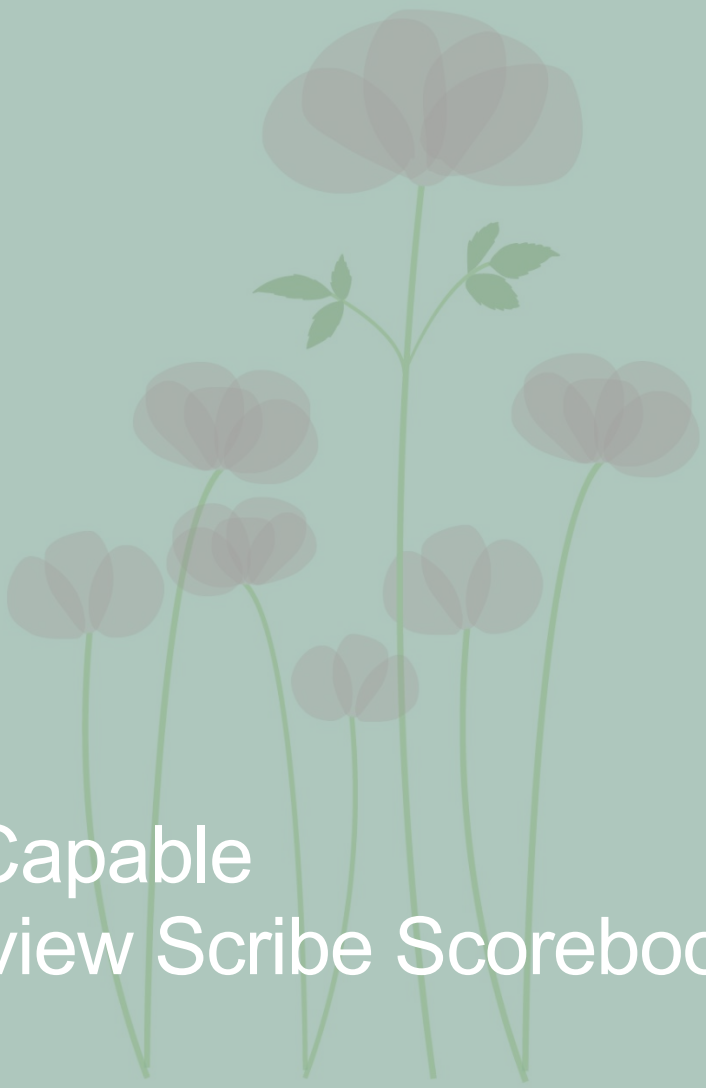
Provincial Addiction and Mental Health
Practice Supports



Concurrent Capable Program Review Scribe Scorebook

Creating welcoming, trauma-informed, recovery-oriented, and concurrent capable services for individuals and families experiencing addiction and mental health concerns.

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Alberta Health Services

2024-2025
AMH Practice Supports have prepared this guide as part of Provincial Addiction Mental Health.

Contact

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How to use this Scorebook

Thank you for taking on the role of 'scribe' for your team's Concurrent Capable Program Review. You will work collaboratively with your team's facilitator to ensure a smooth review session. Your role is essential in capturing the review session's scoring and discussion notes. It will then be reviewed by the facilitator to summarize and will be used as the basis of team quality improvement recommendations.

By reflecting on the team's program and practice through this structured review, the Concurrent Capable Program Review aims to create a foundation for an improvement process through empowered conversations among team members.

Roles and Responsibilities:

Facilitator: your job is to walk the participants through each section of the review by reading the slide content within the PowerPoint, then ask participants to score where they believe the program ranks (between 1-5) for each section.

Scribe: your job is to record each participant's score for each section, including relevant comments, throughout the review process. The information you collect will then be summarized by the facilitator and used in the recommendation session.

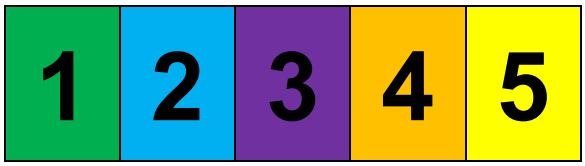
Scoring

Each of the eight sections covered in the review session has a variety of statements that will be read aloud for the team to score from one to five, one being "not at all" and five being "completely." After each participant announces their score for each statement, a discussion will follow so that the group can reach a consensus on a final score for each statement. Any discussion during score deliberation can be captured by noting themes and good ideas in the discussion notes. The facilitator will indicate when consensus is reached; the final score will be noted in the scorebook.

Likert Scale

The Likert scale is used for scoring each statement in each review section. Here are some key points about it:

- It is a five-point scale
- Allows each participant to indicate how much they agree or disagree with each statement
- Provide five possible answers so each person can indicate their positive to negative strength of agreement or feeling regarding the statement.
    1- Not at All
    2- Slightly
    3- Somewhat
    4- Mostly
    5- Completely



Capturing Review Session Discussion Notes

For your review session, it is helpful to try to capture some of the emerging themes, concerns, comments, and ideas in the 'Discussion Notes' section of the scorebook below. It is important to note that some robust conversations may occur as each statement is read and scored.

Please do not write all comments verbatim but attribute specific quotes to team members or take formal session minutes. For each section, there may be high and low scores:

- **Low scores** (1-3) indicate areas where small changes may help improve people's experiences of your program's services. The follow-up recommendations session will address most of these areas and suggest actions, small steps, and changes to improve the team's concurrent capability.
- **High scores** (4-5) represent your team and program's strengths. Take a moment to celebrate what the team is already doing well.

The scorebook must be retained for the Recommendations Session; please provide it to the facilitator for future use and reference.

1 Welcoming and Engaging

Likert Scale	
Select one	1. Written and online information about accessing services welcomes individuals and families with concurrent disorders into service and offers hope for recovery.
Select one	2. Access to services is prompt and offered in a coordinated manner. People are supported through delays they may experience while getting to their preferred services.
Select one	3. The program environment (i.e., signage to find the program, reception area, waiting room, hallways, meeting spaces, pictures/posters, brochures, flyers, etc.) creates a welcoming atmosphere that supports engagement and recovery for individuals and families with substance use, gambling, and mental health conditions.
Select one	4. People and their family members receive welcoming access to service regardless of their stage of change regarding their mental health, substance use and/or gambling concerns.
Select one	5. Access to educational information about trauma, recovery and building resilience, substance use, addiction and/or gambling and mental health conditions is available.
Select one	6. Healthcare providers introduce themselves, explain their role, consent for treatment, the limits of confidentiality, how to include family and other support persons in the recovery planning process and the process of filing a complaint if there are concerns about how a person is treated while accessing services or the kind of services they received.
Select one	7. Healthcare providers actively listen to people seeking services, answer their questions, and collaboratively explore which resources will work best for them, considering their stage of change, cultural beliefs, and lifestyle.

Discussion Notes

2 Standardized Screening and Brief Intervention

Likert Sale	
Select one	1. In a welcoming and respectful manner, standardized screening tools are used to screen everyone seeking services for concurrent substance use, gambling behaviours, mental health conditions (including trauma), medical conditions, and areas with increased health or well-being risks. This information is used to inform recovery planning.
Select one	2. People seeking services feel engaged in the screening process, understand the purpose of the questions, and how their answers help connect them to the most appropriate service(s).
Discussion Notes	

3 Comprehensive Assessment

Likert Scale	
Select one	1. Initial assessments gather and document information about each concurrent substance use, gambling and/or mental health condition, active or stable.
Select one	2. Assessment is an ongoing process in which information is gathered and reviewed regularly to understand people's evolving concerns and goals.
Select one	3. Assessments focus on people's current strengths, skills, supports and periods of well-being to provide a positive, recovery-focused approach to recovery planning.
Select one	4. Assessments regularly gather and document information about the stage of change (i.e., pre-contemplation, contemplation, preparation, action, maintenance, return to use) people are in regarding each condition for which they receive services.
Select one	5. With consent, healthcare information may be shared with the care team and/or family members to support people's recovery.
Discussion Notes	

4 Integrated Recovery Planning

Likert Scale	
Select one	1. People's hopeful goals, personal needs, recent successes, and strengths are included in their recovery plan.
Select one	2. For each concern, a stage of change is identified, stage-matched interventions are explored, and achievable steps to help the person feel and be successful are agreed to.
Select one	3. Person-centred plans focus on building skills and support. When required, the plan is modified and positive feedback for small steps of progress in the recovery journey is used.
Select one	4. People are active participants in care. They know their rights and responsibilities, and their preferences and goals in their recovery journey are respected. Family members may be included.
Select one	5. When exploring potential resources to support recovery, the risks and benefits of each alternative are explained.
Select one	6. Recovery plans include biopsychosocial and spiritual goals to ensure people feel empowered to meet their basic needs and address substance use and/or gambling and/or mental health concerns.
Select one	7. When possible, a copy of the recovery plan is provided to people and/or family members and others in the care team.
Discussion Notes	

5 Comprehensive Interventions

Likert Scale	
Select one	1. Education and resources about mental health, substance use, gambling, concurrent disorders, recovery and building resilience are available and accessible (i.e., placement for pick up, various languages based on community demographics).
Select one	2. Stage-matched group or individual sessions provide psychoeducation to empower choice and decision-making. Examples include: a. Education about psychiatric medications includes information about taking medication as prescribed and/or using it safely if continuing to use other substances. b. Recovery skills manuals are available in substance use or gambling residential treatment to teach about managing trauma symptoms. Sobriety skill-building manuals are available while receiving inpatient mental health treatment.
Select one	3. People feel involved in implementing their recovery plan. They learn skills, practice good self-care, and have the necessary information about connecting with mutual support groups and community resources to improve their quality of life and maintain well-being.
Select one	4. Family members understand how to access community support and resources that promote their well-being and recovery.
Select one	5. Healthcare providers provide strengths-based, recovery-oriented, trauma-informed services for people who continue to use substances, do not take medication as prescribed, or are not following other aspects of their recovery plans. Negative consequences or punishment are not used.
Select one	6. The program responds positively when individuals ask for help when they are having difficulty maintaining their recovery or beginning to experience increased symptoms of mental health conditions.

Discussion Notes

6 Transitions in Care

Likert Scale	
Select one	1. Transition plans, procedures, practices, and forms identify specific stage-matched recommendations for each issue the person seeks treatment for.
Select one	2. For each transition in care, people are included in warm handoff communication between the sending and receiving healthcare providers, whether in person or by phone.
Select one	3. A multidisciplinary team of healthcare providers works collaboratively to coordinate care, provide care and help people make transitions to ensure suitable supports are in place to help them achieve their recovery goals at all stages.
Select one	4. With consent, other care team members may share information regarding care and progress.
Select one	5. People often have multiple priorities, so services are coordinated to match their goals for recovery.
Select one	6. Healthcare providers help people navigate the health and social services support systems to ensure they become connected with community services they need (i.e., housing, food security, showers, finance, legal, education, dental, optometry). A written list of community resources and contact information is provided.
Select one	7. People, family members and the larger care team know how to re-engage with services when needed.
Select one	8. The program invites people and family members to provide feedback on their service experience to foster continued program development and improvement.
Discussion Notes	

7 Program Collaboration and Partnership

Likert Scale	
Select one Select one Select one	1. The program is connected to and collaborates with local partner agencies offering community-based health and social services. 2. Addiction or mental health staff promptly consult a collaborative program partner when requested. 3. Healthcare providers participate in scheduled addiction and mental health services interagency care coordination meetings to address the complex needs of people and their families.
Discussion Notes	

8 Concurrent Capable Competency Development

Likert Scale	
Select one	1. Specific recovery-oriented concurrent disorder competencies for all staff are included in position descriptions.
Select one	2. The program has and implements its written scope of practice for concurrent disorder competency for all healthcare providers based on their position within the program and professional designation, if any. This may be done through local procedures, supervision, and group and individual learning activities for all staff working in and leading the program.
Select one	3. Administrative and clinical supervisors use their knowledge and skills to help staff become more welcoming, recovery-oriented, and concurrent capable.
Discussion Notes	

> **We hope you had great conversations, learned a lot from sharing your ideas and feel prepared to improve services because of this review process.**

****Instructions for the scribe:**

Thanks for your help today! Please retain this scorebook for the Recommendations Session.

Scoresheet

Based on the scribe's notes in each section, the facilitator will use this scoresheet to summarize and average each section's score.

Concurrent Capable Program Review Scoresheet									
Section	**Each Item score**								**Average Score**
Welcoming and engaging (7 items to score)									
Standardized Screening (2 items to score)									
Comprehensive Assessment (5 items to score)									
Integrated Recovery Planning (7 items to score)									
Comprehensive Interventions (6 items score)									
Transitions in Care (8 items to score)									
Program Collaboration and Partnership (3 items to score)									
Concurrent Capable Competency Development (3 items to score)									

Bibliography

Alberta Health Services. (2018). *A Handbook for Individuals and Families.*

Alberta Health Services. (2023). *A Standard Approach to Concurrent Capable Practice Framework.* AHS.

Minkoff, K. C. (2012). *Compass EZ Demo.* San Rafael: Zia Partners.