

Alaska COSIG
Discussion Questions for Local Evaluation Design

The following questions are important background for creating an evaluation design that will be most useful to the Alaska COSIG project. In writing the proposal, we have already done some of this work (I've inserted the proposal language wherever applicable). Our mission is to make sure that we have agreement on these answers and to take the opportunity to expand our thinking beyond the rush of proposal writing. Please refer to the attached "COSIG Evaluation Requirements" for federal expectations for evaluation activities.

1) What are the major purposes/goals for the local evaluation?

The proposal talks about research aims, another way of stating the goals for the research, in the following way:

“Research Aims: Alaska provides a unique opportunity to learn more about the dynamic evolution of the CCISC model in a large, diverse and complex state. Since CCISC activities have been underway in Alaska for the past two years, the state is an excellent laboratory for exploring the development of the model and the interrelationship between its parts. The study will use qualitative and quantitative methods to address the following research aims:

AIM 1: Determine the extent to which the project was implemented as intended and document the causes and consequences of deviations from the original plan (fidelity assessment)

AIM 2: Describe the process of project implementation, including CCISC readiness, planning, design, and implementation activities (process evaluation)

AIM 3: Determine the effectiveness of the project in meeting its proposed goals, targets and project outcomes (outcome evaluation)

AIM 4: Explore the relationship between CCISC components already in place in Alaska, especially its new overarching structure for integrated services (Division of Behavioral Health, integrated MIS system) and the achievement of project goals (process and outcome)

AIM 5: Monitor the capacity and impact of the state's co-occurring services through collection and reporting of the PPG measures (Co-occurring Performance Measures monitoring)”

2) What are the key research questions?

While we did not include the following questions in the proposal, they were developed for an earlier draft. They are included here as examples of the types of questions the evaluation is likely to explore and are tied to specific evaluations aims. Can we synthesize these in five or six key questions?

- Was the project implemented as intended? If not, why were deviations made from the original plan? What were the effects of these changes? Was there a pattern to

deviations among the five infrastructure development projects? Does the experience with implementation suggest core fidelity indicators for the CCISC model? (AIM 1)

- What did the project do to promote integration? What were the critical components of each of the infrastructure development projects? What activities were undertaken, by whom and for whom? How much and how often were specific activities delivered (i.e., training, consultation, etc.)? How did project implementation unfold over time; are there distinct stages of CCISC implementation that develop over time? What were the challenges of implementing CCISC for the specific project goals? What were the accomplishments and lessons learned? (AIM 2)
- Did the project accomplish its specific goals? Were targets met and expected outcomes delivered? What helped most in accomplishing outcomes, what barriers needed to be overcome and how, what stood in the way? Were there unexpected project outcomes that will need to be integrated into the CCISC model and measures? (AIM 3)
- What CCISC model elements have been accomplished in Alaska at baseline? As the project unfolds, what is the relationship of these CCISC readiness and planning elements (i.e., overarching structure, charter, strategic plan, integrated MIS system plan) to the accomplishment of project goals? (AIM 4)
- How well did the project perform with respect to: the percentage of clients in mental health and substance abuse programs with the corresponding co-occurring disorder and the percentage of treatment programs that screen and assess for co-occurring disorders and provide treatment to clients through collaborative, consultative and integrated models of care? What percentage of clients experienced reduced impairment from their co-occurring disorders following treatment? How does level of project implementation relate to these PPG measures? (AIM 5)

3) Given the current COSIG project plan, how do we want to stage the evaluation?

What is the current project timeline for key activities and when can we expect change to occur? Is a change effort like COSIG developmental? What is likely to be the focus of project activities for Years 1, 2, and 3?

4) What types of change can we expect in structures, processes and outcomes as a result of the COSIG project?

While a full discussion of expected change may be too ambitious for this meeting, we can begin the process today by looking at what we generally expect to happen as a result of the COSIG project. I've attempted to re-organize and simplify the proposal outcomes below and incorporated the PPGs throughout. Please note that the client level outcomes do not come directly from the proposal, but have been utilized in other research with this population.

System Change Outcomes

- Development of planning structures
- Adoption of a written strategic plan defining measurable objectives within specific timeframes
- Consensus on the goal of attaining universal dual diagnosis capability
- Development of policies and procedures to eliminate barriers and support integration
- Development of standards defining dual diagnosis capability
- Selection of screening instrument and approach to assessment
- Identification of empowered “change agents” to work with programs and practitioners
- Mobilization of cross-training, with measurable objectives for achieving competency
- Development and implementation of integrated management information system
- Development and implementation of QI structures and processes

Program Change Outcomes

- Identification of leadership for the change process within agencies and programs
- Development of program action plans with specific measurable strategies for attaining goals
- Relevant staff trained on an ongoing basis in core competencies, with high levels of satisfaction
- Staff at both MH and SA agencies screen all individuals for MH and SA disorders
- All persons who screen positive for both SA and MH receive full assessment
- Development of standard treatment plans and progress note templates
- Adoption of best practice treatment models for integrated services [How specific do we want to be?]
- (Increased % of treatment programs screen and assess for co-occurring disorders and provide treatment to clients through collaborative, consultative and integrated models of care. PPG)
- Structured mechanisms developed for interagency care coordination
- Data on clients and services entered routinely into integrated MIS
- Development and implementation of program QI structures and processes
- Provision of culturally and linguistically competent services

Clinician Change Outcomes

- Increased ability to engage with individuals with co-occurring disorders in an empathic, accepting way
- Knowledge of the Alaska criteria for SPMI, and the diagnostic criteria for other mental illness, and the ability to identify their possible presence using the Alaska Screening Process
- Knowledge of the diagnostic criteria for substance abuse and dependence and the ability to identify their possible presence by history and clinical presentation

- Development of specific competencies in integrated treatment, in accordance with individual licensure and scope of practice
- Development of specific competencies in documenting integrated screening, assessment and treatment
- Satisfaction with the ease of using AKAMIS and the relevance of the data reports
- Acquisition of competencies and consistently high levels of satisfaction with trainings

Client Change Outcomes

- Increased access to integrated treatment
- Increased satisfaction with services
- (Reduced impairment from co-occurring disorders. PPG)
- Decrease in substance use
- Decrease in MH symptoms
- Fewer episodes of hospitalization
- Increased employment
- Decreased criminal justice involvement
- Increase in housing stability
- Reduced use of more expensive and restrictive settings

5) Who is the audience for the local evaluation? What are the special interests of the varying audiences?

This question is tied to Question 6 below on products and will drive how we expect to report and to whom.

6) What are the expected products for the evaluation?