

***OK-COSIG***  
***Quarterly Evaluation Report***

**Volume 3**

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## **Acknowledgement**

With the end of the first quarter of the third year of the OK-COSIG project, it is with appreciation and great pleasure that I can report that the cooperation from the OK-COSIG staff that started from day one continues to be excellent. The interactions and correspondence between the Evaluations team members and the OK-COSIG staff is very frequent and time consuming for all. This level of cooperation, however, is needed to collect data that we can use to tell the story of the OK-COSIG project and document the outcome of these integrative system components, based on what was done, and how it was done.

Additionally, the OK-COSIG project evaluation has benefited and is made possible because of the cooperation and support of Department staff and administrators at all levels. The accomplishments of this third year will be a gauge of how well we continue to work together, gathering documents, making observations and doing the initial assessments. This is the work of making integrated services for people with a co-occurring disorder a reality in Oklahoma.

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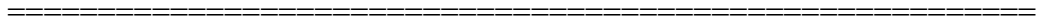
### **How this quarterly evaluation report is organized**

This 1<sup>st</sup> Quarterly report for the third year of this project begins with a brief overview of the work accomplished by the OK-COSIG staff and the OK-COSIG evaluation team in the last three months (October 1, 2006 through December 31, 2006). This will be followed by a list of the implementation activities that were carried out during the 1<sup>st</sup> quarter of this third year. Next, a summary of the work completed by the ISI Advisory Group sub-committees will be described. An overview of the evaluation project will follow. Then the goals and objectives by timeline will be described in terms of their status and the resources that are being employed to meet the objectives. Finally, additional emerging themes that were identified in the first quarter of this third year will be described.

**Editorial note:** The Quarterly Reports produced during the third year of this project will be data for the year-end reports. The year-end reports will be the data used for the five year report. These reports will also form the basis for the final report on the Process Evaluation. To maintain the highest level of accuracy, corrections will be made on quarterly reports as errors are identified or clarifications are needed. These changes will be issued as new pages that will replace the pages with errors. The new pages will retain the old text, but the old text will appear with a ~~striketrough~~ to indicate that it was changed. The new added text will be underlined. All revision dates will appear at the bottom of the page.

**Disclaimer:**

This project is supported by funding awarded by the ODMHSAS and SAMHSA. Points of view in this document are those of the author and do not necessarily represent the official position or policies of ODMHSAS.



## Executive Summary

*During this first quarter of the third year of the OK-COSIG project, the analysis of the mezzo level raw data was completed. The analyses included raw data that consisted of observations at the State Department level, observations of the work of the pilot programs, and both qualitative and quantitative data from interviews with key informants and fidelity evaluations with two staff from each of the 15 model programs. The initial MACRO component of the evaluation has been completed. These analyses appear in the Year End Report for the Second Year that is due January 10, 2007. In-depth analysis of the MACRO data set will proceed in the next quarter with state and agency specific results produced.*

The bulk of this quarter's work by the OK-COSIG staff and committees involved intermediate training development, trauma training development, financial consulting regarding single contracts, refinement of rules and regulations, certification work with various professions, new model site development, and focus on substance abuse involvement. The highlights were the movement toward online curriculum with the video taping of modules by Dr. Khem and Dr. Minkoff. Candance Shelton (an Osage, Native American) provided technical assistance regarding tribal involvement.

The third year continued the past year's themes of consensus building with OK-COSIG staff presenting at major state initiative meetings. The involvement of administrators, providers, and consumers among the subcommittees affirms the dedication to inclusion of diverse stakeholders. Information sharing from Transformation State Incentive Grant (TISG) representatives at subcommittee meetings focused on training curriculum development. Recovery, resilience, and trauma will inform these development efforts. The conduction of core level trainings and the enfoldng of ten new model sites to form the second cohort will truly bring the initiative to a statewide service audience.

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afternoon, Todd Crawford, L. D. Barney, Co-Occurring Program Specialist and Dr. Khepra Khem Co-Occurring Training Specialist attended the OK-COSIG weekly staff meeting. An advanced supervisory case management training with Walter Kristhardt was attended by Dr. Khem and L.D. Barney.

October 3, 2006. Todd Crawford attended the collaborative meetings for the three major initiatives. These meetings are with the Project managers for the Adult Recovery Collaborative, Partnership of Children's Behavioral Health, and the TSIG grant. In addition there was a Substance Abuse and Mental Health management meeting to discuss integration, contract rules and language. Dr. Khem began the first day of a three day conference at the Addiction Technology Transfer Center (ATTC) training in Kansas City. L.D. Barney attended a substance abuse workgroup at Family and Children's Services in Tulsa where work proceeded on the screening and assessment protocol draft. Joe Yosten and Jennifer Freeman contributed.

October 4, 2006. Todd Crawford and L.D. Barney attended the Systems Integration meeting for the ISI and went over suggested language change for Chapter 17 and 18 related to the standards for criteria. He also attended the steering committee meeting for the Adult Recovery Collaborative

October 5, 2006. Todd Crawford presented at a Council Conference in Oklahoma City on co-occurring disorders. L.D. Barney traveled to the Community Mental Health Center in Lawton and Mental Health Services of Southern Oklahoma in Ardmore to discuss the potential for these two agencies to become new model programs.

October 6, 2006. Todd Crawford and L.D. Barney interviewed applicants for the program field director position for Co-occurring disorders.

October 9, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG

weekly staff meeting. Dr. Khem was also involved in an ATTC online training. L.D. Barney met with NorthCare, a community mental health center to address questions from their ISI, COSIG committee.

October 10, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. He also met with staff member, Susan Easley, who is the coordinator of co-occurring recovery to discuss the status of DTR. Dr. Khem attended a training at Oklahoma Residential Care Association Conference in Tulsa. L.D. Barney traveled to Tri-City and Seminole to explore the opportunity for new model programs. Drug Court and Mental Health Court are in these areas.

October 11, 2006. Todd Crawford and L. D. Barney conducted second interviews for the program field director position for the Co-occurring disorders team. Amber Rentera-Hulme was appointed to the position. L. D. Barney also attended a morning leadership meeting.

October 12-13, 2006. Todd Crawford, Dr. Khem, and L. D. Barney attended the best practice conference in Norman. The conference focus was on trauma and the Innovation Center that just opened. Dr. Ken Minkoff spoke at the conference. Dr. Minkoff also went to NAIC to offer technical assistance.

October 16, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L. D. Barney met with the leadership of Mental Health Services of Southern Oklahoma to continue discussion regarding their agency becoming a model program.

October 17, 2006. Todd Crawford attended Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the larger ISI

Advisory Group Board meeting in the morning. Dr. Khem also attended a Training Curriculum Workgroup meeting to plan intermediate level training.

October 18, 2006. Todd Crawford met with Dr. David Mee-Lee who conducted site visits to review Detox systems in place in Oklahoma City and Norman. He will conduct the same type of reviews in Tulsa and other areas in January and February of 2007. Dr. Khem attended a video conference on HIV and addiction management at the State Health Department.

October 19, 2006. Todd Crawford and L. D. Barney were involved in a conference call regarding COCE financial technical assistance. The discussion centered on the integrated contract and how to better finance co-occurring disorders treatment. Dr. Khem conducted a core level training at the Oklahoma Drug and Alcohol Professional Counselor Association (ODAPCA) Conference.

October 23, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. Dr. Khem participated in an online ATTC training.

October 24, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. He also attended a Training and Workforce Development subcommittee meeting. He also attended a presentation on NIATx performance improvement model developed by the Robert Wood Johnson Foundation. Dr. Khepra Khem attended a Workforce and Training Development subcommittee meeting. L.D. Barney met with Dr. Ken Minkoff and Dr. Christy Cline at Griffin Memorial Hospital (GMH) where technical assistance was provided. L. D. Barney also presented at an OSU psychology class.

October 25, 2006. Todd Crawford attended a Supervisory Training. Dr. Khepra Khem conducted a core level training for the new Crisis Center at GMH. Dr. Christy Cline, Dr. Ken Minkoff, and L. D. Barney provided NADTC with

technical assistance that focused on cooperation between the Crisis Center at GMH that is operated by Red Rock.

October 26, 2006. Todd Crawford attended a core training at Tulsa Center for Behavioral Health for COD curriculum development. Dr. Khepra Khem and Dr. Ken Minkoff video taped on online learning course for core level trainings. Technical assistance continued at the Crisis Center. Dr. Cline presented on an instrument designed for clinician self audit. Dr. Minkoff presented on psychopharmacological guidelines.

October 27, 2006. Todd Crawford and L. D. Barney attended the opening of the new Crisis Center in Norman. Dr. Khem attended a trauma work group. John O'Brien and L. D. Barney had a phone consultation regarding single contract with copies of contracts from three other states used as a guideline.

October 30, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. Todd Crawford also attended a meeting on the development of the Integrated Contracts for the Community Mental Health Centers. Dr. Khem attended another meeting regarding new model site orientation. L. D. Barney was present at a meeting with the Substance Abuse Division.

October 31, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. Khepra Khem worked on new model site orientation. L. D. Barney worked with GMH as a follow up regarding the technical assistance received.

### ***November Activities***

November 1, 2006. Todd Crawford met with the new administrative team at 12 and 12 in Tulsa about their Co-occurring projects at their agency. L. D. Barney provided technical assistance with the new management at 12 and 12.

November 2, 2006. Todd Crawford attended a meeting with ODMHSAS Human Resources Development Team regarding the development of an “e-learning” infrastructure training. L. D. Barney had a conference call with Dr. Frank Franklin regarding a cross walk fidelity tool.

November 6, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L. D. Barney worked on advisory group and screening and assessment meeting materials and also attended an ISI advisory meeting.

November 7, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. A data sharing collaborative meeting to combine all the data outcomes was held. Dr. Khepra Khem met with a data reporting workgroup to develop learning objectives for the intermediate level.

November 8, 2006. Dr. Khepra Khem had a conference call with ATTC regarding the use of storytelling in treatment. L. D. Barney attended a behavioral health council meeting with the Oklahoma Health Care Authority (OHCA).

November 9, 2006. Todd Crawford attended a Mental Health Planning Council meeting. Also attended an afternoon meeting regarding all the Integrated Contracts that COSIG staff is working on.

November 13, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. Todd Crawford, Dr. Khem, and L. D. Barney also attended an Advisory Group meeting to finalize the consensus document. In addition Dr. Khem attended a workgroup on intermediate training curriculum. L. D. Barney continued work on finance.

November 14, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. He was also involved in a conference planning meeting regarding the upcoming January 2007 Substance Abuse conference in Tulsa to finalize all the Co-occurring presenters that will be attending. Dr. Khepra Khem presented to an Introduction to Substance Abuse class at the University of Central Oklahoma (UCO) on COD. L.D. Barney attended the large planning group for the Substance Abuse Division and met with the HCA regarding cooperation among providers regarding treatment planning.

November 15, 2006. Todd Crawford, Dr. Khepra Khem, and L.D. Barney conducted a new Model Program training at Gateway in Shawnee. Dr. Khepra Khem presented to another section of Introduction to Substance Abuse class at the UCO on COD.

November 16, 2006. Todd Crawford attended the first Screening and Assessment coordination meeting. Dr. Khepra Khem attended a web cast on HIV and the Afro American community at the Oklahoma State Department of Health. L.D. Barney attended the first meeting of a cooperative screening and assessment workgroup that involved multiple departments from DHS and the Oklahoma Health Care Authority

November 17, 2006. Todd Crawford attended the ODMHSAS Board Meeting. Dr. Khepra Khem presented to another class at UCO on COD.

November 20, 2006. Staff attended the standing Monday meetings: Todd Crawford attended the weekly Management Team meeting. He also attended the Mental Health Leadership meeting to talk about the Co-occurring initiatives that are taking place. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L.D. Barney traveled to Pryor to meet with Northeastern Oklahoma model program executive directors.

November 21, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting.

Dr. Khepra Khem traveled to Stroud with Julie Young to conduct intermediate level trauma training. L.D. Barney also conducted technical assistance over the phone to a Shawnee agency about involvement in the initiative.

November 22, 2006. L.D. Barney focused on definitional drafts of COD capability.

November 27, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L.D. Barney met with the Executive Director of the Central Oklahoma Community Mental Health Center regarding the chairmanship of the Norman area directors.

November 28, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. L.D. Barney met with the Tri-City director and attended a training on new Medicaid regulations.

November 29, 2006. Todd Crawford attended the ISI Screening and Assessment meeting. Dr. Khepra Khem attended the Oklahoma State HIV Conference in OKC. L.D. Barney worked on screening and assessment at specialized outpatient services and also attended a workgroup cooperative that is involved in documentation for substance abuse. This cooperative is similar to the Screening and Assessment subcommittee.

November 30, 2006. Dr. Khepra Khem took a COCE conference call. L.D. Barney attended an inter-agency data performance group meeting. This is a new and ongoing group that will look at the improvement of data collection.

### ***December Activities***

December 4, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team (SAMT) meeting. L.D. Barney was also present at the SAMT meeting. In the afternoon, Todd Crawford, L. D.

Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L.D. Barney set up a conference call for technical assistance on tribal involvement. L.D. Barney was also involved in preparation for the LADC board certification meeting and the ISI Advisory group meeting.

December 5, 2006. Todd Crawford attended the Initiative Collaborative Team meeting and Mental Health/Substance Abuse Collaborative Team meeting. Todd Crawford, Dr. Khepra Khem, and L.D. Barney attended another Advisory Group meeting to finalize the consensus document. L.D. Barney also worked on the structure of ASAM technical assistance.

December 6, 2006. Todd Crawford and L.D. Barney attended the Systems Integration subcommittee of the ISI meeting. Dr. Khepra Khem attended a lecture on HIV research and methodologies at the University of Oklahoma.

December 7, 2006. Todd Crawford attended the Governor's Transformation Advisory Board meeting regarding the TSIG grant. Dr. Khepra Khem and L.D. Barney participated in a COCE conference call on new management.

December 8, 2006. Todd Crawford met with staff at NADTC about some of the programming they are conducting regarding co-occurring disorders.

December 11, 2006. Todd Crawford attended the weekly Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem did a presentation for the LADC Board regarding licensing and the possibility of adopting the COD licensing in Oklahoma that was developed in Pennsylvania. Dr. Khepra Khem attended the COSIG Team meeting and also participated in a curriculum workgroup. Trainers met with Tri-City Substance Abuse Services, a new model program.

December 12, 2006. Todd Crawford attended a joint Mental Health and Substance Abuse Management Team meeting. Dr. Khepra Khem conducted a Training and Workforce Development subcommittee meeting. L.D. Barney met with the LADC licensing board in Kansas City.

December 13 and 14, 2006. Todd Crawford attended an all day planning meeting for the Adult Recovery collaborative regarding developing a “single payer system”. L.D. Barney continued meetings with the LADC licensing board in Kansas City for these two days. Dr. Khepra Khem had an ATTC booster training on the 13<sup>th</sup> and conducted a core level training for DHS Child Welfare workers.

December 15, 2006. Todd Crawford and L.D. Barney met with the Chair of the LADC Board, and the Health Care Authority regarding developing credentialing for Co-occurring Disorders. Dr. Khepra Khem attended a trauma peer group meeting. These individuals will conduct future trauma trainings. There are plans to conduct similar meetings to involve the profession of Social Work.

December 18, 2006. Staff attended the standing Monday meetings:

Todd Crawford attended the Central Administration Team meeting, and the Substance Abuse Management Team meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the OK-COSIG weekly staff meeting. L.D. Barney went with new trainers to Red Rock to set up future trainings.

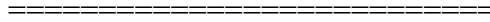
December 19, 2006. Todd Crawford attended a requirements gathering meeting for the Adult Recovery Collaborative. He also met with staff at NADTC in Norman. L.D. Barney took new trainers to Carl Albert Community Mental Health Center to set up future trainings.

December 20, 2006. Todd Crawford was involved in a follow-up conference call with SAMSA for the project director’s meeting on January 8<sup>th</sup>. L.D. Barney traveled to a new model program, Mental Health Services of Southern Oklahoma.

December 21, 2006. L.D. Barney continued work on screening and assessment guidelines.

December 26, 2006. Todd Crawford worked on developing a tool for organizational orientation and program fidelity around Co-occurring disorders capability.

December 29, 2006. Dr. Khepra Khem traveled to Shephard Mall to introduce the new core level trainer, Amber Rentera-Hulme.



### **Summary of the work of the ISI Advisory Group and Subcommittees**

The ISI Advisory group met two times this quarter on October 17, 2006 and December 5, 2006 in OKC from 1:00 PM-3:00 PM. The work reported by the subcommittees in the 4<sup>th</sup> quarter of the second year was reviewed. A summary of the work completed by the ISI Advisory Group subcommittees during the 1st quarter of year three is presented in this section.

There are five ISI Advisory Group subcommittees:

1. The Training-Workforce Development Subcommittee,
  - Curricula Development Workgroup
  - Data Reporting Committee
  - On-Line Course Workgroup
2. The Screening and Assessment Subcommittee,
3. The Outcome and Evaluation Subcommittee,
4. The Financial Subcommittee, and
5. The Systems Integration Subcommittee.

### ***Training and Workforce Development Subcommittee Work Summary***

A case management supervisory training by Dr. Walter Kisthardt opened the quarter. The training was an advanced generalist practice with co-occurring disorders that focused on medication interaction, recovery, documentation, and reimbursement. The evaluation for the training shows excellent overall evaluation ratings from the participants.

Information sharing continued this quarter with email distribution of a Double Trouble in Recovery meeting list that is also available on the Integrated Program website. It contains all the relevant information for the 20 statewide meetings. Knowledge building continued with Dr. Khepra Khem sharing the concept of therapeutic storytelling from his ATTC trainings. Definitions from the Missouri Medicaid Procedure Codes and Definitions for Co-Occurring disorder were disseminated to the subcommittee members and others. Feedback regarding the definitions relevant to Oklahoma was requested from Dr. Khem. A COCE conference call related to work with Native American tribes by Candace Shelton was another educational element available this quarter.

The main subcommittee met three times during this quarter. The first meeting on October 24, 2006 brought details of TSIG. The project's overall focus is on consumer resilience and recovery in relation to trauma, AOD, and crisis stabilization. Trauma training will be an aspect of the January 2007 Substance Abuse Conference. The focus of the remaining main group meetings on November 21<sup>st</sup> and December 12<sup>th</sup> were updates regarding the work of three smaller workgroups related to training curricula, data reporting, and on-line learning.

### **The Curricula Development Workgroup**

The workgroup met three times this quarter. The workgroup met on October 17, 2006 with ten people involved. Joe Yosten presented Goal 1 and four related objectives. Discussion items related to the goals and objectives centered on different agency methods of conducting intake and screen use. Members generated a lot of comments in terms of crisis versus non crisis, the adolescent and adult consumer, walk-ins, and call-ins. The need for consideration of diverse provider (detox, mental health, outpatient, substance abuse), perspectives was articulated. The formulation of trauma training was a major aspect of this first quarter gathering. The second meeting on November 13, 2006 focused on standardized protocols for screening and internal self assessments for welcoming organizational change, intermediate level learning as it applies to curriculum development, the curriculum in relation to regional expansion with ten new model sites, and process change measurements and data collection training parts. Real life consumer scenarios were requested from the group to enhance application of training. A reworking of the goals and objectives occupied the remainder of the time with the commitment of

the group to work on operationalizing objectives by the next main subcommittee meeting. The December 11, 2006 meeting focused on electing a chairperson, scenario decisions for Goal 2, language and objectives for Goal 1, the placement of data reporting goals and objectives, time limits for each goal, and decisions regarding ASAM goals and objectives.

### **Data Reporting Committee**

The time and effort exhibited by this workgroup is impressive. The workgroup met four times during the quarter with much work accomplished. A highlight of the workgroup was the production of a mission to guide the newly named Data Reporting Committee. The last quarter report referred to the group as the ICIS Training Committee. The October 3, 2006 meeting involved 11 individuals from diverse offices within ODMHSAS and providers agencies. The mission was discussed thoroughly in its importance for the reduction of inconsistencies across and within agencies related to COD data and the demonstration of the initiative's progress. Other topics included the importance of directors and clinicians in data reporting, providing data based feedback to clinicians, the cheat sheets' creation of mindless and inaccurate data entry, the differences between ICIS training (new staff and maneuvering through screens) and data reporting training (all staff levels and importance of data). The strengths of different learning methods (e-learning, on-site, conference-based) were discussed. A training outline was discussed with four major headings: 1) programs that included a history of the initiative, grant requirements, 2) contract changes, 3) DSS in terms of running outcomes, and 4) Is in relation to coding COD capable and enhanced services.

Twelve people attended the November 7, 2006 meeting to discuss the training outline submitted at the last meeting, how to divide the target training audience by agency or by job, the incorporation of the training into the larger intermediate training, creating interest through the articulation of the importance of data to the consumer, the provider, the agency, the ODMHSAS, and the CDC.

The November 21, 2006 workgroup gathering included eight individuals. The attendees agreed on the inclusion of data reporting in the intermediate level training with Krista Rhoades volunteering to work on an outline. The time and resources necessary to develop a video was deemed as unrealistic at this time. Scenario presentations were

thoroughly reviewed with clarification suggestions to make them more concrete. The addition of a residential AWOL, mental health, employment, and homeless scenarios will be added. The December 12, 2006 meeting agenda included a review of the scenarios and the correct answers. Implementation strategies were also discussed in terms of where, when, and how.

### **Online Course Workgroup**

The subgroup was presented at the main meeting on October 24, 2006 (James Bond, Gary Jennings, and Robert Harper). There may be an addition of a graphic artist. The main task identified was to research the needs and costs of online course development.

### ***Screening and Assessment Subcommittee Work Summary***

The group met monthly this quarter on October 19, 2006, November 29, 2006, and December 7, 2006 with attendance ranging from 10 to 16 individuals. The subcommittee continues to meet at various agencies which provide an oversight of the agency services and a physical tour. Much discussion and work resulted in the drafting of the Integrated Recovery Assessment Process Protocol (see appendix). The last meeting of the quarter touched upon many topics. The need for coordination within the initiative was voiced (overlapping issues with Systems Integration) and across the state's work in terms of providing TSIG with the subcommittees work regarding service access. Drug Court's collection of admission data independent from ICIS was shared. The need for an outreach component to achieve a welcoming system was discussed. Financial elements included the need for different billing codes related to initial assessment and additional assessments. Todd Crawford indicated that the fee for service category can be eliminated if needed. The congruence of funding to the values and mission of the initiative was reiterated. Mr. Crawford re-directed the subcommittee to its goal of process versus tool focus. He suggested creating an ideal assessment process and then make a list of barriers that could occur. The following recommendations were suggested at the end of the meeting regarding the overall process: inclusion of the finance committee agenda with issues from other subcommittees, reintegration of consumers, and an update for the initiative's website.

### ***Outcome and Evaluations Subcommittee Work Summary***

The chair, Dr. David Wright reported that this subcommittee has been reorganized under an agency-wide evaluation/outcomes committee and under a data reporting/ICIS training group. The data reporting group has been working and reporting at the Training and Workforce Development Subcommittee.

### ***Systems Integration Subcommittee Work Summary***

The subcommittee met twice during this first quarter of the third year. Eight individuals attended the October 4, 2006 meeting. The standard review of the subcommittee reports proceeded with three other areas of business: 1) Chapter 18 proposed COD language changes, 2) review of ISI Incentives for year 3, and 3) organizational and program fidelity for COD capability.

The meeting outcomes related to Chapter 18 included a minor word change from “appointment” to “service”. The inclusion of a mental health evaluation definition was also requested. The incentives for the first and second cohort of model programs were approved. Kimberly Cox, Todd Crawford, and Jill Young shared the components and general design of a new tool that is being developed to measure organizational orientation and program fidelity to an integrated model of COD capability. The grant team is working on creating the measure that will utilize the IDDT Toolkit as a template. A small group of providers has offered feedback. A more formal review is anticipated at the next meeting.

The December 6<sup>th</sup> meeting included 19 individuals. Attendees listened to updates on Chapter 17, 18, and contracts. Chapter 17 is awaiting leadership approval. A leadership recommendation for Chapter 18 was a language revision that will encompass the variety of certified programs that must follow the rule. Contract plans are for CMHCs to have a single treatment contract, boiler plate, and addendum for next year.

The next quarter will potentially include the approval of Chapter 17 changes, the presentation of Chapter 18 changes to the subcommittee for review, and reports regarding the progress on the internal work that must be completed to achieve the proposed contractual changes for 2008.

### ***Finance Subcommittee***

Financial consultant, John O'Brien conducted a conference call on October 19, 2006 with the subcommittee. Topics included single contract concepts, Medicaid billing, fee for service, staff co-occurring competency training, and funding that has been termed pooled, braided, or blended. Several other states in different stages of change regarding COD funding also participated. North Carolina's changes were particularly relevant for OK-COSIG. Representatives from this state will be providing ODMHSAS with an overview of their implementation of COD concepts to their system.

The subcommittee members and other ODMHSAS staff present for the call agreed to three short term changes. These changes will implement an integrated contract application process for mental health and substance abuse, the inclusion of co-occurring language for the first time in the boiler plate contract for FY-08, and the CMHC conversion to a single contract for mental health and substance abuse services for FY-08.

The next quarter will focus on the receipt of the North Carolina materials that will be reviewed in regard to the relevance to the Oklahoma system structure. The second area of work is obtaining ISI Advisory Committee input regarding the short term changes.

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### **OK-COSIG Evaluation Team Activities**

The OK-COSIG Evaluation Team met nine times this quarter and conducted a number of telephone consultations regarding the progress on data gathering and analysis. The work this quarter proved intensive in relation to the number of hours spent by the team in managing the large macro level ODMHSAS data base. Time was also consumed with coordinating, completing, and analyzing the mezzo data. This data involved site visits across the fifteen model sites and control programs, and interviews with over 53 administrators and providers. Efforts yielded the materials that are present in the Year End Report that is due the beginning of the next quarter.

## **MACRO Evaluation**

The ODMHSAS macro level de-identified data and codebook from the ICIS database was received by the OU Evaluation team in early December of 2006. Using this baseline data, it will be possible to identify most people with co-occurring disorders who asked for services from either a mental health facility or a substance abuse agency. Scores on the mental health section of the ASI, the substance abuse score on the CAR, and diagnosis will be used for identifying people with a co-occurring disorder who requests mental health or substance abuse services. This approach is, however, not the best or most accurate approach. Even so, it can provide an estimate of people who were likely dealing with a co-occurring disorder. In subsequent years, new data will be compared to this baseline.

We encourage all to read the MACRO section of the Year-end Report for year 2. In that section, a very preliminary quantitative analysis report of the 20 Model and Control programs for FY05 is presented. This analysis is not included in this first quarterly report because of its length (30 pages). This is the first report on the quantitative data analysis and it is *preliminary*.

A great deal of data management time is needed when working with a large database such as the ODHMSAS's ICIS database. There are 21,879 cases and 196 variables. Converting the ICIS data file from Excel to a SPSS data file is a delicate and time consuming job. Converting the variables and their values into a SPSSC data file is a major task. Testing the veracity of the data after the conversion is necessary and requires special care, attention to detail, and time, time, time.

## **MEZZO Evaluation**

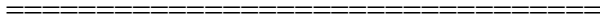
The mezzo level includes key informant interviews. The key informant interviews are complete. The interviews have been analyzed and the relative themes identified. This is the evaluation of the service coordination and networking within the state related to providing services to people with co-occurring disorders that began with Stage 1. In Stage 1, 12 key informants were interviewed. The 12 randomly selected key informants were selected from a list of 30 people who were state level and agency level employees familiar with the OK-COSIG project. Once the interviews were completed





*Plans for Using the Findings of the Evaluation.* The quarterly reports and evaluation findings are distributed to the Governor’s liaison and oversight committee and the COSIG Advisory Group.

*Involvement of Members of the Target Population in the Design and Implementation of the Evaluation.* The OK-COSIG Advisory Group will have a primary role in examining and approving all training and evaluation protocols being planned for use in the project. Although the effort continues, the OK-COSIG Advisory Group has had difficulty retaining the involvement of both service recipients and advocacy groups, forming approximately 40% of the membership, from the service pilot sites and other service regions within the State. All training materials, data collection protocols, including informed consent processes, will be piloted with the OK-COSIG Advisory Group and, based on this experience, will either be approved for use in the project or recommended for modification.



### **Methodology Used to Develop the 1<sup>st</sup> Quarter Report – Year 3**

The methodology that was used to produce this quarterly report is both qualitative and quantitative. The qualitative data consists of collected materials and observations by evaluation team members. Relevant documents were collected from committee meetings, trainings, and workshops. The minutes from ISI Advisory Group subcommittee meetings were cataloged by date, time, and those in attendance. These documents and data as a whole provide a description of events, activities, accomplishments, and tasks that have been completed, or are still being worked on. The qualitative data consists of the ICIS admission data on the 15 Model and 5 Control programs. This data file is made up of 196 variables on 21, 879 people admitted for treatment.



## **Progress on Project Goals and Objectives**

### *Goal 1.*

Develop, implement, and evaluate a standard protocol for the screening and assessment of mental health and substance abuse treatment service recipients in all State funded programs.

### *Objective 1.2 –*

Train all mental health and substance abuse treatment providers in the screening and assessment protocol.

#### **Status:**

This work is in progress. A computer version has been placed on the ICIS data system and over 3,071 screens were entered into the system by the 4<sup>th</sup> quarter. Work to determine the reliability and validity continues.

### *Goal 2.*

Develop, implement, and evaluate an integrated treatment model for persons with co-occurring disorders that is accessible, culturally competent, and grounded in evidence-based practices.

### *Objective 2.1 –*

Develop consensus among providers, service recipients, consumer advocates, and other interested parties on the elements of an integrated treatment model for persons with co-occurring disorders.

#### **Status:**

Consensus building and infrastructure building has been a major part of the work of the OK-COSIG team this quarter. Based on the number of agencies that are participating in the project (recently increased by 10), consensus building continues to be successful. The OK-COSIG team continues to be fully engaged in consensus building among the shareholders.

*Objective 2.2 –*

Establish joint licensure/certification and funding processes for both mental health and substance abuse staff.

**Status:**

The work to establish joint licensure/certification for a Co-occurring specialist has begun. Several meetings have taken place with a licensure body and others are planned for the next quarter.

*Objective 2.3 –*

Develop contracting procedures that create strategic incentives for the implementation of integrated treatment systems at the provider level.

**Status:**

The ISI Finance subcommittee has received technical assistance and is moving forward on developing a plan and a mechanism for funding co-occurring treatment.

*Objective 2.4 –*

Train all mental health and substance abuse treatment providers in the use of a comprehensive, integrated system of care model for persons with co-occurring disorders.

**15 Months**

- Fifteen months after the award date, the co-occurring disorders training specialist, under the guidance of the national consultants, will have trained all staff in the pilot sites in the integrated treatment model (Activity 2.4.2).

**Status: Accomplished.**

**24 Months**

- Within 24 months, the evaluator will produce a report assessing the implementation fidelity of the screening protocol at the pilot sites (Activity 1.2.4).

**Status:**

The screen has been piloted and the Assessment Practice Guidelines have been written by the Screening and Assessment Subcommittee and approved by the

Leadership Committee. The screen has been piloted and the evaluation report will be issued next quarter.

- End of the second year after the award date, the evaluator will have conducted an assessment of treatment fidelity and clinical outcomes on a sample of persons with co-occurring disorders and will provide a report to the OK COSIG Advisory Group (Activities 2.4.3 to 2.4.5). The services pilot will be implemented in two urban settings in the second year, Tulsa (Service Areas 3 & 5) and Norman (Service Area 15).

**Status:**

Program Fidelity data has been collected from the Model Programs. A preliminary report was produced and is found in the Year-End Report, Year 2. An assessment of clinical outcomes on a sample of persons with co-occurring disorders is continuing.

- Implementation of the screening and assessment protocol will be assessed at the service pilot sites during years two and three and statewide in years four and five.

**Status:** *In progress*

- A two person team under the direction of the Program Evaluator will visit each of the 15 pilot programs involved in the services pilot sites at the end of year two and three (The number of pilot programs has increased from 8 to 15).

**Status:**

Program Fidelity data has been collected for year 2.

- The Project Evaluator will produce a site specific report based on the three sources of information that will examine the relationship between organizational factors and implementation fidelity, and changes in implementation fidelity from year two to year three for the two urban sites and from year three to year four for the rural sites.

**Status:** *In progress*

- The Evaluator will work with Decision Support Services Division to extract this information for each of the service pilot sites on an annual basis for each year of funding. Data from the first planning year will provide a baseline against which data from the pilot sites at years two and three can be assessed.

**Status:**

A preliminary MACRO evaluation for FY05 has been compiled and can be found in the Year-End Report, Year 2. The data management process has begun.

- *Service Coordination and Networking.* The assessment of coordination and networking will be strictly qualitative and based on a combination of key informant interviews with program administrators at the State, regional, and local levels and focus groups with provider staff at the services pilot sites during the second and third years of funding, and at a random sample of seventeen regional provider sites, half at mental health facilities and half at substance abuse facilities, during the fourth and fifth funding years.

**Status: *In progress***

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### **Emerging Themes**

In the 1<sup>st</sup> quarter of this third year, a number of themes identified in year one and two have been addressed or are being addressed. New themes and variations on old themes, however, are developing and are important to both the short term and long term success of the OK-COSIG project.

John O'Brien, who is the COCE representative, offered telephone consultation to the Finance subcommittee related to single contracts and other funding issues. Candace Shelton presented on the inclusion of tribal governments.

### ***Training Development***

The development and work of three groups under the Training and Workforce Subcommittee has achieved remarkable planning this quarter that will impact the

intermediate curriculum that will be used in the next quarter. Core level training has begun with the 2<sup>nd</sup> cohort of ten model sites.

### ***Engage the Tribal Nations of Oklahoma***

The inclusion of the Choctaw Nation occurred in the previous quarter of the second grant year. Technical assistance was achieved this quarter regarding the theme of the 4<sup>th</sup> Quarter, Year 2 Report. The translation of this assistance into the engagement of additional tribal governments will be evaluated in the following quarters.

### ***Treatment Practices Related to Families***

The need to explore and develop curriculum for working with families of people who are being treated for a co-occurring disorder remains a theme of the project.

### ***Low Service Recipients and Consumer Advocates Involvement***

This is a continuing theme that has been expressed across subcommittees and within the Advisory Group. The past success of the Screening and Assessment subcommittee in the achievement of consumer involvement in policy and protocol development could be evaluated. The intention would be to learn how the subcommittee achieved consumer participation and apply their process to other subcommittees.

### ***Inclusion of the Substance Abuse Treatment Agencies***

OK-COSIG staff conducted several meeting with substance abuse service representatives. The outcomes of that work will unfold over the next three quarters.

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## **Postscript**

Work in this first quarter of the third year of the OK-COSIG project has been immense as evidenced in the activities and work summaries. Massive amounts of data has been received and analyzed. This work has yielded observable progress related to the OK-COSIG goals objectives. During the next quarter in-depth analysis will continue. Hopefully, the voice of consumers will heard in the next three quarters.

## **APPENDIX**

The documents in this Appendix are products of work completed in the 1st quarter of the 3<sup>rd</sup> year.

### **Appendix A: Integrated Recovery Assessment Process Protocol (draft)**

## Appendix A

### A Continuous process of Welcoming, Screening, Assessment and Recovery Planning

#### Welcoming Practice Guidelines

To welcome every person seeking help and to provide integrated services and supports, in a manner that demonstrates hospitality, respect and offers choices.

- This welcoming response shall convey a “No Wrong Door,” i.e., every door is a Right Door, philosophy and shall be integrated into and reflected in each agency’s environment, policy, documentation and literature.
- Every ODMHSAS operated and contracted program shall provide and/or make available integrated, trauma informed mental health and substance abuse services.

#### **Engage the consumer.**

- The first contact should eliminate barriers and should motivate the person seeking services; consider motivational interviewing techniques.
- Provide consumers with orientation to include accurate expectations of treatment to help them feel comfortable within the treatment environment.
- Assist consumers with linkage to some form of treatment or support upon first contact; pre-treatment group, regular contact by phone until treatment begins, contact with self-help groups, case management ,etc

#### **Screening Practice Guidelines**

All persons seeking services will be provided an integrated screening for at least; psychiatric and substance use disorders, and trauma issues as well as immediate safety concerns.

The screening process determines whether the person seeking assistance needs further comprehensive assessment.

Agencies will develop implementation procedures and identify performance indicators to ensure access to screening.

### **Screen for COD.**

- Screening should be conducted with awareness there is a possibility of a history of trauma and/or current victimization in persons who have co-occurring conditions.
- Screening should address immediate safety risks such as suicide, violence towards others, and inability care for oneself, serious intoxication or potential for withdrawal, medical safety and capacity for self care based on illness.
- If during the screening process, immediate risk or need is identified, determine the extent of risk, and proceed accordingly. For example, if the individual is in obvious crisis and unable to communicate contacting collateral sources quickly may be needed to determine what immediate treatment the individual may require, i. e., emergency medical care, detoxification, etc.

### **Assessment Practice Guideline**

An integrated assessment consists of gathering key historical and current information. The process engages the person seeking services in a way that enhances understanding of the person's readiness for change, their problems, needs, strengths, and safety requirements to guide recovery planning.

Assessment is an ongoing process that should be repeated over time to capture changes in the person's recovery.

Agencies will develop implementation procedures and identify performance indicators to ongoing assessment.

### **Identify and contact collaterals (family, friends, and other providers) to gather additional information.**

- The person seeking services may be unable to accurately report past or present circumstances.
- At all times, strict adherence to guidelines and laws regarding confidentiality must maintained.
- Designate Treatment Advocate

### **Identify strengths and supports.**

- Identify individual talents and interests; vocational or educational competency; or any area connected with high levels of motivation to change;
- Identify existing supportive relationships or interest in reunification;

- Help consumer recognize previous successful treatment efforts.
- 

**Determine diagnosis.**

- Keep in mind that diagnosis is established more by history than by current symptoms. Document prior diagnoses even if assessor is not licensed to make diagnoses.
- Relate mental health symptoms to specific periods of time, particularly times when active substance use was not present.
- Contextualize the assessment – where, when, with whom, how much, why? pros and cons of use or medical/treatment compliance.

**Identify cultural and linguistic needs and supports.**

- At this point, ability to fit into the treatment culture could be assessed, along with cultural identification and any perceived barriers such as language capacity and problems with literacy.

**Identify problem domains.**

- Engage in comprehensive assessment to identify problems in psychosocial domains.
- Medical. Legal. Financial, such as housing, income supports and access to health care. Vocational. Family. Social. Transportation. Child care. Is the consumer capable of living independently? If not, what is needed? Is the consumer capable of supporting himself financially? Can the consumer engage in supportive social relationships? Are there impairments in intellectual functioning?

**Determine stage of change for each problem.**

- Assess stage of change for each problem
- Precontemplation. Contemplation. Preparation. Action. Maintenance.

**Determine level of care.**

- Assess consumer in each of the dimensions of the ASAM: Acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use, or continued problem potential; recovery/living environment.
- Recommend level of care based on assessment; engage in lower level of care or support until TX available (or something like that...)

**Integrated Recovery Plan Practice Guidelines**

The helping relationship is a working partnership where power that may have been lost is regained and shared. Based on the *consumer's* identified strengths, experience, knowledge, resiliency and needs, the relationship

becomes one of collaboration and mutual respect with regards to approaches and stages of change for each challenge or problem.

These guidelines are recommended when developing an integrated plan to achieve and sustain recovery:

- Use a recovery perspective.
- Adopt a holistic (mind, body and spirit) approach.
- Adopt a phase-approached to individual needs.
- Address real life needs in the beginning, including discharge and aftercare arrangements.
- Make clear how the person moves through the recovery process.
- Use support systems and community resources.

**Plan Recovery.** (Incorporate Principles of Integrated Treatment by MeeLee) **REMEMBER TO INVOLVE THE CONSUMER THROUGHOUT THIS PROCES.**

- Help the consumer make, and update, their own recovery plan.
- Help the consumer identify short and long-term goals
- Goals should be measurable and progress should be capable of being monitored by the consumer.
- Determine motivational strategies to address each substance use and/or mental health problem.
- Select target behaviors for change.
- Determine interventions to achieve agreed-upon goals.
- Choose measures to evaluate the intervention.
- Select follow-up times to review the plan.
- Ensure the individual receives a copy of the recovery plan