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UNDERSTANDING SERVICE UTILIZATION WITHIN CO-OCCURRING POPULATION

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UNDERSTANDING SERVICE UTILIZATION WITHIN CO-OCCURRING POPULATION

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

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by

Ildelisa Molina Zapata

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ABSTRACT

A specialized system of care for co-occurring clients can be an asset to this population, if the services offered deliver adequate results that contribute to the overall wellbeing of this community. Therefore, providers, including social workers and other professionals to determine the effectiveness of these programs, should routinely assess established programs that are design to meet the most basic needs of co-occurring populations. This will permit an increase the knowledge and understanding of outcomes and perhaps develop alternative resources to connect gaps in the delivery of services. This research evaluated the effectiveness of services that co-occurring clients received from Cedar House Life Change Center. It attempted to understand the correlation between graduation success and other variables, such as length in treatment, mental health and substance use diagnosis, types and frequency of services, and the effects of diverse populations on the treatment outcomes.

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I would like to extend my appreciation to the Cedar House Life Change Center that with no vacillation endorsed my project and allowed me to compile the required information for my project. Thank you all for your support.

DEDICATION

To my wonderful daughters: Cynthia and Jasmine. And to my family for all their support and words of encouragement during my three years of academic journey.

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CHAPTER ONE

INTRODUCTION

This chapter will discuss the problem statement for co-occurring clients and the impact that it has on this population. In addition, it will inform the reader of the purpose of this study and the impact on the population. Moreover, it will provide a brief overview of the importance this study has on social work practice.

Problem Statement

Integrating services to meet the needs on any underserve population poses a challenge for the professional involved in the service delivery, including Social Workers as well as for administrators. For this reason, programs that target collaborative services between substances use and mental illness are low in numbers.

To illuminate on the severity of the problem, according to Substance Abuse and Mental Health Service Administration (SAMSHA) there is a significant number of 18 and older adults that experience co-occurring disorders in their life span. It also reported that approximately 8.9 million adults have been identified as having a co-occurring disorder, including mental health and substance use diagnosis. Furthermore, only 7.4% of individuals receive treatment addressing both disorders and 55.8% are not receiving treatment (SAMSHA.org). These numbers are a reminder of the high demand to

introduce services that are functional and promote the wellbeing of individuals with co-occurring disorders.

Moreover, co-occurring psychiatric and substance use disorders often seriously exacerbate one another and can undermine all conventional effort to develop a therapeutic alliance. As part of the recovery model agencies began to change their visions about co-occurring disorders and treatments offered to the community, Cedar House Life Change Center was no exception.

Purpose of the Study

Programs targeted to promote integrated health services for co-occurring client in a residential setting are limited and have multiple variances that affect the success rate of clients.

Significance of the Project for Social Work

The significance of this study for Social Workers and other professional involved in the care of clients with co-occurring disorders it has to provide an understanding of the agencies offering services to clients, especially in Cedar House Life Change Center. In their efforts to be inclusive of all communities, they have developed a set of standards through their vision and philosophy.

> "Treatment services should be delivered in a way that respects the dignity, value and self-worth of every client. Treatment and recovery are very personal experiences with distinct physical, mental, emotional and spiritual components that may differ significantly from patient to

> patient. For that reason, each client has a right to be fully and completely informed about the services we provide and our approach to treatment. Most importantly, we believe that each client brings unique life experience to the treatment environment and plays a vital role in individualized treatment planning. Finally, we recognize our moral and ethical responsibility to provide the highest quality treatment services that hold the greatest promise of successful outcomes for our patients and, to do so in the least restrictive setting" (cedarhouse.org).

In addition, they strengthen this perspective not only by demonstrating the importance of human diversity but also by welcoming people struggling with mental illness and substances use. They do this by embracing the population and by "improving the lives of those suffering from chemical dependency by providing evidenced-based [practices], high quality therapeutic clinical treatment services, while educating and engaging the community through open communication and outreach activities" (cedarhouse.org).

As Social Worker's one of the core values is to continue to gain competence in skills and abilities that promote client welfare. The study will promote a macro perspective of the Cedar House Life Change Center. This will allow the Social Worker and other professionals to begin early detection and to implement innovative methods to promote appropriate services within their constituents. It is the goal of this study to evaluate program practices for

adults with co-occurring disorders in the mental health system. In addition, in using macro practices it is important to incorporate specific components of the problem solving model, including “problem identification, assessment, goal setting, implementation, and evaluation” (Hardina, 2002). Furthermore, the result of the study will be applied in the evaluation of the program and determine whether modifications need to be applied to promote service in this area.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will provide an overview of the current gaps in service utilization within the co-occurring population. It will address the significance of integrated health as one of the most effective models in treating client with co-occurring disorders. Furthermore, theories involving client success in treatment will be explored in an effort to identify the most appropriate type of models for this population.

Funding

The complexity of co-occurring services led to intervention from federal agencies, specifically by the Substance Abuse and Mental Health Services Administration (SAMSHA), which allocates funds to serve populations, and County agencies to meet the needs of their constituents. An important contribution of SAMSHA was the Co-occurring State Initiative Grant in 2003 that disbursed grants to seven different states. The sole purpose was to promote “accessible, effective, comprehensive, integrated and evidenced based treatment services to persons with co-occurring disorders” (Dausey, Pincus, Herrel, &Rickards, 2007, p.903).

History of Co-Occurring Programs

Research suggests that since the mid 1980's there has been a need to develop different treatment approaches to improve service delivery to people with mental health and substance use symptoms (El-Mallakh, 1998; Drake et al, 2008). It appears as if the methods and/or approaches of different techniques and models are often under scrutiny and serve as a road map to revamp and improve current services. History within the mental health and substance use arena has shown an evolution in regards to treatment delivery for client with comorbid disorders. Treatment models in existence for chemical dependency and/or psychiatric disorders are the sequential model, the parallel model, and the integrated model. In the sequential model, the client primary symptoms are met on the point of entry. For example, if the client is admitted to a residential facility for substance use, the facility will focus on treating the substance use symptoms and later refer that person for psychiatric services and vice versa (El-Mallakh, 1998, p73).

The second approach to treatment is the parallel model. In the parallel model, the client receives "concurrent but separate treatment for mental health and addictive disorders" (El-Mallakh, 1998, p74). At this time, the client receives services at two separate programs. The communication among providers is often limited and may limit progress in the treatment of client symptoms.

The third approach is the integrated model. This model is used by agencies addressing comorbid problems. El-Mallakh (1998), defines integrated model as a “combination of mental health and substance abuse interventions in a concurrent and coordinated manner.” This approach appears to make the clinician and agencies involved responsible for the collaboration among agencies, instead of making the client responsible for seeking multiple programs that would complement each other.

Within this concept, four phases influence the client’s treatment. These phases are engagement, persuasion, active treatment, and relapse prevention. The goal of the engagement phase is to “establish trusting relationships with client to allow providers to support them throughout the treatment process” (El-Mallakh, 1998). The second phase is persuasion. This phase consists of “convincing the client to accept long term, abstinence-oriented treatment” (El-Mallakh, 1998). Phase three is active treatment. In this phase, the client begins to “develop attitudes and skills that are necessary for sobriety” (El-Mallakh, 1998). The fourth phase of this model is relapse prevention. In this phase the goal is to “help the client recognize typical patterns of decompensation and relapse, develop specific plans to prevent relapse, and reinforce positive behavioral change” (El-Mallakh, 1998).

Another component of integrated model is case management, which helps clients relieve some of the stressors associated with limited access to resources, for example food, clothing, housing or transportation.

Treatment Outcomes

Horsefall et al (2009) states that “a common factor contributing to the refusal or avoidance of treatment by dual diagnosis clients is their low motivation to reduce substance use (p.).” Furthermore, Horsfall explains that mental illness and substance use triggers a cycle of negative behaviors that lead to poor response to treatment adherence ad leads to relapse.

Theories Guiding Conceptualization

The theories guiding this research would be psychosocial theory as this allows the Social Worker and other professionals working with clients with co-occurring disorders to utilize various techniques from several different concepts, such as Cognitive Behavioral Therapy (CBT), Solution Focused Therapy, and Motivational Interviewing (MI).

The Cognitive Behavioral Therapy (CBT) approach replaces negative thoughts of the self and the world. In addition, it looks at how the negative thinking may evolve to destructive behaviors. In using CBT with this population, the clinician or counselor working with this population should focus on “(1) identifying intrapersonal and interpersonal triggers of relapse, (2) coping skills training, (3) drug refusal skills training, (4) functional analysis of

substance use, and (5) increasing nonuse related activities" (Magill & Ray, 2009, p516).

According to Turner (2011), Solution Focused Theory focuses on the patterns of positive coping mechanism that the client has been able to use in his/her life to overcome challenges. Some of the core interventions employed in this theory are that (1) clients need to be accountable for their own solutions (2) clients define their own goals and expected solutions (3) clients have the resources and skills to overcome their problems. In following these guidelines, the Social Worker may apply them to client individualized treatment goals. As well as, promote self-awareness with the tools that the client presents with, especially those that have motivated the client to cease alcohol or substance use at any given time in their lives. (Turner, 2011. p461).

Motivational Interviewing includes five stages of change that have been recognized as a beneficial tool to help people that have substance co-occurring disorders. The stages of change involve pre-contemplation, contemplation, preparation, action, and maintenance. "During the pre-contemplation stage is viewed as a phase of ambivalence. The client does not appear to know what they want to do with the current situation or problem." For this reason, is vital that the Social Worker or professional working with co-occurring clients can implement building a positive rapport, discuss symptoms

of mental illness, relapse, and pros and cons of the risks involved in consuming substances (SAMSHA.org)

In the contemplation phase, the client is ambivalent about what they want to do. At this stage is important for the Social Worker to underline the responsibility of the client in treatment and the consequences, both negative and positive. Moreover, client needs to be informed that change is dependent on the individual and no Social Worker, friend, family, or program could force him to change (SAMSHA.org)

The third stage is preparation in which “the client asks questions, indicates willingness and considers options to make specific changes (SAMSHA.org).” Social Worker should begin to assist client establish goal and learn to understand the process involved to fulfill the set goals.

The fourth stage is action. The client maybe uncertain about the treatment and it would be advantageous to clarify the treatment plan, discuss coping strategies and assist client find new support systems.

The last stage is maintenance. In this phase of change, the client often has accomplished the goals stated during the initial treatment plan. The Social Worker or other professionals continue to strengthen the value of coping mechanisms and support system to continue with the goal of sobriety or stable symptoms and behaviors (SAMSHA.org).

Summary

This chapter provided a description of the funding source for most programs servicing the co-occurring population and a brief history on co-occurring approaches, interventions, and theories that are utilized to better understand this population.

CHAPTER THREE

METHODS

Introduction

This chapter provides details about the purpose of the study and rationale for the approach taken to implement the research methods used to conclude the process of the research. In addition, it will offer information about the population sample and the selection process. Included in this chapter are the protocols followed to complete the task of sampling this population, different stages of the process and evaluation process. It will also address how client's confidentiality was maintained. Last, it will discuss the type of tests selected to analyze collected data and the purpose for its selection.

Study Design

This study was created to evaluate services being rendered by the Cedar House Life Changing Center to its co-occurring population. It will also examine the correlations between graduation, the length of time enrolled in services and treatment services that the clients were receiving from the program and the expected benefits and how they relate to their success or termination in the program. The method that used was a single group quantitative design. This type of design was selected due to the benefits it would provide to the Cedar House Life Changing Center in understanding the

value to integrated services during the treatment phase. The study will also help implement services that will lead to lower recidivism, increased client participation, and help clients transition to an after program where they can continue to be sober and mentally stable to secure their reintegration into the community. The abstraction tool utilized will serve to collect secondary data pertaining to services being received, length of time in program, and demographics. The following are examples of data obtained for the study. 1) Graduated from Program 2) Mental Health Diagnosis 3) Substance Use Diagnosis 4)Referral to Case Manager 5) Referral to Therapist 6) Referral to Psychiatrist 7) Frequency and Services offered in the area of mental health, drug use, social, housing/economics, medical, legal, and educational.

Sampling

Researcher obtained secondary data from clients receiving services at Cedar House Healing Center between January 1, 2015 and December 31, 2015. The population was initially comprised of 401 participants; however, a convenience sample was used to select every eighth client given the researcher 50 charts to review. During the process of review, it was discovered that among the sample were four clients that had received duplicate services and four that were outside the treatment dates. Hence, these eight cases were discarded leaving the researcher with 41 cases to analyze. The researcher was given access to an internal computerized data

program called DocStar that is password protected limiting access to non-employees. The researcher was allowed to view but was not able to input or manipulate data in the computer system. The computer program, included identifying information such as name, date of birth, interdisciplinary notes, type and frequency of services, diagnosis for mental and substance use and other medical diagnosis, and agency assigned client number. The population that was analyzed were considered to be part of the research study due to their enrollment within the program between the allotted periods. Secondary demographic data collection included clients 18 to 59 years of age and was of diverse racial and ethnic backgrounds, including Hispanic/Latinos, African Americans, Caucasians, and other. Client information selected for this project were comprised of co-occurring clients that had been admitted to the Cedar House Life Changing Center and received additional support through a County or outpatient treatment facility in San Bernardino County to promote integrated health services in house and in partnership with other agencies.

Data Collection

The computerized, DocStar program provided the researcher with demographic information from a scanned chart, such as ethnicity, age, gender, marital status, education level, ethnicity, date of entry to program, date of discharge from program, mental health diagnosis, substance abuse diagnosis, referral to psychiatrist, referral to the case manager, behavior/conduct

problems, reason for termination, and graduation from program. The retrieved information was based on a tool formulated specifically for gathering information to meet the needs of this research. (See appendix A).

Procedures

The convenience sample utilized to conduct the study were part of the population that received treatment during January 1, 2015 through December 31, 2015. All cases receiving treatment during the specified treatment date were considered for the research. Once the cases were selected, they were assigned an identification number to keep records and accurate count during the research process and to increase confidentiality of client's records. The researcher applied content analysis and the data abstraction tool (see Appendix 1) to classify independent variables in an SPSS program for statistical analysis. All information required for the study was extracted from the charts.

Protection of Human Subjects

In an effort to protect client confidentiality, the researcher will follow Cedar House Life Changing Center confidentiality protocols that includes having limited access to their computer system. This researcher had to go through staff during the research period to view information in the DocStar system. When the research study was completed, secondary data collection was shredded to eliminate any trace of client identifiable information.

Data Analysis

The data this researcher obtained about the types and frequency of services and graduation from program was analyzed to determine if there was any valid and/or reliable data. In order to determine positive or negative correlation the chi-squared measure of association test was utilized to test for the correlation between variables, such as the implementation of case management services, individual therapy, and medication services and how they affect the treatment outcomes. It also evaluated variables that consist of client of services received and how it affected the program outcomes. The researcher utilized SPSS to run frequencies and percentages to define the population sample. In addition, Pearson's bivariate analysis were considered to understand significant variables and further explore its contribution to the study.

Summary

In this chapter, a description of the research methods and procedures, data analysis, data collection and instruments and the protection of human subjects was provided. In addition, the study was conducted using a quantitative approach that utilized a secondary data collection tool to determine if there was viable correlation among the variables been analyzed.

CHAPTER FOUR

RESULTS

Introduction

This chapter details the results derived from the quantitative research study. It presents secondary data that were collected to further understand the presenting variables, demographics of the clients and bivariate statistics analyzed to determine if there was a direct correlation with the graduation success within the dual-diagnosed program at Cedar House Life Change Center. It will also consider the statistical results of Pearson bivariate correlation and chi-square relationship with the identified variables. Additionally, it addressed how valuable integrated health services are for the success of the client during treatment.

Presentation of the Findings

Demographics

The secondary data were extracted from the DocStar program at Cedar House Life Change Center from a total of 41 participants that received services between January 1st and December 31st. The research demonstrated that there were more males (69.8 %) than females (25.6%) receiving services during the chosen calendar year. The majority of clients were Caucasian (43.9%), next were Mexican Americans (26.8%), and African Americans (22%). The marital status of the clients involved in the data extraction had a

high percentage of single clients (53.7%), followed by divorced/separated (29.3%), and married (14.6%). The education level varied from eight to twenty years of education with a mean 12 years (See Table 1. for additional information). The average age of the sample population was 37.5 with the youngest client being 19 and oldest 60 (See Table 2 for additional information).

Table 1. Demographics Data (N=41)

Variable	Number	Percent
Gender		
Female	11	26.8
Male	30	73.2
Ethnicity		
African American	9	22
Caucasian	18	43.9
Mexican-American	11	26.8
Other	3	7.3
Marital Status		
Single	22	53.7
Married	6	14.6
Divorced/Separated	12	29.3
Other	1	2.4
Education		
Secondary School (7-8)	2	4.9
High School (9-12)	30	73.2
Some College (13+)	11	26.8

Table 2. Demographics Data continues (N=41)

Variable	Mean	Std.Deviation	Range	Minimum	Maximum
Age	37.51	10.139	41	19	60

Mental Health and Substance Use Diagnosis

Another variable analyzed from the secondary data obtained from client charts were mental health and substance use diagnosis. Seven classifications represented the population analyzed: Major Depressive, Depression, Mood, Bipolar, Schizoaffective, Schizophrenia, and Psychotic disorder. The various diagnosis were categorized to analyze and understand if it had a direct impact on client's success in the program. The research revealed that the population sample had a large number of clients diagnosed with Bipolar Disorder (31.7%), followed by Depression Disorder (19.5%), and finally Mood D/O (14.6%). Another important variable that was analyzed to understand this population outcome was substance use. The categories were alcohol only, substance only, alcohol and other substances, multiple substances. The study determined that there was a large percentage of participants that were engage in alcohol and substance use (41.9%), followed by those using multiple substances (27.9%), and substance use only (20.9%). The descriptive statistics demonstrated that high percentage of clients admitted into the program were diagnosed with mental health disorder as well as with a combination of alcohol and substance use (See Table 3. for additional information).

Table 3. Mental Health and Substance Use Diagnosis (N=41)

Variable	Number	Percent
Mental Health		
Bipolar	14	34.1
Depression	8	19.5
Major Depression	4	9.8
Mood Disorder	6	14.6
Schizoaffective	3	7.3
Schizophrenia	1	2.4
Psychotic	5	12.2

Variable	Number	Percent
Substance Use		
Alcohol	2	4.9
Substance Use	9	22
Alcohol and Substance Use	18	43.9
Multiple Substances	12	29.3

To further understand the chosen population, the researcher examined the length of time the client received services at Cedar House Life Change Center. The stay at the facility range from 1 day to 175 days in program. Fifteen client stayed at the facility 0-29 days (36.6%), followed by 10 clients (24.4%) that received stayed at the facility more than 92 days. The average stay in the program was 2.32 days. (see Table. 4 and 5 for additional information)

Table 4. Time in Program (N=41)

Variable	Number	Percent
Number of Days in Program		
0-29	15	36.6
30-60	8	19.5
61-91	8	19.5
92+	10	24.4

Table 5. Number of Days in Program (N=41)

Mean	Median	Std. Deviation	Range
2.32	2	1.213	3

Integrated Service Approach

A major component of the study was the frequency and type of services that were offered to the clients during their enrollment in the program. These services included discussion of mental health, drug use, social interactions, housing/economics, legal, education, and medical concerns and/or issues. During the participation in the program, clients appeared to have received higher level of interventions in drug use (7.90), followed by mental health services (6.98), and medical services (6.32). Education (0.07) was the least discussed topic during the treatment phase. (see Table 6. for additional information).

Table 6. Type and Frequency of Services (N=41)

Variable	Mean	Std. Deviation	Range
Mental Health	6.98	6.887	24
Drug use	7.9	7.466	26
Medical	6.32	6.043	21
Social Housing/Economics	4.66	4.815	19
Legal	0.41	1.117	
Educational	0.07	0.469	3

Client's receiving treatment from Cedar House Life Change Center also received concurrent referrals to outside providers to enhance the treatment during program and promote sobriety after completion of the program. The population analyzed received referral to an outside source for coordinated services, such as a referral for case management, referral to a clinical therapist, and to a psychiatrist. (see Table 7. for additional information).

Table 7. Referrals to Outside Support (N=41)

Variable	Number	Percent	Std. Deviation
Referral to Psychiatrist	29	70.7	0.461
Referral to Case Manager	41	100	0
Referral to Therapist	29	70.7	0.461
No Referral to Psychiatrist or Therapist	12	29.3	

To achieve a more informed study, the researcher used the Pearson Chi-Square method to analyze all dependent variables for their effect on graduation; none were significant.

Summary

This chapter presents an overview of the endorsement of integrated health services through the type of interventions being offered by the Cedar House Life Change Center. This agency understands that promoting those services within their own facility and branching out to county and private agencies assists in the process of creating opportunities for clients and building their skills and knowledge to be successful, whether it is graduating from the program or promoting reintegration into the community.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will concentrate on a discussion on the findings of this study as well as how these findings could contribute to the integration of services at the Cedar House Life Change Center serving co-occurring population. It will also address specific limitations of this study, and recommendations in the area of social work.

Discussion

This study based on the services offered at Cedar House Life Change Center was to understand and assess how these services influence client's graduation from the program. In doing so, it was important to consider the demographics of client who utilized services during the research time-frame. The review showed that clients receiving services are primarily white, single males with an average age of 37, having a high school diploma, mental health diagnosis of Bipolar Disorder and a diagnosis of alcohol and substance use. In researching the abovementioned population, the study concludes that type and frequency of services in the program, length of time in treatment, mental health and substance use diagnosis influence the graduation of clients.

Gender Differences

An important feature of this study was gender differences in the program. It was reveal that males within this population tend to seek out services more often than females. Since the population studied was largely comprised of males. There was no surprise when the result indicated that males tended to graduate at higher rates than females. However, males also had higher level of not graduating from program due to termination, either by choice or due to program criteria. Moreover, Caucasian males had a higher percentage of not graduating from program than any other ethnicity. This could be due to the barriers that ethnic population face in accessing services in mental health and substance use.

Mental Health and Substance Use Diagnosis

Another significant feature of this study is that clients admitted with a Diagnosis of Bipolar were more likely to graduate than any other diagnosis, especially those that had psychotic features. Likewise, more clients that had alcohol and substance use diagnosis were more successful in treatment and graduated from program than those with a single substance use diagnosis.

Bipolar Disordered clients were more likely to seek out treatment than people experiencing symptoms of Schizophrenia or Schizoaffective Disorder. This could be a result of the delusions, hallucinations and/or disorganized thinking often observed with individuals diagnosed with severe mental health disorders.

Treatment Length of Time

The length of time in the program was not a predictor of whether the client was going to be successful and graduate. Data demonstrated that the number of days in treatment had no direct significance to graduation from the program. In fact, people from all groups experienced clients terminating from program. This shows that success is determine by many factors that are involved in the treatment process and not manipulated by one variable.

Types and Frequency Services

The significance of type of services and frequencies is important because it demonstrates that topic specific interventions lead to improvement in behaviors and promotes wellness among clients. During treatment program is vital to understand the client and the needs that they have to be successful. A client centered approach should be done at every intervention provided. This is the case with the Cedar House Life Change Center. They introduce six-types of interventions: mental health, drug use, medical, social housing/economics, legal, and educational services with additional treatment components such as groups and referrals an outpatient clinic for psychiatric, therapeutic and case management services. Most importantly, these interventions have a strong correlation with people graduating from program. The higher the discussion about mental health and substance use the most likely the client was in graduating from program.

Referrals

There was a strong correlation between the referral to a psychiatrist, therapist, and case manager. All clients that received these services were successful and graduated from program. This aspect of the study although significant has to be explored to understand the relationship between service utilization and graduation in the program.

Limitations

There following observations were revealed from the beginning of the research to its end. First, it was noticed that the use of convenience sampling and the small sample size (41), showed a disparity in the service utilization between genders. For future research, it would be vital to obtain a group that is equal in numbers to have a more appropriate comparison and interpretation of how services affects both genders. Furthermore, a similar sample of males and females could also shed some light of the age difference and success in program. Because of the sample size and inconsistency in gender, the study findings cannot be generalized to a larger population with co-occurring disorders.

An additional limitation within this population is that all clients participating in services were also receiving case management services, clinical therapist interventions, and psychiatric services for medication management at a referred county agency. Due to time, constraints the

researcher did not obtained permission to further assess the type of services and frequency of services that they were receiving at this facility. The presenting limitations for this program was the inability to assess if the coordinated referrals to a county or private agency improved the graduation success. This was due largely to the lack of access to data in terms of the frequency of visits and types of services offered in clinical session, case management, and psychiatric visits. Questions about therapeutic interventions should be address to learn if they have a positive relationship to the outcomes. In addition, contact with a case manager is important, however it would be valuable to decipher if there were common issues or concerns that this population was facing and needed to be addressed to increase their probabilities of graduating from program and remaining sober.

Recommendations for Social Work Practice, Policy and Research

As a social worker that is attempting to understand the value of integrated health services within the co-occurring population it's of most importance to further skills and gain knowledge of evidenced based practices that have been proven to impact the population being served.

In future research, it would be favorable to assess the staff educational background and/or areas of expertise. This will increase knowledge about the interventions discussed during each service and the influence that workers in

the field of co-occurring disorder have on their client's perceptions, program, availability, and expectations.

Another important component would be to discuss the referral process currently in place by Cedar House Life Change Center and the established contract with County agencies as well as other private facilities. In doing so, the researcher could gain an understanding about the different funding sources utilized for the program and gain information about who is providing the referrals, and the comparison between private and public practices.

Federal initiatives should also be considered for future research as they provide the tools and the details about the services that need to be part of the program, whether is prevention or direct services to clients. The Substance Abuse and Mental Health Service Administration (SAMSHA) is the leading office in mental health and substance abuse issues, which promotes the development and implementation of new programs that help prevent recidivism, homelessness, incarceration, and multiple inpatient hospitalizations (SAMSHA.org).

Understanding the reasons that led to substance use and the implications that a metal health diagnosis has on an individual's life should be explored to the fullest. Social Workers have a responsibility to promote client care in a genuine and compassionate manner regardless of their biases and/or cultural backgrounds and experiences. In addition, they need to

consider core values of services, social justice, dignity and work of the person, importance of human relationships, integrity and competence when assessing the client's needs. It is through the client's perspective that social work practice becomes strengthened and recognized by other professionals that have different approaches to treating co-occurring clients.

It would be extremely valuable to obtained first-hand information from clients and their attitudes and perspectives about the services that they received in an effort to eliminate assumptions on the various reasons for success or failure. This task could be accomplished through an interview process or by surveying clients that have been enrolled in the program.

As a treatment approach, integrated health services appears to be the ultimate choice and it promotes collaboration among various disciplines. In turn, this greatly benefits the client needs and the success in their treatment.

Conclusions

Overall, being equipped with staff that have expertise in the areas of alcohol and substance use is an advantage for any facility engaging in the treatment of co-occurring disorders. This allows the staff to reach the clients at many phases during their treatment. Moreover, service specific topics or interventions promote awareness among people whose lives have been impaired by the substance use or due to the symptoms of their mental illness. The various topics being offered at co-occurring programs help clients to

process what their strengths and limitations are during treatment. To increase the number of success in the community of co-occurring disorder it would be valuable to promote the participation of Social Workers who are trained in both diagnoses.

APPENDIX A

SECONDARY DATA COLLECTION TOOL

IDENTIFICATION:

GRADUATED FROM PROGRAM: YES NO

DATE OF ENTRY:

DATE OF DISCHARGE:

SEX:

AGE:

MENTAL HEALTH DIAGNOSIS:

SUBSTANCE ABUSE DIAGNOSIS:

MARITAL STATUS: SINGLE MARRIED DIVORCED/SEPARATED OTHER

EDUCATION LEVEL:

ETHNICITY: CAUCASIAN MEXICAN AMERICAN AFRICAN AMERICAN OTHER

CONTACT WITH CASE MANAGER: YES NO

CONTACT WITH THERAPIST: YES NO

REFERRAL TO PSYCHIATRIST: YES NO

BEHAVIORAL/CONDUCT PROBLEMS:

REASON FOR TERMINATION:

SERVICES RECEIVED AND FREQUENCY

MENTAL HEALTH:

DRUG USE:

SOCIAL:

HOUSING/ECONOMIC:

MEDICAL:

LEGAL:

EDUCATIONAL:

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