

# Co-Occurring Disorders Funding Program Evaluation Summary

In 2006, the Missouri Foundation for Health (MFH) designed a funding program to support the development of integrated treatment services for adults with co-occurring disorders using best practice models and methods. MFH intended to solicit projects that addressed integrated treatments for those experiencing mental health and substance abuse disorders. These projects are intended to strengthen relationships among major stakeholders, identify individual infrastructure changes needed to maintain integrated treatment, and use evidence-based best practices to improve clinical outcomes for the populations served. Three-year grants were awarded for 11 projects in December 2006 and to 13 projects in June 2007.

In 2010, MFH-funded mental health and substance abuse treatment providers will provide quality, evidence-based, integrated treatment services to the adult population with co-occurring disorders. MFH will achieve this outcome in part by providing the consultation, technical assistance and training necessary to support these goals.

## Evaluation

The Missouri Institute of Mental Health (MIMH), a center for policy and training at the University of Missouri, is the external evaluator for the COD funding program. Consistent with MFH goals, the evaluation assesses each program's capability to provide integrated treatment for co-occurring disorders; examines collaboration and service linkages of grantees; and measures organizational characteristics and external influences on best practices.

By visiting each grantee and conducting interviews and surveys of consumers, agency leaders, staff and partners, the evaluation team gathers information to assess overall system change. Evaluation methods include qualitative and quantitative approaches to identify unique and contextual influences and gather standardized quantitative data. Grantees receive regular feedback describing their implementation progress in supporting agency change plans. MIMH supports grantees through consultation, technical assistance and coordination with current state and federal co-occurring efforts.

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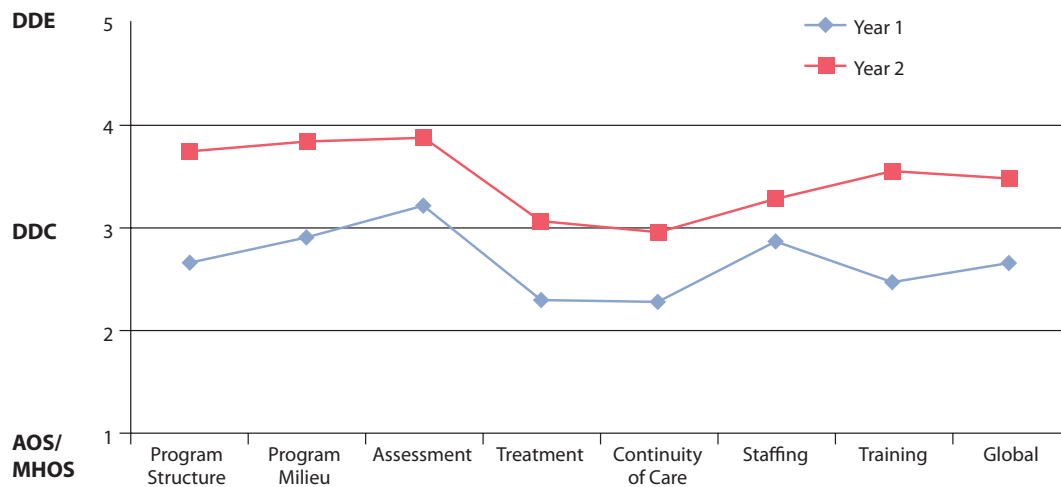
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## Co-Occurring Capability

To examine changes over the three-year grant period, agencies are assessed annually using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. The measure provides ratings in seven program areas (Program Structure; Program Milieu; Clinical Process: Assessment; Clinical Process: Treatment; Continuity of Care; Staffing; and Training) and provides an overall capability score. The co-occurring capability of a program is described along a continuum:

- Addiction Only or Mental Health Only Services (AOS/MHOS)—Programs that by choice or lack of resources that cannot accommodate clients with COD.
- Dual Diagnosis Capable (DDC)—Programs with a primary focus on one disorder that are capable of treating clients with relatively stable co-occurring problems.
- Dual Diagnosis Enhanced (DDE)—Programs designed to treat clients with more disabling or unstable co-occurring disorders.

### Grantees Demonstrate Improved Co-Occurring Capability



## Findings to Date: Emerging Success

The COD capability assessments reveal striking changes in a short period of time. During the first grant year, co-occurring capability was rated low to moderate; many programs were focused on mainly one disorder. By the second grant year, however, most agencies were at the Dual Diagnosis Capable level, providing care to clients with stable co-occurring problems. Co-occurring capability improved noticeably and the improvements were widespread, occurring in both substance abuse and mental health grantees and in both urban and non-urban grantees.

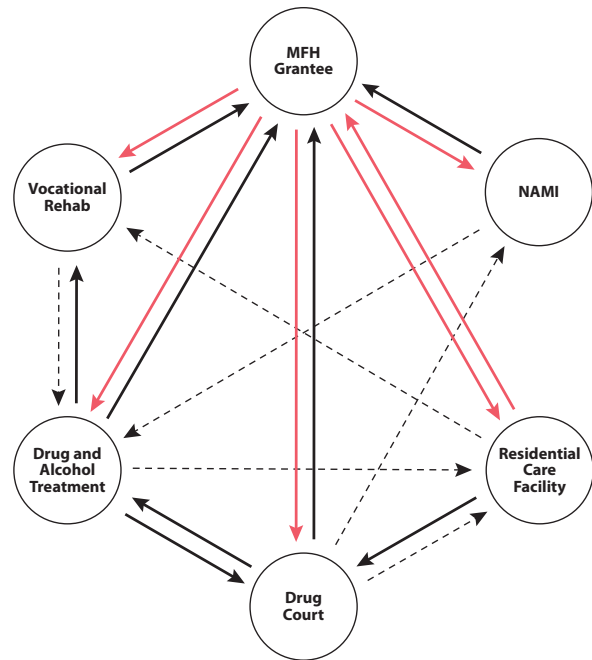
Larger gains were observed in certain domains. Many grantees provided co-occurring training to their staff (Training) or improved the program's welcoming attitude (Program Milieu). State policy changes during this time provided incentives for evidence-based services; agencies that gained DMH Integrated Dual Diagnosis Treatment (IDDT) certification showed increases in Program Structure, as did agencies who focused their missions on co-occurring disorders. Smaller gains were observed in the Treatment and Continuity of Care areas. Staff continued to gain skill in providing co-occurring services matched to a client's level of motivation. In the third grant year, the co-occurring capability findings will point to the sustainability of the changes.

## Collaborative Partnerships

Service fragmentation is a major barrier to the treatment of individuals with co-occurring disorders. Effective linkages between mental health service providers, substance abuse treatment providers, primary care, and other social service agencies offer one way to meet the complex needs of these individuals.

## Potential Benefits of Collaboration

For the client, collaboration provides faster access to more appropriate services and improved continuity of care. Behavioral health staff benefit from collaboration through professional development, reduced role anxiety, greater sense of accomplishment and less role confusion. By collaborating, an agency can gain needed services, shared resources, greater efficiency and professional standing. At the system level, collaboration may result in more effective service delivery, less fragmentation and duplication, improved cost effectiveness and improved ability to advocate. Network structure and tie strength can affect the efficiency of collaboration and information sharing, knowledge transfer, organizational change, innovation and service delivery. Collaborative partnerships have been viewed as a prerequisite for sustainability.



## Grantee Networks

Each grantee identified its own collaborative partners. The grantees and their partners rated their level of collaboration (or “tie strength”) and described factors that facilitated or blocked collaboration. A Collaboration Map provided a visual depiction of the number and types of network relationships as well as the level of collaboration between partners. Tie strength – ranging from the informal networking stage to the resource sharing of coalition partners – is depicted using lines of increasing thickness. This approach generates summary statistics for each partner and the network as a whole.

## Co-Occurring Capability and Collaborative Partnerships

Grantee networks routinely included a partner providing complementary COD services; a criminal justice representative; and social service providers. Few grantees partnered with primary health providers. Collaborative networks typically included five or six partners. Partners often interacted at the Networking or Cooperation levels of collaboration, a low to moderate level of tie strength. Notably, agencies with higher COD capability had larger networks of collaborative partners. Further, tie strength was not related to COD capability. Together the findings suggest that the variety and number of resources for clients may be more important to programs than collaborating at a high level. Future work will explore ways that wide-ranging partnerships can effect change at substance abuse and mental health agencies.

## **Key Observations**

Through the COD funding program, MIMH provides support for the emerging Missouri Cadre for Co-Occurring Excellence, a grassroots coalition of grantees organized to improve integrated co-occurring disorders care. At quarterly Cadre meetings, the grantees have welcomed clinical training by ZiaPartners (Drs. Ken Minkoff and Chris Cline, nationally recognized experts in treating co-occurring disorders). Cadre members have completed an online survey to identify training and technical assistance priorities.

MIMH works with the Cadre to develop support activities that promote COD excellence. Through regular visits, evaluators provide feedback that supports the implementation process. MIMH also offers implementation expertise and coaching to grantees to target specific needs.

Overall, treatment staff find evidence-based practices appealing and they are open to the implementation of best practices for COD. Attitudes vary widely within agencies, however, and that affects progress toward co-occurring excellence. Transformational leadership behaviors are positively related to staff attitudes, and transactional leadership practices support implementation success.

Turnover has affected providers differently, showing both positive and negative impacts. Small programs showed more progress toward COD capability when turnover was low, but large programs made bigger strides when turnover was high. Leadership changes slowed progress at some agencies, but front-line changes generated opportunities to hire co-occurring qualified staff.

The provider workforce continues to voice its interest in specialized self-help groups for co-occurring disorders. Some grantees have supported the formation of Dual Recovery Anonymous meetings in their programs and MIMH is assessing 12-Step Counseling Practices that support training and implementation.

## **Going Forward**

As the grantees complete their third year, MIMH will take steps to promote and sustain the gains that have been achieved. Championed by ZiaPartners, the Missouri Cadre for Co-Occurring Excellence aims to widen its base and focus its vision. In partnership with the Cadre, ZiaPartners, MIMH and MFH will identify strategic assessment and planning activities, examine opportunities to educate the workforce about co-occurring disorders, and engage an ongoing learning community.

Qualitative observations suggest the funding program's impact is felt more broadly than anticipated. Grantee implementation efforts may be triggering innovation and change at other programs within agencies. Evaluation will track the implementation of evidence-based practices for co-occurring disorders at agencies across Missouri and examine the impact of grantees on agency affiliates.

Many lessons have been learned during the funding program. Evaluation will distill research knowledge into practical guidance that promotes best practices in a variety of contexts catering to diverse persons with co-occurring disorders.