

Regular article

Increasing program capability to provide treatment for co-occurring substance use and mental disorders: Organizational characteristics

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Abstract

The Dual Diagnosis Capability in Addiction Treatment and the Dual Diagnosis Capability in Mental Health Treatment indexes were used to document change in the capability of 14 substance abuse and mental health agencies to provide services to clients with co-occurring substance use and mental disorders (COD). COD capability significantly increased over 2 years, with the largest improvements seen in client assessment and staff training for COD. The role of agency structural characteristics and organizational readiness for change was also investigated. The study found modest evidence that some structural characteristics (e.g., agency size) and organizational readiness for change were related to increased COD capability. Further study is needed of how these factors affect implementation and fidelity to evidence-based practices, including how programs might compensate for or modify the effects of organizational factors to enhance implementation efforts. © 2010 Elsevier Inc. All rights reserved.

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1. Introduction

Co-occurring substance use and mental disorders (COD) are increasingly recognized as prevalent, difficult to treat, and requiring specialized treatment services (e.g., Clark, Power, Le Fauve, & Lopez, 2008; Drake et al., 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2002). For substance abuse treatment programs, consensus and evidence-based practices (EBPs) have been outlined in *Substance Abuse Treatment for Persons With Co-Occurring Disorders, Treatment Improvement Protocol 42* (Center for Substance Abuse Treatment [CSAT], 2005) and include integrating into standard programming psychiatric medication services, psychoeducation, counseling, and specialized COD self-help groups. For

mental health treatment programs, EBPs include integrated dual disorders treatment (IDDT; Drake et al., 2001; Mueser, Noordsy, Drake, Fox, & Barlow, 2003), which uses an integrated team of psychiatric, substance abuse, and other staff to provide assertive outreach, motivational interventions, and stage-based treatment primarily to clients with a severe mental illness.

Several fidelity scales have been developed to measure a treatment program's capability to provide services to individuals with COD. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) index (McGovern, Matzkin, & Giard, 2007) is based on the American Society of Addiction Medicine taxonomy that categorizes substance abuse treatment programs into three levels of capability: Addiction Only Services programs serve clients with no or minimal COD; Dual Diagnosis Capable programs serve clients with low severity, stable mental illness; and Dual Diagnosis Enhanced programs treat clients with more severe, unstable mental illness (Mee-Lee, Shulman, Fishman, Gastfried, & Griffith, 2001). For mental health programs,

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