Iowa Consortium for Substance Abuse Research and Evaluation

Iowa Practice to Research Collaborative
Pilot #1 Summary Report:

# Co-occurring Disorders: Agency and Staff Evaluation Tools


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# EXECUTIVE SUMMARY

## BACKGROUND:

The Iowa Practice Research Collaborative (PRC), funded by CSAT in 1999, was one of nine one-year development projects implemented throughout the country. The impetus for the PRC developmental project was to establish communication among substance abuse providers, researchers, policy makers, and consumers through a formal organizational structure.

In 2000, the Iowa Consortium, in conjunction with the Prairielands Addiction Technology Transfer Center, was awarded a three-year Practice Research Collaborative implementation grant. The implementation phase is made up of ten pilot studies and three knowledge adoption studies. The goal is to bridge the gap between research and practice with the following results:

- Research will be more relevant and applicable to practitioners and to policy makers.
- Providers will use research to identify evidence-based practices and to evaluate new programs.
- Policy-makers will use research findings to encourage and support evidence-based practices in the state.
- Consumers will receive the best possible treatment and prevention programs available in their communities.

Pilot #1 arose from a needs assessment conducted by the Treatment/Intervention Committee in 1999-2000. As a result of this process it was determined that improving services for clients with co-occurring disorders is a high priority.

## RESEARCH QUESTIONS:

The objective of Pilot #1 was to develop and pilot an instrument that would measure treatment center staff perceptions of clients with co-occurring disorders. The instrument needed to be brief, so it would not overburden those completing it. It also needed to be comprehensive in order to allow for the proper evaluation of the training in Knowledge Adoption #1.

Pilot #1 activities focused on the following research questions:

- What are the best ways to demonstrate changes in practice due to training and supervision?
- How can those changes be measured?

Pilot #1 also addresses the following needs of the PRC: to evaluate attitudes about clients with co-occurring disorders, to develop an effective training program about evidence-based practices, and to evaluate the impact of the training.

**PROCESS SUMMARY:**

The team members for Pilot #1 included Stephan Arndt, Jan Hartman, Gene Lutz, Art Schut, Patrick Smith, and John Mileham. All team members provided revisions and edits to the survey questions, in addition to reviewing the final versions.

The staff survey was developed in the Fall of 2000. The survey was piloted at four sites in November and December of 2000, and administered to a fifth site in early January of 2001. Consortium staff administered the survey at each site, with the exception of the N.E. Iowa Mental Health Center in Decorah. The questionnaire was faxed to that site, due to inclement weather the day that it was to be administered. There were 99 completed surveys collected from the five sites.

The director survey, a modified version of the staff survey, was administered at the January 2001 meeting of the Iowa Substance Abuse Program Directors Association meeting (ISAPDA). Surveys were collected from 19 of the 34 directors in the organization at that time.

Survey data were then entered into SPSS and descriptive statistics were generated for inclusion in this report.

**REPORT FORMAT:**

Frequency tables, on the following pages, have been generated for nearly every question from the two surveys. A few of the questions, such as the date of administration, are not included. Each frequency table includes the question, frequencies, and descriptive statistics. Below each frequency table is feedback, when present.

Feedback either consists of comments from the person filling out the survey, or comments from Consortium staff for clarification or direction. Comments that are in "quotes" and non-bolded are feedback from the individuals completing the survey. All of their feedback is included in this report, verbatim. Consortium feedback is always bold and in brackets [ ]. (See example below.)

| | |
|---|---|
| FEEDBACK on Question #62: | "Feedback from staff and directors looks just like this, in quotes, exactly as it was written down on their surveys." **[Editor's note: Consortium comments are bold, and are formatted to look exactly like this throughout the report.]** |

The results from the staff survey are listed first, beginning on the next page. These results are followed by feedback received from other researchers and practitioners throughout the survey development process. (It should be noted that all of this feedback, in addition to the feedback from the staff themselves, was taken into account when creating the directors survey.) Following the feedback from other researchers and practitioners are the directors survey results. These results include several open-ended "barriers" questions in addition to the frequency tables. Each "barrier" question is listed immediately after its related frequency table, and responses to the "barrier" questions immediately follow the questions themselves. All responses are listed verbatim. The two surveys are included at the end of the report.

# STAFF QUESTIONAIRE RESULTS

**Agency Code**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | NEIMHC – Decorah/Oelwein | 24 | 24.2 | 24.2 | 24.2 |
| | SASC - Dubuque | 20 | 20.2 | 20.2 | 44.4 |
| | MECCA - Iowa City | 44 | 44.4 | 44.4 | 88.9 |
| | Prairie Ridge - Mason City | 11 | 11.1 | 11.1 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

**1. Age Group**

Mean (m) = 38.22, Range = 41

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 20-24 | 12 | 12.1 | 12.6 | 12.6 |
| | 25-29 | 12 | 12.1 | 12.6 | 25.3 |
| | 30-34 | 13 | 13.1 | 13.7 | 38.9 |
| | 35-39 | 14 | 14.1 | 14.7 | 53.7 |
| | 40-44 | 14 | 14.1 | 14.7 | 68.4 |
| | 45-49 | 14 | 14.1 | 14.7 | 83.2 |
| | 50-54 | 12 | 12.1 | 12.6 | 95.8 |
| | 55-59 | 2 | 2.0 | 2.1 | 97.9 |
| | 60+ | 2 | 2.0 | 2.1 | 100.0 |
| | Total | 95 | 96.0 | 100.0 | |
| Missing | System | 4 | 4.0 | | |
| Total | | 99 | 100.0 | | |

**2. Sex**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 29 | 29.3 | 29.3 | 29.3 |
| | Female | 70 | 70.7 | 70.7 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

**3a. Current Job Title**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Secretary | 1 | 1.0 | 1.0 | 1.0 |
| | Day Treatment Specialist | 4 | 4.0 | 4.0 | 5.1 |
| | Supported Community Living Specialist | 1 | 1.0 | 1.0 | 6.1 |
| | Wellness Educator | 1 | 1.0 | 1.0 | 7.1 |
| | Gambling Counselor | 1 | 1.0 | 1.0 | 8.1 |
| | Case Manager | 6 | 6.1 | 6.1 | 14.1 |
| | Nurse | 4 | 4.0 | 4.0 | 18.2 |
| | Social Worker | 1 | 1.0 | 1.0 | 19.2 |
| | Outreach Specialist | 1 | 1.0 | 1.0 | 20.2 |
| | Prevention Specialist | 4 | 4.0 | 4.0 | 24.2 |
| | Prevention Supervisor | 1 | 1.0 | 1.0 | 25.3 |
| | Group Facilitator | 2 | 2.0 | 2.0 | 27.3 |
| | Substance Abuse Technician | 1 | 1.0 | 1.0 | 28.3 |
| | Substance Abuse Counselor | 46 | 46.5 | 46.5 | 74.7 |
| | Mental Health Therapist | 6 | 6.1 | 6.1 | 80.8 |
| | Mental Health Clinical Supervisor | 1 | 1.0 | 1.0 | 81.8 |
| | Mental Health Program Director | 1 | 1.0 | 1.0 | 82.8 |
| | Substance Abuse Clinical Supervisor | 9 | 9.1 | 9.1 | 91.9 |
| | Substance Abuse Program Coordinator | 2 | 2.0 | 2.0 | 93.9 |
| | Substance Abuse Program Director | 1 | 1.0 | 1.0 | 94.9 |
| | Community Relations Manager | 1 | 1.0 | 1.0 | 96.0 |
| | Training Director | 1 | 1.0 | 1.0 | 97.0 |
| | Grant Manager | 1 | 1.0 | 1.0 | 98.0 |
| | Executive Director | 1 | 1.0 | 1.0 | 99.0 |

| | | | | | |
|---|---|---|---|---|---|
| | Psychiatrist | 1 | 1.0 | 1.0 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

**3b. How long have you been in your current position? (grouped by years)**

m = 3.021, Standard Deviation (sd) = 3.807

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | less than 1.0 year | 33 | 33.3 | 33.7 | 33.7 |
| | 1.0 to 2.9 years | 31 | 31.3 | 31.6 | 65.3 |
| | 3.0 to 4.9 years | 15 | 15.2 | 15.3 | 80.6 |
| | 5.0 to 9.9 years | 13 | 13.1 | 13.3 | 93.9 |
| | 10.0 to 14.9 years | 4 | 4.0 | 4.1 | 98.0 |
| | 15.0+ years | 2 | 2.0 | 2.0 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

## 4. What is your highest level of education completed?

m = 16.71, sd = 1.44

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 12 = H.S. Diploma / GED | 1 | 1.0 | 1.0 | 1.0 |
| | 14 = Associate Degree | 4 | 4.0 | 4.0 | 5.1 |
| | 16 = Undergraduate Degree | 57 | 57.6 | 57.6 | 62.6 |
| | 18 = Masters Degree | 35 | 35.4 | 35.4 | 98.0 |
| | 20 = Ph.D. | 1 | 1.0 | 1.0 | 99.0 |
| | 22 = M.D. | 1 | 1.0 | 1.0 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

**FEEDBACK on Question #4**:

**[Editor's note: There should be a response for M.D., this was added to directors survey.]**

**[Editor's note: There were 0 responses from all sites for both "less than high school diploma" and only one response for "HS Diploma/GED" in question #4. Both of these were removed from the directors survey.**

**5. How would you rate your training/education experiences regarding co-occurring disorder clients to date?** m = 3.03, sd = 1.06

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Lacking | 8 | 8.1 | 8.5 | 8.5 |
| | 2 = Between Lacking and Reasonable | 20 | 20.2 | 21.3 | 29.8 |
| | 3 = Reasonable | 34 | 34.3 | 36.2 | 66.0 |
| | 4 = Between Reasonable and Great | 25 | 25.3 | 26.6 | 92.6 |
| | 5 = Great | 7 | 7.1 | 7.4 | 100.0 |
| | Total | 94 | 94.9 | 100.0 | |
| Missing | System | 5 | 5.1 | | |
| Total | | 99 | 100.0 | | |

**6. To what extent do you think your experiences and training have lead you to understand the special treatment needs of co-occurring disorder clients?**

m = 3.46, sd = .71

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = No Understanding | 0 | 0.0 | 0.0 | 0.0 |
| | 2 = Between No and Some Understanding | 9 | 9.1 | 9.6 | 9.6 |
| | 3 = Some Understanding | 36 | 36.4 | 38.3 | 47.9 |
| | 4 = Between Some and Solid Understanding | 46 | 46.5 | 48.9 | 96.8 |
| | 5 = Solid Understanding | 3 | 3.0 | 3.2 | 100.0 |
| | Total | 94 | 94.9 | 100.0 | |
| Missing | System | 5 | 5.1 | | |
| Total | | 99 | 100.0 | | |

**7. Some treatment staff believe that substance abuse treatment should precede mental health treatment. Others believe that mental health treatment should precede substance abuse treatment. Please check the response that best identifies your opinion.**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Substance Abuse always first | 0 | 0.0 | 0.0 | 0.0 |
| | Substance Abuse usually first | 10 | 10.1 | 10.2 | 10.2 |
| | Should occur together | 77 | 77.8 | 78.6 | 88.8 |
| | Mental Health usually first | 7 | 7.1 | 7.1 | 95.9 |
| | Mental Health always first | 1 | 1.0 | 1.0 | 96.9 |
| | Other * | 3 | 3.0 | 3.1 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

* Although "Other" was not an option in this question, three respondents wrote in responses that were not prompted. We decided to code them as "Other", and include them below.

**7. "Other" responses defined:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 96 | 97.0 | 97.0 | 97.0 |
| | Both "Substance Abuse usually first" and "Should occur together" | 1 | 1.0 | 1.0 | 98.0 |
| | Depends on the individual. | 2 | 2.0 | 2.0 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

## 8. Co-occurring disorder clients should be in their own treatment groups.

m = 2.69, sd = 1.01

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 6 | 6.1 | 6.2 | 6.2 |
| | 2 = Somewhat Agree | 46 | 46.5 | 47.4 | 53.6 |
| | 3 = Neutral | 22 | 22.2 | 22.7 | 76.3 |
| | 4 = Somewhat Disagree | 18 | 18.2 | 18.6 | 94.8 |
| | 5 = Strongly Disagree | 5 | 5.1 | 5.2 | 100.0 |
| | Total | 97 | 98.0 | 100.0 | |
| Missing | System | 2 | 2.0 | | |
| Total | | 99 | 100.0 | | |

**FEEDBACK on Question #8**:

"Question #8 – the question itself is asked in a way that appears like it will give a specific outcome – it's like a question that's engineered for a specific result! That's a bad question in my opinion and should be removed from this form."

"Sometimes questions are unclear - #25, #8 (e.g. "own treatment groups" – define what you mean)." **[Editor's note: For the directors survey, we inserted the word "in" in front of "their own treatment groups", which should clarify this. This feedback is also included under #25.]**

**9. Clients with co-occurring disorders require significantly more time for treatment.**

m = 1.99, sd = .79

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 22 | 22.2 | 22.4 | 22.4 |
| | 2 = Somewhat Agree | 63 | 63.6 | 64.3 | 86.7 |
| | 3 = Neutral | 6 | 6.1 | 6.1 | 92.9 |
| | 4 = Somewhat Disagree | 6 | 6.1 | 6.1 | 99.0 |
| | 5 = Strongly Disagree | 1 | 1.0 | 1.0 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**10. Clients with co-occurring disorders require significantly more effort for treatment.**

m = 2.12, sd = .84

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 19 | 19.2 | 19.4 | 19.4 |
| | 2 = Somewhat Agree | 57 | 57.6 | 58.2 | 77.6 |
| | 3 = Neutral | 14 | 14.1 | 14.3 | 91.8 |
| | 4 = Somewhat Disagree | 7 | 7.1 | 7.1 | 99.0 |
| | 5 = Strongly Disagree | 1 | 1.0 | 1.0 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**11. Clients with co-occurring disorders are significantly more disruptive.**

m = 3.11, sd = .95

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 3 | 3.0 | 3.1 | 3.1 |
| | 2 = Somewhat Agree | 25 | 25.3 | 25.5 | 28.6 |
| | 3 = Neutral | 33 | 33.3 | 33.7 | 62.2 |
| | 4 = Somewhat Disagree | 32 | 32.3 | 32.7 | 94.9 |
| | 5 = Strongly Disagree | 5 | 5.1 | 5.1 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**12. Clients with co-occurring disorders tend to make treatment for others more difficult.**

m = 3.24, sd = 1.02

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 1.0 | 1.0 | 1.0 |
| | 2 = Somewhat Agree | 28 | 28.3 | 28.6 | 29.6 |
| | 3 = Neutral | 25 | 25.3 | 25.5 | 55.1 |
| | 4 = Somewhat Disagree | 34 | 34.3 | 34.7 | 89.8 |
| | 5 = Strongly Disagree | 10 | 10.1 | 10.2 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**13. Mental Health professional staff understand addiction interventions.**

m = 3.36, sd = .94

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 0 | 0.0 | 0.0 | 0.0 |
| | 2 = Somewhat Agree | 26 | 26.3 | 26.5 | 26.5 |
| | 3 = Neutral | 17 | 17.2 | 17.3 | 43.9 |
| | 4 = Somewhat Disagree | 49 | 49.5 | 50.0 | 93.9 |
| | 5 = Strongly Disagree | 6 | 6.1 | 6.1 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**14. Substance Abuse professional staff understand mental health interventions.**

m = 2.85, sd = 1.00

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 5 | 5.1 | 5.1 | 5.1 |
| | 2 = Somewhat Agree | 39 | 39.4 | 39.8 | 44.9 |
| | 3 = Neutral | 23 | 23.2 | 23.5 | 68.4 |
| | 4 = Somewhat Disagree | 28 | 28.3 | 28.6 | 96.9 |
| | 5 = Strongly Disagree | 3 | 3.0 | 3.1 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**15. Information regarding current best practice interventions for co-occurring disorders is available to me at my agency.**

m = 2.41, sd = .91

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 8 | 8.1 | 8.3 | 8.3 |
| | 2 = Somewhat Agree | 59 | 59.6 | 61.5 | 69.8 |
| | 3 = Neutral | 13 | 13.1 | 13.5 | 83.3 |
| | 4 = Somewhat Disagree | 14 | 14.1 | 14.6 | 97.9 |
| | 5 = Strongly Disagree | 2 | 2.0 | 2.1 | 100.0 |
| | Total | 96 | 97.0 | 100.0 | |
| Missing | System | 3 | 3.0 | | |
| Total | | 99 | 100.0 | | |

**16. My agency supports my efforts to improve/enhance my treatment and intervention expertise regarding co-occurring disorders.**

m = 1.71, sd = .85

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 53 | 53.5 | 56.4 | 56.4 |
| | 2 = Somewhat Agree | 32 | 32.3 | 34.0 | 81.1 |
| | 3 = Neutral | 5 | 5.1 | 5.3 | 96.8 |
| | 4 = Somewhat Disagree | 4 | 4.0 | 4.3 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 95 | 96.0 | 100.0 | |
| Missing | System | 4 | 4.0 | | |
| Total | | 99 | 100.0 | | |

**17. I have someone I can count on in my agency who can support me in my work with co-occurring disorder clients.**

m = 1.57, sd = .78

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 53 | 53.5 | 56.4 | 56.4 |
| | 2 = Somewhat Agree | 32 | 32.3 | 34.0 | 90.4 |
| | 3 = Neutral | 5 | 5.1 | 5.3 | 95.7 |
| | 4 = Somewhat Disagree | 4 | 4.0 | 4.3 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 94 | 94.9 | 100.0 | |
| Missing | System | 5 | 5.1 | | |
| Total | | 99 | 100.0 | | |

**18. I would support a plan for dual diagnosis training at my agency.**

m = 1.14, sd = .35

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 84 | 84.8 | 85.7 | 85.7 |
| | 2 = Somewhat Agree | 14 | 14.1 | 14.3 | 100.0 |
| | 3 = Neutral | 0 | 0.0 | 0.0 | |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**19. I would support a plan for dual diagnosis certification through our state licensing boards.**

m = 1.84, sd = .93

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 41 | 41.4 | 41.8 | 41.8 |
| | 2 = Somewhat Agree | 40 | 40.4 | 40.8 | 82.7 |
| | 3 = Neutral | 11 | 11.1 | 11.2 | 93.9 |
| | 4 = Somewhat Disagree | 4 | 4.0 | 4.1 | 98.0 |
| | 5 = Strongly Disagree | 2 | 2.0 | 2.0 | 100.0 |
| | Total | 98 | 99.0 | 100.0 | |
| Missing | System | 1 | 1.0 | | |
| Total | | 99 | 100.0 | | |

**20. My agency successfully coordinates services with mental health referral agencies to provide optimal treatment for our clients.**

m = 1.78, sd = .65

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 32 | 32.3 | 33.0 | 33.0 |
| | 2 = Somewhat Agree | 55 | 55.6 | 56.7 | 89.7 |
| | 3 = Neutral | 9 | 9.1 | 9.3 | 99.0 |
| | 4 = Somewhat Disagree | 1 | 1.0 | 1.0 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 97 | 98.0 | 100.0 | |
| Missing | System | 2 | 2.0 | | |
| Total | | 99 | 100.0 | | |

**21. Mental health agencies successfully coordinate services with my substance abuse agency to provide optimal treatment for our clients.**

m = 2.82, sd = 1.07

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 10 | 10.1 | 10.5 | 10.5 |
| | 2 = Somewhat Agree | 30 | 30.3 | 31.6 | 42.1 |
| | 3 = Neutral | 26 | 26.3 | 27.4 | 69.5 |
| | 4 = Somewhat Disagree | 25 | 25.3 | 26.3 | 95.8 |
| | 5 = Strongly Disagree | 4 | 4.0 | 4.2 | 100.0 |
| | Total | 95 | 96.0 | 100.0 | |
| Missing | System | 4 | 4.0 | | |
| Total | | 99 | 100.0 | | |

**22. The staff of this agency would benefit from continuing education workshops on dual diagnosis.**

m = 1.34, sd = .71

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 71 | 71.7 | 73.2 | 73.2 |
| | 2 = Somewhat Agree | 23 | 23.2 | 23.7 | 96.9 |
| | 3 = Neutral | 1 | 1.0 | 1.0 | 97.9 |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | 97.9 |
| | 5 = Strongly Disagree | 2 | 2.0 | 2.1 | 100.0 |
| | Total | 97 | 98.0 | 100.0 | |
| Missing | System | 2 | 2.0 | | |
| Total | | 99 | 100.0 | | |

**23. Dual diagnosis workshops would be most helpful to staff at this agency if they focused on:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Diagnosis | 0 | 0.0 | 0.0 | 0.0 |
| | Treatment | 10 | 10.1 | 10.6 | 10.6 |
| | Etiology | 1 | 1.0 | 1.1 | 11.7 |
| | Diagnosis and treatment | 19 | 19.2 | 20.2 | 31.9 |
| | Etiology, diagnosis, and treatment | 64 | 64.6 | 68.1 | 100.0 |
| | Total | 94 | 94.9 | 100.0 | |
| Missing | System | 5 | 5.1 | | |
| Total | | 99 | 100.0 | | |

**FEEDBACK on Question #23**:

**[Editor's note: We received 10 multiple answer responses to this question during the five staff administrations. Thus, we put "Please choose only one of the following" at the start of this question for the directors survey, and recommend adding this language in any future staff versions of this survey.]**

**24. In your opinion, the best treatment option for clients with co-occurring disorders would be:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Sequential Treatment | 4 | 4.0 | 4.1 | 4.1 |
| | Simultaneous Treatment | 20 | 20.2 | 20.6 | 24.7 |
| | Integrated treatment for both issues at a S.A. agency | 33 | 33.3 | 34.0 | 58.8 |
| | Integrated treatment for both issues at a M.H. agency | 12 | 12.1 | 12.4 | 71.1 |
| | Other | 28 | 28.3 | 28.9 | 100.0 |
| | Total | 97 | 98.0 | 100.0 | |
| Missing | System | 2 | 2.0 | | |
| Total | | 99 | 100.0 | | |

**FEEDBACK on Question #24**:

"Need to offer option on #24 for treatment at agencies who are licensed for both S.A. and M.H." **[Editor's note: We felt this was adequately addressed by the "other" option.]**

**[Editor's note: We received 9 multiple answer responses to this question during the five staff administrations. Thus, we put "Please choose only one of the following." at the start of this question for the directors survey, and recommend adding this language in any future staff versions of this survey.]**

**24. "Other" responses defined:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 71 | 71.7 | 71.7 | 71.7 |
| | Depends on the individual. | 4 | 4.0 | 4.0 | 75.8 |
| | Integrated treatment for both at either MH or SA agency. | 21 | 21.2 | 21.2 | 97.0 |
| | Simultaneous treatment from same agency. | 3 | 3.0 | 3.0 | 100.0 |
| | Total | 99 | 100.0 | 100.0 | |

**25. Please think of the clients you were responsible for during the last month. What percentage did you refer for mental health evaluation or treatment?**

m = 36.70, sd = 31.62

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0 - 25% | 38 | 38.4 | 47.5 | 47.5 |
| | 25.1 - 50% | 21 | 21.2 | 26.3 | 73.8 |
| | 50.1 - 75% | 11 | 11.1 | 13.8 | 87.5 |
| | 75.1 - 100% | 10 | 10.1 | 12.5 | 100.0 |
| | Total | 80 | 80.8 | 100.0 | |
| Missing | System | 19 | 19.2 | | |
| Total | | 99 | 100.0 | | |

**FEEDBACK on Question #25**:

"Question 25 somewhat confusing – what info. are you attempting to illicit?"

"Question 25 doesn't apply." **[Editor's note: Prevention response.]**

"Question 25 difficult to answer. I have MH evals and treatment referred to me." **[Editor's note: M.D. response.]**

"Sometimes questions are unclear - #25, #8 (e.g. "own treatment groups" – define what you mean)." **[Editor's note: Feedback also included under question #8.]**

"Questions #25-26 are a bit confusing." **[Editor's note: Same feedback included under #25 and #26.]**

**26. Please think of the clients you were responsible for during the last month. What percentage of you clients do you think had co occurring disorders?**

m = 35.13, sd = 25.98

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0 - 25% | 39 | 39.4 | 46.4 | 46.4 |
| | 25.1 - 50% | 28 | 28.3 | 33.3 | 79.8 |
| | 50.1 - 75% | 10 | 10.1 | 11.9 | 91.7 |
| | 75.1 - 100% | 7 | 7.1 | 8.3 | 100.0 |
| | Total | 84 | 84.8 | 100.0 | |
| Missing | System | 15 | 15.2 | | |
| Total | | 99 | 100.0 | | |

**FEEDBACK on Question #26**:

"Questions #25-26 are a bit confusing." **[Editor's note: Same feedback included under #25 and #26.]**

**27. How satisfied or dissatisfied are you with the care that your co-occurring disorder clients receive?**

m = 3.28, sd = .85

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Very Dissatisfied | 1 | 1.0 | 1.1 | 1.1 |
| | 2 = Between Very Dissatisfied and Neutral | 17 | 17.2 | 18.9 | 20.0 |
| | 3 = Neutral | 31 | 31.3 | 34.4 | 54.4 |
| | 4 = Between Neutral and Very Satisfied | 38 | 38.4 | 42.2 | 96.7 |
| | 5 = Very Satisfied | 3 | 3.0 | 3.3 | 100.0 |
| | Total | 90 | 90.9 | 100.0 | |
| Missing | System | 9 | 9.1 | | |
| Total | | 99 | 100.0 | | |

**Do you have any other comments about clients with co-occurring disorders?**

- "The questionnaire was as adequate as any can be using this type of format."
- "I agree with comments shared that those in the substance abuse field will (may) tend to sway the results in their direction, mental health in theirs, etc."
- "Good questionnaire."
- "Questions are hard to answer – I feel it would be easier on a case to case basis – it is very hard to generalize."
- "Too vague. Questions do not reflect when, where, why, and other specifics to each individual client case! For every question, there is exceptions to every questions." Questions should be more specific."
- "Very biased, depending on where and who it is administered to."
- "Seems reasonably clear."
- "_____ were alternative questions regarding people whose M.H. problems are well controlled, somewhat, and not at all." **[Editor's note: We could not make out the first word…..]**
- "Questions too vague; need more room to expand answers. This topic is very important and needs more input than 'agree/disagree' answers – a lot of gray areas." **[Editor's note: We added considerably more room to expand answers on the Director's survey.]**
- "I don't like this questionnaire. Things are not black and white and there are many factors to consider for answering some of the questions. So some of my answers are not necessarily the best, but there is no room for comments about this."
- "Not as applicable for people working in prevention."
- "This is a good questionnaire. It deals w/ the specifics of treatment for co-occurring disorders and education on the treatment of these disorders."
- "I work in prevention, so this questionnaire was hard for me to fill out completely."
- "Many of these questions do not apply to my current [prevention] position."
- "My background is unique, not typically found. I'm from an education background w/ a MAE. I began work here w/ children and now have received training in intensive psychiatric recovery through Iowa. Didn't know how to answer question 5."
- "Questionnaire was well-written and easy to understand."

## Feedback from other Researchers:

Chris Richards, from the Consortium, made two suggestions. He suggested inserting "Please choose only one of the following" in questions #23 and #24. (This was done for the director's survey.) Additionally, he suggested numbering from 1 to 5, instead of 5 to 1, on the Likert scale questions. (This was not done, since some of the staff surveys had already been printed and administered.)

Gene Lutz provided the following feedback on the director's survey. The majority of this feedback was implemented.

>Comments on the Agency Directors' questionnaire:
>1. 3 questions are labeled question #5. Re-number.

>2. The open ended "barriers" questions all need a qualifier such as
>"What barriers, if any, ....." to acknowledge that the respondent
>may not think there are any barriers. E.g., Q10b and 11b have
>such phrasing now.
>3. Suggest simplified wording of the "barriers" question for second
>#5 and third #5 to: "What barriers, if any, exist to improve this?"
>4. Suggest simplified working of the "barriers" question for #7 to:
>"What barriers, if any, exist to change this?"
>5. Throughout, suggest bolding "your staff" and "you" in question
>pairs to emphasize the distinction.
>6. Q11a and Q111b could be reversed to follow same pattern as Q8a
>and Q8b.
>7. Q15 is two questions; suggest splitting into Q15a and Q15b.
>8. Reverse order of Q17 and Q18 to match Staff questionnaire.
>9. Underline "you" in Q25a and "your staff" in Q25b.
>10. Replace "?" with ":" in the two final comment items to match
>Staff questionnaire.
>Both questionnaires need an assurance of anonymity in reporting
>results at the beginning and should include instructions for returning
>the questionnaire on the final page.

**Feedback from Practitioners:**

Patrick Smith suggested the following for the director's survey, which resulted in question #28 on the director's survey.

>I finally found a few minutes to review the proposed director's
>survey. It looks pretty good to me. I would suggest one further
>question that assesses how public policy issues affect the delivery of
>co-occurring disorder treatment. The issue is the Department of Human
>Services regulating mental health treatment, and the Department of
>Public Health regulating substance abuse treatment. This means
>different policies, credentialing standards, and funding streams. It
>is a barrier for us in providing this kind of treatment within our own
>organization. Just a thought.

Diane Thomas had the following feedback between the two surveys.

>I've looked at both questionnaires - only thing that sticks out for me
>is that there is no question about case management issues surrounding
>clients with co-occurring disorders. I believe staff spend much more
>time in case management with these clients than a non-co-occurring
>client. Perhaps that's implied in your question (#10) about "effort"
>with these clients?

Since we received this feedback the day before the first staff administration, we could not logistically add an additional question to the already printed survey. However, we did instruct four of the five sites to include any comments specific to case management in their feedback. None of them did. Based on this, we agree with Diane and feel the issue was adequately covered in question #10.

# DIRECTORS QUESTIONAIRE RESULTS

As noted, feedback from the staff survey resulted in several changes to the director survey. This included the removal of certain items, and the addition of a new question. Completed surveys were collected at the January 2001 ISPDA meeting. Surveys were collected from 19 directors, out of a possible 34. Questions on the director survey were based on questions from the staff survey. On a majority of the questions in the director survey, an open ended "barriers" question was also asked. All of the responses are included below.

**Agency Name**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Missing | 6 | 31.6 | 31.6 | 31.6 |
| | ASAC | 1 | 5.3 | 5.3 | 36.8 |
| | Bernie Lorenz Recovery | 1 | 5.3 | 5.3 | 42.1 |
| | BMC/CDS | 1 | 5.3 | 5.3 | 47.4 |
| | CFARI | 1 | 5.3 | 5.3 | 52.6 |
| | Gordon Recovery Center | 1 | 5.3 | 5.3 | 57.9 |
| | MECCA | 1 | 5.3 | 5.3 | 63.2 |
| | Mercy 1st Step | 1 | 5.3 | 5.3 | 68.4 |
| | NEIMHC | 1 | 5.3 | 5.3 | 73.7 |
| | NWIADTU | 1 | 5.3 | 5.3 | 78.9 |
| | Pathways | 1 | 5.3 | 5.3 | 84.2 |
| | SASC | 1 | 5.3 | 5.3 | 89.5 |
| | Trinity Recovery Center | 1 | 5.3 | 5.3 | 94.7 |
| | YSS | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

## 1. Age Group

m = 50.32, Range = 27

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 35-39 | 3 | 15.8 | 15.8 | 15.8 |
| | 40-44 | 1 | 5.3 | 5.3 | 21.1 |
| | 45-49 | 5 | 26.3 | 26.3 | 47.4 |
| | 50-54 | 6 | 31.6 | 31.6 | 78.9 |
| | 55-59 | 2 | 10.5 | 10.5 | 89.5 |
| | 60+ | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

## 2. Sex

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 13 | 68.4 | 68.4 | 68.4 |
| | Female | 6 | 31.6 | 31.6 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

### 3. How long have you been in your current position? (grouped by years)

m = 8.495, sd = 6.898

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | less than 1.0 year | 1 | 5.3 | 5.9 | 5.9 |
| | 1.0 to 2.9 years | 5 | 26.3 | 29.4 | 35.3 |
| | 3.0 to 4.9 years | 2 | 10.5 | 11.8 | 47.1 |
| | 5.0 to 9.9 years | 1 | 5.3 | 5.9 | 52.9 |
| | 10.0 to 14.9 years | 3 | 15.8 | 17.6 | 70.6 |
| | 15.0+ years | 5 | 26.3 | 29.4 | 100.0 |
| | Total | 17 | 89.5 | 100.0 | |
| Missing | System | 2 | 10.5 | | |
| Total | | 19 | 100.0 | | |

### 4. What is your highest level of education completed?

m = 17.68, sd = .75

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 16 = Undergraduate Degree | 3 | 15.8 | 15.8 | 15.8 |
| | 18 = Masters Degree | 16 | 84.2 | 84.2 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**5. How would you rate the training/education experiences of your staff regarding co-occurring disorder clients to date?**

m = 3.21, sd = 1.03

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Lacking | 2 | 10.5 | 10.5 | 10.5 |
| | 2 = Between Lacking and Reasonable | 1 | 5.3 | 5.3 | 15.8 |
| | 3 = Neutral | 8 | 42.1 | 42.1 | 57.9 |
| | 4 = Between Reasonable and Great | 7 | 36.8 | 36.8 | 94.7 |
| | 5 = Great | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If your reply was not "great", what barriers—if any— exist that make this difficult to improve?**

- "We are doing training and doing well – but there is a time element, etc. that keep[s] me from saying great."
- "Minimal training opportunities at this point."
- "Money – reimbursement – staff availability – self-motivation."
- "Funding streams that target specific disorders requiring limitations."
- "Time – time for clients, less for training. Money."
- "Available time and limited training offered."
- "Staff turnover – hard to thoroughly train people who haven't been here very long."
- "Barriers – risking [to] do a different type of treatment, enough clients and enough staff."
- "Availability and staff's current level of education and training."
- "Time for training."
- "Time, conflicting responsibilities."
- "Access to good training."
- "Qualifications of staff – diversity of prior education and training."
- "Financial restraints."
- "Time away from direct service [and] decreased revenues places financial burden on program, and waiting lists."

**6. To what extent do you think the experiences and training of your staff have lead you to understand the special treatment needs of co-occurring disorder clients?**

m = 3.95, sd = .85

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = No Understanding | 0 | 0.0 | 0.0 | 0.0 |
| | 2 = Between No and Some Understanding | 0 | 0.0 | 0.0 | 0.0 |
| | 3 = Some Understanding | 7 | 36.8 | 36.8 | 36.8 |
| | 4 = Between Some and Solid Understanding | 6 | 31.6 | 31.6 | 68.4 |
| | 5 = Solid Understanding | 6 | 31.6 | 31.6 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If your reply was not "solid understanding", what barriers—if any—exist that make this difficult to improve?**

- "Learning as we go – experience teaches you how much more you need."
- "Acceptable/defined – definition of co-occurring so as needs may be defined and met."
- "Time to get/pay for training – policies at state level requiring linkage."
- "Counselors frequently are not identifying the co-occurring disorder (due to their lack of training), and therefore it is not addressed."
- "Barrier – actually setting up treatment (special) for these clients and experiencing the process."
- "Pulling staff up to my level."
- "Conflicting responsibilities."

**7. Some treatment staff believe that substance abuse treatment should precede mental health treatment. Others believe that mental health treatment should precede substance abuse treatment. Please check the response that best identifies your staffs position.**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Substance Abuse always first | 0 | 0.0 | 0.0 | 0.0 |
| | Substance Abuse usually first | 2 | 10.5 | 10.5 | 10.5 |
| | Should occur together | 16 | 84.2 | 84.2 | 94.7 |
| | Mental Health usually first | 1 | 5.3 | 5.3 | 100.0 |
| | Mental Health always first | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**What barriers exist—if any—that make this difficult to change from the way that things are currently done?**

- "Substance abuse and mental health treatment should occur together, unless one is very high and the other very low. 1) An understanding of what site best serves the individual so that placement is optimum. 2) Clinicians trained to do dual [diagnosis]."
- "New management at our local mental health centers (in both counties!) – relationships need to be rebuilt."
- "Reimbursement, staffing requirements, rural Iowa does not have access to all urban Iowa services."
- "Funding streams are often separate."
- "Money, mutual respect (or lack thereof) between fields, understanding of how to achieve better outcomes."
- "Number of identified clients and actually providing the treatment."
- "Funding mechanisms and staff attitude."
- "Separate payer streams, credentialing requirements, and standards for dual treatment programs."
- "Availability of joint services."
- "Money."
- "Funding streams."
- "Current definition of co-existing is focused on 'severe and persistent MH' only. SA treatment staff are doing very good co-occurring treatment with persons having less severe diagnoses, but aren't credited with doing so."

**FEEDBACK on Question #7:** "That 'all of the above' is not a choice on #7. Frankly, each approach is appropriate for some clients, but not all clients."

**8a. In your treatment center, co-occurring disorder clients should be in their own treatment groups.**

m = 2.56, sd = .86

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.6 | 5.6 |
| | 2 = Somewhat Agree | 9 | 47.4 | 50.0 | 55.6 |
| | 3 = Neutral | 5 | 26.3 | 27.8 | 83.3 |
| | 4 = Somewhat Disagree | 3 | 15.8 | 16.7 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 18 | 94.7 | 100.0 | |
| Missing | System | 1 | 5.3 | | |
| Total | | 19 | 100.0 | | |

**8b. In your treatment center, co-occurring disorder clients are in their own treatment groups.**

m = 3.06, sd = 1.34

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.9 | 5.9 |
| | 2 = Somewhat Agree | 8 | 42.1 | 47.1 | 52.9 |
| | 3 = Neutral | 0 | 0.0 | 0.0 | 52.9 |
| | 4 = Somewhat Disagree | 5 | 26.3 | 29.4 | 82.4 |
| | 5 = Strongly Disagree | 3 | 15.8 | 17.6 | 100.0 |
| | Total | 17 | 89.5 | 100.0 | |
| Missing | System | 2 | 10.5 | | |
| Total | | 19 | 100.0 | | |

**If you believe that co-occurring clients should be in their own treatment groups, what barriers—if any—are preventing this from actually happening?**

- "We have some isolated groups and some integrated – this seems to work well."
- "Clients are with us for average of 90 days. Mental health evals. and screenings for dual diagnosis groups by outside sources may not occur as soon as we'd like due to busy schedules by MH agencies. Clients are referred out for psychiatric services, mental health services to get established with a therapist in Des Moines, and for dual diagnosis groups."
- "Large numbers of clients with limited number of staff make it difficult to do specialty groups."
- "Size of group, trained staff availability."
- "Rural population; numbers not large enough to have homogenous groups."
- "I believe those with co-occurring disorders should have a group of their own and also be in groups with individuals who do not have a co-occurring disorder."
- "This is happening in residential – harder to do in outpatient."
- "Do not have a [co-occurring] treatment program."
- "Funding and licensure issues."
- "Trained staff are lacking and an overall 'best practice' for the treatment is minimal at best."
- "Persons with severe MH issues are in separate groups, others are integrated."

**9a. Clients in my agency with co-occurring disorders require significantly more time for treatment.**

m = 2.00, sd = 1.28

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 8 | 42.1 | 44.4 | 44.4 |
| | 2 = Somewhat Agree | 6 | 31.6 | 33.3 | 77.8 |
| | 3 = Neutral | 2 | 10.5 | 11.1 | 88.9 |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | 88.9 |
| | 5 = Strongly Disagree | 2 | 10.5 | 11.1 | 100.0 |
| | Total | 18 | 94.7 | 100.0 | |
| Missing | System | 1 | 5.3 | | |
| Total | | 19 | 100.0 | | |

**9b. Clients in my agency with co-occurring disorders receive significantly more time for treatment.**

m = 2.44, sd = 1.04

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 2 | 10.5 | 11.1 | 11.1 |
| | 2 = Somewhat Agree | 10 | 52.6 | 55.6 | 66.7 |
| | 3 = Neutral | 3 | 15.8 | 16.7 | 83.3 |
| | 4 = Somewhat Disagree | 2 | 10.5 | 11.1 | 94.4 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.6 | 100.0 |
| | Total | 18 | 94.7 | 100.0 | |
| Missing | System | 1 | 5.3 | | |
| Total | | 19 | 100.0 | | |

**If you feel that clients with co-occurring disorders require significantly more time for treatment than they are receiving, what barriers—if any—are preventing this from improving?**

- "These clients also seem to require more case management time. If that occurs, these clients stay in treatment. Less intense case management = great numbers leaving treatment."
- "Length of stay, money, availability of outside/referral services."
- "Lack of staff knowledge to further treatment – referrals."
- "Limited case management time and limited knowledge by line counselors of the need to case manage the individual with a co-occurring disorder."
- "Funding and licensure issues."
- "Funding for the treatment."
- "Funding streams and limited benefits."

**10a. Clients in my agency with co-occurring disorders require significantly more effort for treatment.**

m = 1.89, sd = .94

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 7 | 36.8 | 36.8 | 36.8 |
| | 2 = Somewhat Agree | 9 | 47.4 | 47.4 | 84.2 |
| | 3 = Neutral | 1 | 5.3 | 5.3 | 89.5 |
| | 4 = Somewhat Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**10b. Clients in my agency with co-occurring disorders receive significantly more effort for treatment.**

m = 2.37, sd = .90

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 3 | 15.8 | 15.8 | 15.8 |
| | 2 = Somewhat Agree | 8 | 42.1 | 42.1 | 57.9 |
| | 3 = Neutral | 6 | 31.6 | 31.6 | 89.5 |
| | 4 = Somewhat Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**If you feel that clients with co-occurring disorders require more effort for treatment than they are receiving, what barriers—if any—prevent this from improving?**

- "Effort requires more staff time and preparation – time is not always available for this."
- "Length of stay, money, availability of outside/referral services."

- "Lack of knowledge [and] cross training of staff."
- "Contract requirements and staff attitudes."
- "Funding."
- "Caseloads are already heavy and providing more effort in this area takes away from other areas."

**11a. Clients in my agency with co-occurring disorders are believed to be significantly more disruptive by my staff.**

m = 3.05, sd = 1.13

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.3 | 5.3 |
| | 2 = Somewhat Agree | 6 | 31.6 | 31.6 | 36.8 |
| | 3 = Neutral | 5 | 26.3 | 26.3 | 63.2 |
| | 4 = Somewhat Disagree | 5 | 26.3 | 26.3 | 89.5 |
| | 5 = Strongly Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**11b. Clients in my agency with co-occurring disorders are significantly more disruptive for my staff.**

m = 3.00, sd = 1.15

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.3 | 5.3 |
| | 2 = Somewhat Agree | 7 | 36.8 | 36.8 | 42.1 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 63.2 |
| | 4 = Somewhat Disagree | 5 | 26.3 | 26.3 | 89.5 |
| | 5 = Strongly Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you feel that your staff believes that clients with co-occurring disorders are more disruptive than they actually are, what barriers—if any—exist in eradicating this belief?**

- "Not an issue with us."
- "Actual experiences support the above belief."
- "Need for cross-training of MH and SA."
- "Training on co-occurring disorders and methods to address disruption."
- "Some diagnoses are more disruptive such as conduct disorder, borderline personality disorder, schizoaffective disorder – we need to give them the time and attention to be able to succeed."
- "Staff understanding of medication management."

**12a. Clients with co-occurring disorders tend to make treatment for others more difficult in the opinion of my staff.**

m = 2.79, sd = 1.13

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.3 | 5.3 |
| | 2 = Somewhat Agree | 9 | 47.4 | 47.4 | 52.6 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 73.7 |
| | 4 = Somewhat Disagree | 3 | 15.8 | 15.8 | 89.5 |
| | 5 = Strongly Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**12b. Clients with co-occurring disorders tend to make treatment for others more difficult in the opinion of other clients.**

m = 2.68, sd = .89

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 0 | 0.0 | 0.0 | 0.0 |
| | 2 = Somewhat Agree | 10 | 52.6 | 52.6 | 52.6 |
| | 3 = Neutral | 6 | 31.6 | 31.6 | 84.2 |
| | 4 = Somewhat Disagree | 2 | 10.5 | 10.5 | 94.7 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**18. The Mental Health professional staff in our locality understand addiction interventions.**

m = 3.22, sd = 1.31

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 1 | 5.3 | 5.6 | 5.6 |
| | 2 = Somewhat Agree | 6 | 31.6 | 33.3 | 38.9 |
| | 3 = Neutral | 3 | 15.8 | 16.7 | 55.6 |
| | 4 = Somewhat Disagree | 4 | 21.1 | 22.2 | 77.8 |
| | 5 = Strongly Disagree | 4 | 21.1 | 22.2 | 100.0 |
| | Total | 18 | 94.7 | 100.0 | |
| Missing | System | 1 | 5.3 | | |
| Total | | 19 | 100.0 | | |

**If you do not "strongly agree" with item #13, what barriers—if any—make this difficult to improve?**

- "New management in the two MH facilities we work with have changed – we need to rebuild relationships."
- "A belief that if the mental health issue is addressed with counseling and meds. – chemical dependency [treatment] may not be necessary."
- "We have had to hire and train our own staff due to poor working relationship with MH Center (including psychologist and psychiatrist.)"
- "More staff education, more community education."
- "Cross training and 'tighter' collaborations between MH and SA professionals."
- "Especially if co-occurring disorders are defined as severe and persistent, but not if cover all disorders."

### 19. My agency's Substance Abuse professional staff understand mental health interventions.

m = 2.26, sd = 1.05

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 4 | 21.1 | 21.1 | 21.1 |
| | 2 = Somewhat Agree | 9 | 47.4 | 47.4 | 68.4 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 89.5 |
| | 4 = Somewhat Disagree | 1 | 5.3 | 5.3 | 94.7 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?**

- "Staff struggle with some MH professionals who want to treat MH and SA issues separately instead of collaboratively."
- "Staff turnover."
- "Lack of education and negative [staff] attitude."
- "Staff time, multiple training needs, large caseloads."
- "More training in MH."

**15a. I am familiar with information regarding current best practice interventions for co-occurring disorders.**

m = 1.95, sd = .91

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 7 | 36.8 | 36.8 | 36.8 |
| | 2 = Somewhat Agree | 7 | 36.8 | 36.8 | 73.7 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 94.7 |
| | 4 = Somewhat Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?**

- "Limited training available."
- "The best practices are not always practical in their costs and application to our setting."

**15b. Information regarding current best practice interventions for co-occurring disorders is available to the staff at my agency.**

m = 1.84, sd = .96

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 8 | 42.1 | 42.1 | 42.1 |
| | 2 = Somewhat Agree | 8 | 42.1 | 42.1 | 84.2 |
| | 3 = Neutral | 1 | 5.3 | 5.3 | 89.5 |
| | 4 = Somewhat Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?**

- "Need more staff time to disseminate my MH knowledge to staff. Need money to train and education on MH issues."
- "Availability of the material."
- "I need to put it on a higher priority."
- "Staff at multiple locations, staff with wide variety of education and experience backgrounds."

### 16. I support my staff's efforts to improve/enhance their treatment and intervention expertise regarding co-occurring disorders.

m = 1.32, sd = .95

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 16 | 84.2 | 84.2 | 84.2 |
| | 2 = Somewhat Agree | 2 | 10.5 | 10.5 | 94.7 |
| | 3 = Neutral | 0 | 0.0 | 0.0 | 94.7 |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | 94.7 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?**

[No Responses.]

**17. I have someone I can count on in my agency who can support my staff in their work with co-occurring disorder clients.**

m = 1.84, sd = 1.17

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 10 | 52.6 | 52.6 | 52.6 |
| | 2 = Somewhat Agree | 5 | 26.3 | 26.3 | 78.9 |
| | 3 = Neutral | 2 | 10.5 | 10.5 | 89.5 |
| | 4 = Somewhat Disagree | 1 | 5.3 | 5.3 | 94.7 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?**

- "The supervisor who fit this retired – a new person with this expertise and interest has not emerged."
- "Myself and one clinician."

**15. I would implement a plan for dual diagnosis training at my agency.**

m = 1.37, sd = .60

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 13 | 68.4 | 68.4 | 68.4 |
| | 2 = Somewhat Agree | 5 | 26.3 | 26.3 | 94.7 |
| | 3 = Neutral | 1 | 5.3 | 5.3 | 100.0 |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**If barriers exist that prevent this from happening currently, what are they?**

- "Have done so and will continue."
- "1) Relationships with MH centers, 2) Staff training, 3) Properly trained supervision."
- "Money."
- "Have implemented."
- "Funding for implementing integrated practice. Training with out the ability to implement services is novel, but not terribly beneficial."
- "Staff attitude and issues around funding and licensure."
- "Have done / is currently happening."
- "Cost and time."

**19a. I would support a plan for dual diagnosis certification through our state licensing boards.**

m = 2.26, sd = 1.33

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 7 | 36.8 | 36.8 | 36.8 |
| | 2 = Somewhat Agree | 5 | 26.3 | 26.3 | 63.2 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 84.2 |
| | 4 = Somewhat Disagree | 1 | 5.3 | 5.3 | 89.5 |
| | 5 = Strongly Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**19b. I would support a plan for dual diagnosis certification at the national level.**

m = 2.53, sd = 1.43

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 6 | 31.6 | 31.6 | 31.6 |
| | 2 = Somewhat Agree | 4 | 21.1 | 21.1 | 52.6 |
| | 3 = Neutral | 5 | 26.3 | 26.3 | 78.9 |
| | 4 = Somewhat Disagree | 1 | 5.3 | 5.3 | 84.2 |
| | 5 = Strongly Disagree | 3 | 15.8 | 15.8 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**What barriers exist—if any—preventing either (or both) of these from happening?**

- "Lack of uniform agreement as to criteria, etc."
- "Mechanics / progress / certification / licensing = ?"
- "Turf issues on both sides of the issue."
- "People still seem hung up on their 'territories' and credentials."
- "Do not need – create[s] another expense for staff and programs."

**19c. If dual diagnosis certification were voluntary, I would require that my staff working with co-occurring disorder clients obtain it.**

m = 2.42, sd = 1.39

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 6 | 31.6 | 31.6 | 31.6 |
| | 2 = Somewhat Agree | 6 | 31.6 | 31.6 | 63.2 |
| | 3 = Neutral | 2 | 10.5 | 10.5 | 73.7 |
| | 4 = Somewhat Disagree | 3 | 15.8 | 15.8 | 89.5 |
| | 5 = Strongly Disagree | 2 | 10.5 | 10.5 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**20. My agency staff successfully coordinates services with mental health referral agencies to provide optimal treatment for our clients.**

m = 1.68, sd = .58

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 7 | 36.8 | 36.8 | 36.8 |
| | 2 = Somewhat Agree | 11 | 57.9 | 57.9 | 94.7 |
| | 3 = Neutral | 1 | 5.3 | 5.3 | 100.0 |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?**

- "Depends on the staff person and the MH agency."
- "Staff attitude."
- "Availability of on-site services is limited."

**21. Mental health agencies successfully coordinate services with my substance abuse agency staff to provide optimal treatment for our clients.**

m = 2.62, sd = 1.12

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 2 | 10.5 | 10.5 | 10.5 |
| | 2 = Somewhat Agree | 9 | 47.4 | 47.4 | 57.9 |
| | 3 = Neutral | 3 | 15.8 | 15.8 | 73.7 |
| | 4 = Somewhat Disagree | 4 | 21.1 | 21.1 | 94.7 |
| | 5 = Strongly Disagree | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?**

- "Feel like we give out better than we get back – but it is improving."
- "Again – with recent changes at [the local] MH center – it depends on the individual practitioner."
- "Limited communication with the referring MH agency."
- "Few do."
- "Lack of community wide initiative."

**22. The staff at my agency would benefit from continuing education workshops on dual diagnosis.**

m = 1.16, sd = .37

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Strongly Agree | 16 | 84.2 | 84.2 | 84.2 |
| | 2 = Somewhat Agree | 3 | 15.8 | 15.8 | 100.0 |
| | 3 = Neutral | 0 | 0.0 | 0.0 | |
| | 4 = Somewhat Disagree | 0 | 0.0 | 0.0 | |
| | 5 = Strongly Disagree | 0 | 0.0 | 0.0 | |
| | Total | 19 | 100.0 | 100.0 | |

**23. Dual diagnosis workshops would be most helpful to staff at this agency if they focused on:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Diagnosis | 1 | 5.3 | 5.3 | 5.3 |
| | Treatment | 3 | 15.8 | 15.8 | 21.1 |
| | Etiology | 2 | 10.5 | 10.5 | 31.6 |
| | Diagnosis and treatment | 4 | 21.1 | 21.1 | 52.6 |
| | Etiology, diagnosis, and treatment | 9 | 47.4 | 47.4 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**24. In your experience as a director, the best treatment option for clients with co-occurring disorders would be:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Sequential treatment | 0 | 0.0 | 0.0 | 0.0 |
| | Simultaneous treatment | 2 | 10.5 | 10.5 | 10.5 |
| | Integrated treatment for both issues at a S.A. agency | 8 | 42.1 | 42.1 | 52.6 |
| | Integrated treatment for both issues at a M.H. agency | 2 | 10.5 | 10.5 | 63.2 |
| | Other | 7 | 36.8 | 36.8 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**24. "Other" responses defined:**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 12 | 63.2 | 63.2 | 63.2 |
| | Depends on the individual. | 2 | 10.5 | 10.5 | 73.7 |
| | Integrated treatment for both at either MH or SA agency. | 4 | 21.1 | 21.1 | 94.7 |
| | Integrated treatment for both at neutral or "dual" site. | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**25. Please think of the clients that your staff were responsible for during the last month. What percentage did they refer for mental health evaluation or treatment? (grouped)**

m = 35.13, sd = 33.43

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0 - 25% | 9 | 47.4 | 56.3 | 56.3 |
| | 25.1 - 50% | 2 | 10.5 | 12.5 | 68.8 |
| | 50.1 - 75% | 2 | 10.5 | 12.5 | 81.3 |
| | 75.1 - 100% | 3 | 15.8 | 18.8 | 100.0 |
| | Total | 16 | 84.2 | 100.0 | |
| Missing | System | 3 | 15.8 | | |
| Total | | 19 | 100.0 | | |

**26. Please think of the clients that your staff were responsible for during the last month. What percentage of your agency's clients do you think had co-occurring disorders?**

m = 51.81, sd = 27.36

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0 - 25.0% | 5 | 26.3 | 31.3 | 31.3 |
| | 25.1 - 50% | 5 | 26.3 | 31.3 | 62.5 |
| | 50.1 - 75% | 2 | 10.5 | 12.5 | 75.0 |
| | 75.1 - 100% | 4 | 21.1 | 25.0 | 100.0 |
| | Total | 16 | 84.2 | 100.0 | |
| Missing | System | 3 | 15.8 | | |
| Total | | 19 | 100.0 | | |

**What barriers—if any—make the information for these two questions difficult to track?**

- "Labeling the dual- is difficult, if MH issue is stable, do you count it? Do you only count those who have been diagnosed, or do you include others?"
- "I believe our staff are caring professionals who are doing the best they can with the resources available."
- "Lack of formal evaluation."
- "Clients lack of money; non-voluntary clients."
- "I do not have knowledge of all clients situations, and if a counselor does not have the training to question if a client has a co-occurring disorder – they don't know they have missed the referral to MH assessment."
- "Not in our current data setup."
- "Separate contract requirements and policy requirements from IDPH and IDHS."
- "Large numbers of clients and several staff lead to inconsistence in determining."
- "Could provide MH access to data – our medical staff include Board Certified psychologists, access to clinical psychologists, etc."
- "Lack of education in assessing."
- "How we define co-existing."

**27a. How satisfied or dissatisfied are you with the care that your agency's co-occurring disorder clients receive?**

m = 3.37, sd = 1.01

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Very Dissatisfied | 1 | 5.3 | 5.3 | 5.3 |
| | 2 = Between Very Dissatisfied and Neutral | 3 | 15.8 | 15.8 | 21.1 |
| | 3 = Neutral | 4 | 21.1 | 21.1 | 42.1 |
| | 4 = Between Neutral and Very Satisfied | 10 | 52.6 | 52.6 | 94.7 |
| | 5 = Very Satisfied | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**27b. How satisfied or dissatisfied are your staff with the care that your agency's co-occurring disorder clients receive?**

m = 3.68, sd = .67

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Very Dissatisfied | 0 | 0.0 | 0.0 | 0.0 |
| | 2 = Between Very Dissatisfied and Neutral | 1 | 5.3 | 5.3 | 10.5 |
| | 3 = Neutral | 5 | 26.3 | 26.3 | 36.8 |
| | 4 = Between Neutral and Very Satisfied | 12 | 63.2 | 63.2 | 94.7 |
| | 5 = Very Satisfied | 1 | 5.3 | 5.3 | 100.0 |
| | Total | 19 | 100.0 | 100.0 | |

**If you are not "very satisfied" on both of these questions, what needs to happen to improve care?**

- "Quicker access to services, especially for a psych. evaluation."
- "Money for integrated treatment training, medication/med. management, case management services and resources in rural communities."
- "Increase education in MH area."
- "More training."
- "Funding issues, improved staff education and qualifications."
- "More training, public policy barriers removed."
- "More training and money."
- "Continued collaboration with MH providers and continued organizational experience."
- "Expanded services that provide separate and collaborative (or integrated) tracks."
- "Need to develop more specific programming for persons with severe and persistent disorders. need to be able to bill Medicare."

**28. In the state of Iowa, the DPH regulates substance abuse treatment, and the DHS regulates mental health treatment. To what extent do different funding and credentialing sources negatively impact the treatment of co-occurring clients at your agency?**

m = 3.83, sd = 1.54

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 = Insignificantly | 3 | 15.8 | 16.7 | 16.7 |
| | 2 = Between Insignificantly and Moderately | 0 | 0.0 | 0.0 | 16.7 |
| | 3 = Moderately | 4 | 21.1 | 22.2 | 44.4 |
| | 4 = Between Moderately and Significantly | 1 | 5.3 | 5.6 | 50.0 |
| | 5 = Significantly | 10 | 52.6 | 55.6 | 100.0 |
| | Total | 18 | 94.7 | 100.0 | |
| Missing | System | 1 | 5.3 | | |
| Total | | 19 | 100.0 | | |

**FEEDBACK on Question #28**: "Funding sources on #28 are reversed." **[Editor's note: This was announced during the administration, and everyone was made aware of this. This change still needs to be made in the survey.]**

**Do you have any other comments about clients with co-occurring disorders?**

- "Dual [diagnosis] does require a higher level of case management – not [a] source of reimbursement for this service. Cost per client is higher."
- "I first worked in a treatment center that didn't believe in addressing MH issues simultaneously, then I worked nine years in a MH center/SA center and saw the immense value of integrating services. Now in the halfway house setting, we have 3 LMSW and 1 LMHC on staff. We are not licensed as a MH facility but we do screenings and refer to MH centers in the area. All staff believe both issues must be addressed simultaneously and consistently. Our staff attends the luncheon in-services sponsored by Mercy Franklin Center in Des Moines. It's an excellent way to eat and learn about the latest in treating dual diagnosis clients, plus I don't have to worry about covering the employees' shifts while they obtain CEU's."

- "Funding that meets the needs, from other than existing sources, is needed. Follow-up support, resources in the case management of dual clients is also a concern. Ancillary issues for these clients need exploration as well."
- "Funding issues means we can't bill for full face-to-face time unless we're doing solely SA work."
- "Treatment should be available on a continuum from MH first to SA first (sequential) – to fully integrated depending on client needs."
- "SA treatment providers do not qualify for Medicare funding."
- "Leadership at state level [have] been a negative impact on this issue."

# Survey Questionnaire (Agency Staff)

Date_____ ID_____ Agency Number_____

**We are interested in learning about your attitudes and experiences with clients who have co-occurring disorders. Here, a "co-occurring disorder client" means a client with a substance abuse problem and a mental health problem.**

**1. What is your age? _____**

**2. What is your sex? _____female_____male**

**3a. What is your current job title? _____**

**3b. How long have you been in your current position? _____ years _____ months**

**4. What is your highest level of education completed?**
**_____Less than high school diploma**
**_____HS diploma/GED**
**_____Completed two-year degree program**
**_____Completed undergraduate degree**
**_____Completed masters degree**
**_____Completed PhD**

---

**5. How would you rate your training/education experiences regarding co-occurring disorder clients to date? Please circle the number that best reflects your answer.**

| Great | | Reasonable | | Lacking |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**6. To what extent do you think your experiences and training have lead you to understand the special treatment needs of co-occurring disorder clients? Please circle the number that best reflects your answer.**

| Solid Understanding | | Some Understanding | | No Understanding |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**7. Some treatment staff believe that substance abuse treatment should precede mental health treatment. Others believe that mental health treatment should precede substance abuse treatment. Please check the response below that best identifies your opinion.**

**___Substance abuse treatment should always come first.**
**___Substance abuse treatment should usually come first.**
**___Substance abuse and mental health treatment should occur together.**
**___Mental health treatment should usually come first.**
**___Mental health treatment should always come first.**

---

**For questions 8-22, please mark the response that best matches how much you disagree or agree with the following statements today.**

**8. Co-occurring disorder clients should be in their own treatment groups.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**When answering the next few questions, please try to compare typical clients with co-occurring disorders to clients without co-occurring disorders.**

**9. Clients with co-occurring disorders require significantly more <u>time</u> for treatment.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**10. Clients with co-occurring disorders require significantly more <u>effort</u> for treatment.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**11. Clients with co-occurring disorders are significantly more <u>disruptive</u>.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**12. Clients with co-occurring disorders tend to make treatment for others more <u>difficult</u>.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**13. Mental Health professional staff understand addiction interventions.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**14. Substance Abuse professional staff understand mental health interventions.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**15. Information regarding current best practice interventions for co-occurring disorders is available to me at my agency.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**16. My agency supports my efforts to improve/enhance my treatment and intervention expertise regarding co-occurring disorders.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**17. I have someone I can count on in my agency who can support me in my work with co-occurring disorder clients.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**18. I would support a plan for dual diagnosis training at my agency.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**19. I would support a plan for dual diagnosis certification through our state licensing boards.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**20. My agency successfully coordinates services with mental health referral agencies to provide optimal treatment for our clients.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**21. Mental health agencies successfully coordinate services with my substance abuse agency to provide optimal treatment for our clients.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**22. The staff of this agency would benefit from continuing education workshops on dual diagnosis.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**23. Dual diagnosis workshops would be most helpful to staff at this agency if they focused on:**

_____**Diagnosis**
_____**Treatment**
_____**Etiology**
_____**Diagnosis and treatment**
_____**Etiology, diagnosis, and treatment**

**24. In your opinion, the best treatment option for clients with co-occurring disorders would be:**

_____**Sequential treatment (treat one issue and then the other)**
_____**Simultaneous treatment from separate agencies (substance abuse and mental health issues dealt with at the same time by different agencies)**
_____**Integrated treatment for both issues at a substance abuse agency**
_____**Integrated treatment for both issues at a mental health agency**
_____**Other (please specify):**_____

**Please think of the clients you were responsible for during the last month.**

**25. What percentage did you refer for mental health evaluation or treatment?**

_____%

**26. What percentage of you clients do you think had co occurring disorders?**

_____%

**27. How satisfied or dissatisfied are you with the care that your co-occurring disorder clients receive?**

| Very Satisfied | | Neutral | | Very Dissatisfied |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**PLEASE USE THE NEXT PAGE TO WRITE IN ANY COMMENTS THAT YOU HAVE ABOUT THIS QUESTIONNAIRE OR ABOUT CLIENTS WITH CO-OCCURRING DISORDERS.**

**Comments about this questionnaire:**

**Comments about clients with co-occurring disorders:**

Thank you

# Survey Questionnaire (Agency Directors)

Date_____ ID_____ Agency_____

**We are interested in learning about your attitudes and experiences with clients who have co-occurring disorders. Here, a "co-occurring disorder client" means a client with a substance abuse problem and a mental health problem. Your responses will be kept confidential.**

**1. What is your age? _____**

**2. What is your sex? _____female_____male**

**3. How long have you been in your current position? _____ years _____ months**

**4. What is your highest level of education completed?**
**_____Completed two-year degree program**
**_____Completed undergraduate degree**
**_____Completed masters degree**
**_____Completed PhD**
**_____Completed MD**

---

**5. How would you rate the training/education experiences of your staff regarding co-occurring disorder clients to date? Please circle the number that best reflects your answer.**

| Great | | Reasonable | | Lacking |
|---|---|---|---|---|
| **5** | **4** | **3** | **2** | **1** |

If your reply was not "great", what barriers—if any— exist that make this difficult to improve?_____
_____
_____
_____

**6. To what extent do you think the experiences and training of your staff have lead you to understand the special treatment needs of co-occurring disorder clients? Please circle the number that best reflects your answer.**

| Solid Understanding | | Some Understanding | | No Understanding |
|---|---|---|---|---|
| **5** | **4** | **3** | **2** | **1** |

If your reply was not "solid understanding", what barriers—if any—exist that make this difficult to improve?_____
_____
_____
_____

**7. Some treatment staff believe that substance abuse treatment should precede mental health treatment. Others believe that mental health treatment should precede substance abuse treatment. Please check the response below that best identifies, in your opinion, the overall position of your staff.**

**___Substance abuse treatment should always come first.**
**___Substance abuse treatment should usually come first.**
**___Substance abuse and mental health treatment should occur together.**
**___Mental health treatment should usually come first.**
**___Mental health treatment should always come first.**

What barriers exist—if any—that make this difficult to change from the way that things are currently done?_____
_____
_____
_____

---

**For questions 8-22, please mark the response that best matches how much you disagree or agree with the following statements today.**

**8a. In your treatment center, co-occurring disorder clients <u>should be</u> in their own treatment groups.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**8b. In your treatment center, co-occurring disorder clients <u>are</u> in their own treatment groups.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you believe that co-occurring clients should be in their own treatment groups, what barriers—if any—are preventing this from actually happening?_____
_____
_____
_____

**When answering the next few questions, please try to compare typical clients with co-occurring disorders to clients without co-occurring disorders.**

**9a. Clients in my agency with co-occurring disorders require significantly more time for treatment.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**9b. Clients in my agency with co-occurring disorders receive significantly more time for treatment.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you feel that clients with co-occurring disorders require significantly more time for treatment than they are receiving, what barriers—if any—are preventing this from improving?_____
_____
_____
_____

**10a. Clients in my agency with co-occurring disorders require significantly more effort for treatment.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**10b. Clients in my agency with co-occurring disorders receive significantly more effort for treatment.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you feel that clients with co-occurring disorders require more effort for treatment than they are receiving, what barriers—if any—prevent this from improving?_____
_____
_____
_____

**11a. Clients in my agency with co-occurring disorders <u>are believed to be</u> significantly more disruptive <u>by</u> my staff.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**11b. Clients in my agency with co-occurring disorders <u>are</u> significantly more disruptive <u>for</u> my staff.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you feel that your staff believes that clients with co-occurring disorders are more disruptive than they actually are, what barriers—if any—exist in eradicating this belief? _____
_____
_____
_____

**12a. Clients with co-occurring disorders tend to make treatment for others more difficult in the <u>opinion of my staff</u>.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**12b. Clients with co-occurring disorders tend to make treatment for others more difficult in the <u>opinion of other clients.</u>**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**13. The Mental Health professional staff in our locality understand addiction interventions.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with item #13, what barriers—if any—make this difficult to improve?
_____
_____
_____
_____

**14. My agency's Substance Abuse professional staff understand mental health interventions.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?
_____
_____
_____

**15a. I am familiar with information regarding current best practice interventions for co-occurring disorders.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?
_____
_____
_____

**15b. Information regarding current best practice interventions for co-occurring disorders is available to the staff at my agency.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—make this difficult to improve?
_____
_____
_____

**16. I support my staff's efforts to improve/enhance their treatment and intervention expertise regarding co-occurring disorders.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?_____
_____
_____
_____

**17. I have someone I can count on in my agency who can support my staff in their work with co-occurring disorder clients.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?_____
_____
_____
_____

**18. I would implement a plan for dual diagnosis training at my agency.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If barriers exist that prevent this from happening currently, what are they?_____
_____
_____
_____

**19a. I would support a plan for dual diagnosis certification through our state licensing boards.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**19b. I would support a plan for dual diagnosis certification at the national level.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

What barriers exist—if any—preventing either (or both) of these from happening?_____
_____
_____
_____

**19c. If dual diagnosis certification were voluntary, I would require that my staff working with co-occurring disorder clients obtain it.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**20. My agency staff successfully coordinates services with mental health referral agencies to provide optimal treatment for our clients.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?_____
_____
_____
_____

**21. Mental health agencies successfully coordinate services with my substance abuse agency staff to provide optimal treatment for our clients.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you do not "strongly agree" with this statement, what barriers—if any—exist that make this difficult to improve?_____
_____
_____
_____

**22. The staff at my agency would benefit from continuing education workshops on dual diagnosis.**

| Strongly Disagree | Somewhat Disagree | | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**23. Please choose only <u>one</u> of the following. Dual diagnosis workshops would be most helpful to staff at this agency if they focused on:**

**_____Diagnosis**
**_____Treatment**
**_____Etiology**
**_____Diagnosis and treatment**
**_____Etiology, diagnosis, and treatment**

**24. Please choose only <u>one</u> of the following. In your experience as a director, the best treatment option for clients with co-occurring disorders would be:**

**_____Sequential treatment (treat one issue and then the other)**
**_____Simultaneous treatment from separate agencies (substance abuse and mental health issues dealt with at the same time)**
**_____Integrated treatment for both issues at a substance abuse agency**
**_____Integrated treatment for both issues at a mental health agency**
**_____Other (please specify):_____**

**Please think of the clients that your staff were responsible for during the last month.**

**25. What percentage did they refer for mental health evaluation or treatment?**

_____%

**26. What percentage of your agency's clients do you think had co-occurring disorders?**

_____%

What barriers—if any—make the information for these two questions difficult to track?_____
_____
_____
_____

**27a. How satisfied or dissatisfied are <u>you</u> with the care that your agency's co-occurring disorder clients receive?**

| Very Satisfied | | Neutral | | Very Dissatisfied |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**27b. How satisfied or dissatisfied are <u>your staff</u> with the care that your agency's co-occurring disorder clients receive?**

| Very Satisfied | | Neutral | | Very Dissatisfied |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

If you are not "very satisfied" on both of these questions, what needs to happen to improve care? _____
_____
_____
_____

**28. In the state of Iowa, the Department of Public Health regulates substance abuse treatment, and the Department of Human Services regulates mental health treatment. To what extent do different funding and credentialing sources <u>negatively</u> impact the treatment of co-occurring clients at your agency?**

| Significantly | | Moderately | | Insignificantly |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

**PLEASE USE THE NEXT PAGE TO WRITE IN ANY COMMENTS THAT YOU HAVE ABOUT THIS QUESTIONNAIRE OR ABOUT CLIENTS WITH CO-OCCURRING DISORDERS.**

**Do you have any comments about this questionnaire?**

**Do you have any other comments about clients with co-occurring disorders?**

**Thank you**