CoOccurring Disorders
Integration & Innovation

Impact Survey
of
Co-Occurring Disorders Integration and Innovation
(CODI) Learning Communities

Substance Abuse and Mental Health Services Administration (SAMHSA)

This survey is intended to assess the impact in your organization from participation in a Co-Occurring Disorders Integration and Innovation (CODI) Learning Community. Individual responses will not be released to federal staff or individual TA providers. The results of the survey will only be presented in aggregate form so that individual responses cannot be identified.

The survey will require no more than 15 minutes to complete.

For questions regarding this survey please contact the CODI Evaluator, Dr. Steven T. Sullivan, by telephone at 301-385-6693 or by email at sts@cloudburstgroup.com.

For further information regarding CODI activities please go to: http://www.coce.samhsa.gov/

required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0197.

Learning Communities Technical Assistance (TA) Impact Survey

Please complete this survey if you have participated in **one or more CODI Learning Community activities during the last 6 months.** Examples of activities include webinars, workshops, and Learning Community group meetings.

Please do **not** complete this survey if you have **not** been a part of one or more CODI Learning Community activities during the last 6 months.

The following questions ask about any changes related to participating in the CODI Learning Community over the last 6 months.

Understanding of Co-Occurring Disorders

Based on your experiences in the CODI Learning Community, did you increase your understanding of any of the following areas?
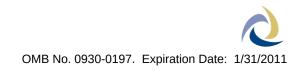
Mark all that apply.

☐ Prevalence of co-occurring disorders

☐ How to screen for co-occurring disorders

☐ How to integrate treatments or services for persons with co-occurring disorders

☐ How other agencies or organizations successfully deal with co-occurring disorders

☐ Other areas → **Please specify:** _____

Your Focus Areas

Which of the following are focus areas of your CODI Learning Community?

Mark all that apply and flip to each of the corresponding pages.

☐ Systems and Services Integration → **PLEASE FILL OUT SECTION A ON THE NEXT PAGE**

☐ Screening and Assessment → **PLEASE FILL OUT SECTION B ON PAGE 4**

☐ Workforce Development→ **PLEASE FILL OUT SECTION C ON PAGE 5**

☐ Implementation and Training on Evidence-Based Practices → **PLEASE FILL OUT SECTION D ON PAGE 6**

☐ Financing → **PLEASE FILL OUT SECTION E ON PAGE 7**

☐ Data Collection and Use→ **PLEASE FILL OUT SECTION F ON PAGE 8**

Section A
Systems and Services Integration

The next questions ask about changes in your organization's systems and services integration and COD capacity building.

A1.   **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>**, has your organization dedicated more total staff hours to COD in a typical month?

☐ Yes

☐ No → **SKIP to A2**

☐ Don't know/Not sure → **SKIP to A2**

A1a.   Please indicate the following:

Staff hours per month dedicated to COD 6 months ago:

|__|__|
HOURS

Staff hours per month dedicated to COD now:

|__|__|
HOURS

A1b.   Has your organization changed staff roles or responsibilities to dedicate more time to COD in a typical month?

☐ Yes

☐ No

☐ Don't know/Not sure

A2. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>,** has your organization...

	Yes	No	Don't know/ not sure
a. Changed leadership or steering committee memberships to bring MH/SA staff or leadership together for <u>information-sharing purposes</u>?...	☐	☐	☐
b. Changed leadership or steering committee memberships to bring MH/SA staff or leadership together for <u>planning purposes</u>?...	☐	☐	☐
c. <u>Changed policies or plans</u> to enhance the integration of systems?	☐	☐	☐
d. Established any MOUs, collaboratives, interagency agreements or other partnerships, to enhance the integration of systems?...	☐	☐	☐
e. Created a partnership between the State Departments of Mental Health and Substance Abuse?...	☐	☐	☐
f. Created partnerships between Mental Health and Substance Abuse Treatment providers?...	☐	☐	☐
g. Changed <u>program standards</u> to support or encourage integrated services?...	☐	☐	☐
h. Changed the <u>way that services are monitored</u> to support or encourage integrated services?...	☐	☐	☐

A3. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>**, has your organization changed <u>provider contracts</u> to support or encourage integrated services?

> **Mark all that apply.**
>
> ☐ Yes – changed providers
>
> ☐ Yes – changed scope or requirements
>
> ☐ No
>
> ☐ Don't know/not sure

If you answered "yes" to any of the above questions:

A4. Have any of these changes resulted in measurable positive improvements in client outcomes?

> ☐ Yes
>
> ☐ No
>
> ☐ Don't know/Not sure

Section B
Screening and Assessment

The next questions ask about any impacts on screening and assessment.

B1. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>**, has your organization increased the frequency of screening for COD (as a percentage of clients)?

      ☐ Yes

      ☐ No **→ SKIP to B2**

      ☐ Don't know/not sure **→ SKIP to B2**

    B1a. If your organization increased the percentage of screenings:

        What percentage of clients are screened per month now?

        |__|__| %

        <u>W</u>hat was the percentage of clients screened per month as of 6 months ago?

        |__|__| %

B2. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>**, has your organization...

	Yes	No	Don't know/ Not sure
a. Identified appropriate COD screening and assessment tools that are appropriate for your population?...........................	☐	☐	☐
b. Instituted policies that support regular use of COD screening?...	☐	☐	☐
c. Created or instituted protocols or policies that include use of COD screening as part of everyday practice?	☐	☐	☐

Section C
Workforce Development

The next questions ask about any impacts on workforce development.

C1. **As a result of participating in CODI activities over the past 6 months,**
has your organization...

	Yes	No	Don't know/ not sure
a. Defined COD related core competencies for organizations and providers?..	☐	☐	☐
b. Set up a certification/licensing/credentialing program for COD services?..	☐	☐	☐
c. Created policies that encourage providers and organizations to adopt COD core competencies or certifications?...	☐	☐	☐
d. Worked with local universities and colleges to raise awareness of COD and integrated approaches to the treatment of COD?..	☐	☐	☐

If you answered 'yes" to any of the above questions:

C2. Have any of these changes resulted in measurable positive changes in client outcomes?

☐ Yes

☐ No

☐ Don't know/Not sure

Section D
Implementation and Training on Evidence-Based Practices

The next questions ask about any impacts of evidence-based practices on implementation and training.

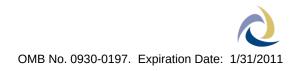**D1.** **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>,**
has your organization...

		Yes	No	Don't know/ not sure
a.	Increased the amount of COD practitioner training?...................	☐	☐	☐
b.	Changed the way you conduct COD practitioner training (e.g., different topics, different materials, different instructors)?..	☐	☐	☐
c.	Identified COD evidence-based practices/programs that are appropriate for your population?.............................	☐	☐	☐
d.	Identified opportunities for your practitioners and service staff to be aware of and trained in COD services?.....................	☐	☐	☐
e.	Provided training for clinical supervisors and practitioners to adopt and implement best practices?..................	☐	☐	☐

If you answered "yes" to any of the above questions:

D2. Have any of these changes resulted in measurable positive changes in client outcomes?

☐ Yes

☐ No

☐ Don't know/Not sure

Section E
Financing

The next questions ask about any impacts on financing.

E1. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>,**
has your organization...

		Yes	No	Don't know/ Not sure
a.	Learned how to finance screening, training, and implementation of COD programs?...	☐	☐	☐
b.	Learned how to successfully apply for funding or change your funding streams?...	☐	☐	☐
c.	Learned how to support regulatory and policy changes?...	☐	☐	☐
d.	Used financial incentives and performance based contracting to increase support for work force development?...	☐	☐	☐
e.	Increased its support for regulatory and policy changes?...	☐	☐	☐

E2. **Has <u>participating in CODI activities</u> over the <u>past 6 months</u>,**
helped your organization...

		Yes	No	Don't know/ Not sure
a.	Understand how to fund treatment through Medicare or Medicaid?..	☐	☐	☐
b.	Understand how Health Care Reform affects funding for COD?..	☐	☐	☐

If you answered "yes" to any of the above questions:

E3. Have any of these changes resulted in measurable positive changes in client outcomes?

☐ Yes

☐ No

☐ Don't know/Not sure

Section F
Data Collection and Use

The next questions ask about any impacts on data collection or data use.

F1. **As a result of participating in CODI activities over the past 6 months,** has your organization changed its <u>collection</u> of data on screening and treatment of COD populations?

> **Mark all that apply.**
>
> ☐ Yes – Have begun collecting data
>
> ☐ Yes – Have expanded data collection
>
> ☐ No, no change
>
> ☐ Don't know/Not sure

F2. **As a result of participating in CODI activities over the past 6 months,** has your organization changed its <u>sharing</u> of data on screening and treatment of COD populations?

> **Mark all that apply.**
>
> ☐ Yes – Have begun sharing data
>
> ☐ Yes – Have expanded data sharing
>
> ☐ No, no change
>
> ☐ Don't know/Not sure

F3. **As a result of participating in CODI activities over the past 6 months,** has your organization changed the <u>use</u> of data on screening and treatment of COD populations?

> **Mark all that apply.**
>
> ☐ Yes – Have begun using data
>
> ☐ Yes – Have expanded data use
>
> ☐ No, no change
>
> ☐ Don't know/Not sure

F4. **As a result of <u>participating in CODI activities</u> over the <u>past 6 months</u>,**
has your organization...

	Yes	No	Don't know/ Not sure
a. Become more successful at identifying what types of data should be collected?..	☐	☐	☐
b. Become more successful at identifying <u>how to collect data to track success</u> for its program?........................	☐	☐	☐
c. Improved its understanding and use of <u>existing research and data to support implementation</u> of a COD program?...	☐	☐	☐
d. Increased its understanding of <u>how to share data</u>?....................	☐	☐	☐
e. Increased its understanding of fidelity to program design in conducting evaluation?..............................	☐	☐	☐
1. Increased its understanding of best practices in <u>client-level evaluation</u>?..................................	☐	☐	☐
2. Increased its understanding of best practices in <u>program-level evaluation</u>?..............................	☐	☐	☐
3. Increased its understanding of best practices in <u>systems-level evaluation</u>?..............................	☐	☐	☐
4. Increased its understanding of best practices in <u>formative evaluation</u>?..................................	☐	☐	☐
5. Increased its understanding of best practices in <u>outcome evaluation</u>?..................................	☐	☐	☐

F5. In what ways has your organization changed its monitoring and evaluation practices due to its experiences in CODI activities? [Leave open-ended; will post-code; respondents who wish to leave it blank will be allowed to.]

_____

_____

_____

F6. Have <u>any</u> of these changes resulted in measurable positive changes in client outcomes?

☐ Yes

☐ No

☐ Don't know/Not sure

Closing Questions

Did you feel that you learned something from participation in the Learning Community?

CL1.   Please indicate your agreement or disagreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. The Learning Community presented ideas that are useful to me in my current job.........................	☐	☐	☐	☐	☐
b. I would present ideas from the Learning Community to other people in my organization...	☐	☐	☐	☐	☐
c. I would present ideas from the Learning Community to other people in my community................	☐	☐	☐	☐	☐

Thank you for participating in our survey!