and convey hope to a wide range of individuals with co-occurring disorders.

Score:

Ability to locate and encourage participation in continuous integrated treatment.

Score:

Ability to integrate discussions of treatment recommendations for two primary disorders within the context of a single treatment relationship in my own service setting and within my licensure and scope of practice.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 4: Balancing Case Management and Care with Empathic Detachment, Consequences, and Contingent Learning

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

For each client at each point in time, it is important to find the right balance between care taking and expectation, rather than adhering to a treatment philosophy that emphasizes one or the other.

Score:

Contingency learning programs should be designed to include both positive and negative consequences, and should be designed first to occur within the relationship, not to emphasize termination.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Familiarity with the expected balance between care taking and expectation in my own program or service setting, and the availability of other programs or settings where the balance is differently defined.

Score:

Ability to engage in a learning process with the client, family, and supports to identify where the best balance of care taking and expectation should be.

Score:

Familiarity with structured contingency learning models and contracts available for use within my own service setting, and how to obtain assistance to adapt those models for any client.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 5: Integrated Dual Primary Treatment

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

In any individual when mental illness and substance disorders coexist, both disorders are important to address with diagnosis-specific treatment of appropriate intensity.

Score:

It is more important to emphasize accurate and capable primary treatment of each disorder than to focus primarily on the interactions between disorders.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Ability to identify a treatment recommendation for each primary disorder, whether on my own or through consultation or collaboration.

Score:

Ability to discuss the importance of adherence to each primary disorder treatment regimen simultaneously, and strategize with the client about how to overcome barriers to addressing both at the same time.

Score:

Knowledge of procedures and the ability to implement the procedures regarding identification or screening, documentation, treatment planning, charting progress through progress notes, and discharge planning regarding two or more primary disorders.

Score:

Possible Points = 15

Actual Scored:

Notes:

Principle 6: Disease and Recovery Model with Parallel Phases of Recovery and Stages of Change/Stages of Treatment

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Individuals with co-occurring disorders can be addressed using a common language and treatment philosophy that is recovery oriented.

Score:

Recovery is possible for anyone with co-occurring disorders, and a vision of hope should be established as a framework for treatment.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Knowledge of models for phases of recovery, stages of change, and phases of treatment.

Score:

Ability to use at least one assessment tool for identification of stage of change or stage of treatment.

Score:

Knowledge regarding the types of interventions appropriate for each phase of recovery and stage of change/treatment.

Score:

Ability to implement basic strategies of stage-specific treatment for the individuals in my own program (e.g., motivational enhancement, skills training, etc...). Interventions are applied individually, as well as in at least one group.

Score:

Ability to discuss integrated treatment recommendations with family members, and to educate family members about integrated diagnosis-specific and stage-specific treatment strategies.

Score:

Possible Points = 25

Actual Scored:

Notes:

Principle 7: Individualization of Treatment

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

There is no one correct program. Interventions should always be individually matched according to identified parameters and client needs.

Score:

Harm reduction and abstinence orientation are both valuable interventions when appropriately matched to the individual and his or her clinical presentation.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Knowledge of the parameters that affect treatment matching, and familiarity with practice guidelines that determine how that matching takes place.

Score:

Ability to assess key parameters for treatment matching, and identify how those parameters might affect a client's treatment plan.

Score:

Ability to participate with the clinical team in applying treatment matching knowledge to the development of a specific treatment plan.

Score:

Knowledge of at least one tool for level of care assessment for co-occurring disorders.

Score:

Ability to identify criteria for various levels of care for co-occurring disorders within the system of care.

Score:

Possible Points = 25

Actual Scored:

Notes:

Principle 8: Flexible Outcomes

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Success can and should be measured in many ways, not just through total stability and/or abstinence.

Score:

Individuals should be praised for using their strengths and demonstrating incremental improvement, recognizing that success usually requires many small steps toward change. Confrontation and consequences should also promote success in incremental stages.

Score:

Possible Points = 10

Actual Scored:

Knowledge and Skills:

Familiarity with a range of outcome measures for substance use and psychiatric illness, other than complete abstinence or absence of symptoms.

Score:

Ability to use at least one relevant outcomes measurement scale, and ability to incorporate measurable outcomes into treatment planning.

Score:

Possible Points = 10

Actual Scored:

Notes:

Principle 9: Comprehensive, Continuous, Integrated Systems of Care

Competencies: My understanding and ability to demonstrate the following are:

All items are scored on the following Likert scale:

Poor	Limited	Average	Above Average	Outstanding
1	2	3	4	5

Attitudes and Values:

Co-occurring disorders services require system level interventions in which ALL programs must participate.

Score:

All programs should be expected to meet basic competencies regarding co-occurring disorders, and all clinicians should be expected to acquire basic competencies as well.

Score:

Integrated treatment is best accomplished with a single clinician or a clinical team, single service codes, and single funding streams, wherever possible.

Score:

Housing supports for individuals with psychiatric disabilities and substance disorders should include wet, damp, and dry settings.

Score:

The system-wide change initiatives are a valuable strategy for helping the system to change at many levels to improve services.

Score:

Possible Points = 25

Actual Scored:

Knowledge and Skills:

Familiarity with the criteria for Dual Diagnosis Capability for addiction and mental health programs.

Score:

Awareness of characteristics and capabilities of my program and other programs in the system.

Score:

Ability to identify which program(s) might be appropriate for any client at any point in time.

Score:

Knowledge of billing policies and procedures that promote integrated treatment interventions.

Score:

Possible Points = 20

Actual Scored:

Notes:

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