EVALUATION REPORT

An Assessment of Butler County's Provision of Training for Professional Personnel Serving the Needs of SAMI Clients

Substance Abuse Resources and Disability Issues (SARDI)

A program within the

Center for Interventions, Treatment and Addictions Research

Wright State School of Medicine

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Executive Summary

for

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The purpose of this component of the third-party evaluation was (a) to describe the training afforded by the Butler County ADAS Board as part of its model SAMI Program grant and (b) to secure/summarize the evaluative perceptions of the professional service delivery personnel from across the County who participated in that training. Of the 247 different individuals who participated in one or more aspects of the Board-sponsored training efforts, a sample of 47 responded to a mailed follow-up survey form. The resulting data led to the following suggestions/conclusions:

- Overall, the various training sessions appeared to be well attended and well received by the service delivery personnel across the County.
- If one of the underlying goals of the training initiative was to involve and prepare service providers from a diversity of settings/agencies and several delivery systems, then that initiative appears to have been quite successful - personnel from over 35 different agencies and several delivery "systems" participated in the nine training sessions.
- While the various training sessions each had some relative strengths (e.g., very qualified/knowledgeable presenters) and areas that could be improved (e.g., the timing and pace of discussions), in general they were all viewed as being of high quality and the participants consistently felt they learned a lot about the topics, issues, and processes covered. The nine workshops or training sessions were seen by participants as being relative homogeneous in regard to quality and impact on their learning, and none were seen to be significantly "better" or "poorer" than the others (i.e., if one were trying to determine which subset of training sessions would probably be the best, that decision should probably be made based on issues like, "generality of topics and/or "space availability" rather than the participant data secured as past of the evaluation). Measures of central tendency suggest that the trainings were similar in their perceived effectiveness by participants.

- As documented in the program evaluation report on the SAMI Court tendered last year, another benefit of the training was to coalesce the "treatment team" and community support for the basic SAMI Court program. As a result of the trainings, staff from within the program and in related community agencies articulated clear understandings of the program design, as well as expressing more comprehension for the unique treatment needs of persons with dual diagnosis and criminal justice involvement.
- The overall effect of the training appeared to include instilling a better understanding to participants about the unique and case-intensive nature of providing community services persons with dual disabilities.

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Introduction

Background. In the fall of 1999 the Butler County ADAS Board received a grant from ODADAS and ODMH to initiate a model, integrated treatment program targeted toward serving the needs of severely mentally disabled persons with a co-existing substance abuse problem. The resulting program is based in part on the New Hampshire-Dartmouth Model of integrated treatment and provides an extensive array of services - including case management, assertive outreach, medication monitoring, individual counseling, family counseling, and group counseling - utilizing a "stages of change" approach. Case management services provide linkages with community resources such as public assistance or entitlements, health care and housing. Medication management is a key responsibility of the program nurse who monitors clients' actual taking of their medications and communicates extensively with the psychiatrist regarding response, compliance, side-effects, etc. (A summary description of the types of elements that serve to operationally define the resulting model SAMI Program is provided in Exhibit 1.)

Although the establishment and operation of the SAMI Program, per se, was seen as a key element of the grant effort undertaken by the Butler County ADAS Board, it was only one part of the Board's overall effort to better address the needs of the County's SAMI population. It is a critical part of the overall service delivery context defined by a number of intersecting service delivery systems, the County's substance abuse treatment, mental health, and criminal justice systems, along with numerous other agencies (e.g., the medical community and education/training system). Given the novel and emerging/evolving nature of the collaborative network surrounding initiation of the model SAMI Program, a second major component of the County's grant effort was to provide training (initiated by the Board) to the County's population of substance abuse prevention and mental health providers. The basic goal of that training initiative was to better prepare Butler County's substance abuse treatment and mental health systems to "treat" the needs of its SAMI population.

EXHIBIT 1
Description of the Types of Services Provided as Part of the Model SAMI Program

(A) Three Listings of the Services Provided Through the SAMI Program

QRS Interviews of 14 Participants*	Focus Group Participants	Implementation Plan for SFY 2001
(1) Group Therapy (100%)	(1) Group Counseling (about 4 Time per week)	(1) Case Management
(2) Drug/Alcohol Treatment (93%)	(2) Court (Criminal Justice) Services (at least once every 2 weeks)	(2) Individual and Family Counseling/Therapy
(3) Medication Services (93%)	(3) Housing Services (and other basic needs)	(3) Stage-Wise Group Treatment Interventions
(4) Criminal Justice Services (86%)	(4) Individual Counseling (but not as often as desired)	(4) Social Skill Training Group
(5) Case Management (79%)	(5) Transportation (to/from Program activities)	(5) Individualized Treatment Plans
(6) Individual Therapy (64%)		
(7) Housing Services (29%)		
(8) Vocational/Job Assistance (14%)		
(9) Family Therapy (7%)		

(B) Summary of "Billable" Services Provided by the SAMI Program

	Descriptive Statistics:			
Type of Billable Service	**No. Clients Who Received Service**	**Total Hours of Service Provided**	**Average Hours of Service Provided**	**Total Cost of Service**
(1) Assessment	20	26.2	1.3	$ 1,777
(2) Toxicology Screening	12	20.0	1.7	$ 539
(3) Case Management	24	1002.6	41.8	$ 77,230
(4) Group Counseling	20	723.0	36.2	$ 17,301
(5) Individual Counseling	9	40.8	4.5	$ 2,730
All Program Services	27	1812.6	67.1	$ 99,577

* Percentages refer to number of clients out of 14 interviewed who said they received the service indicated.

Purpose. With the preceding in mind, the purpose of the third-party evaluation effort described here-in is to document the training afforded by the Board as part of its model SAMI Program grant and summarily describe the evaluative perceptions of the participants in that training.

Limitations. In developing this component of the model program evaluation, several critical assumptions were made, which serve to limit the results and, therefore, the "claims" that can be made regarding both the impacts of the training on participants and its "penetration" with

regard to the overall population of substance abuse treatment and mental health providers across the County. Included among those assumptions are the following:

- Since the training evaluation was implemented in the final year of the SAMI Program grant, it was not feasible to design and initiate "new" data collection measures that (a) were directly focused upon the specific content/objectives of individual training sessions and (b) were completed during the times when those sessions were actually provided. As a result, participants in the various training programs were required to respond to a common set of items regarding the different training workshops/sessions. Furthermore, considerable variation existed between the times when they actually received training and they were asked to provide the requisite evaluative feedback - may have involved the lapse of as much as a year and a half.
- The original intent as described in the evaluation proposal was to survey all substance abuse treatment and mental health providers in the County in order to assess (a) the extent to which the overall population of providers was involved in the Board-sponsored SAMI training effort (i.e., the "penetration" issue) as well as (b) the related need for additional such training. Unfortunately, it was not possible to secure an up-to-date roster of the population of providers. Therefore, with the concurrence of Board staff, the evaluation was restricted to surveying the providers who actually participated in one or more training sessions and securing their evaluative perspectives regarding the quality/usability of those efforts.

Audiences. As presently envisioned there are three key audiences or groups who are most likely to find this report to be of direct value/interest. Those audiences include:

- Program personnel at ODMH and ODADAS, as well as the Health Foundation of Greater Cincinnati, who provided grant funds for the model Program.
- The CORE team, which has initiated, supported, and guided the model Program and related training activities and will need to give consideration to which training efforts need to be continued - within a context defined by increased competition for reduced levels of resources.
- Other outside agencies/organizations that may be interested in implementing similar training efforts in other settings.

Overview of Report Contents. This document is made up of five major parts. The first is this **Introduction** or overview. The second section, **Focus of the Evaluation**, provides a summary description of the set of training sessions undertaken by the Board. That section is followed by an overview of the **Evaluation Approach/Procedures** that serve to operationally define the strategy used to conduct this component of the evaluation. Next is the **Presentation of Evaluation Results** where-in the findings related to each of the objectives of the evaluation are summarized. The final section, **Conclusions and Recommendations**, presents specific judgments regarding strengths and weaknesses observed in the provider training effort, along with suggestions for improving perceived concerns. The **Appendix** contains a copy of the survey instrument used to secure the data described/discussed in the latter sections of the report.

Focus of the Evaluation

As pointed out earlier, the purpose of the evaluation was to describe and assess the relative "quality" and "increased knowledge" perceived by participants in the SAMI-related training initiatives implemented by Butler County's ADAS Board as part of a model Program grant supported by ODADAS and ODMH. A brief overview of the specific training sessions considered as part of the evaluation is provided in Exhibit 2.

EXHIBIT 2
Training Sessions/Workshops Sponsored by Butler County's ADAS Board

Title of Training Session/Workshop	When Offered
- Screening, Assessment, and Treatment Strategies for Offenders with Co-Existing Disorders	March, 2000
- Pact Training for Criminal Justice, MH, and SA Systems	May, 2000
- Motivational Interviewing	June, 2000
- Working with People with MI and SA Disorders	June, 2000
- Stagewise Family Treatment for Dual Disorders	October, 2000
- Administration of the ASI/Adolescent ASI	October, 2000
- DBT for Borderline PD	March, 2001
- Social Skills Training for Substance-Abusing Mentally Ill	March, 2001
- Cross-Training for the Criminal Justice, Mental Health, and SA Systems	April, 2001

The specific objectives and associated questions that have been used to help guide the evaluation are as follows:

1. to generally describe who participated in the grant-supported training sessions offered by the Board
    (a) Who were the participants - in terms of their backgrounds and experiences?
    (b) How many participants attended each training session?
    (c) How many different agencies were represented in the various training sessions?
2. to describe the participants' evaluative perceptions regarding the "quality" of and "increased knowledge" resulting from participating in the various training sessions
    (d) What aspect(s) of each training session did participants see as the "strongest" and "weakest"?
    (e) Overall, how did the participants rate the "quality' and "increase in their knowledge/understanding" associated with their participation in the various sessions and were there any differences among sessions in those ratings?

In order to address these objectives/questions a survey of the participants in the various workshops and training sessions was undertaken. That survey was conducted between November 15, 2001 and December 31, 2001, with a follow-up occurring between January 11 and February 1 of 2002. The survey instrument contained two types of forms - one background information sheet and one to nine session evaluation forms. (See the Appendix.) Since it was possible for an individual to participate in one or more of the total set of nine training sessions offered, the mailed questionnaires could range for two pages (one background and one session evaluation form) to 10 pages (one background and 9 session evaluation forms) in length. The number of sessions in which each potential respondent participated was obtained via a review of session-specific "sign-in" sheets secured from the ADAS Board staff.

Once the survey instrument was approved by the staff of the Butler County ADAS Board and Wright State University's IRB Board (the compliance committee charged with the protection of human subjects), the actual forms were mailed to the set of participants identified via the "sign-in" sheets alluded to above. The instruments were sent to the agencies/organizations where the participants reported that they worked. Addresses of those agencies/organizations were provided by staff of the ADAS Board.

Evaluation Approach/Procedures

Operationally, the evaluation effort was defined by six basic tasks. Those tasks and the related activities that have been completed are as follows:

2.1 Complete the Component #2 design activities - During the course of the evaluation effort project staff met briefly with several Board staff to discuss the survey and establish the general "parameters" under which it was to be undertaken.

2.2 Develop instruments/forms and associated procedural guidelines/materials - Based on inputs gleaned via the preceding task, the survey instrumentation was drafted and copies were circulated to Board staff and Wright State University's IRB Board for comment. Subsequently, the forms were revised based upon inputs from these sources, as well as an internal review, and copies printed.

2.3 Schedule and implement the Component #2 data collection activities - This task started with a thorough review and analysis of the sign-in sheets from the nine different training sessions/workshops (provided by Board staff). Once an exhaustive listing of all the participants was developed, those individuals were grouped according to the agencies they represented. Then, the addresses of the indicated agencies were obtained from staff of the ADAS Board and a local phone directory.

Following creation of mailing labels, the printed instruments were sent via first-class mail to all potential respondents. In all, 249 questionnaires were mailed out. Each such mail-out contained the survey questionnaire (with instructions), a cover letter from the Associate Director of the Butler County ADAS Board, and a stamped, self-addressed envelope in which the respondent was to return her/his completed survey instrument. This initial mail-out occurred around mid-November of 2001. On January 11, 2002 a follow-up post card was sent to each non-respondent to the initial mailing.

In all, 47 workshop participants responded to the mail survey - a 19% overall response rate. That rate, however, is quite conservative in that at least 30 of the potential respondents could not be reached at the agencies they said they worked for on the associated sign-in sheets. A number of these individual had apparently changed jobs. The 47 indicated respondents represented the sample upon which the current evaluation results and related conclusions are based.

2.4 Complete, process, and analyze the resulting data - Once the deadline passed for

collecting completed survey forms, they were reviewed and readied for entry. Subsequently those data were compiled and analyzed (e.g., summary counts completed, descriptive statistics generated, and statistical tests, where appropriate, undertaken).

2.5 Develop an initial "discussion" draft of the final report - An earlier draft of the current report, which summarized the results of the analyses alluded to above, was prepared as part of this task. It was submitted on February 15th to ADAS Board staff for review and comment over a one-week period.

2.6 Secure feedback from the sponsor - As indicated in Task 2.5, the desired feedback was secured in writing from Board staff and related discussions associated with their provision of that information ensued. These discussions provided further clarification.

2.7 Finalize and submit the final report for Component #2 - The feedback and related suggestions received from the Board staff were subsequently reviewed and integrated into the final evaluation report for Component #2. That report was readied for formal submission on February 29, 2002.

Results of the Evaluation

Listed earlier were the two objectives and associated questions to be addressed by this component of the evaluation. In the materials that follow the results secured in relation to those two objectives are summarized and presented on a question-by-question basis.

Objective 1 - To generally describe who participated in the grant-sponsored training sessions offered by the Board.

Question 1a - Who were the participants - in terms of their backgrounds and experiences? The "information sheet" incorporated in each survey instrument included several background questions that were to be completed by each respondent. A listing of those questions, along with a summary of the 47 respondents' replies to them are provided in Table 1. Overall those data suggest that ---

1. on average the workshop participants were about 42 - 43 years old;
2. roughly 57% were females, while 43% were males;
3. over 85% were Caucasian with about 13% being African-American;

4. the vast majority of the participants had at least one degree, with the most prevalent being in the areas of social work and psychology; and
5. about 23% noted having only very limited experience to date working with SAMI clients, while almost 60% indicated having a notable (i.e., some to a significant) amount of such experience.

Thus, overall it appears that a fairly diverse group of individuals participated in the nine Board-initiated training sessions or workshops that were generally focused upon improving services for SAMI consumers.

Table 1
Overview: Several Background Characteristics of the Training Workshop Participants

CHARACTERISTIC	RESPONSE CATEGORIES	DESCRIPTIVE INFOMATION
- Respondent's Age?	(Descriptive Statistics)	Average = 42.1 Median = 45.0 Standard Deviation = 9.74 Range = 23 to 58
- Respondent's Gender?	Female	Frequency = 27 %age = 57.4
	Male	Frequency = 20 %age = 42.6
- Respondent's Ethnicity?	African-American	Frequency = 6 %age = 12.8
	Asian-American	Frequency = 40 %age = 85.1
	Caucasian	Frequency = 0 %age = 0.0
	Hispanic	Frequency = 1 %age = 2.1
	Native-American	Frequency = 0 %age = 0.0
	Pacific Islander	Frequency = 0 %age = 0.0
	Multicultural	Frequency = 0 %age = 0.0
	Other	Frequency = 0 %age = 0.0
- Respondent's Education & Training?	Summary Counts & Descriptions	Noted Having at Least Bachelors Degree: f = 27 % = 57 Noted Having at Least a Masters Degree: f = 13 % = 28 # Noted Having Degree in Social Work: f = 6 % = 13 # Noted Having Degree in Psychology: f = 7 % = 15 # Noted Having CCDCIII: f = 5 % = 11
- Respondent's experience re. Working with SAMI Clients?	Summary Counts & Descriptions	# Noted Having Minimal/No Experience: f = 11 % = 23 # Noted Some/Significant Experiences: f = 21 % = 45

Question 1b – How many participants attended each training session? The numbers of participants who completed the sign-in logs for the various training sessions are presented in the second column of Table 2. As shown there, the workshop with the largest attendance was #2, "Pact Training for Criminal Justice, MH, and SA Systems", held in May of 2000. One hundred

four of the 249 participants who attended one or more session (or roughly 42%) were at this particular session. The second highest attendance was for session #9, Cross-Training for the Criminal Justice, Mental Health, and SA Systems", which involved almost a third of the total group of participants. Attendance for six of the sessions ranged from 23% to 28%, while that for the 5th session, "Stagewise Family Treatment for Dual Disorders", was the lowest at 18%. These results appear to reflect what one might expect given the nature of the grant and the SAMI Program - the training workshops attended most were those that addressed the cooperative, cross-system character of the model Program, while the one attended least dealt with more specific "nuts and bolts" issues related to actual implementation of the Program.

Question 1c - How many different agencies were represented in the various training sessions? As implied via this question, another indicator of the breadth of coverage the training initiative had on the population of service providers across the County was seen as being reflected by the diversity of agencies represented by the various session participants. The related data are summarized in the last three columns of Table 2. That summary information indicates the following: (a) the most diverse agency-level representation was present at session #1, "Screening, Assessment, and Treatment Strategies for Offender with Co-Existing Disorders" (62.1%) and Session #9, "Cross-Training for the Criminal Justice, Mental Health, and SA Systems" (59.4%) and (b) the least diverse representation was at workshop #6, "Administration of the ASI/Adolescent ASI" (13.5%). Generally, these results reinforce the finding noted above, i.e., the training sessions involving the most diverse array of agencies (and thus individuals) are those that are focused on the cooperative, cross-system features of the SAMI Program, while those with the least diverse representational variability deal with more focused and specialized Program-related topic/issues.

Objective 2 - to describe the participants' evaluative perceptions regarding the "quality" of and "increased knowledge" resulting from participating in the various training sessions.

Question 2a - What aspect(s) of each training session did participants see as the "strongest" and "weakest"? The nine session evaluation forms (see Appendix) each consisted of 14 items dealing with different aspects of the Board-sponsored training initiatives. Responses

Table 2
Numbers of Individuals and Agencies Represented at the Various Training Sessions

TRAINING SESSION/WORKSHOP	INDIVIDUAL PARTICIPANTS		DIFFERENT AGENCIES:					
			All Agencies		Butler County Agencies: SA & MH		Butler County Agencies: Courts	
	Freq	%age	Freq	%age	Freq	%age	Freq	%age
Screening, Assessment, and Treatment Strategies for Offenders with Co-exis...	61	24.9	23	62.1	11	61.1	6	85.7
Pact Training for Criminal Justice, MH, and SA Systems	104	41.8	19	51.4	15	83.3	0	0.0
Motivational Interviewing	63	25.3	14	37.8	11	61.1	1	14.3
Working with People with MI and SA Disorders	69	27.7	19	51.4	15	83.3	1	14.3
Stagewise Family Treatment for Dual Disorders	45	18.1	18	48.6	10	55.6	4	57.1
Administration of ASI/Adolescent ASI	57	22.9	5	13.5	4	22.2	0	0.0
DBT for Borderline PD	58	23.3	15	40.5	12	66.7	1	14.3
Social Skill Training for Substance-Abusing Mentally Ill	58	23.3	14	37.8	11	61.1	1	14.3
Cross-Training for the Criminal Justice, Mental Health, and SA Systems	78	31.3	22	59.5	14	77.8	6	85.7

* The total number of participants in all 9 workshops was 249, while total number of agencies represented was 37, and the numbers of Butler County SA & MH agencies = 18 and Courts = 7.

to those 14 items were used to assess the workshop participants' perceptions as to the "quality" and "increased knowledge" they gleaned from those sessions. The related data are summarized in Table 3.

The information presented in Table 3 suggests that overall the nine training sessions were very well received by the participants. For example, on the rating scale used to secure the data the average rating across sessions was 6.00, which is associated with a response of "I pretty much agree". Conceptually, such a response is certainly more positive than "No opinion" which is the midpoint on the item-specific rating scales. Despite this generally positive affect, the average ratings per item shown in Table 3 indicate that there is some variability within sessions regarding the features being evaluated via the different questionnaire items. Thus, one might

Table 3
Participants' Evaluative Assessments of Different Aspects/Features of the Nine Individual Training Session

	MEAN RATINGS* ACROSS INDIVIDUAL ASSESSMENT ITEMS:													
TRAINING SESSION	1 Objectives Met	2 Benefit Work	3 Asked Questions	4 Time & Pace Ok	5 Topics Relevant	6 I Know More	7 Explained Clearly	8 Knew Subject	9 Answered Questions	10 Strongly Recomm.	11 Material Useful	12** I Feel Confident	13** I'm More Confident	14** I Have Learned
Screening, Assess-ment & Tx Strat...	5.9	5.7	*5.4*	5.6	5.7	5.6	5.8	**6.1**	5.6	5.5	*5.3*	5.5	**6.1**	**6.2**
Pact training for CJ, MH, & SA Syst...	*5.8*	5.9	6.3	6.2	5.9	6.0	6.0	**6.5**	6.0	6.1	*5.8*	**6.6**	6.0	5.9
Motivational Interviewing	5.6	5.7	5.9	5.8	5.5	*5.2*	5.9	**6.3**	5.6	*5.2*	5.5	5.5	*5.2*	*5.2*
Working with MI & SA Disorders	6.3	6.3	6.2	*5.9*	6.3	*6.1*	6.4	**6.8**	6.5	6.5	6.3	6.5	6.3	6.2
Stagewise Family Tx Dual Disorder.	5.3	5.5	5.5	**5.7**	**5.7**	5.0	5.3	5.5	5.5	5.3	*4.8*	*4.8*	*4.8*	5.2
Administration of ASI/Adolesc. ASI	6.0	5.9	6.1	**6.4**	6.2	6.1	6.3	**6.6**	5.9	6.1	6.0	*5.8*	*5.6*	5.9
DBT for Borderline PD	6.4	6.5	6.4	*6.1*	6.5	6.3	**6.7**	**6.8**	**6.7**	6.5	6.4	6.4	*6.1*	*5.7*
Social Skill Traing for Sub Abuse MI	6.3	6.4	6.3	*5.7*	**6.6**	6.1	6.4	**6.6**	6.2	6.1	6.2	6.2	6.0	*5.8*
Cross-Training for CJ, MH, & SA Sys	6.3	6.4	*6.0*	6.1	6.5	6.1	6.2	**6.6**	*5.8*	6.4	6.4	**6.6**	*6.0*	6.4

* The average ratings for each of the 9 training sessions were as follows: (1) 5.7, (2) 6.1, (3) 5.6, (4) 6.3, (5) 5.3, (6) 6.1, (7) 6.4, (8) 6.2, and (9) 6.3. These averages were used to assess relative "strengths" and "weaknesses" per session. More specifically, the averages shown per session in *italics and smaller print* were each over 1 standard deviation below the respective session mean (potential "weakness"), while those entries that are shown in **bold** were at least one standard deviation above the related session mean (potential "strength"). Also, as noted in the Appendix, the ratings provided by the respondents were as follows: 1 = "completely disagree", 2 = "pretty much disagree", 3 = "disagree a little", 4 = "neither agree nor disagree", 5 = "agree a little", 6 = "pretty much agree", and 7 = "completely agree".

** Although the specific wording used in these three items differed slightly across the 9 evaluation forms, the basic question raised was essentially the same.

assume that during the course of each training sessions some thing were done very well ("strengths") and some things were not done as well ("weaknesses" or potential areas of improvement).

The potential session-related "strengths" and "weaknesses" identified in Table 3 are listed below. As indicated above, those indicators signal workshop-related issues or features that were very well received by the trainees as well as those area in which they felt the training might be improved or strengthened if the various sessions were offered again.

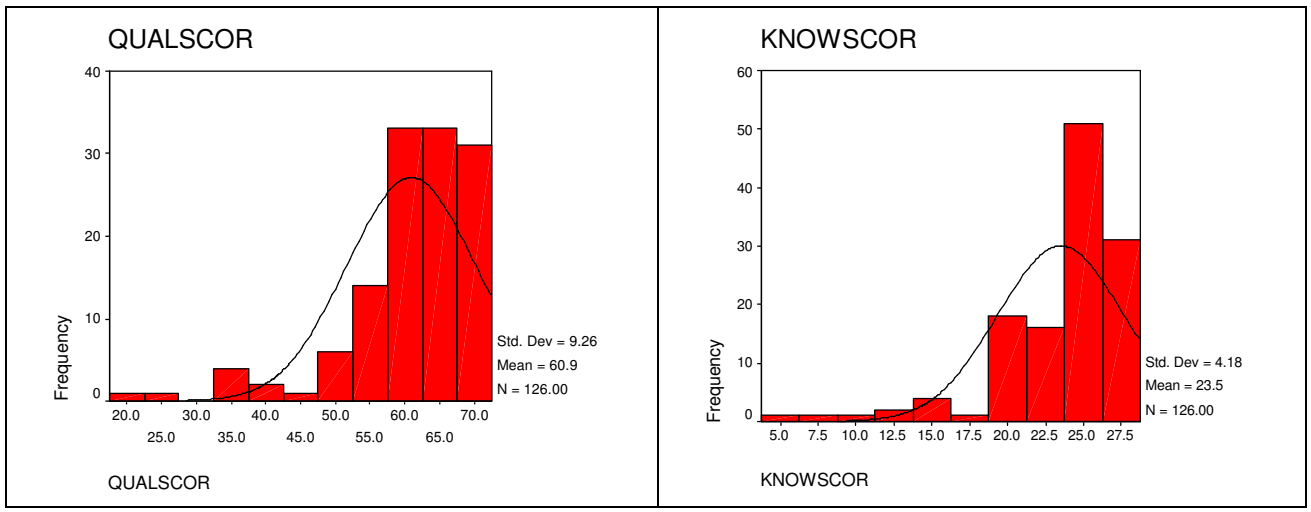
WORKSHOP		POTENTIAL STRENGTH/WEAKNESS
Screening, Assessment, and Treatment Strategies for Offenders with Co-Existing Disorders	**Strengths**	- Presenters knowledgeable about subject - I better understand how counseling can be used to treat offenders with co-existing disorders - Have a greater understanding of needs of those who are mentally disabled/substance abusers
	Weaknesses	- Sufficient opportunity to ask questions and actively participate - Material provided will be useful in helping me work with future clients
Pact Training for Criminal Justice, MH, and SA Systems	**Strengths**	- Presenters knowledgeable about subject - Understand importance of integrated MH and CJ treatment for offenders w co-existing disability
	Weaknesses	- Intended objective successfully accomplished - Material provided will be useful in helping me work with future clients
Motivational Interviewing	**Strengths**	- Presenters knowledgeable about subject
	Weaknesses	- I feel I now know more about the issues covered - Strongly recommend this training to a colleague - Feel more confident in my ability to provide counseling to offenders or to refer them - Have learned effective techniques for helping offenders confront their SA issues
Working with People Having MI and SA Disorders	**Strengths**	- Presenters knowledgeable about subject
	Weaknesses	- Time allotted and pace of discussions ok - I feel I now know more about the issues covered
Stagewise Family Treatment for Dual Disorders	**Strengths**	- Time allotted and pace of discussions ok - Topics discussed relevant to my work
	Weaknesses	- Material provided will be useful in helping me work with future clients - More confident in ability to counsel offenders and their families re SA/co-existing disabilities - Understand approaches to constructive family counseling for drug offenders with co-existing disabilities
Administration of the ASI/Adolescent ASI	**Strengths**	- Presenters knowledgeable about subject - Time allotted and pace of discussions ok
	Weaknesses	- Now understand principle of accepting offender while helping her/him change her/his life - Learned techniques for helping offender manage

		emotions and improve behaviors
Dialectical Behavioral Therapy for Borderline Personality Disorder	**Strengths**	- Presenters knowledgeable about subject - Presenters explained material very clearly - Answered my questions willingly and well
	Weaknesses	- Confident I can successfully implement dialectical behavior therapy to counsel drug offenders - Time allotted and pace of discussions ok - Learned techniques for helping offenders manage their emotions and improve behaviors
Social Skills Training for Substance-Abusing Mentally Ill	**Strengths**	- Presenters knowledgeable about subject - Topics discussed relevant to my work
	Weaknesses	- Time allotted and pace of discussions ok - Confident I can apply techniques covered to social skills counseling for MI offenders
Cross-Training for the Criminal Justice, Mental Health, and SA Systems.	**Strengths**	- Presenters knowledgeable about subject - I feel strongly that an integrated CJ and MH approach to offender treatment can work
	Weaknesses	- Answered my questions willingly and well - Sufficient opportunity to ask questions and actively participate - Confident I can implement an integrated SA treatment effort to help offender with a co-existing disability

Question 2b - Overall, how did participants rate the "quality' and "increase in their knowledge/understanding" associated with their participation in the various sessions and were there any differences among sessions in those ratings? Each of the 9 workshop evaluation forms included ten items that addressed participants' perceptions of the general "quality" of the session being evaluated and four items that dealt with self-assessments of what and/or how much they felt they learned from the training. Thus, for each workshop two scores were generated based upon the available data - a "quality" score and an ""amount learned" score. A brief summary description of the data associated with those two composite scores is provided in Exhibit 3, where the "quality" composite is denoted as QUALSCOR and "amount learned" is denoted as KNOWSCOR.

Generally speaking, the information in Exhibit 3 suggests that the participants felt the training sessions were of a relatively high quality and that they learned a considerable amount from them. These findings are reflected in the high average scores observed on the two composite scores (e.g., the average QUALSCOR of 60.9 and average KNOWSCOR of 23.5 are

Exhibit 3
Summary Descriptions of the "Quality" and "Amount Learned" Scores* Estimated for All Nine Training Sessions



* The estimated "Alpha Coefficients" or internal consistency reliability estimates for the two composite scores are $\alpha_{QUALSCOR} = .95$ and $\alpha_{KNOWSCOR} = .85$, respectively, both of which are well within the "acceptable" range. Related analyses showed that even though the two variables are correlated about .70, they represent two somewhat unique "factors".

both considerably higher then the associated, potential mid-score values of 35 and 14 for the indicated scales) and the negatively skewed nature of the distributions shown in exhibit 3 (i.e., the "clustering" of scores near the positive or upper ends of the two graphs).

While the results in Exhibit 3 indicate participants felt that overall the training sessions were of high quality and that they learned from participating in them, those results do not shed any light on whether or not participants felt those qualities were comparable or the same across sessions, or whether they felt some sessions were "better" than others. The results related to this aspect of **Question 2b** are summarized in Table 4. Those results, when α is set at the conventional .05 level, do not support the proposition that the "quality" nor the "amount learned" differed significantly across training sessions. While they do not confirm that the sessions had equal effects upon participants' "quality" and "amount learned" scores, they do suggest that the sessions did have somewhat more similar or homogeneous impacts, as contrasted with possible heterogeneous impacts, upon those criteria. Thus, in summary one could conclude that the nine training sessions were all seen as being of relatively high quality by the participants or trainees and they each appeared to have a positive impact on related participant learning.

Table 4
Did the Training Sessions Vary in Terms of "Quality" and "Amount Learned"?

TRAINING SESSION	COMPARISONS ACROSS SESSIONS: Quality Session Mean	Quality Test Statistic	Amount Learned Session Mean	Amount Learned Test Statistic
Screening, Assessment, and Treatment Strategies for Offenders with Co-Existing Disorders	56.3		22.6	
Pact Training for Criminal Justice, MH, and SA Systems	60.5		24.5	
Motivational Interviewing	57.2		21.1	
Working with People with MI and SA Disorders	63.4	$F_{Sessions} = 1.83$ ($p = .08$)*	25.0	$F_{Sessions} = 1.96$ ($p = .06$)*
Stagewise Family Treatment for Dual Disorders	54.2		19.8	
Administration of the ASI/Adolescent ASI	61.4		23.3	
DBT for Borderline PD	64.5		23.6	
Social Skills Training for Substance-Abusing Mentally Ill	62.7		24.1	
Cross-Training for the Criminal Justice, Mental Health, and SA Systems	62.5		25.1	

* Not Significant, i.e., the observed variability across session means is no greater than what could be expected by chance.

Conclusions and Recommendations

Overview. Based on a synthesis of the available survey data, several conclusions and recommendations may be drawn regarding the training in 2000 and 2001 for professional personnel (who are serving the needs of SAMI clients) supported by the Butler County ADAS Board. The basic conclusions drawn from the data include ---

- The various training sessions/workshops generally appeared to be well attended, both in terms of the numbers of personnel and the cross-agency diversity they represented, an essential ingredient in an integrated service delivery effort like the County's model SAMI Program.
- Attendance at the various training sessions, in terms of both numbers and diversity, appeared to be related directly to the topics being addressed - those sessions dealing with collaborative issues and inter-system linkages were generally attended more heavily and involved a wider spectrum of agency representation than did the sessions focused on specific skills or issues related to one aspect or a limited portion of the model SAMI Program.

- Overall, across the set of nine training sessions it would appear the County's efforts to involve a significant proportion of the professionals and agencies/organizations that serve the needs of its SAMI population were successful.
- Generally speaking, all of the nine training sessions were seen by the participants as being of relatively high "quality" and as helping enhance their learning in the topical area(s) being addressed.
- While the trainees suggested several somewhat different "strengths" and "weaknesses" inherent in the various training sessions, overall their assessments were quite positive and consistent, e.g., none of the workshops was rated as being significantly "better" or "poorer" than any of the others in terms of either their "quality" on the "amount learned".

Recommendations. Several ideas or suggestions emerged from these findings for improving or building on the training initiatives associated with the model SAMI Program. They include the following:

1. The overall goals of this training initiative appear to have been reached, with program and related community staff being more knowledgeable about aspects of community services for persons with dual diagnosis following the training events.
2. The use of national experts and a replicable model are seen as especially strong attributes that contributed to the overall success of the training series.
3. Respondents consistently reported that they felt more effective in dealing with this population as a result of the trainings, and the total number of trainees (nearly 250 persons) indicates that the community-wide impact of this effort was substantial.
4. "Booster" or other follow-up training topics would be a good idea, as the cohort of community professionals changes and some aspects of the training are forgotten over time.
5. Consider conducting additional training for the core staff of the SAMI Court program, including all personnel routinely involved with the program.