

# Integrated Behavioral Health Survey - Results

## Survey

### Background

Many people who seek mental health or substance use treatment also have a co-occurring condition. SAMHSA, the federal Substance Abuse and Mental Health Services Administration, has identified integrated treatment as best practice. Dane County Department of Human Services issued this survey in Spring 2016 in an effort to improve consumer outcomes by strengthening the provision of integrated treatment. While many clinicians and programs provide integrated care, the survey results indicate that Dane County's publicly funded system of care has considerable room for improvement.

### Measures

The survey was drawn, in part, from the criteria for integrated programs delineated in the 2009 publication *Integrated Treatment for Co-Occurring Disorders: Building Your Program*, DHHS Pub. No. SMA-08-4366 developed by the Substance Abuse and Mental Health Services Administration and from the Dual Diagnosis Capability in Addiction Treatment (DDCAT) index and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) index.

Questions were focused on whether services currently embodied the principles of integrated treatment, staff training, actions to improve integration of mental health and substance use treatment, and opinions on where the County should begin.

### Translation

The survey was made available in English.

### Survey Population

The target audience was AODA and mental health professionals. The ACS Division Manager, Fran Genter e-mailed an announcement of the survey to Contract Managers on April 30, 2016 that could be used starting April 4. Links to the survey were e-mailed by Contract Managers in the areas of mental health and substance use to their distribution lists. Half-page, printed announcements of the survey were made available to take to meetings and to distribute to community programs.

### Survey Method

The survey was placed in SurveyMonkey. The survey was open April 18 – May 6, 2016.

### Response

There were 164 respondents to the survey. A response rate cannot be calculated as the number of unduplicated persons who received a link to the survey is unknown.

### Next Steps

DCDHS has an obligation to offer high quality, evidenced based services to consumers. There is a compelling need to move forward. Strengthening the provision of integrated treatment will take the hard work and combined efforts of many partners. The steps that DCDHS plans to take during 2017 – 2018 include:

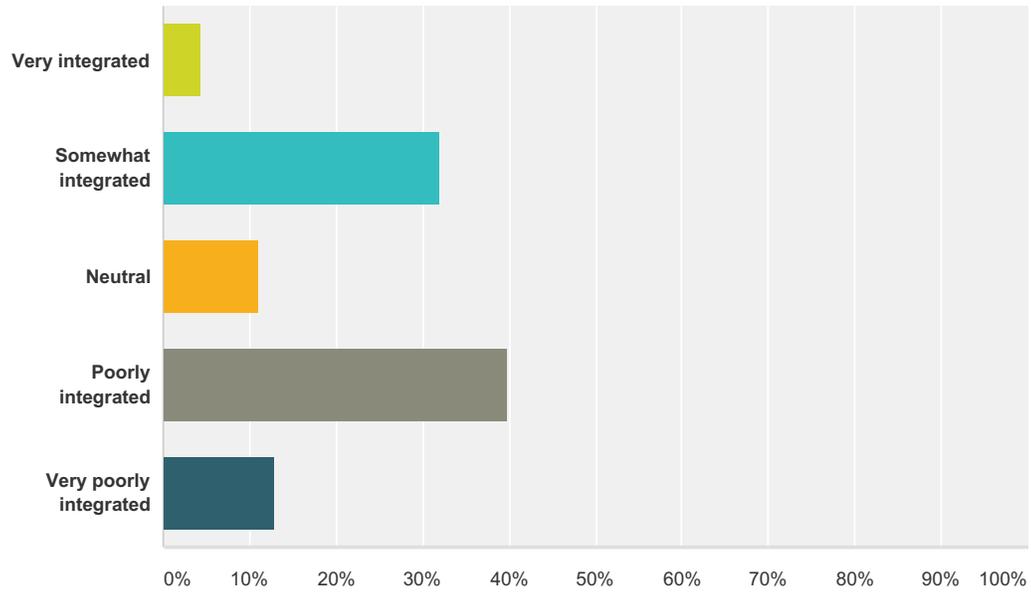
- Engaging providers and the Recovery Coalition in development of a Behavioral Health vision and values statement;
- Engaging providers and the Recovery Coalition in self-examination of the service system to identify ways to improve delivery of integrated services;
- Determining modifications to DCDHS management and budgeting structures that would better facilitate integrated treatment, and implementing changes for 2018;
- Identifying integrated treatment expectations to build into future Requests for Proposals and 2018 contracts; and
- Incorporating an integrated treatment perspective to discussions of care for individual consumers.

## **Results**

Results are presented first as a summary from SurveyMonkey, then with additional analysis provided by the Dane County Department of Human Services.

### Q1 How well does the publicly-funded Dane County service system integrate the delivery of mental health and substance use treatment?

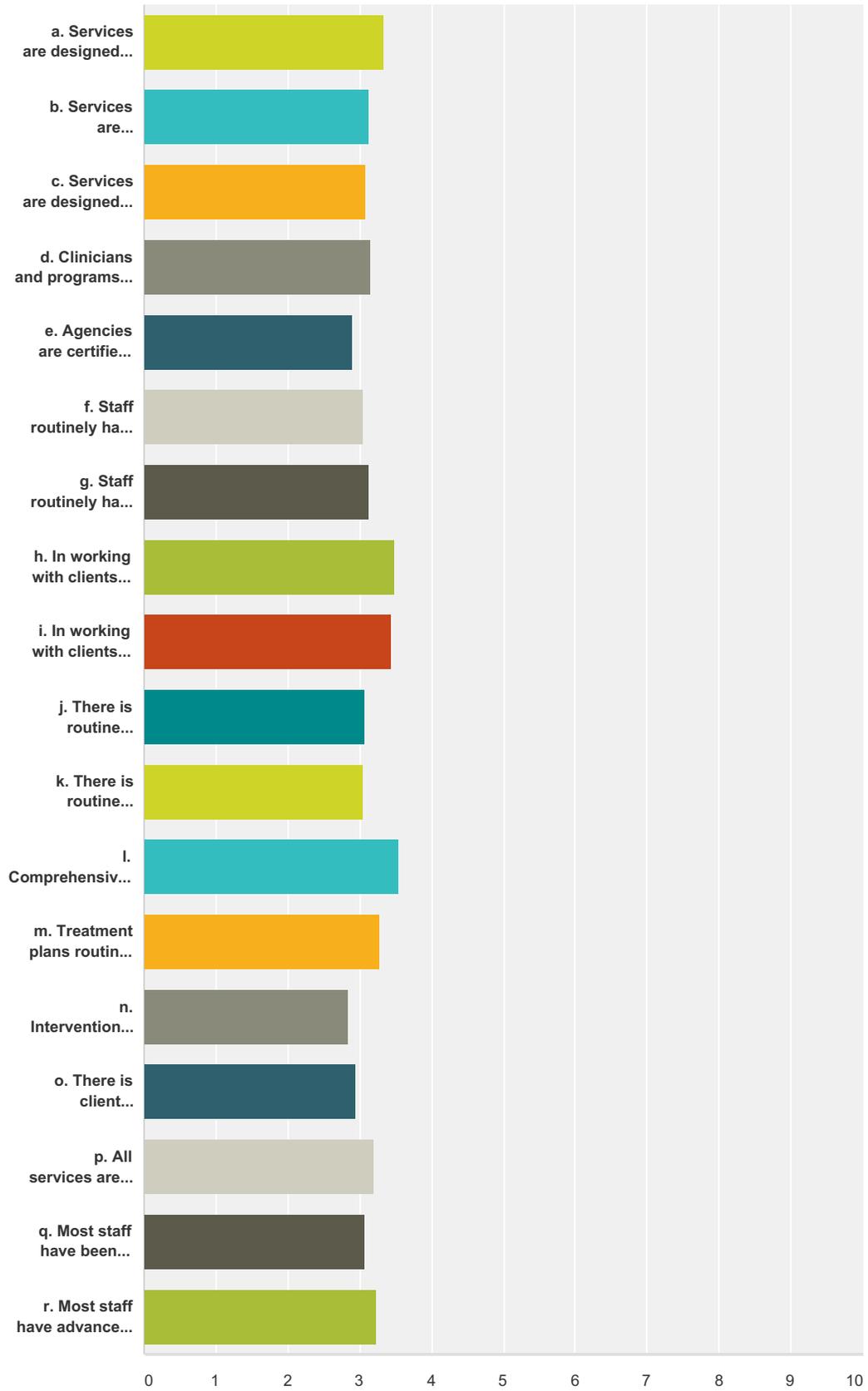
Answered: 163 Skipped: 1



Answer Choices	Responses
Very integrated	4.29% 7
Somewhat integrated	31.90% 52
Neutral	11.04% 18
Poorly integrated	39.88% 65
Very poorly integrated	12.88% 21
<b>Total</b>	<b>163</b>

**Q2 In thinking about the publicly-funded service system in Dane County, please indicate your level of agreement with each of the following statements by clicking the appropriate circle.**

Answered: 160 Skipped: 4

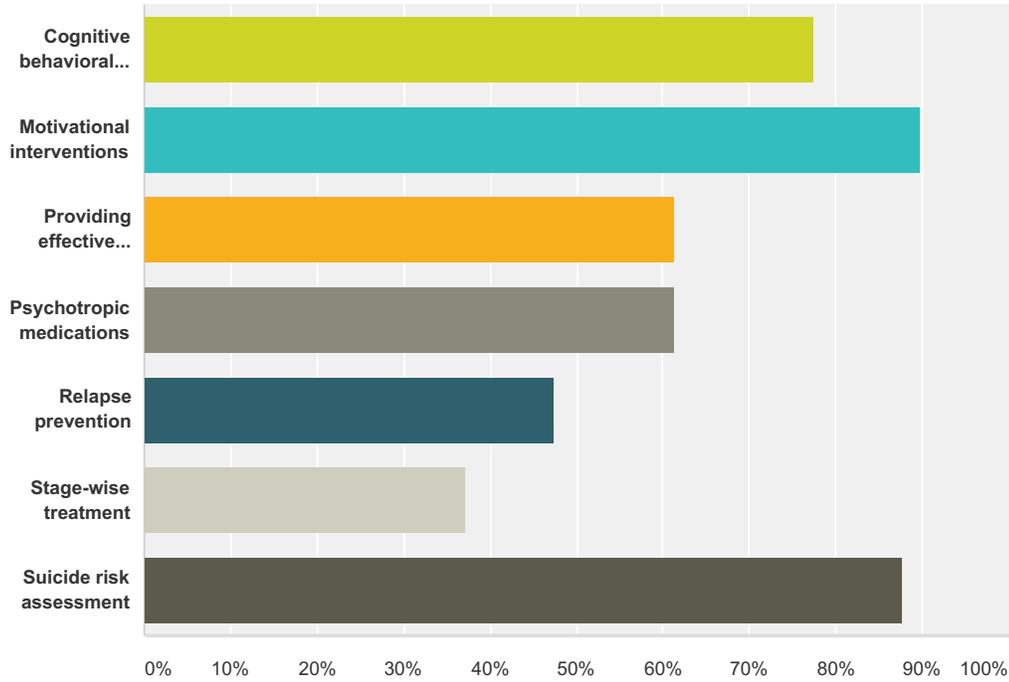


	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average

a. Services are designed to welcome, engage, and provide integrated services to individuals and families with complex issues (mental health, trauma, substance use, housing, etc.)	<b>5.63%</b> 9	<b>23.13%</b> 37	<b>16.25%</b> 26	<b>43.13%</b> 69	<b>11.88%</b> 19	160	3.33
b. Services are person-driven.	<b>5.03%</b> 8	<b>30.19%</b> 48	<b>23.27%</b> 37	<b>29.56%</b> 47	<b>11.95%</b> 19	159	3.13
c. Services are designed to help people achieve their most important and meaningful goals.	<b>3.13%</b> 5	<b>30.63%</b> 49	<b>31.87%</b> 51	<b>24.38%</b> 39	<b>10.00%</b> 16	160	3.08
d. Clinicians and programs expect and treat persons with co-occurring disorders regardless of severity.	<b>8.28%</b> 13	<b>24.20%</b> 38	<b>24.84%</b> 39	<b>29.94%</b> 47	<b>12.74%</b> 20	157	3.15
e. Agencies are certified to provide both mental health and addiction services.	<b>8.81%</b> 14	<b>32.70%</b> 52	<b>23.90%</b> 38	<b>28.30%</b> 45	<b>6.29%</b> 10	159	2.91
f. Staff routinely have access to mental health professionals.	<b>6.96%</b> 11	<b>29.11%</b> 46	<b>29.11%</b> 46	<b>22.15%</b> 35	<b>12.66%</b> 20	158	3.04
g. Staff routinely have access to addiction professionals.	<b>8.18%</b> 13	<b>19.50%</b> 31	<b>33.33%</b> 53	<b>28.93%</b> 46	<b>10.06%</b> 16	159	3.13
h. In working with clients with dual diagnoses, it is easy to access and work collaboratively with mental health services.	<b>1.26%</b> 2	<b>23.90%</b> 38	<b>18.24%</b> 29	<b>38.99%</b> 62	<b>17.61%</b> 28	159	3.48
i. In working with clients with dual diagnoses, it is easy to access and work collaboratively with AODA agencies.	<b>1.92%</b> 3	<b>21.79%</b> 34	<b>21.79%</b> 34	<b>38.46%</b> 60	<b>16.03%</b> 25	156	3.45
j. There is routine screening of clients using standardized or formal instruments with established psychometric properties for mental health issues.	<b>4.40%</b> 7	<b>25.79%</b> 41	<b>38.36%</b> 61	<b>22.64%</b> 36	<b>8.81%</b> 14	159	3.06
k. There is routine screening of clients using standardized or formal instruments with established psychometric properties for substance use issues.	<b>5.03%</b> 8	<b>23.90%</b> 38	<b>39.62%</b> 63	<b>25.16%</b> 40	<b>6.29%</b> 10	159	3.04
l. Comprehensive diagnostic services are provided in a timely manner.	<b>1.27%</b> 2	<b>18.35%</b> 29	<b>25.95%</b> 41	<b>33.54%</b> 53	<b>20.89%</b> 33	158	3.54
m. Treatment plans routinely address both disorders equivalently and in specific detail.	<b>3.82%</b> 6	<b>21.66%</b> 34	<b>28.03%</b> 44	<b>35.67%</b> 56	<b>10.83%</b> 17	157	3.28
n. Interventions, in addition to abstinence, are used to address substance use disorders.	<b>5.10%</b> 8	<b>39.49%</b> 62	<b>28.66%</b> 45	<b>20.38%</b> 32	<b>6.37%</b> 10	157	2.83
o. There is client education about substance use disorders, treatment, and interaction with mental health disorders and vice versa.	<b>6.41%</b> 10	<b>30.77%</b> 48	<b>33.33%</b> 52	<b>21.15%</b> 33	<b>8.33%</b> 13	156	2.94
p. All services are consistent with and determined by each client's stage of treatment (engagement, persuasion, active treatment, relapse prevention).	<b>3.85%</b> 6	<b>22.44%</b> 35	<b>34.62%</b> 54	<b>29.49%</b> 46	<b>9.62%</b> 15	156	3.19
q. Most staff have been trained in attitudes, prevalence, common signs with symptom detection, and triage for co-occurring disorders.	<b>5.81%</b> 9	<b>27.10%</b> 42	<b>31.61%</b> 49	<b>25.81%</b> 40	<b>9.68%</b> 15	155	3.06
r. Most staff have advanced training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders.	<b>3.21%</b> 5	<b>22.44%</b> 35	<b>35.26%</b> 55	<b>26.28%</b> 41	<b>12.82%</b> 20	156	3.23

**Q3 Please check each of the following areas in which you have received training (check all that apply):**

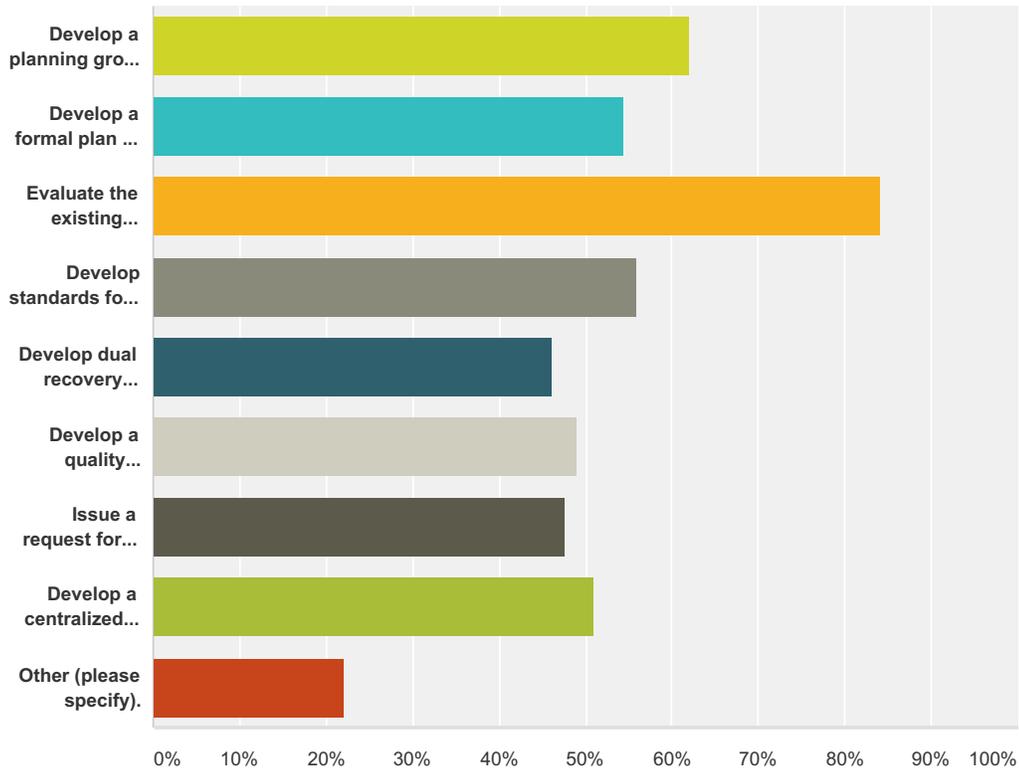
Answered: 137 Skipped: 27



Answer Choices	Responses
Cognitive behavioral therapy	77.37% 106
Motivational interventions	89.78% 123
Providing effective services for persons with co-occurring disorders	61.31% 84
Psychotropic medications	61.31% 84
Relapse prevention	47.45% 65
Stage-wise treatment	37.23% 51
Suicide risk assessment	87.59% 120
<b>Total Respondents: 137</b>	

### Q4 What actions should DCDHS consider taking to improve integration of mental health and substance use treatment? (check all that apply)

Answered: 145 Skipped: 19

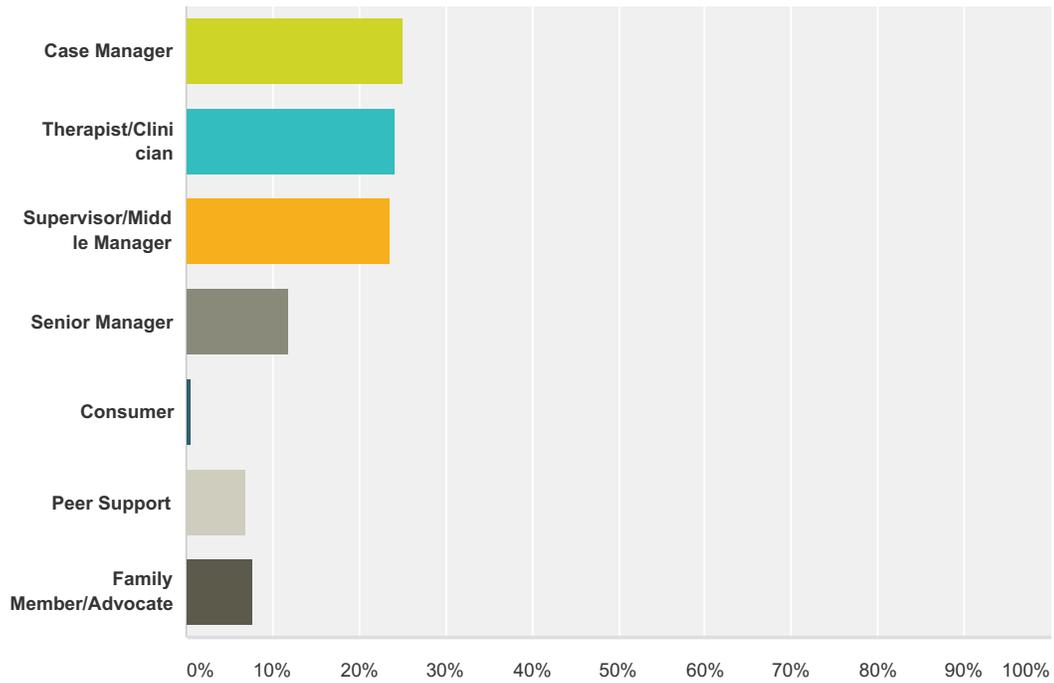


Answer Choices	Responses
Develop a planning group with front-line clinicians, families, consumers, and others.	62.07% 90
Develop a formal plan and process for implementing integrated behavioral health.	54.48% 79
Evaluate the existing publicly-funded AODA and MH systems for service gaps.	84.14% 122
Develop standards for recovery-oriented, co-occurring service programs and practice.	55.86% 81
Develop dual recovery self-help programs.	46.21% 67
Develop a quality improvement plan with shared goals, outcomes, and measures.	48.97% 71
Issue a request for proposals (RFP) for agencies to collaboratively develop integrated behavioral health programs.	47.59% 69
Develop a centralized integrated intake unit for behavioral health.	51.03% 74
Other (please specify).	22.07% 32
<b>Total Respondents: 145</b>	

#	Other (please specify).	Date
1	More than one hour a week intake for county funded treatment of AODA. When people are motivated to get help and have to wait without internal resources, we often lose them.	5/6/2016 5:22 PM

### Q6 What is your position?

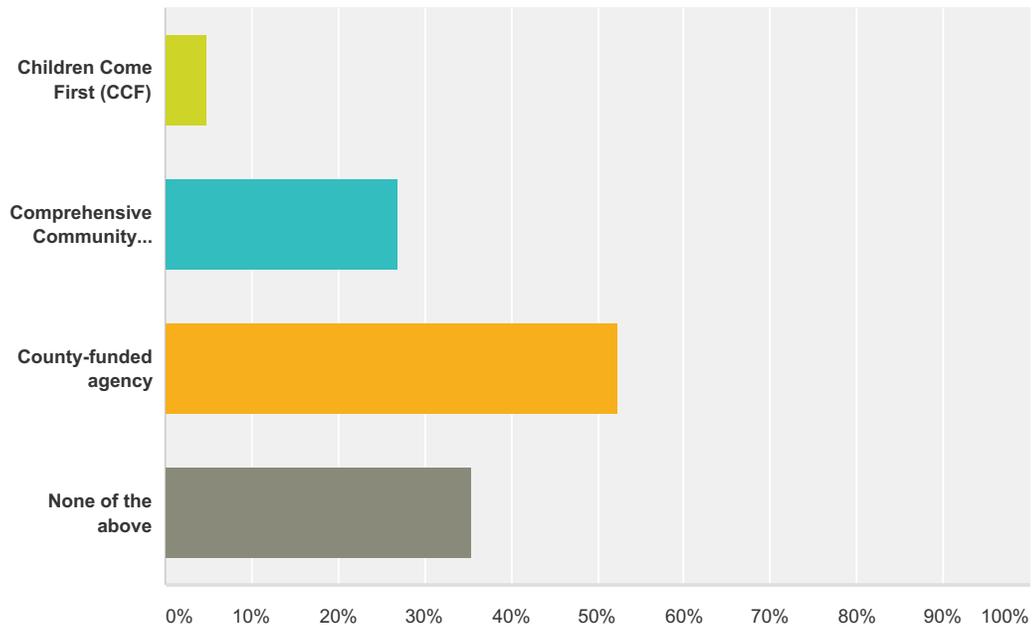
Answered: 144 Skipped: 20



Answer Choices	Responses
Case Manager	25.00% 36
Therapist/Clinician	24.31% 35
Supervisor/Middle Manager	23.61% 34
Senior Manager	11.81% 17
Consumer	0.69% 1
Peer Support	6.94% 10
Family Member/Advocate	7.64% 11
<b>Total</b>	<b>144</b>

### Q7 What is your involvement with the Dane County system? (check all that apply)

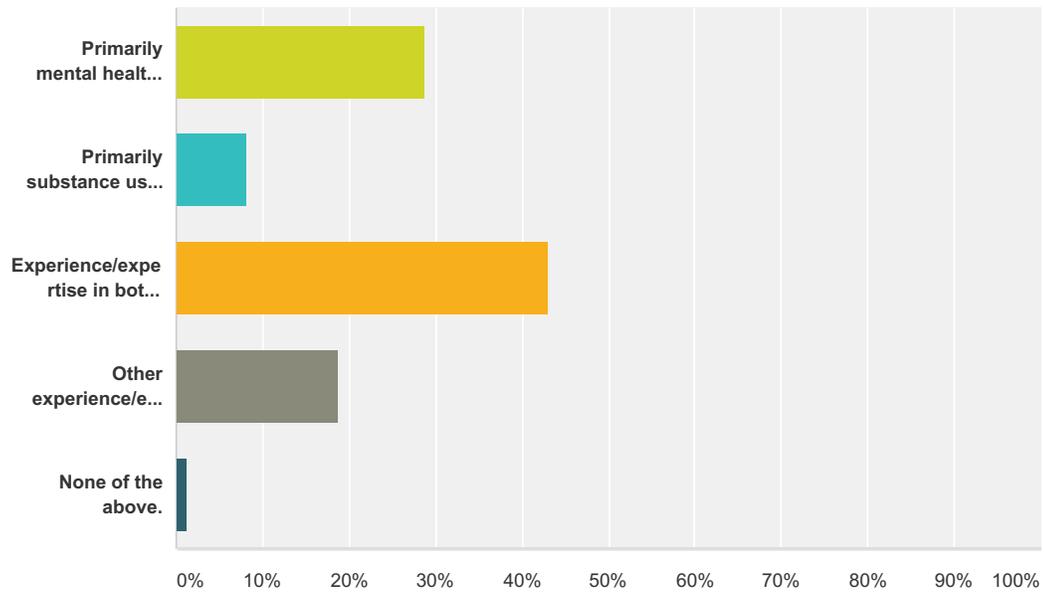
Answered: 149 Skipped: 15



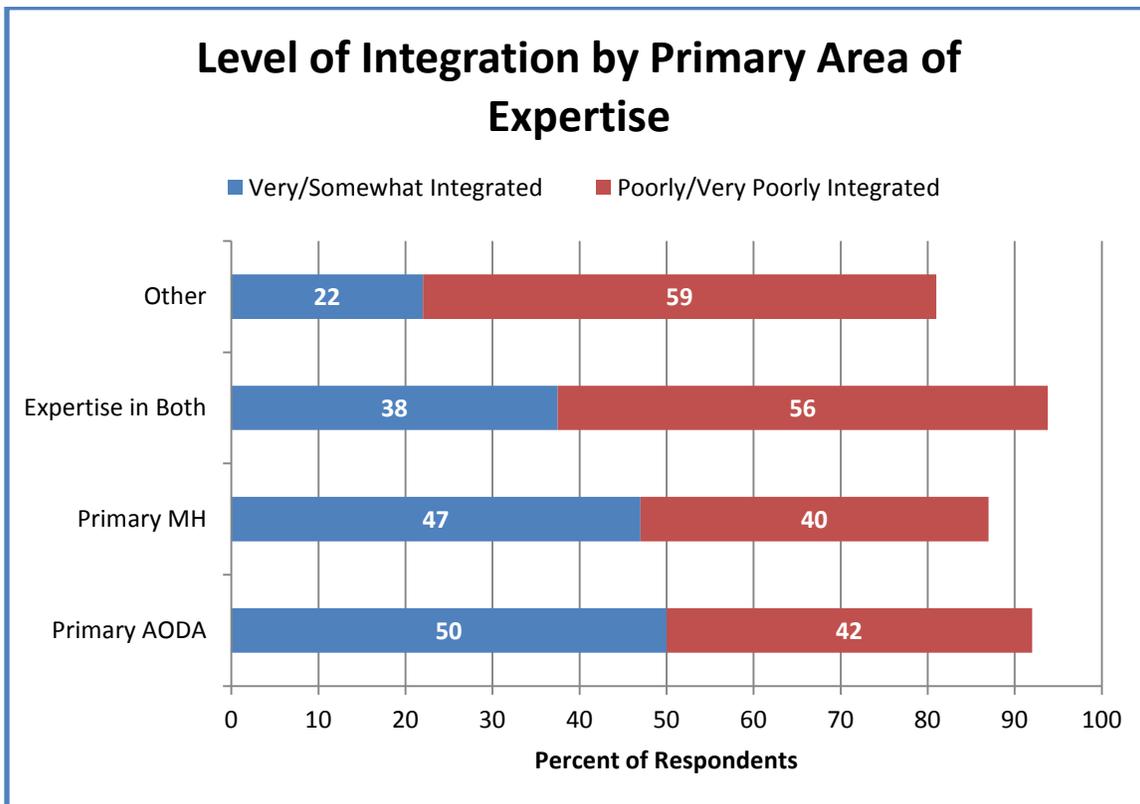
Answer Choices	Responses
Children Come First (CCF)	4.70% 7
Comprehensive Community Services (CCS)	26.85% 40
County-funded agency	52.35% 78
None of the above	35.57% 53
<b>Total Respondents: 149</b>	

### Q8 What do you consider to be your primary area of experience/expertise?

Answered: 149 Skipped: 15



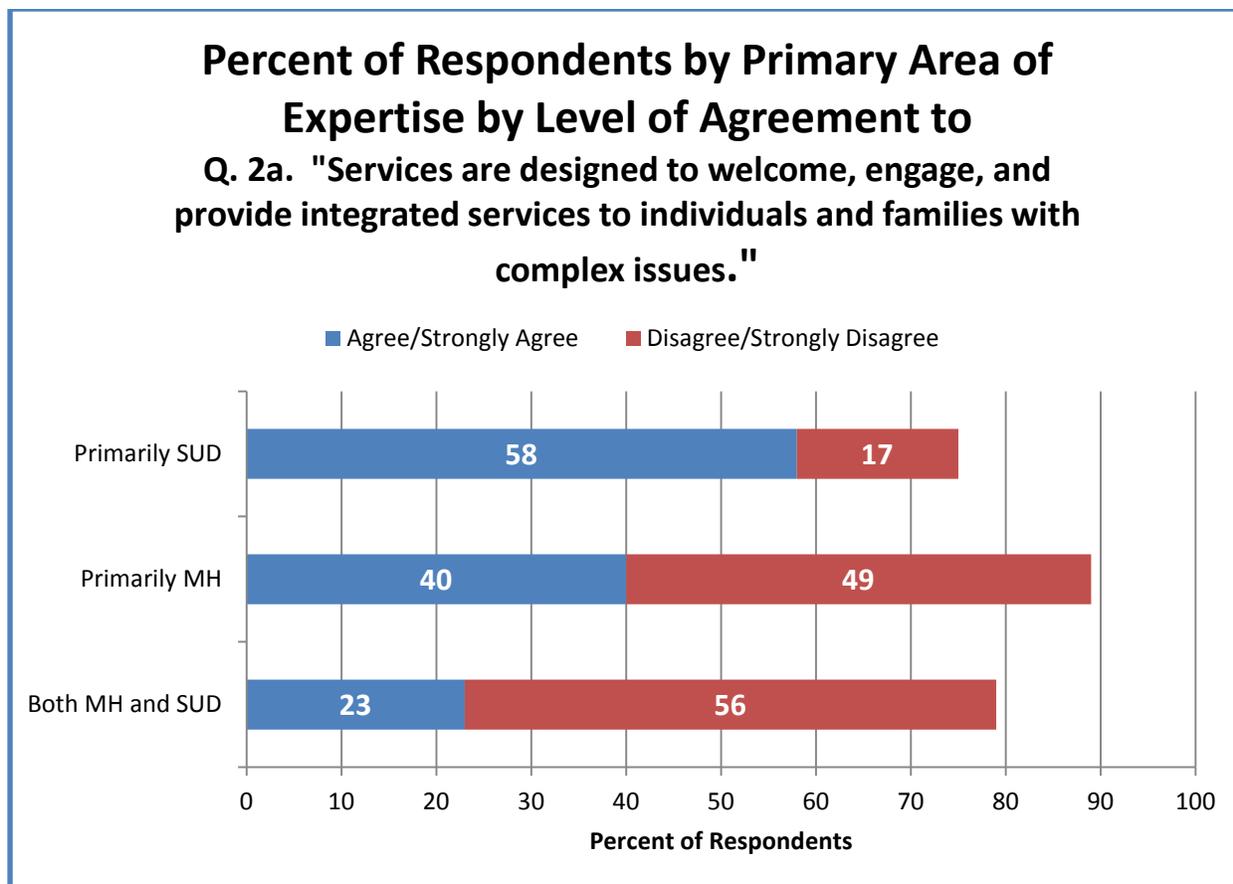
Answer Choices	Responses
Primarily mental health experience/expertise.	28.86% 43
Primarily substance use experience/expertise.	8.05% 12
Experience/expertise in both mental health and substance use.	42.95% 64
Other experience/expertise.	18.79% 28
None of the above.	1.34% 2
<b>Total</b>	<b>149</b>



**Notes:**

- Overall, 52.8% of survey respondents felt that the publicly-funded Dane County service system poorly or very poorly integrated the delivery of mental health and substance use treatment.
- There were significant differences<sup>1</sup> in how persons responded to this question based on their primary area of expertise. While 50% of persons with primary experience/expertise in substance use and 47% of those with primary mental health experience/expertise indicated that the system was somewhat or very integrated, this was true for just 38% of those with experience/expertise in both mental health and substance use and for only 22% of those with other experience/expertise.
- There were no significant differences based on the position held by the respondent, i.e., case manager, therapist/clinician, etc., nor in their involvement with the system, i.e., CCF, CCS, County-funded agency, etc.

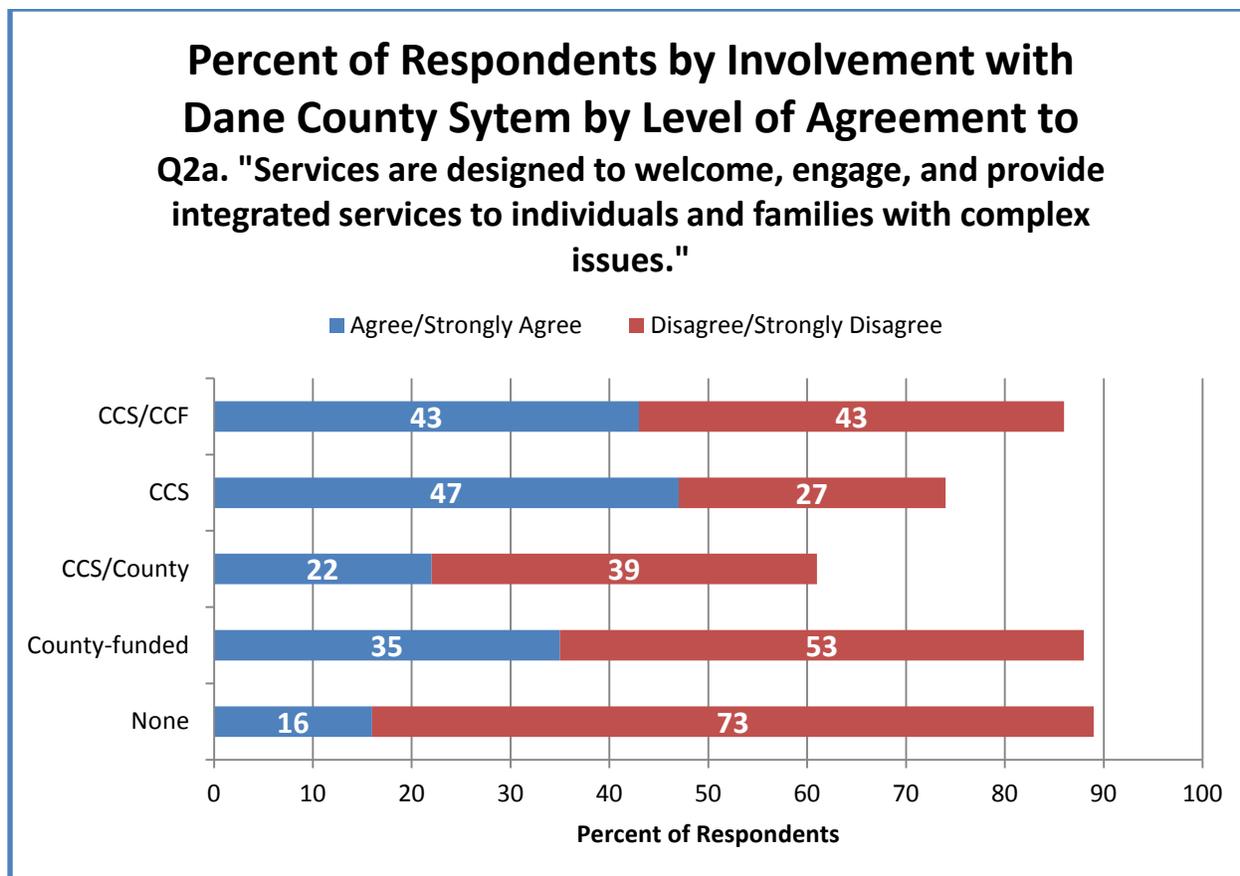
<sup>1</sup>  $\chi^2 = 27.3041$ ,  $df = 12$ ,  $p < .05$ .



**Notes:**

- One of the key principles of integrated services is that the system of care is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent.
- Overall, 28.8% of survey respondents agree/strongly agree that services are designed to welcome, engage, and provide integrated services to individuals and families with complex issues (mental health, trauma, substance use, housing, etc.).
- There were significant differences<sup>2</sup> in how persons responded to this question based on their primary area of expertise. While 58% of persons with primary experience/expertise in substance use and 40% of those with primary mental health experience/expertise agreed/strongly agreed that services are designed to welcome, engage, and provide integrated services, this was true for just 23% of those with experience/expertise in both mental health and substance use.

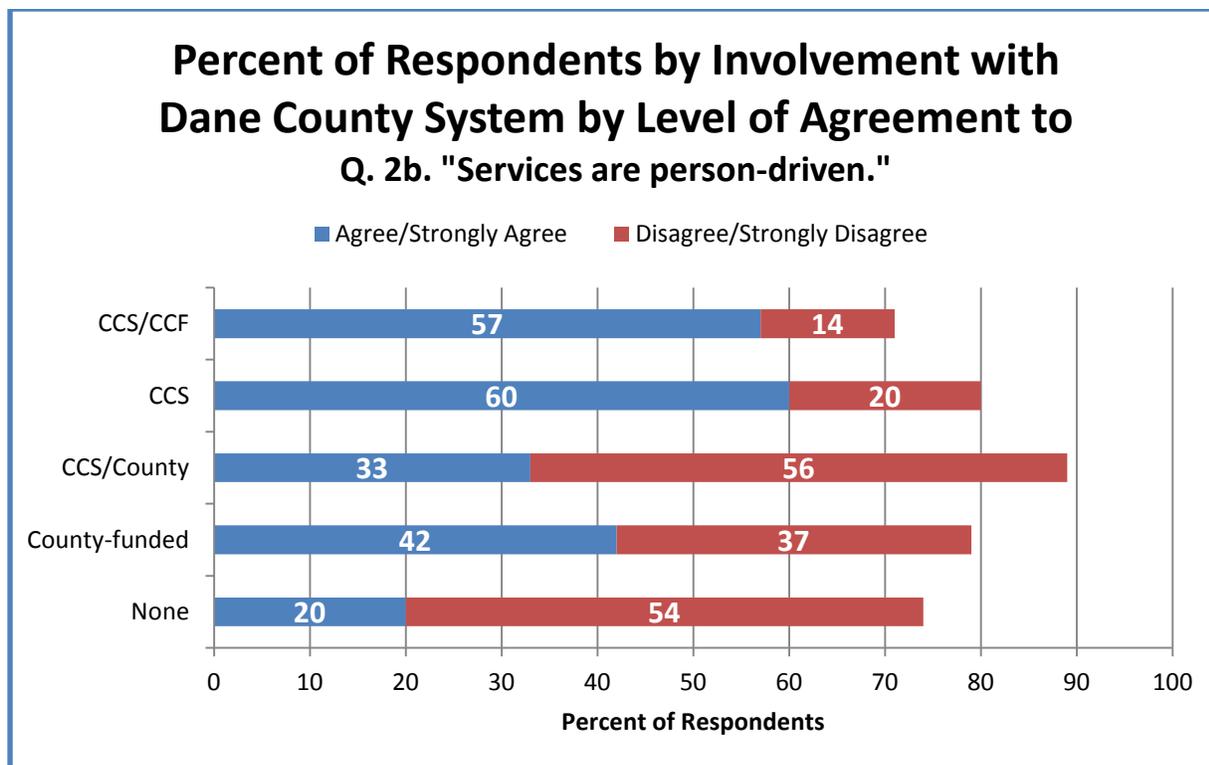
<sup>2</sup>  $\chi^2 = 24.66584, df = 12, p < .05.$



**Notes:**

- For purposes of analysis, to the item, “What is your involvement with the Dane County system? (check all that apply),” five categories were developed: CCS/CCF, CCS/County-Funded, CCS only, County-funded agency, and None of the above.
- There were significant differences<sup>3</sup> in how persons responded to whether services were welcoming based on their involvement with the Dane County System. 16% of respondents who indicated their involvement with the Dane County system was “None of the Above,” agreed or strongly agreed that services are designed to welcome engage, and provide integrated services. This contrasts to 47% of respondents whose involvement was cited as Comprehensive Community Services (CCS) and 43% of respondents associated with both Children Come First and Comprehensive Community Services (CCS/CCF).

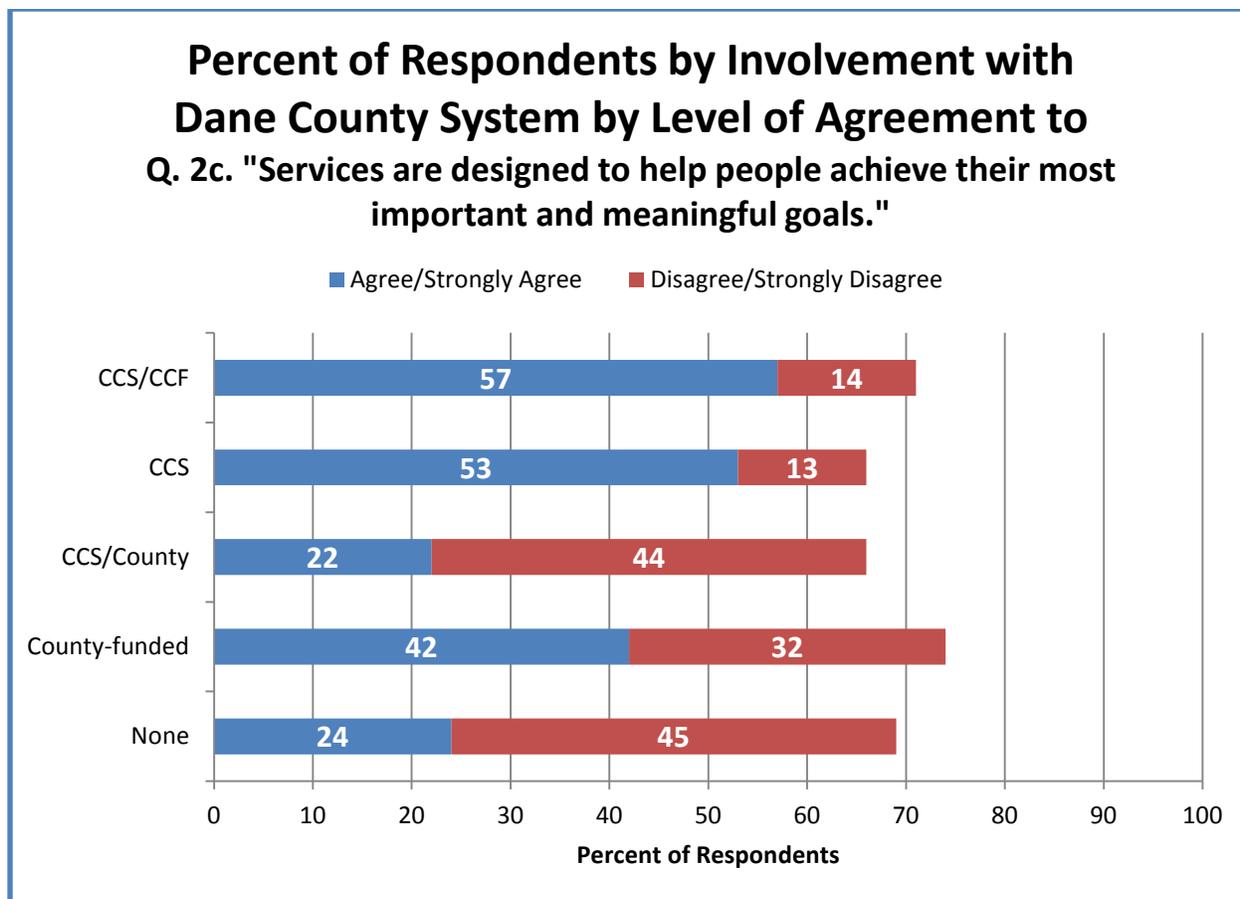
<sup>3</sup>  $\chi^2 = 30.95509, df = 16, p < .05.$



**Notes:**

- There were significant differences<sup>4</sup> in how persons responded to whether services were person-driven based on their involvement with the Dane County System. Only 20% of respondents who indicated their involvement with the Dane County system was “None of the Above,” agreed or strongly agreed that services are person-driven. This contrasts to 60% of respondents whose involvement was cited as Comprehensive Community Services (CCS) and 57% of respondents associated with both Children Come First and Comprehensive Community Services (CCS/CCF).
- Over half (56%) of survey respondents who were associated with CCS/County-Funded disagreed or strongly disagreed that services are person-driven.
- There were no significant differences based on area of expertise.

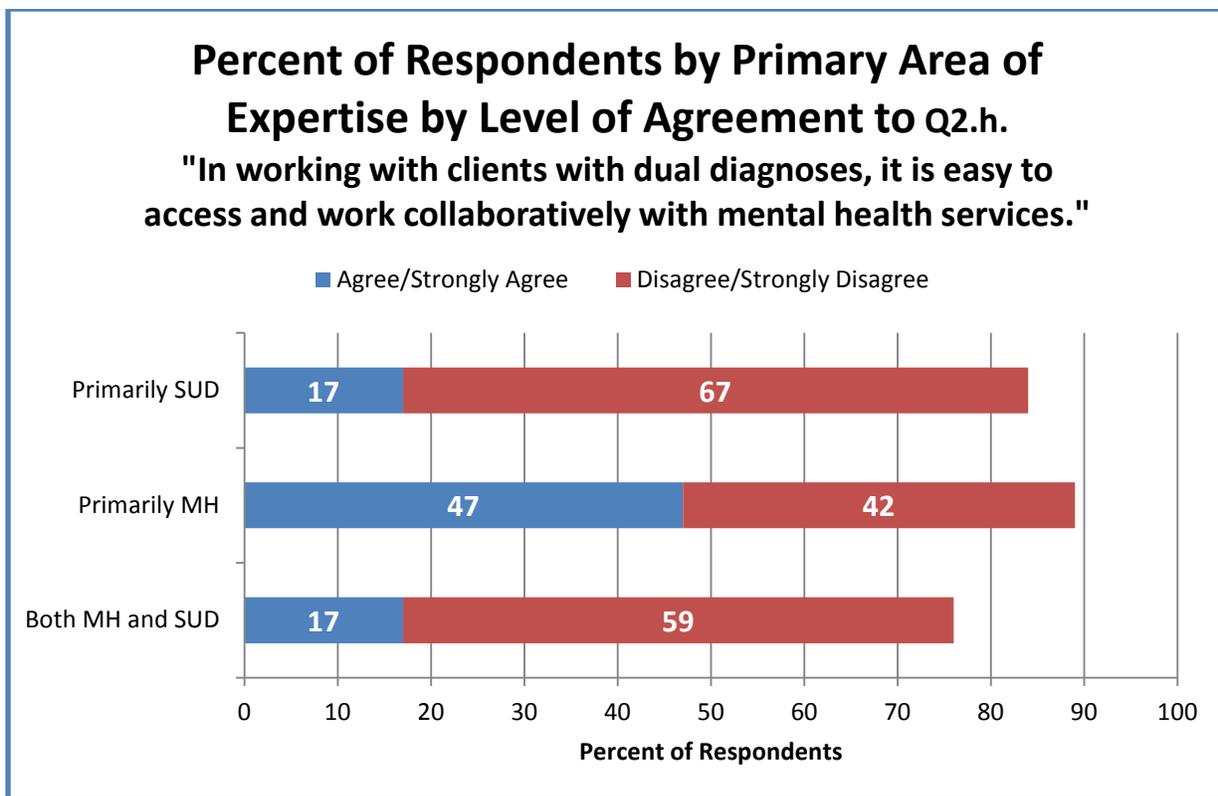
<sup>4</sup>  $\chi^2 = 29.82825, df = 16, p < .05.$



**Notes:**

- There were significant differences<sup>5</sup> in how persons responded to whether services are designed to help people achieve their most important and meaningful goals based on their involvement with the Dane County System. Less than one quarter (24%) of respondents who indicated their involvement with the Dane County system was “None of the Above,” agreed or strongly agreed that services are designed to help people achieve their most important and meaningful goals. This contrasts to 53% of respondents whose involvement was cited as Comprehensive Community Services (CCS) and 57% of respondents associated with both Children Come First and Comprehensive Community Services (CCS/CCF).
- There were no significant differences based on area of expertise.

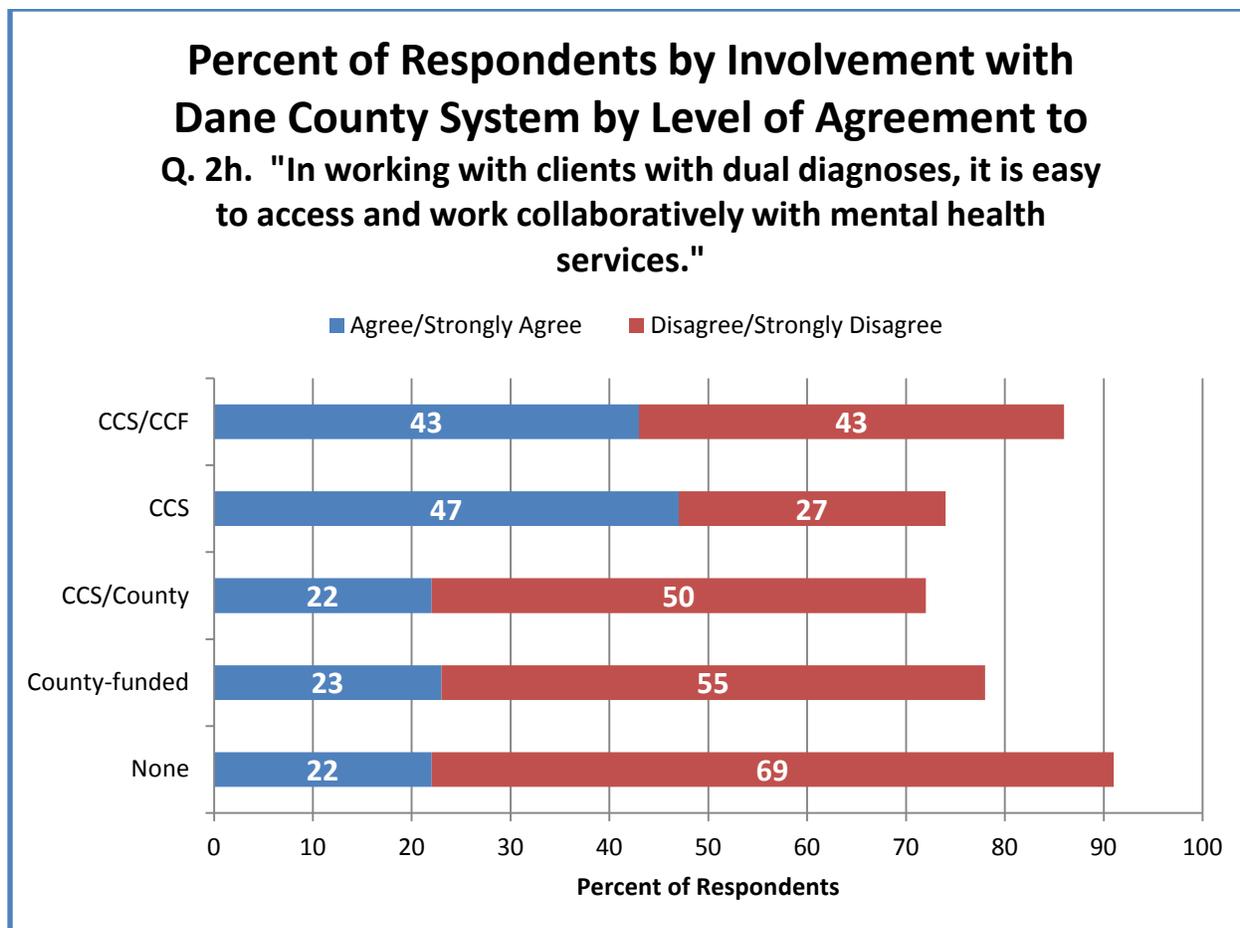
<sup>5</sup>  $\chi^2 = 33.02552, df = 16, p < .05.$



**Notes:**

- Overall, 25% of survey respondents agree/strongly agree that in working with clients with dual diagnoses, it is easy to access and work collaboratively with mental health services.
- There were significant differences<sup>6</sup> in how persons responded to this question based on their primary area of expertise. While 47% of persons with primary experience/expertise in mental health agreed/strongly agreed that it is easy to access and work collaboratively with mental health services, this was true for just 17% of those with experience/expertise in both mental health and substance use and those with primary experience/expertise in substance use.
- For the item, “In working with clients with dual diagnoses, it is easy to access and work collaboratively with **AODA agencies**,” there were no significant differences by the primary area of expertise. Overall, 54.5% of respondents disagreed/strongly disagreed with this item.

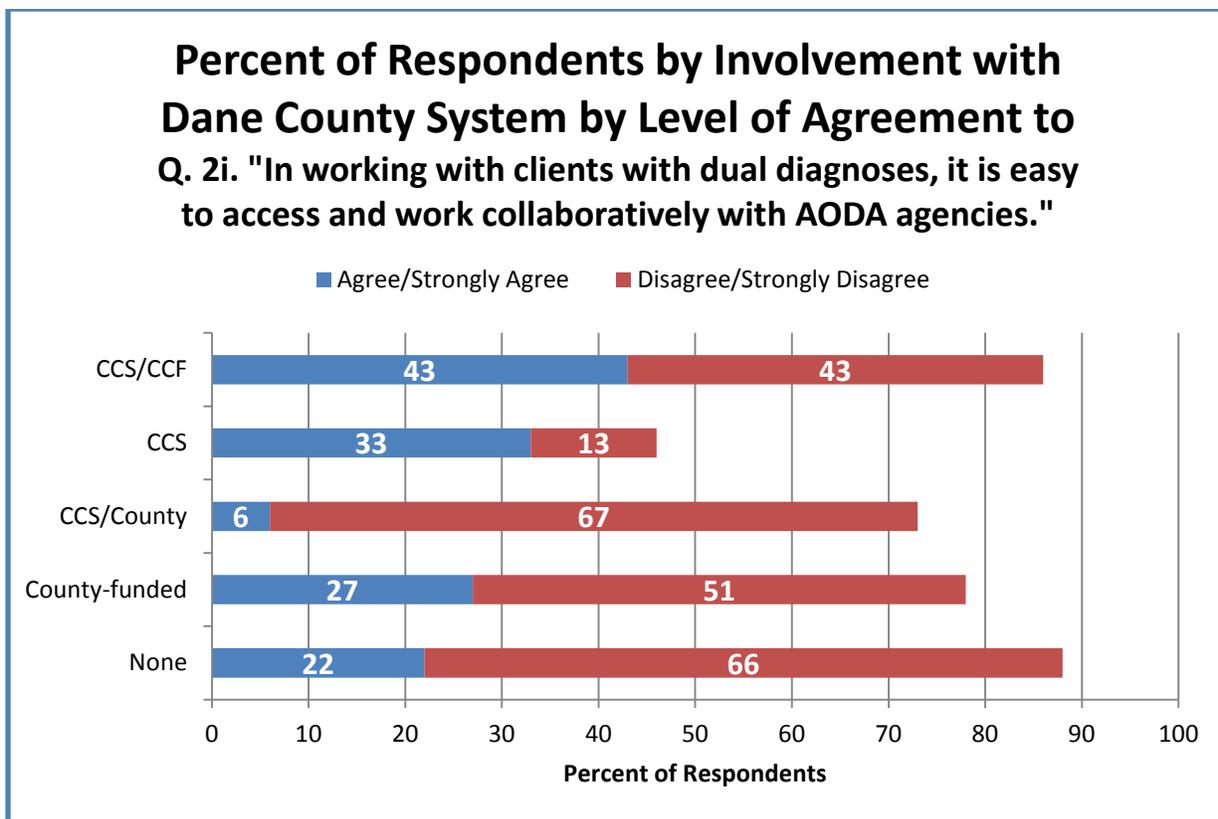
<sup>6</sup>  $\chi^2 = 23.75764$ ,  $df = 12$ ,  $p < .05$ .



**Notes:**

- Overall, 25% of survey respondents agree/strongly agree that in working with clients with dual diagnoses, it is easy to access and work collaboratively with mental health services.
- There were significant differences<sup>7</sup> in how persons responded to this question based on their involvement with the Dane County system. 47% of respondents involved with CCS and 43% involved with both CCS and CCF agreed/strongly agreed that it is easy to access and work collaboratively with mental health services. This was true for less than one quarter of respondents involved with just County-funding, or CCS/County-funding, or none of the above.

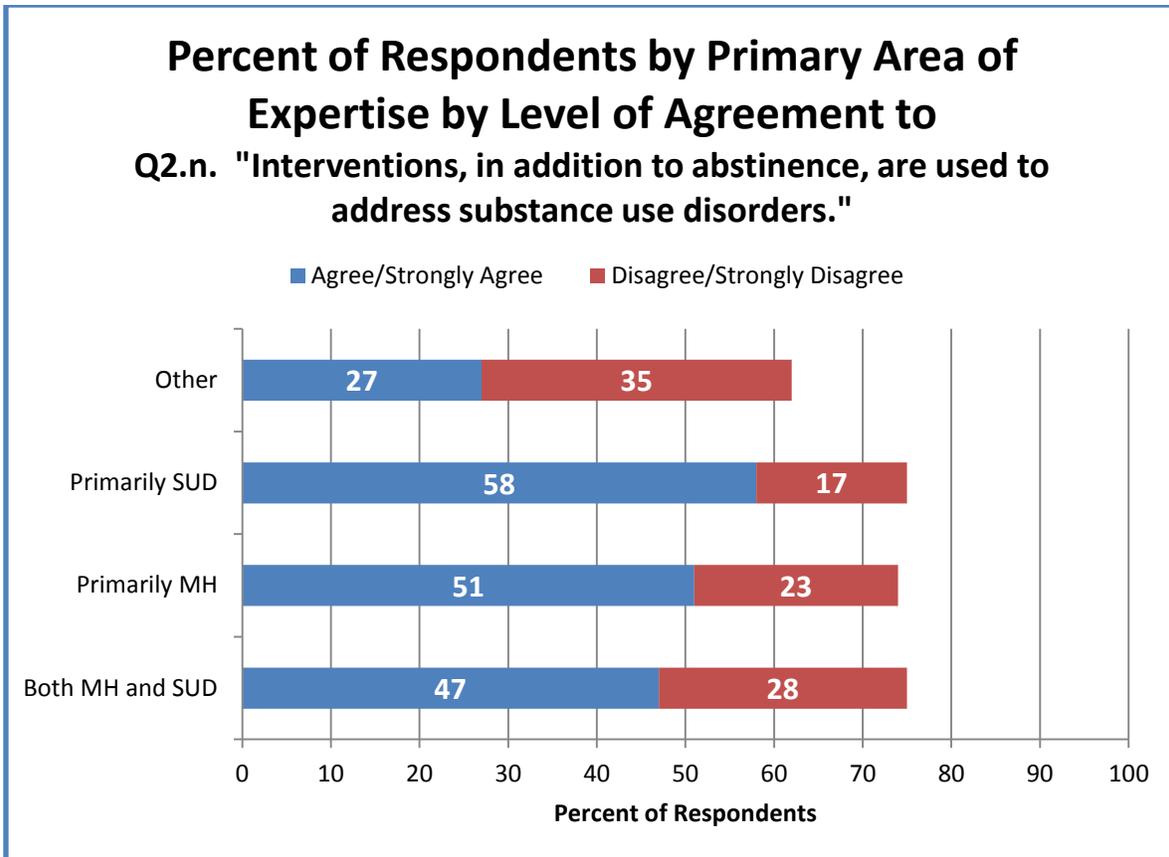
<sup>7</sup>  $\chi^2 = 54.59095$ ,  $df = 16$ ,  $p < .05$ .



**Notes:**

- Overall, 23.7% of survey respondents agree/strongly agree that in working with clients with dual diagnoses, it is easy to access and work collaboratively with AODA agencies.
- There were significant differences<sup>8</sup> in how persons responded to this question based on their involvement with the Dane County system. Just 6% of respondents with CCS/County involvement compared with respondents with CCS (33%) and CCS/CCF (43%) involvement agreed/strongly agreed that it is easy to access and work collaboratively with AODA agencies.

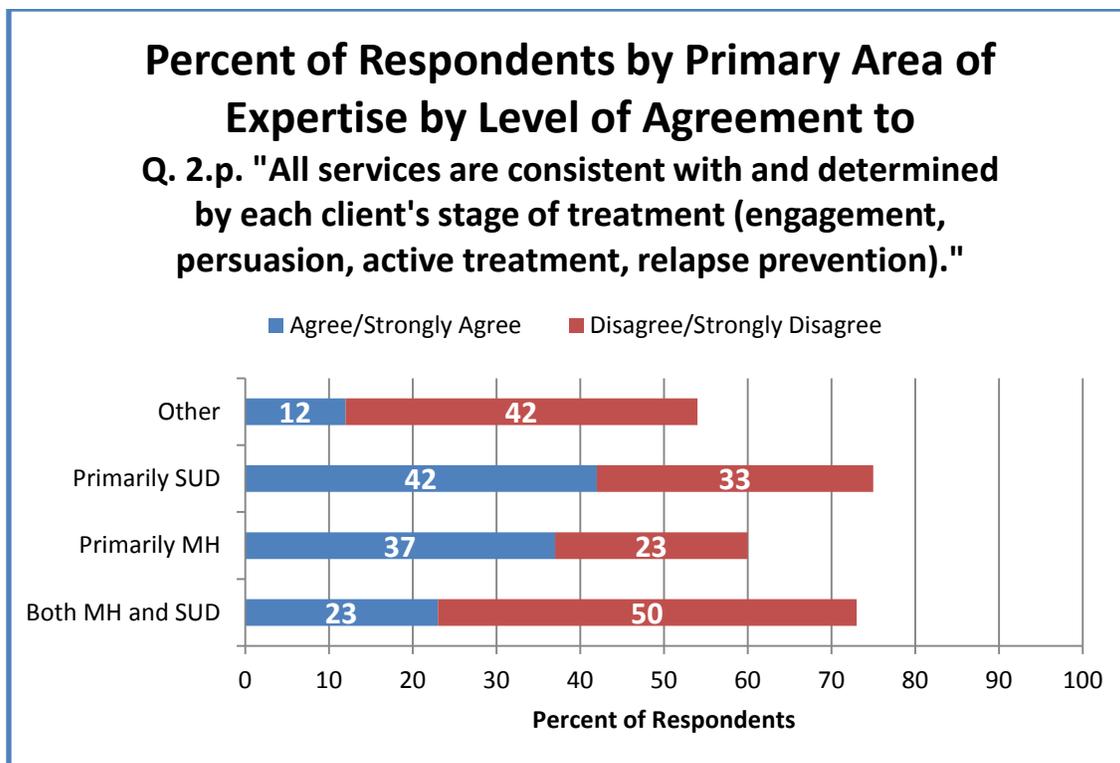
<sup>8</sup>  $\chi^2 = 47.47044$ ,  $df = 16$ ,  $p < .05$ .



**Notes:**

- Overall, 45% of survey respondents agree/strongly agree that interventions, in addition to abstinence, are used to address substance use disorders.
- There were significant differences<sup>9</sup> in how persons responded to this question based on their primary area of expertise. Just 27% of respondents with “other” expertise agreed/strongly agreed that interventions, in addition to abstinence, are used to address substance use disorders. This contrasts with 58% of respondents who indicated they primarily had substance use experience/expertise.

<sup>9</sup>  $\chi^2 = 21.98492, df = 12, p < .05.$

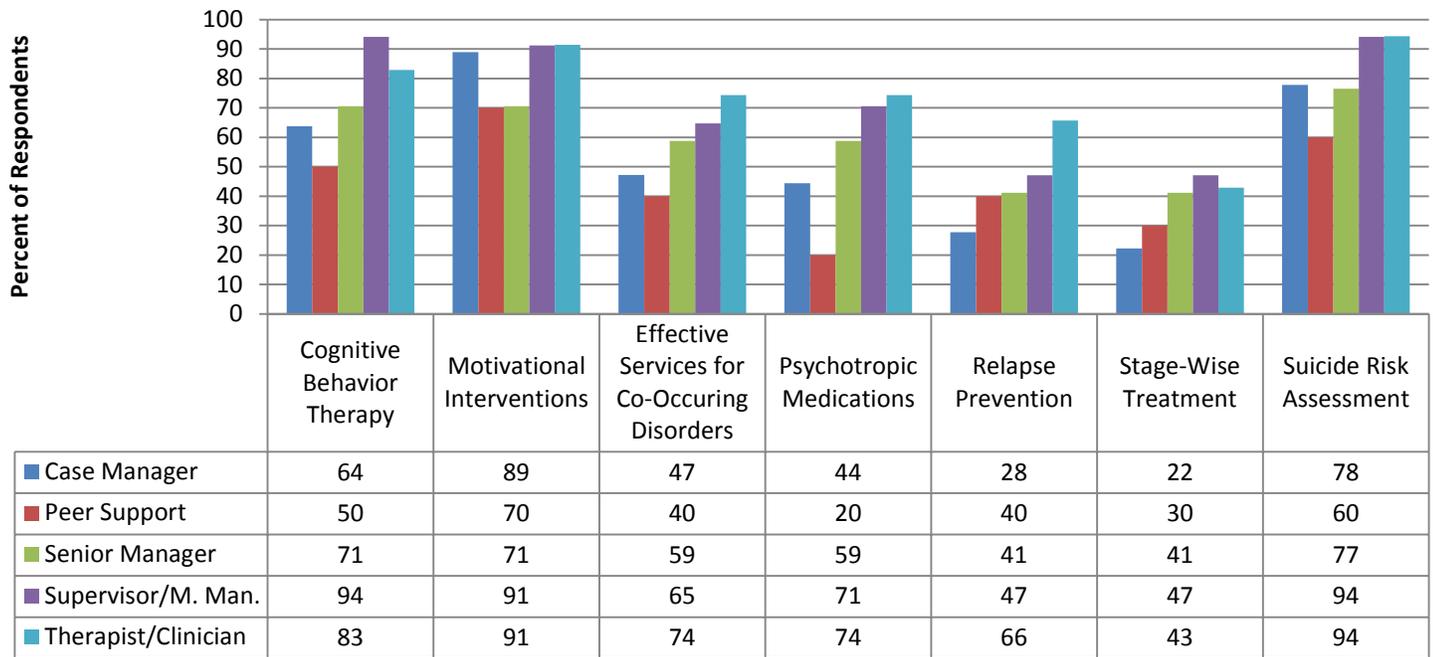


**Notes:**

- Overall, 26% of survey respondents agree/strongly agree that all services are consistent with and determined by each client’s stage of treatment (engagement, persuasion, active treatment, relapse prevention).
- There were significant differences<sup>10</sup> in how persons responded to this question based on their primary area of expertise. Just 12% of respondents with “other” expertise agreed/strongly agreed that all services are consistent with and determined by each client’s stage of treatment. This contrasts with 42% of respondents who indicated they primarily had substance use experience/expertise.

<sup>10</sup>  $\chi^2 = 29.40498, df = 12, p < .05.$

### Percent of Respondents by Position by Training Received



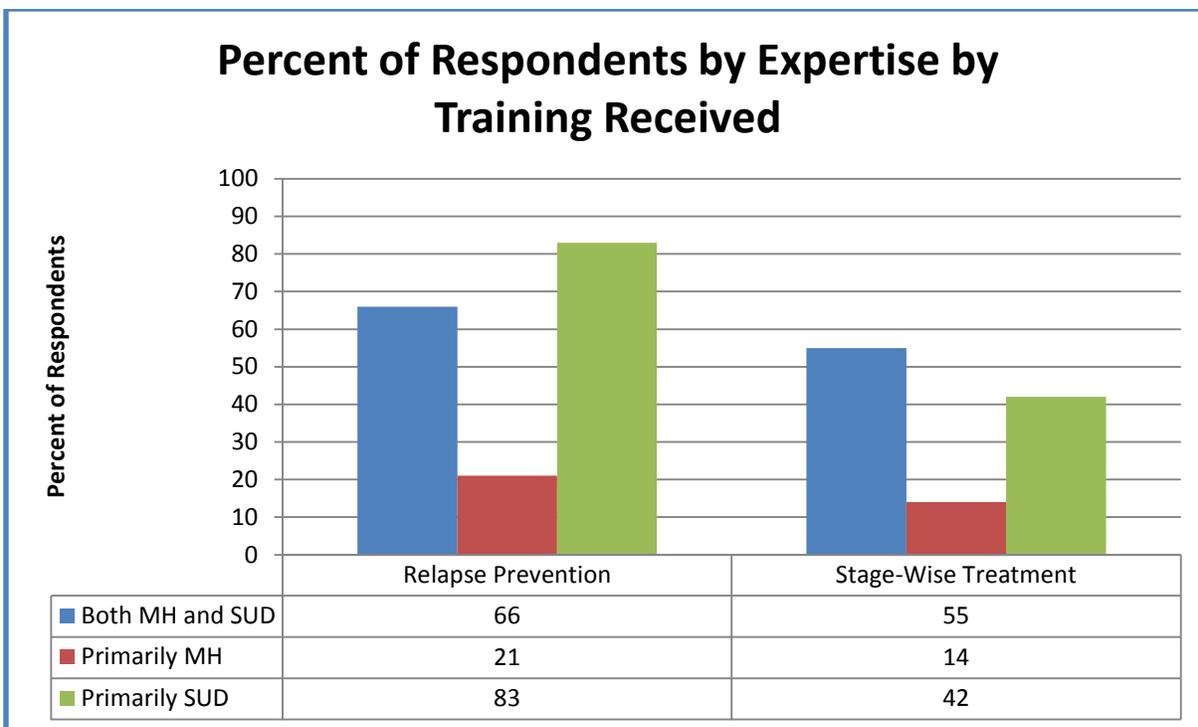
**Notes:**

- In integrated behavioral health, there is the expectation that all clinicians develop universal competencies, including attitudes and values, as well as, knowledge and skills.
- The majority of survey respondents indicated they received training in motivational interventions (89.8%), suicide risk assessment (87.6%), and cognitive behavioral therapy (77.4%). A little over 60% indicated receiving training in providing effective services for co-occurring disorders and psychotropic medications. Less than half indicated they received training in relapse prevention (47.5%) and stage-wise treatment (37.2%).
- The training received by the survey respondent differed based on the position held.
- Case Managers were significantly less likely than senior managers, supervisors/middle managers, and therapists/clinicians to indicate receiving training in cognitive behavior therapy<sup>11</sup>, psychotropic medications<sup>12</sup>, and relapse prevention<sup>13</sup>. Just 22% of case managers indicated receiving training in stage-wise treatment.

<sup>11</sup>  $\chi^2 = 10.55636, df = 3, p < .05.$

<sup>12</sup>  $\chi^2 = 8.108987, df = 3, p < .05.$

<sup>13</sup>  $\chi^2 = 10.46596, df = 3, p < .05.$



**Notes:**

- Less than half of all survey respondents indicated they received training in relapse prevention (47.5%) and stage-wise treatment (37.2%).
- Respondents who indicated they primarily had mental health experience/expertise were significantly less likely to have received training in relapse prevention<sup>14</sup> and in stage-wise treatment<sup>15</sup> than did respondents who had primary substance use experience/expertise or those who had experience/expertise in both mental health and substance use.

<sup>14</sup>  $\chi^2 = 26.05915$ ,  $df = 2$ ,  $p < .05$ .

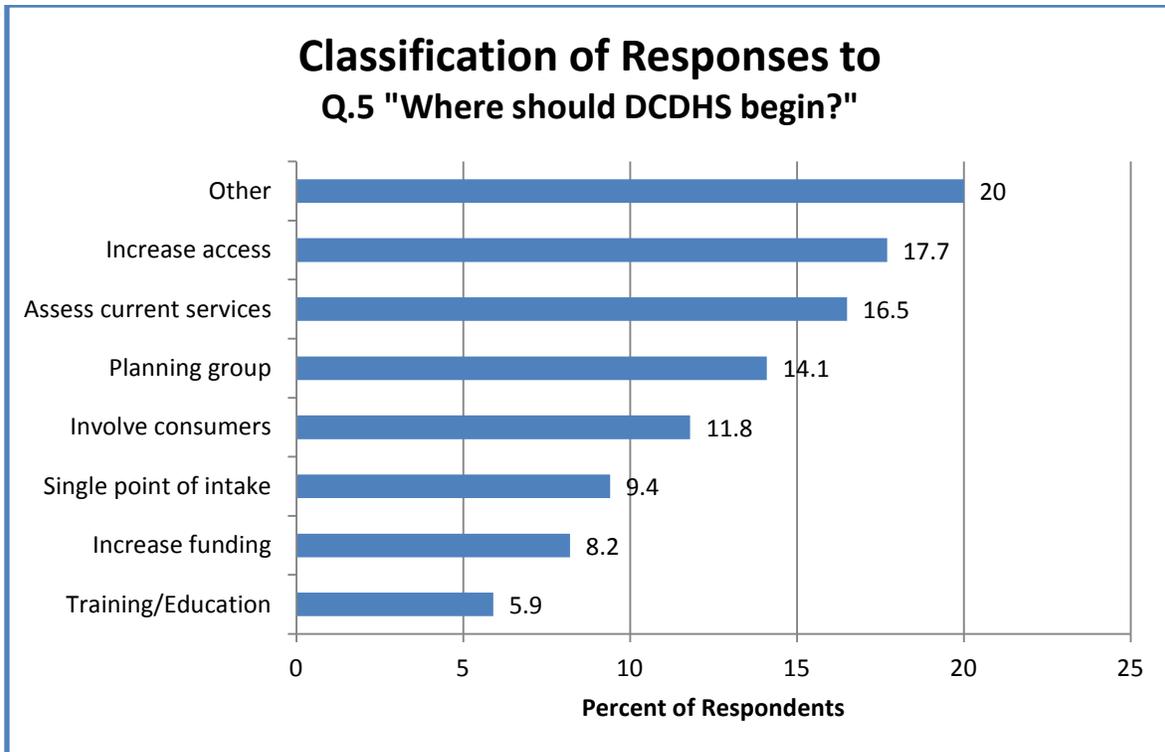
<sup>15</sup>  $\chi^2 = 18.04771$ ,  $df = 2$ ,  $p < .05$ .

**Responses by Dane County System Involvement to Q4. “What actions should DCDHS consider taking to improve integration of mental health and substance use treatment? (check all that apply) by Dane County Involvement**

Action	Dane County Involvement				
	CCF/CCS	CCS	CCS/County	County	None
Develop a planning group with front-line clinicians, families, consumers, and others.	14.3	46.7	55.6	68.4	63.5
Develop a formal plan and process for implementing integrated behavioral health	14.3	46.7	55.6	61.4	50.0
Evaluate the existing publicly-funded AODA and MH systems for service gaps.	<b>57.1</b>	53.3	<b>83.3</b>	<b>89.5</b>	<b>84.6</b>
Develop standards for recovery-oriented, co-occurring service programs and practice,	14.3	<b>60.0</b>	77.8	54.7	50.0
Develop dual recovery self-help programs.	0.0	40.0	44.4	56.1	38.5
Develop a quality improvement plan with shared goals, outcomes, and measures.	28.6	46.7	55.6	52.6	42.3
Issue a RFP for agencies to collaboratively develop integrated behavioral health programs.	28.6	33.3	33.3	42.1	59.6
Develop a centralized integrated intake unit for behavioral health.	14.3	53.3	44.4	50.9	53.9
N	7	15	18	57	52

**Responses by Dane County System Involvement to Q4. “What actions should DCDHS consider taking to improve integration of mental health and substance use treatment? (check all that apply) by Position**

Action	Position					
	Advocate	CM	Peer Support	Senior Mgr.	Sup.	Therapist / Clinician
Develop a planning group with front-line clinicians, families, consumers, and others.	72.9	61.1	50.0	52.9	58.8	62.9
Develop a formal plan and process for implementing integrated behavioral health	36.4	58.3	40.0	58.8	58.8	45.7
Evaluate the existing publicly-funded AODA and MH systems for service gaps.	<b>90.9</b>	<b>88.9</b>	70.0	<b>88.2</b>	<b>79.4</b>	<b>77.1</b>
Develop standards for recovery-oriented, co-occurring service programs and practice,	54.6	55.6	70.0	64.7	52.9	40.0
Develop dual recovery self-help programs.	36.4	61.1	60.0	47.1	32.4	37.1
Develop a quality improvement plan with shared goals, outcomes, and measures.	45.5	58.3	50.0	58.8	44.1	31.4
Issue a RFP for agencies to collaboratively develop integrated behavioral health programs.	45.5	58.3	30.0	32.3	47.1	42.9
Develop a centralized integrated intake unit for behavioral health.	45.5	66.9	30.0	41.2	32.3	57.1
N	11	36	10	17	34	35



N = 85.