

# LOUISIANA INTEGRATED TREATMENT SERVICES

## Consumer Survey Of Co-Occurring Diagnosis Capability In Behavioral Health Settings

*Please read these INSTRUCTIONS before continuing.*

- The Co-Occurring State Infrastructure Grant (COSIG) project goal is to improve and expand treatment services for consumers, like you, with co-occurring disorders, that is, having both **addiction and mental health** issues, who seek help from the local treatment system. In order to better serve consumers, Louisiana's policymakers need to understand the current situation in the system from the consumer's perspective, which is why you are being asked to participate.
- This is a 47-item survey which typically takes 30 minutes to complete. It is anonymous, however you may choose to identify yourself or the treatment program(s) – your name will not be used with the information.
- Please select answers in the blocks provided. "N/A" should only be selected if the statement does not fit your particular situation. Your written comments are strongly encouraged for each item, in order to help policymakers understand the scores and address those particular issues.
- Please have representative compute scores on last page.
- Please send completed scoring sheets (last page ONLY) to Rebecca Handford:  
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*Please complete PRELIMINARY INFORMATION below*

Date: \_\_\_\_\_ Which area do you represent? \_\_\_\_\_

Circle year(s) in treatment **2000 2001 2002 2003 2004 2005**

(Optional) Participant contact information: \_\_\_\_\_

Would you like to receive notices about community meetings pertaining to this project? **YES NO**

Project Representative: \_\_\_\_\_

↓ *Survey begins here* ↓

Section A

**A1.** When I first contacted the treatment program for help, educational brochures were available that welcomed me as a person with co-occurring disorders (who is affected by both addiction and mental health issues).

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe

What could the program do to improve?

Section B

**B2.** The program was designed so that it could help people affected by co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Section C

**C3.** When I first contacted the program and the staff took my basic information, they checked if I was affected by co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Section C cont'd.

**C4.** The program staff offered to accept me for treatment – I was not turned away just because of my mental health and/or addiction issues.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Section D

**D5.** During my first private interview, the counselor asked me about both my co-occurring disorders

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**D6.** The counselor tried to understand the link between my mental health and addiction issues - how one issue affects the other.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Section E

**E7.** During my evaluation in the **mental health program**, the counselor interviewed me about my mental health **and** addiction issues, my willingness to work on those issues, and any efforts I've made in the past to get help. (OR, See # E8 below)

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**E8.** During my evaluation in the **addictions program**, the staff interviewed me on my addiction **and** mental health issues, my willingness to work on those issues, and any efforts I've made in the past to get help. (OR, See #E 7 above)

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**E9.** I think the counselor asked all the right questions and gathered enough information about both my co-occurring disorders in order to make solid treatment recommendations.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**E10.** If the counselor wasn't able to make all the recommendations, he/she set me up to see an expert (like a psychiatrist) who could further help me.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Section F

**F11.** My counselor and I developed an individualized treatment plan that addressed my co-occurring mental health and addiction disorders **together** as primary issues.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G12.** In the program, I had access to educational materials and treatment services that addressed co-occurring disorders.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G13.** During my treatment in the **mental health program**, the treatment focused on my addiction issues by addressing what stage of recovery I was in.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G14.** During my treatment in the **mental health program**, different group-counseling tracks were available for clients in different stages of readiness to work on substance abuse issues.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

Section G

**G15.** Through my program, I had access to self-help supports, like *Dual-Recovery Anonymous (DRA)* or *Double-Trouble*.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G16.** Through my program, I had access to dual-recovery peer mentors.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G17.** My program gave me specific information about my participation in treatment for my co-occurring disorders.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**G18.** During my treatment in the **addictions program**, I was informed about the importance of taking my psychiatric medications as prescribed.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**G19.** The **addictions program** was flexible to meet the special treatment need of clients also suffering from mental health disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**G20.** Group counseling was offered in my program, and it gave specific attention to co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

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**H21.** I had a primary counselor or treatment team that recommended a mixture of different treatment services to fully address my co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**H22.** The relationship with my counselor and my program remained strong, even if I didn't follow recommendations or I continued to use substances.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**H23.** The relationship with my counselor and the program remained strong, even if I entered other phases or transferred temporarily to other treatment settings.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**H24.** My primary counselor and/or treatment team collaborated with staff from other phases or treatment settings for continued treatment planning.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**H25.** Different treatment teams shared responsibility for coordinating a mixture of different types of treatment services for each disorder, and this was built into a single treatment plan. (OR see # H26 below)

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**H26.** My primary counselor was responsible for coordinating care for both my disorders, and incorporated a mixture of different types of treatment services into a single treatment plan. (OR see # H25 above)

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

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**I27.** I was made aware of program policies that address co-occurring disorders.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**I28.** I was made aware of program policies that address behaviors and procedures for maintaining clients in treatment.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

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**J29.** The program offered early access to psychiatric services, including evaluation and prescriptions for medications.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**J30.** My medications were continued, even though I still used alcohol or other substances, **unless** it was considered dangerous.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**J31.** Staff assisted me with monitoring my medications for side effects.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**J32.** My medications were continued during my stay in detox, **unless** it was considered dangerous.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**K33.** When it was time for me to leave the program, my counselor helped me put together a discharge plan to address my ongoing needs.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**K34.** The discharge plan sufficiently covered my needs for each disorder, regardless of the reason(s) why I left the program.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe::

What could the program do to improve?

**K35.** We made the discharge plan in collaboration with outside programs.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**K36.** We made the discharge plan in collaboration with my family and/or friends.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**K37.** My discharge plan was very specific – *who, what, when, where, and how* – including instructions on returning to the program should things get worse.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**K38.** The program collaborated with outside agencies to coordinate my aftercare treatment.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**L39.** The program had a crisis response & referral service.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**L40.** The program was sensitive to and worked competently with other cultures, for both disorders.

Strongly Disagree  Somewhat Disagree  Somewhat Agree  Strongly Agree  N/A

Please describe:

What could the program do to improve?

**M41.** There were special services available for people with co-occurring disorders who have a different culture or language.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M42.** There were special services for pregnant and/or parenting women.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M43.** There were special services for clients with co-occurring disorders and trauma.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M44.** There were special services for aging clients with co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M45.** There were special services for adolescent clients making the transition from children to adult services.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M46.** There were special services for clients with co-occurring disorders and developmental disabilities.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

**M47.** Families and/or friends were involved in the program, and given support and education on either co-occurring disorder, or (ideally) both co-occurring disorders.

Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
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Please describe:

What could the program do to improve?

Survey ends here. Thank you, and please have representative score on next page ↓

### Scoring Codes & Table

(Please transcribe preliminary information from 1<sup>st</sup> page)

Date: \_\_\_\_\_ Which area do you represent? \_\_\_\_\_

Year(s) in treatment (circle) **2000** 2001 2002 2003 2004 2005

(Optional) Participant contact information: \_\_\_\_\_

Would you like to receive notices about community meetings pertaining to this project? **YES** **NO**

Project representative: \_\_\_\_\_

#### SCORING CODES FOR RESPONSES

<b>Strongly Disagree</b> = 1	<b>Somewhat Disagree</b> = 2	<b>Somewhat Agree</b> = 3	<b>Strongly Agree</b> = 4	<b>N/A or No response</b> = No score
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<b>Section</b>	<b>Section Totals</b> <i>(based on codes above)</i>	<b># of Responses</b> <i>(= # of items - # of N/A)</i>	<b>Section Average</b> <i>(= Section Totals ÷ # of Responses )</i>	<b>Remarks</b> <i>(Based on participant's scores and comments about areas needing improvement)</i>
<b>A</b>		1 - ____ = ____	PHILOSOPHY	
<b>B</b>		1 - ____ = ____	MANAGEMENT STRUCTURE	
<b>C</b>		2 - ____ = ____	ACCESS	
<b>D</b>		2 - ____ = ____	IDENTIFICATION / DETECTION OF CO-OCCURRING DISORDERS	
<b>E</b>		4 - ____ = ____	ASSESSMENT/ DIAGNOSIS	
<b>F</b>		1 - ____ = ____	TREATMENT PLANNING	
<b>G</b>		9 - ____ = ____	TREATMENT CONTENT & PROGRAMMING	
<b>H</b>		6 - ____ = ____	INTEGRATED TREATMENT RELATIONSHIPS	
<b>I</b>		2 - ____ = ____	TREATMENT PROGRAM POLICIES	
<b>J</b>		4 - ____ = ____	PSYCHO-PHARMACOLOGY	
<b>K</b>		6 - ____ = ____	DISCHARGE PLANNING	
<b>L</b>		2 - ____ = ____	INTEGRATED EXTERNAL CARE MANAGEMENT	
<b>M</b>		7 - ____ = ____	SPECIFIC STAFF COMPETENCIES	
<b>TOTAL SURVEY SCORE =</b>				