IRIS Fellowship Research Project Write Up

Research Project Title: Examining Experiences of Clients with Co-Occurring Disorders Within a Treatment Center Utilizing an Integrated Service Model

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Background

Co-occurring mental health and substance use disorder is a prevalent condition that may result in significant morbidity and mortality. According to SAMHSA (2020), there is an enormous unmet need for effective treatments for co-occurring substance use and mental health disorders. Data from SAMHSA indicates that only 8.3% of those diagnosed with substance use disorder (SUD) receive specialty care and only 1.3% of those with co-occurring SUD and depression receive specialty care for both disorders. Receiving treatment from different providers can be a barrier when addressing co-occurring disorders (COD). Therefore, there is a need for integrated service delivery when providing treatment for those diagnosed with COD.

Untreated and or unidentified COD have been associated with increased difficulties with treatment engagement, developing therapeutic alliance, and adhering to treatment regimens (Center of Substance Abuse Treatment, 2005). Data from the 2018 National Survey on Drugs Use and Health confirms that less than 8% of individuals with COD reported receiving integrated services (Garner et al., 2002). However, research suggests that individuals with co-occurring disorders are less likely to enter treatment, less likely to remain in treatment once admitted, and more likely to drop out of treatment (Smelson et al., 2012).

Purpose of Study

The purpose of this study is to evaluate substance abuse treatment outcome for those clients that are using an integrated service delivery model to address their CODs. Research implications in this study may address how legislators can provide funding and support policies that will develop integrated service delivery and prioritize integrated service delivery for those with co-occurring disorders as a national goal. The study may also inform practice-based implementation of COD treatment models. Towards these ends, the following research question was posed:

1. What is the experience of clients with co-occurring disorder receiving integrated service delivery at T.I.M.E Organization?

Theoretical Framework

According to Heath et al. (2013), developing a standard framework to describe integrated efforts is critical for meaningful dialogue about service design, as well as research. Integration of healthcare is a collaborative approach that combines various health care services for overall improved health outcomes. Therefore, applying the levels of integration will be appropriate for this study. Doherty, McDaniel, and Baird (1995, 1996) proposed the first

classification by level of collaboration and integration. An underlying premise of this framework was that as collaboration increased, the adequate handling of complex patients would also increase.

Methodology

This study used a qualitative approach. Qualitative analysis is appropriate to get a better understanding through first-hand experience. Qualitative data was collected through a focus group, in which client's opinions, knowledge, perceptions, and concerns were explored. The focus group was used as an evaluation tool, with the hopes of gaining lessons learned and recommendations for improvements.

The participants of the study were clients enrolled in the Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), and Outpatient Program (OP) at the researcher's agency, T.I.M.E. Organization. Clients currently enrolled in one of the above programs were used in the sample.

Confidentiality is an ethical issue because there is a need to protect the safety of the group of individuals having discussion for the focus group. Written consents were obtained from all participants prior to conducting the focus group. The data collected was de-identified and thus shared here anonymously.

Focus group data was analyzed using content analysis to determine the presence of certain words, themes, and concepts. The focus group interview lasted approximately 90 minutes and was facilitated by this researcher evaluator. Another staff from T.I.M.E Organization assisted by taking notes, digitally recording participant responses, and noting observations. The facilitator presented consent forms to the group, and explained that the purpose of the focus group interview was to gain a better understanding of services provided to those with co-occurring disorders receiving services at T.I.M.E Organization Substance Abuse Program. Grounded theory method was used to collect and code data. An inductive analytic approach was used to allow categories and themes to emerge from the data. Transcriptions were imported into a computer assisted qualitative data analysis software program, ATLAS.ti, which was used to support the identification of codes and eventually categories.

The focus group questions were divided into three sections: 1) Overall integrated care, 2) Access, and 3) Experience at the facility, and 4) Integrated behavioral health care. In section 1, participants were asked what they liked and disliked about the integrated care model and what could be improved. In section 2, participants were asked about the length of time it took to get services, how easy or hard it was, and what could be improved in these areas. In section 3, participants were asked about staff's communication, respectfulness, cultural sensitivity, and other aspects of staff-client interactions, including around medications. In section 4, participants were asked about their experience with internal agency care coordination as well as about outside referrals and external service integration.

Results

Through data analysis, three broad categories emerged related to client's treatment experiences, client/provider communication, and recommendations for program enhancement. Representative quotes, categories, and codes are presented in Table 1.

Table 1

Client Experience of The Integrated Service Model: Categories, Codes and Quotes

Categories	Focused Codes	Group Quotes
Client's treatment experience	Convenience	It's like a one stop. I don't have to go to two different places to receive services. It's very convenient. Piggy backing off of him, because of my health, it's a big help. I don't have to run here and there. Everything is convenient. It helps a lot. They know my name and know what I need. I feel good when I walk in the door. I like the one site and you don't have to go down the street for other services.
	Comfortability	I like the intimate nature in group settings and being able to give others input when they are having issues. I can go on and say numerous things that I enjoy, but I like the relationship with people here and not just staff. I am comfortable with my therapist. It always feels like family here and I feel like they know what's going on with me. I normally stay in a closed circle, but I have a level of comfort here that I don't have at other places. I can go to any staff member including the secretary at the receptionist desk.

		They comfort people. They even fed a lady that was not part of the program and it is hard to get staff like at TIME that make you comfortable and care and will address your situation.
	Accessible services	The resources that they have here are extra. I been in many programs. You get resources to help with what you need. Like housing, some place don't have housing coordinators in their programs. Many people that come in this program get housing. In Virginia, they said I had to do substance abuse and then do mental health. They would not address both at the same time. I felt I needed to change my mental health to control my substance abuse because it helps me to get things off of my chest. I can now work on both at the same time. They even transport you to where you need to go.
	Rapid services	I received a referral to Veterans Administration. I sat with staff and we contacted a lady who works for the program and an appointment was made. My appointment was waiting for me when I entered the program.

		I did receive service right away and talked about my issues and I participated I my plan and goals. I did not wait, it happen the same day. I came in on a Friday and started group on a Monday, so it was immediate for me. I meet with the nurse practitioner regularly and we discuss my mental health and medication.
Communication practices	Client/provider communication	Mental health was my main issue after spending many years of being incarcerated. I did not get that. I had to take the initiative to seek it. Did not have someone to talk to when I first came. Other than group therapy, I don't have a substance abuse counselor to coordinate. I have a therapist and I do not know who my substance abuse counselor is.
	Communication barriers	It is disrespectful when phones go off in group and people eating in class and you have to hear crunching of bags. Ringing phones and people watching things on their phone. I am here for my life and want to learn. It is so disrespectful to the facilitator.
Recommendations for program improvements	Add financial literacy classes.	Financial literacy will along with the other things we learn

		because it is hard when you been incarcerated for many years. For example, when I got a bank account, I did not know what I was doing. Those life skills are important for people who have been away for over 30 years.
	Add GED, job readiness, and computer skills	Need a job readiness class and GED classes. Also, computer classes. Some of us don't have many skills. I would like to see the program make jobs available for clients once they reach a certain level, like house manager positions.
	Improve client/provider communication	Staff can do a better job at explaining the levels of care and what to expect. We need orientation. Yes, but mental health need more clarification I agree, you not by yourself. I did not have anyone to sit down and tell me what was going on with me, I did not have that. I have not had any scheduled appointments. I should not have to ask her to schedule me for an appointment. I used to have a therapist, but they left and now I don't know who my therapist is.
	Enforce group therapy rules	Need to get striker in class when the teacher is trying to

		teach. There is usually a lot of commotion and they are showing lack of respect. People side talk and are interrupting people who are trying to learn.

Client integrated treatment experience

The focus group participants expressed their integrated treatment experience while receiving services at T.I.M.E. Organization program in Baltimore, MD. These experiences of integrated service delivery included quality of care, coordination of care, and access to care experiences. Quality of care included convenience, comfort, and rapid services. Clients reported that the services received were convenient and they didn't need to make multiple trips around Baltimore City for their integrated services. Most clients stated that they can get their mental health and substance abuse treatment at one place. In addition, the clients didn't have to spend money for transportation to obtain services. The clients also felt a great level of comfortability at T.I.M.E. and with their providers and non-clinical staff because most of their problems or situation were addressed when they approached staff with an issue or confronted providers or non-clinical staff with a particular problem.

In addition to the convenience and comfortability, clients also seemed pleased that there were numerous services that they don't traditionally get from other treatment centers. For instance, a client stated that the program had extra resources that you would not normally see at other programs, including transportation to other services that are needed in the community. Lastly, the clients credited the program for providing rapid services. Most clients reported not having to wait to receiving services after completing the intake process.

Communication practices

Though clients were pleased with some aspects of communication – including the comfortability mentioned above in bringing up issues and having them addressed – other components of communication were seen as not ideal. For instance, the clients stated that appointments with mental health providers and substance abuse counselors had not been scheduled as was expected and was needed for their care. Also, clients experienced unwanted distractions during group therapy, which included phones ringing and clients rattling packages while eating food.

Recommendations for program enhancement

Overall, focus group data suggests that clients were satisfied with their integrated treatment experience with TIME Organization. However, suggestions regarding how to enhance the program included more activities for the clients, improvement in client/provider communication, and enforcement of group therapy rules to avoid distractions. New activities requested were financial literacy, GED, and job readiness classes. Clients would like to see

providers doing a better job with explaining their level of care and giving more clarification during mental health treatment.

Discussion

This study examined the integrated treatment experience of adults with co-occurring disorders receiving services at TIME Organization. During the discussions of the integrated service outcomes, the clients' responses were consistent with several elements of how integrated delivery service are optimally provided, such as accessibility to services and expeditious services. Suggestions for program enhancement included more classes to assist with necessary skills to survive, client/provider communication improvement, and more structure during group therapy sessions. Study results also revealed a common sentiment that the program provides clients with the feeling of social connectiveness. Social connectiveness can be define as "the subjective awareness of being in a close relationship with social world (Kumi-Kyereme, et. al, 2007). At TIME Organization, this may be seen through comfort with staff and facilitated connections with valued community resources.

Implications

Findings from this study revealed several integrated service implications for those clients being treated with co-occurring disorders. Implications involve communication practices, such as client/provider communication practices and the overall integrated treatment experience.

Communication Practices

For some individuals, effective communication can help raise awareness of health risks, increase client motivation, and provide skills needed to assist with finding support (National Cancer Institute, 1989). Ineffective communication may be a barrier that prevents one from taking action to avoid or manage an illness. Communication between the provider and client/provider can be essential in enhancing health benefits and improving treatment compliance. Specific information about a disease or illness and its consequences can influence health behaviors. Therefore, effective communication amongst the client and provider is integral to manage co-occurring disorders with integrated delivery service. This study demonstrates how important it is for providers serving this population to establish effective communication – including the comfort to bring up issues and ask for assistance, as well as being proactive and responsive about setting up needed appointments for service.

Overall integrated delivery service

In an effort to treat those with co-occurring disorders, services need to be coordinated to address challenges arising from symptoms. For instance, one focus group participant expressed the relief they felt with having to come to one place to receive their services. It was also mentioned that the clients felt a great level of comfort while receiving services. Also, participants stated that they all felt like family. In order to promote effective integrated delivery services for those with co-occurring disorders, the providers must work together to provide coordinated care that will

reduce or discontinue substance use, improved psychiatric symptoms, improved quality of life, decreased hospitalization, increased housing stability, and fewer arrests

Study Limitations and Strengths

This study gathered qualitative information regarding the integrated service outcomes for those with co-occurring disorders participating in T.I.M.E. Organization. The findings were insightful; however, caution should be recommended in interpreting these findings, due to the most critical being a small sample size. The participation in the focus group was voluntary, therefore participants who participated in the focus group represented a sample bias favoring participants with strongest feelings about their experiences and openness to provide feedback to the facilitator. Despite these limitations, the consistency of the findings the focus group may provide some insights into how integrated service delivery program elements could benefit individuals with co-occurring disorders. Despite the limitations, the results of the study offer a number of strategies for integrated service delivery for those with co-occurring disorders.

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