

OK-COSIG
Quarterly Evaluation Report

Volume 4

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October 1, 2007 through December 31, 2007

Pages 1 - 36

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Acknowledgement

With the end of the close of the 1st Quarter of the fourth year of the OK-COSIG project, the major work on the project is drawing to a close. The fourth and fifth year are designed to be the follow-up period. The cooperation from the OK-COSIG staff that started from day one continues to be excellent. The interactions and correspondence between the Evaluation 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 1st quarter are based on our work together, gathering documents, making observations and doing fidelity 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 is the 1st Quarterly Report for the 4th year of the OK-COSIG project. This report is in two parts. It contains the Co-Occurring State Incentive Grants Quarterly Progress Report: SAMHSA Format and a report on the quarterly activities that is similar to past reports. It chronicles interviews, documents, and meeting notes. The SAMHSA Quarterly Progress Report summarizes these data.

Following the SAMHSA Quarterly Progress Report, 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, 2007 through December 31, 2007). This will be followed by a list of the implementation activities that were carried out during the 1st quarter of this 4th 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 fourth year of this project will be data for the year-end reports. The year-end reports will be the data used in the previous four quarterly reports. 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 ~~strike through~~ 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.

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**Co-Occurring State Incentive Grants Quarterly Progress Report:
Formatted to comply with SAMHSA Reporting Requirements**

October 1, 2007 through December 31, 2007

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Year: 2008,

Title of Grant:

Quarter 1st

**Oklahoma State Incentive Grant
for Treatment of Persons with Co-
occurring Substance Related
Disorders**

Grant Number:

State:

1 KD1 SM56568

OKLAHOMA

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I. Project Implementation

This is the First Quarterly Report for year four of the Oklahoma-Co-occurring State Incentive Grant. This report is in the *Quarterly Progress Report Format* required by SAMHSA. The interviews, documents, and meeting notes on which this SAMHSA report is based can be found in the *OK-COSIG Quarterly Evaluation Report, Volume 4, Number 1* at http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig_project.htm.

The OK-COSIG project has two interrelated and overarching goals:

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.

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.

These goals with their objectives, activities and timelines were designed to develop the capacity to identify and treat people who present with the co-occurring disorders of mental health, substance abuse, and trauma within Oklahoma's mental health and substance abuse treatment communities.

A major change in the personnel occurred during this quarter. Todd Crawford – Co-Occurring Clinical Director and Project Manager of the OK-COSIG Project resigned to take the position of Executive Director at the Oklahoma Youth Center in Norman, Oklahoma. another position. Until a replacement can be named, Deputy Commissioner for Substance Abuse Services, Caletta McPherson is the primary person in charge of the OK-COSIG Project.

At the end of the 1st Quarter of year four of the OK-COSIG project, many of the structural barriers that have existed over the years between mental health and substance abuse treatment have been bridged or weakened. Infrastructure changes such as the changes in the ODHMSAS State rules governing mental health treatment (Chapter 17) and substance abuse treatment (Chapter 18) have sent a clear message to all three levels of the organizational structure that all treatment issues need to be considered when developing an individual's "treatment plan" and subsequent treatment.

Changes in the "standard protocol for the screening and assessment" of people who seek either mental health treatment or substance abuse treatment will have an impact that will continue to improve the identification and assessment of people with a co-occurring disorder. Additionally, the number of people with a co-occurring disorder who were missed over the years should decrease. Furthermore, as identification and treatment improve for this group it should be observable in the ICIS admission and treatment data.

The trainings provided by the OK-COSIG staff over the last three years have been effective in alerting those in the substance abuse and mental health community to the treatment needs of those with a co-occurring disorder. With the completion of the Intermediate-Level training manual and the evaluation of the curricula, trainings using the Intermediate-Level curricula have begun. Currently, the Advanced-Level training

manual is nearing completion. The plan is to have the Advanced-Level manual completed by summer.

At the State Department level, the focus on integrating the mental health and substance abuse communities and the Integrated Conference to be held on January 23-25, 2008 sends a consistent and strong message to all involved both within and outside the Department.

Yet, making the changes necessary to provide services to all of the people with a co-occurring disorder continues to be a work in progress. Especially the provision of treatment that is “accessible, culturally competent, and grounded in evidence-based practices.” To accomplish the goal of ‘accessible’ an infrastructure for service coordination is slowly developing. The primary barrier to interagency cooperation and collaboration continues to be related to financial issues and contracting.

At the conclusion of the 1st Quarter of this fourth year, the OK-COSIG project has met many of the objectives laid out in 2004 toward accomplishing the two goals of the initiative. The work toward developing statewide capability to identify, refer and/or treat people with a co-occurring disorder continues to move forward. The integration of treatment for people with a co-occurring disorder into the fabric of behavioral health across departments is evolving. Changes in State law and contracting procedures support this capacity building effort.

There is still a great deal of work to be done. The efforts over the next two years need to focus on sustaining the changes made, continuing to expand the concept of cooperation and coordination within the treatment community, and educating other related agencies and the public about co-occurring disorders. OK-COSIG staff needs to continue to provide basic ongoing support and technical assistance for the original pilot program staff. They also need to support the 13 new model programs during the initial orientation and Core Level trainings.

The areas that have seen the least success has been in the areas of inclusion of consumers and advocates, Native Americans, African Americans, and Hispanics in this transformation process. The question can be asked, how would the transformation be different if the voice of the African American, Hispanic American, and Native American communities had been present?

a. Description of project changes or modifications [since reapplication] in:

(1) Goals and Objectives

The major modification to the OK-COSIG project has been the development of the process to collect the Government Performance and Results Act (GPRA) data. It is being collected from the 3 pilot sites (Norman, Tulsa, Vinita/Tahlequah).

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 1.1 – Develop consensus among providers, service recipients, consumer advocates and other interested parties on a standard screening and assessment protocol for use in mental health and substance abuse treatment settings

A pilot study to look at the possibility of using assessment tools other than the ASI and CAR are under way. The Department has basically suspended the rules that require treatment agencies complete an ASI (a requirement for substance abuse treatment centers) or a CAR (a requirement for mental health centers) so that these residential programs can experiment with some other assessment tools such as the CAAPE, DAPS, and SA-45.

Another activity that both supports the changes made and continues the process of developing program capability is the capability scale or a fidelity scale that has been developed and is being revised to define what program capability is and how it fits within ODMHSAS regulations.

Objective 1.2 – Train all mental health and substance abuse treatment providers in the screening and assessment protocol.

For all intents and purposes, the work on Objective 1.2 has been completed. The vast majority of staff of the 15 pilot programs has been trained with the Core Level curriculum. Training continues, however, on the intermediate curricula, which has begun and training on the Advanced-Level curriculum which will also begin this year.

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.

Consensus building and maintaining the support of the agencies while the infrastructure changes are becoming a part of the Oklahoma treatment culture is important work that the OK-COSIG team has in front of it. Based on the number of agencies that are participating in the project, now at 28, this will require a great deal of work. The Team needs to continue to build consensus, and maintain and expand support of the organizational changes to provide program capable co-occurring services. 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.

The staff continues to meet regularly with a committee of representatives from the Board of Licensed Professional Counselors, the Social Work Licensure Board, and the Board that license Behavioral Health practitioners. The work to establish credentialing for a co-occurring specialist is still being discussed.

Objective 2.3 – Develop contracting procedures that create strategic incentives for the implementation of integrated treatment systems at the provider level.

In year three, a great deal of time and energy was expended to change ODHMSAS State rules governing mental health treatment (Title 450:17, Chapter 17) and substance abuse treatment (Title 450:18, Chapter 18). These changes relate to treatment for co-occurring disorders. The rules will make it more likely that agencies will address the needs of people with a co-occurring disorder.

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.

Much of the work has been completed on this Objective. The next phase is to provide Core-Level trainings to the additional 13 programs. The Intermediate-Level training has begun. The Advance-Level manual is near completion. The plan is to finish the Advance-Level manual by summer.

(2) Project timeline for project implementation

The collection of the GPRA data is underway. Three staff members were specifically hired to enter GRPA. One staff person is assigned at each of the three pilot sites to enter the GRPA data.

Over the last 40 months of the OK-COSIG project, most of the objectives and activities met their targeted timelines and have been completed. These activities are chronicled in the quarterly reports produced over the last three years. They are available online at http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig_project.htm. It is also available at <http://www.odmhsas.org/isi/>.

The work to train 80% of staff at all State funded mental health and substance abuse treatment facilities in the screening and assessment protocol within 60 months is ongoing.

The work of the ISI Advisory Group needs to evolve from “developing and implementing” to “monitoring fidelity and outcomes.”

(3) Approach and strategies proposed

In the 1st Quarter of the fourth year the broad focus of the OK-COSIG staff was on: 1) incorporating, advocating, and sustaining the provision of co-occurring programming at the State policy level, 2) providing leadership to expand collaborative relationships among mental health and substance abuse treatment programs, 3) continue to orientate the new 13 model programs, 4) continuing to provide statewide and training of clinicians and staff, 4) continuing to work on developing credentialing standards for clinicians who treat people with a co-occurring disorder, and 5) supporting the OK Department of Corrections efforts to develop services for people with a co-occurring disorder. A request was submitted to COCE to assist with co-occurring disorder capability building for the Oklahoma Department of Corrections.

Status of Project

(1) Description of activities during this quarter regarding:

- screening and assessment,

The major accomplishment during this quarter was that the Screening & Assessment subcommittee completed their work on a database of screening and assessment tools.

- workforce development/curriculum development workgroup,

The Core-Level curriculum is available online and interactive so that it can be accessed for training. Complete with video modules, it is considered truly an online course for our employee training purposes.

The major accomplishment this quarter was the completion of work on the Intermediate-Level training manual. The focus in the next quarter will be on the Advanced-Level curriculum. The plan is to complete it and evaluate it by summer.

- financing,

The Finance subcommittee did not meet during this quarter. The chair's report indicates that the major accomplishment of the quarter was the SFY-2008 contracts that combine mental health and substance abuse services. The primary barrier to interagency cooperation and collaboration continues to be related to financial issues and contracting.

- the change agent regional committees,

One of the most important resources for maintaining the changes and for continued development is the Change Agent committees. These clinician groups can go a long way to sustaining the positive changes that have been made. They can also be a conduit for moving "science to service" and best practice interventions to the client level of treatment.

The activities needed to provide "best practices" include training and participation in infrastructure enhancements. The ODMHSAS and SAMHSA need to advocate for and make provisions for providing the support for training and infrastructure enhancement.

- evaluation,

The focus this quarter has been on completing Fidelity reports for 2007 among the 15 pilot agencies and doing the initial Fidelities with the additional 13 agencies. Members of the evaluation team did two national presentations in October related to "screening for co-occurring disorders," and "preparing social work students to work with people with co-occurring disorders."

The work to develop a format based on yearly ICIS data that agency personnel found useable was completed. The data file for the ICIS FY2006 has been requested. The primary focus will be to compare data from FY2005 baseline and FY2006. The FY2005 will be compared to FY2006 and FY2007 data collected on the pilot agencies to determine, in part, the impact of the OK-COSIG project on identifying and providing services to people in Oklahoma with a co-occurring disorder.

(2) Accomplishments

Over the 40 months, the Goals and Objectives for the most part have been accomplished. The Project has expanded from the original 7 to 28 programs that are co-occurring capable or in the process of becoming co-occurring capable. The major infrastructure changes were: 1) changes in the rules and contracts, 2) instituting screening and assessment for people with co-occurring disorders, 3) raising awareness and support for changing to better provide for people with co-occurring disorders, and 4) developing curricula and training mental health and substance abuse staff.

(3) Other significant project activities

- The OK-COSIG staff are gathering GPRA data.
- The work on the *Access to Recovery Grant* award has begun. There is hope that this grant will provide the means to increase participation of service recipients and consumer advocate groups in the transformation process.
- The COSIG staff continues to provide technical assistance to the Oklahoma Department of Corrections Charter Group on co-occurring disorders.
- The COSIG staff continues to work with the OUHSC Infectious Disease Institute to provide training and technical assistance in the area of improving ODMHSAS's response to individuals with HIV/AIDS and other infectious diseases. This will also assist in developing strategies around medical case management and addressing medical issues in the course of behavioral health treatment.

c. Difficulties/Problems Encountered

(1) Barriers to accomplishment

- A plan is needed to guide a process to monitor the ongoing fidelity of co-occurring capable programs.
- The effort continued to involve Native American Tribes. There are 39 tribal nations in Oklahoma. The Choctaw Nation attended the COCE Policy Academy.
- The lack of African American and Hispanic involvement continues to be an area where work needs to be ongoing.

(2) Strategies to overcome barriers

- It is hoped that the *Access to Recovery Grant* will increase the participation of service recipients and advocates in the OK-COSIG project over the next two years.

2. Personnel

- a. List all current positions supported by the grant, including any vacancies, with percent of time on the project. The following OK-COSIG staff work full-time on the project.

LD Barney – Co-Occurring Program Specialist
Dr. Khepra Khem – Co-Occurring Training Specialist
Renea Butler-King – Coordinator of Field Services

Amber Rentaria-Hulme – COD Field Representative
Suzan Esley – Co-Occurring Recovery Coordinator
Krista Rhodes – Decision Support Services (DSS) Data Analyst

- b. List staff changes, including contractors/consultants, within the reporting period.

A major change in the personnel occurred during this quarter. Todd Crawford – Co-Occurring Clinical Director and Project Manager of the OK-COSIG Project resigned to take another position at the Oklahoma Youth Center I Norman Oklahoma. Until a replacement can be named, Deputy Commissioner for Substance Abuse Services, Caletta McPherson is the primary person in charge of the OK-COSIG Project. Additionally, Brenda Pitts – Administrative Assistant accepted another position. Her last day was 12-27-7.

- c. Describe the impact of the personnel vacancies/changes on project progress and strategies for minimizing negative impact.

The assumption is that a replacement will be named. Until then, L.D. Barney is handling the day to day operations. The work plan for the Implementation Team for the next two years has been in place for sometime.

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OK-COSIG Quarterly Evaluation Report

First Quarter of Year 4

(Note: The data for the SAMHSA report on the OK-COSIG Project has been developed from Interviews, Documents, Meeting Minutes, Committee Chair Reports, and Notes that are summarized in the following sections.)

This is the 1st Quarterly report of Year 4 on the OK-COSIG project to improve treatment of persons with Co-Occurring Mental Health and Substance Abuse related disorders in Oklahoma. The overarching goal of the OK-COSIG project is to improve the delivery of state-funded services for people in Oklahoma with a co-occurring disorder. The project will contribute two interventions to promote systemic infrastructure change: 1) it will develop a standard protocol for screening and assessment of people with a mental health and substance abuse problem, and field test and evaluate a screen; 2) a model will be developed to provide integrated treatment that is accessible, culturally competent, and grounded in evidence-based practices. The following sections of the 1st Quarterly Report of Year 4 will delineate the work **toward accomplishing these two objectives.**

Activities and Events

October 1, 2007 through December 31, 2007

This section lists the activities associated with the OK-COSIG project staff for the 1st quarter of the fourth year. Among the reported leadership changes reported during the 1st quarter of this report was Todd Crawford, leaving to assume the position of Executive Director at the Oklahoma Youth Center in Norman, Oklahoma. He left in the first week of October 2007. Other leadership changes include the appointment of a new Deputy Commissioner, Caletta McPherson, all new Deputy Commissioners, and a new Director of Operations.

The following is a week by week summary of the major activities of the OK-COSIG project staff from which data was collected and analyzed. The work behind the scenes, efforts involved in organizing and coordinating events is not fully reflected here. This list does not constitute the entire body of the OK-COSIG project staff work and

activities during the 1st quarter of year four, but it is a good representation of the work that was accomplished.

October – December Activities

October 1 – 5.

On Monday, October 1, Dr. Khepra Khem, Co-Occurring Training Specialist, attended a CODP meeting and participated in a telephone report with Dr. Andrew Cherry. L. D. Barney, Co-Occurring Program Specialist, attended a licensing workshop where he met with all the licensing bodies to discuss licensing cooperation. L.D. also presented topics about co-occurring disorders in the general population.

Dr. Khepra Khem attended a two day conference in Tulsa, Oklahoma for S.T.A.R.T. trauma training for trainers. Dr. Khem also made a presentation at this seminar.

October 8 – 12.

L.D. Barney worked with Edwin Fair in Ponca City, Oklahoma, visited TCBH in Tulsa, Oklahoma for a regular scheduled site visit. L.D. Barney also visited the DVIS site in Tulsa to see how things were going. L. D. Barney participated in a conference call with COSIG and also participated in training for staff on providing technical assistance. L.D. Barney attended a meeting in Lawton, Oklahoma to discuss current co-occurring services available, and about the proposed fidelity scale. L.D. Barney attended a documentation group meeting later that day as well as a substance abuse staff meeting.

Dr. Khepra Khem presented the Core-Level co-occurring training in Maud, Oklahoma at the Clay Crossings for Men residential Alcohol and Drug Treatment Center. Dr. Khem attended a meeting for the entire substance abuse staff, and participated in a COD team meeting. Dr. Khem also participated in a cultural competence training provided and sponsored by the Department of Systems of Care.

October 15 – 19.

L.D. Barney and Dr. Khepra Khem attended a co-occurring staff/team meeting. L. D. Barney attended the NE Regional meeting in Tahlequah, Oklahoma. L.D. Barney also attended a detox committee meeting and went to Muskogee, Oklahoma at Green Country for a meeting to discuss cooperative networks among the group, and to discuss drug court participant cooperation within the agencies in that geographical area. L.D.

Barney and Dr. Khepra Khem attended a systems integration meeting as well as an advisory group meeting for the ISI. L.D. Barney also presented a substance abuse and co-occurring issues class to the Psychotherapy class for the school of Social Work.

Dr. Khem attended a meeting with a Department of Corrections representative for curriculum planning to provide co-occurring training to probation and parole officers.

October 22 – 26.

L.D. Barney visited with 12&12, Inc. about how they were doing, and got caught up on their current activities. L.D. Barney also made a site visit to the Lighthouse treatment center in Woodward, Oklahoma. L.D. Barney attended a CSWE conference in San Francisco, California where he made the presentation about the Need for Co-Occurring Education in Schools of Social Work.

Dr. Khepra Khem presented Core-Level co-occurring training for the Oklahoma City and Norman region new employees. This was training for new employees at any of the facilities in the Norman and Oklahoma City area. Dr. Khem attended medical training at OUHSC (Oklahoma University Health Sciences Center) for Hepatitis B. Dr. Khem participated in a conference call with the Governor's Advisory workforce development group. Dr. Khem presented an abbreviated Core-Level training in Norman, Oklahoma for the Case Management Institute. Dr. Khem was instrumental in training the staff at the 12&12, Inc. on HIV Outreach, this training is ongoing.

October 29 – November 2.

Dr. Khem attended an African American Health Summit, presented suicide prevention training, attended a workforce development committee meeting for the Department of Corrections, attended an Introduction to Access to Recovery Grant meeting to obtain information about the 11 million dollar grant that they received, took a web based seminar on Rural Behavioral health, and attended an HIV Network meeting at the Red Cross who work with Oklahoma City organizations that provide HIV services.

November 5 – 9.

Dr. Khepra Khem attended the Oklahoma Statewide HIV planning council meeting, and the regularly scheduled COD team meeting. Dr. Khem provided a workshop for ADSAC (Alcohol and Drug Substance Abuse Course) Facilitators. ADSAC facilitators are the people who facilitate the DUI schools statewide. Dr. Khem

works directly with Ray Ceasar, the state director of DUI schools, to provide current training to facilitators for effective evidence-based training and teaching to adults. Dr. Khem presented Core-Level training at UCO (University of Central Oklahoma, Edmond, Oklahoma). Dr. Khem was in Tulsa for another HIV Outreach training session at 12&12, Inc.

L.D. Barney attended a meeting with the Community Mental Health Directors as well as a meeting with the accreditation work group with the Health Care Authority. L.D. Barney also spent time working on the ASI and other details of the assessment pilot. **November 12 – 16.**

L.D. Barney worked on COSIG carryover and worked with 12&12, Inc., Hope Community Health Center, and Red Rock Community Health Center on their contract changes. L.D. Barney participated in a COSIG conference call. He met with OUHSC Center for Infectious Diseases, met with Dr. Minkoff via conference call, worked with D.J. Ernst on technical assistance related to Native American training, and worked on adding discharge planning protocol to the Fidelity tool they are developing.

Dr. Khem attended medical training at OUHSC on Pathophysiology, participated in a web based seminar on HIV (issues in the Latino Community), and met with Red Rock Behavioral Health Center on their HIV Outreach program for the Transgendered population.

November 19 – 23.

L.D. Barney brought an outside trainer for an ASI training for trainers session to try and develop more ASI trainers statewide.

November 26 – 30.

L.D. Barney participated in a detox meeting to discuss detox practices. He met with the Deputy Commissioner to discuss co-occurring issues. He met with the acting head of the Transformation Group to discuss an upcoming presentation. He met with a supervisee for licensure, attended an ISI advisory group meeting and a systems integration meeting. L.D. Barney participated in a conference call with the National AHP Evaluators for the COSIG grant. He also made a presentation to the OU Psychiatric Intern Committee in regard to what they are doing with the co-occurring project.

Dr. Khem attended a COD team meeting and visited the Clay Crossings for Women in Purcell, Oklahoma. He also presented Core-Level training in Norman, Oklahoma at NADTC. He also attended systems integration and ISI advisory group meeting, and an HIV Network meeting.

December 3 – 7.

L.D. Barney attended a Community of Mental Health Directors meeting, and held a meeting with the assessment pilot facilities, which are five residential state operated centers. The meeting was held in Tulsa, Oklahoma at the TCBH facility.

Dr. Khem participated in a World AIDS Day observation, was involved in a conference call about the grant stipulations for the Access to Recovery grant, held Adolescent and HIV training at OUHSC, and held a two day training seminar at the Tulsa Technology Center for trauma training.

December 10 – 14.

L.D. Barney attended a meeting with the Department of Corrections to discuss training on technical issues through COSIG. L.D. Barney held a contract monitoring meeting at Chance for Change, met with the OU Infectious Disease group, and had a meeting on contract monitoring procedures at Family and Children Services in Tulsa where he also met with the staff to discuss capabilities of the fidelities.

Dr. Khem attended a prison ministry conference, participated in the regularly scheduled COD team meeting, and attended in-service training at OUHSC on the evidence-based approach to disease prevention.

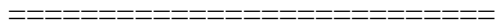
December 17 – 21.

L.D. Barney provided contract monitoring assistance for an outpatient facility in Chickasha, Oklahoma. L.D. Barney held a meeting in N.E. Oklahoma to discuss participant cooperation with drug court clients who have co-occurring issues. L.D. Barney attended a substance abuse staff meeting.

Dr. Khem did contract monitoring in Ada, Oklahoma for the Family Crisis Center, and the Ada Area Chemical Dependency facility. Dr. Khem also received the final revision of the intermediate curriculum manual from the printer. Dr. Khem and his associates, Amber and Renee, spent October and November working on the completion of the Intermediate Curriculum Training Manual. This Manual was completed and ready for distribution on December 20, 2007.

December 24 – 28.

L.D. Barney spent most of this week working on COSIG carryover requests. Dr. Khem met with Turning Point and 12&12, Inc. about their training for HIV Outreach. Dr. Khem also met with the treatment providers for the (ATR) Access to Recovery Grant.



Summary of the work of the ISI Advisory Group and Subcommittees

The Advisory Group met twice this quarter. Updates came from the Advisory Subcommittee; the Training and Workforce subcommittee, and Screening & Assessment subcommittee; Regional Change Agents in Tulsa and Norman; the Tulsa Executive Directors Meeting; and the OU Evaluation Team. A summary of the work completed by

these subcommittees and groups during the 1st quarter of year four is presented in this section.

There are six ISI Advisory Group subcommittees:

1. The Training-Workforce Development Subcommittee,
Curricula Development Workgroup
2. The Screening and Assessment Subcommittee,
3. The Outcome and Evaluation Subcommittee,
4. The Finance Subcommittee,
5. The Systems Integration Subcommittee, and
6. The Regional Change Agent committees:
Regional Change Agents: Tulsa
Regional Change Agents: Norman Chair Report

Also included are reports from the:

Tulsa Executive Director Meeting
OU Evaluation Team

Advisory Subcommittee Summary

Fourteen members met on November 29th. The Chair, L.D. Barney related that meetings were “winding down” with the remainder of the grant period being primarily devoted to evaluation. Dr. Andrew Cherry asked for members to remain after the meeting to participate in a focus group related to issues that were identified last year and this year by key informants. The purpose of the focus group is to determine if the same issues remain.

One remaining agenda item was the Consensus Document. Despite requests for changes, to date none have been received. A further request was put forth by L.D. at the meeting with the comment that the document should be focused and as brief as possible. The Advisory Group will approve a final version.

SAMHSA has expressed interest in the COD Capability Tool, *Oklahoma Co-occurring Disorder Capability and Organizational Program Orientation (COD-CT)*. COD-CT was designed to be congruent with Oklahoma Standards and to determine the ability of a program to provide co-occurring, integrated treatment. This tool has been

piloted at a few agencies such as COCMHC (announced Cindy Schultz at this meeting). The agency will finish the tool (COD-CT) first, and a few weeks later, Central Office staff will come to the agency, also complete the COD-CT tool, and then compare findings. Any differences may create technical assistance opportunities.

Cindy Schultz stated that the Norman Regional Change Agents have offered assistance to the Jim Taliaferro CMHC in Lawton. The agency has yet taken them up on the offer.

Training and Workforce Development Subcommittee

The majority of the training work continued to be carried out under the Curriculum Workgroup headed by Cindy Schultz.

Workgroup Chair Report: Dr. Khem

This quarter the intermediate co-occurring training manual was completed. The manual design and its printing have proven difficult. Therefore, the formatting will continue into the next quarter.

The last quarter included the completion of the advanced level curriculum as a major accomplishment of the quarter. During October through December, the actual content within the curriculum has been brought to near completion despite a major barrier of case study shortage. The committee sent out requests to model/mentor sites for case study examples.

Activities of the subcommittee extended beyond curriculum development to trainings, hiring, conference presentations, and site reviews. Renea Butler-King completed interviews and hiring for GPRA staff. She also presented at the residential conference. Technical assistance was sought with case management staff regarding co-occurring disorders and cultural competency. The subcommittee provided input for statewide contract site reviews. Trainings for administration and staff took place for agencies representing the entire state. The members themselves were participants in trainings related to Hepatitis B, HIV, HIV and adolescents. The implementation of the intermediate curriculum and the completion of the advanced curriculum are the objectives for the next quarter.

Curriculum Committee: Chair Report

The intermediate curriculum was completed. The advanced curriculum is being developed. Issues related to the lack of member input in the actual work involved in curriculum development remains an issue. The inability to secure members that will track the activities of the curriculum committee (taking of minutes) is a difficulty. There are no minutes to review for this quarterly report. Further, ODMHSAS needs to develop a web based system to handle the training needs of the initiative. The committee requested technical assistance from Dr. Christy Cline regarding the curriculum that has been completed and is in the process of development.

The next quarter will bring the completion of the advanced level curriculum and the implementation of intermediate training.

Welcoming, Screening, and Assessment Subcommittee

The committee met on October 17th with the Chair Joseph Yosten and one other member, Dave Mehta present. The availability of the screening and assessment tools on the ISI web link was discussed and the work of the members toward the objectives. No further meetings were scheduled.

Subcommittee Chair Report

There were no new accomplishments this quarter. The chair referenced the creation of a data base for screenings and assessments tools. This was the major accomplishment for the last quarter. There are no issues, concerns, or planned activities for the next quarter.

Regional Change Agents: Tulsa

The Tulsa Regional Change Agents met each month this quarter. Both the October 5th and November 2nd meeting had nine people in attendance. Eleven members met on December 7th. Common topics of discussion throughout the three meetings were future visits by SAMHSA in 2008 to see what has been accomplished at agencies and the federal funding of the COSIG and TSIG, L.D. Barney's upcoming visits to agencies to complete the fidelities. Trainings were a frequent topic including ASAM training, the future release of training dates for intermediate and advanced curriculum training, and Performance Improvement Plans. Local agency issues included out of catchment area referrals, referrals post drug court to FCS or 12&12. DTR groups in January and the

Tulsa Substance Abuse Conference in January 2008. Ella Stokes was introduced as the new Central Office representative that will be collecting data.

Chair's Report Regional Change Agents: Tulsa

The subcommittee's accomplishments numbered four this quarter. This continues the stride that the committee has maintained over several quarters. Accomplishments were 1) breaking down barriers that have kept consumers from getting access to the different programs in Tulsa, 2) more direct person to person contact, 3) discussion on how to assist facilities and executive directors implement co-occurring capable programs, 4) several external partners in attendance at meetings, and 5) supporting agencies to become co-occurring capable and trauma informed.

Accomplishments were visible in the recruitment of FCS to partner with TCBH in the conduction of basic level co-occurring trainings and the continued attendance of community agencies, in particular new Mental Health Court representative Laura Schiewe.

The concern did not change from earlier quarters: How are integrated service changes retained after the grant ends? Approaches to deal with this concern were to gather input from the state leadership on how to realize integrated services from the top down with standards that will sustain change. The next quarter will bring the ongoing goal of bringing unrepresented community members into the meetings.

Regional Change Agents: Norman Chair Report

The Norman Regional Change Agents met twice this quarter. Minutes were not prepared in time for the quarterly report. A major accomplishment has been the adoption of a letter that asks other area agencies to join the Norman Regional Change Agents in their work on a continuum of care. Feedback and suggestions about the agents experience in training experiences continue in an effort to improve. The meeting has become a place to discuss the referral process and support change.

Another significant accomplishment was the occurrence of a second meeting of agencies that included agencies that were not a part of the original model sites. In addition an ongoing core training is taking place open to all the region. This releases individual agencies from the burden of having to schedule and hold core level trainings.

The issues and challenges remain the same this quarter for the regional change agents. The majority of the work is done by only a few. Change agents are at a loss of what role to fulfill once training is completed in terms of putting the skills to use within the agency structure. There is concern about the state of co-occurring services now and especially once the grant ends.

Technical assistance was sought related to physicians and their role in the co-occurring change process. Dr. Minkoff did come to speak to the Norman region. A technical assistance request for Dr. Minkoff to speak directly to physicians was denied.

The agents will continue as they have to this point with the hope that more individuals will take a more active role.

Tulsa Executive Director Meeting

November 12th brought the third bi-annual gathering of Executive Directors in the Tulsa area. They met for the first time in the fall of 2006 then bi-annually from that point. The accomplishments of this group are work on breaking down barriers that have prevented consumers from accessing different programs in the area through person to person contact. Another significant activity was plans to invite other individuals to the meeting. Strategies for the future include information expansion, for example holding meetings in Norman was helpful in this endeavor.

Issues that represent ongoing work from the last quarter included the provision of input for the Consensus Document, attendance at the ISI Advisory committee meetings, presentation of a panel discussion at one of the Tulsa SIPS meetings, and renewal of Consensus Document.

Tulsa Executive Director Meeting Chair Report

The Tulsa Executive Director's had their third meeting this quarter. The accomplishments of this group are in line with the Tulsa Regional Change Agents in terms of breaking down barriers that have prevented consumers from accessing different programs in the area through person to person contact. Another significant activity was plans to invite other individuals to the meeting.

OU Evaluation Team

Analysis continued this quarter on multiple levels. Key informant and fidelity interviews were completed and analyzed by Dr. Byers. Lesa Barnett wrote up the results.

These results will be combined with quantitative findings to complete agency specific reports.

The key informant analysis yielded themes which were used by Dr. Cherry and Dr. Dillon to conduct a focus group. The point of the focus group was to compare themes related to grant implementation for this year and last year. This data provided insight into the systemic factors involved in implementation of the grant.

The data needed for the preparation of the year end report were discussed along with the completion of the quarterly report. The theme of winding down that was initially presented in the last quarter remains with a few members of the original grant staff remaining to oversee the conduction of the advanced and intermediate trainings. The remaining grant period will be devoted to evaluation of the data. The 2005 macro level data was received. A request for the 2006 data was forwarded and is awaiting receipt.

OU Evaluation Team Chair Report

The data base has grown over the years. With this quarterly report, we have completed 15 quarterly and year-end reports on the OK-COSIG Project. This is a database that details the activities of the implementation team over three years. The report tracks the proposed timeline for completing objectives and provides explanations for objectives and timelines that were not met.

In this quarter our focus has been divided between gathering ongoing data and working on the quantitative and qualitative analysis of the data collected to this point. The format for the quantitative analysis has been completed. This format used the ICIS data from FY 2005-2006. The results of this analysis will be used as the baseline or pre OK-COSIG intervention. Data collected in following years will be compared to FY 2005-2006 data to see if any changes occurred that can be attributed to the impact of the OK-COSIG Project.

The process data has grown over the years. The process data collected related to the OK-COSIG Project includes a detail record of the activities of the implementation team. It also includes a compendium of documents generated as a result of the Project. Based on the process data, a beginning analysis of the qualitative data has been completed. It is presented in the End of Year 3 Evaluation Report, under the heading:

Analysis of the OK-COSIG Process Evaluation Data. The End of Year Report will be published on online in February 2008.

In the next quarter, we will continue to gather data and conduct interviews. We will also work on gaining an agreement to access GRPA data. Finally, we will continue working on the ICIS database and work with ODMHSAS Support Services to obtain the ICIS FY 2006-2007 data.

MACRO Evaluation

The approach developed by the evaluation team to continue to gather data from committee chairs and key informants in a consistent way worked well this quarter. This is very important because the evaluation budgets in years four and five are very small and will not allow for much more than reviewing activities related to the OK-COSIG project from committee meetings and analyzing quantitative data from the model programs.

MEZZO Evaluation

The format has been developed to produce program specific reports by year based on the program fidelity and program specific ICIS data. A report was distributed for additional feedback from the agency staff and ODMHSAS. The feedback was positive. These data are the baseline of program performance based on client activities and outcomes with a focus on people identified as having a co-occurring disorder. These reports will be used to determine change over the years in the number served and the level and types of care provided people with a co-occurring disorder by the individual programs.

The focus group held in November to discuss the key informant themes was very helpful. These data will be used to provide an account of the impact of the OK-COSIG project between 2004 and 2008. The themes from year three are compared to the themes from year two. This analysis is presented in the End of Year 3 Evaluation Report, under the heading: *The MEZZO Evaluation.*

MICRO Evaluation

This evaluation effort will be based in part on the GRPA data collected for CSAT. We have a data sharing agreement with ODMHSAS that we should be able to extend to

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 goal to include service recipients, advocates, African Americans, Native Americans, and Hispanic Americans was some what achieved. There was input from service recipients, African Americans, and Native Americans.

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Methodology Used to Develop the 1st Quarter Report – Year 4

The methodology that was used to produce this quarterly report is both qualitative and quantitative. The qualitative data consists of interviews, 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. 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 quantitative 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.

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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:

For all intents and purposes, the work on Objective 1.2 been completed. The vast majority of staff of the 15 pilot programs has been trained with the Core Level curriculum. Training continues, however, on the intermediate curricula, which has begun and training on the Advanced curriculum which will also begin this year.

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 maintaining the support of the agencies while the infrastructure changes are becoming a part of the Oklahoma treatment culture is important work that the OK-COSIG team has in front of it. Based on the number of agencies that are participating in the project, now at 28, this will require a great deal of work. The Team needs to continue to build consensus, and maintain and expand support of the organizational changes to provide program capable co-occurring services. 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 staff continues to meet regularly with a committee of representatives from the Board of Licensed Professional Counselors, the Social Work Licensure Board, and the Board that license Behavioral Health practitioners. The work to establish credentialing for a co-occurring specialist is still being discussed.

Objective 2.3 –

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

Status:

For all intents and purposes, *Objective 2.3* has been accomplished.

- First, incentives were provided to model programs for reaching objectives such as training staff and clinicians related to co-occurring capable programming.
- Second, the changes in language in Chapters 17 (the Standards and Criteria for Community Mental Health Centers) and in Chapter 18 (the Standards and Criteria for Alcohol and Drug Treatment Programs) was a major strategic incentive for the agencies that provide client level services to become co-occurring capable programs.

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 data collected on the screen has been analyzed and a final revision has been produced. The statistical analysis of the AC-OK Screen has shown that this screen is highly reliable, valid, very **sensitive, and has high levels of specificity**. A report to the ODMHSAS leadership is available in the 3rd Quarterly, Year 3 Report, see Appendix A in that report.

- 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 15 Model Programs and Program Fidelity data is being collected on the 13 additional model programs in year 3. A preliminary report was produced and is found in the Year-End Report, Year 2. A Program report based on the Fidelity and ICIS data is in the 2nd Quarterly, Year 3 Report.

- 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:

The data gathering continues. The first and second round of Fidelity data has been collected on the 15 pilot programs. The first round of Fidelity data for the 13 new model programs has been collected.

- 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:

This is ongoing. Program Fidelity data has been collected for two years on the original 15 programs. It is being collected on the 13 new programs. The first round of Fidelity data for the 13 new model programs has been collected.

- 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: Two years of Fidelity data has been collected on the original 15 programs. The first round of Fidelity data for the 13 new model programs has been collected. This data will be used to determine the changes in implementation fidelity from year two to year three for urban sites and rural sites.

- 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 FY2005 has been compiled and can be found in the Year-End Report, Year 2. A format for program reports based on the Fidelity and ICIS data has been developed. The current form is a revision of an earlier version. The format was changed after feedback from clinicians and administrators.

- *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: A report on the analysis has been completed. It is presented in the End of Year 3 Evaluation Report, under the heading: *Analysis of the OK-COSIG Process Evaluation Data*.

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Emerging Themes

In the 1st Quarter of this fourth year, a number of themes identified in year one and two have been addressed or partly addressed. With the addition of 13 new model programs, the Project continues to expand co-occurring capable programming. The OK-COSIG Team has changed with the resignation of Todd Crawford, LPC, LADC, who was the OK-COSIG, Program Manager at ODMHSAS. He left to assume the position of Executive Director at the Oklahoma Youth Center in Norman, Oklahoma.

Major Themes

1) Assessment:

In the majority of agencies, screening and assessment has improved, although the staff continues to work on refining the assessment process. The process of integrating the screening and assessment for people with a co-occurring disorder with the standardized assessment procedure required by an individual “accrediting body” continues. Trauma identification has improved, but staff still needs more training.

2) Training:

Training has been effective in educating the treatment community about people with a co-occurring disorder. Training must be ongoing because of the staff “turnover” at the agency level because of the low pay. Agencies need to incorporate some form of the Core-Level and intermediate level training in new staff orientations.

3) Services Provided:

There is a continuing problem among people who request treatment for an addiction problem but do not want treatment for their mental health disorder. The waiting list for outpatient treatment services is still very long. There may be as many as 70 people on a waiting list at any given time. Transportation to and from treatment is still a problem.

4) Service Barriers:

Some of the “barriers” have come down. There is less reluctance among agencies and staff to treat people with a co-occurring disorder. Cultural competency continues to be a concern (i.e., sensitivity to Native American, African American, and Hispanic cultures that may view mental health and substance abuse differently from others).

5) Self-Help Groups:

Several agencies are running DTR groups. RSS staff have been instrumental starting and maintaining Double Trouble Recovery (DTR) groups in some of the agencies.

6) Training Development

The three groups under the Training and Workforce Subcommittee finished the development and evaluated the Intermediate Training curricular. The staff is continuing to deliver Core-Level trainings. They have almost finished the advanced curriculum. It should be completed in the next quarter. Orientation and Core Level trainings are being delivered to the new model programs. These trainings are important in that they both educate and inform the public and those involved in the field of Behavioral Health.

7) Sustainability

Clinicians and staff that have been involved in the OK-COSIG project over the last three years are aware that the project will be coming to an end in the near future. They are concerned about sustainability and they are interested in strategies to maintain the changes that have been made over the last three years. The discussion about sustainability needs to begin in subcommittee and at the Advisory group meetings.

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Postscript

At the end of this 1st Quarter of year four, the majority of the work on the OK-COSIG Project is focused on continuing to solidify support that will help sustain the changes that have been made over the last 40 months. The work remaining is primarily related to orienting and training staff in the new agencies; support their change efforts, and “walking out” the agency changes to the remainder of agencies providing mental health and substance abuse treatment in the State. There are 15 previous quarterly and year-end reports that describe the work over the last three years and three months. The work is delineated day by day, month by month, and year by year. These reports can be obtained from the website: http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig_project.htm

The major focus of the OK-COSIG Project over the next two years will be on evaluating the three year effort to change a large complex organization so that it can provide an integrated system of treatment that will better serve people with the co-occurring disorders of mental illness and substance abuse in Oklahoma.

Interestingly, in the focus group reviewing the events and themes that were important during year three, an observation that the focus group members agreed on was that the agencies have made more changes to institutionalize integrated treatment for people with a co-occurring disorder than the ODMHSAS. As one member reflected, “We tell our clients that changing means a change in life style. When is ODMHSAS going to change?”

The Following are Recommendations and Suggestion that have Emerged from the analysis of the Data Collected for this Evaluation

1. The cadre of Change Agents needs to receive continued support. There will be an on-going need at agencies for staff training related to people with a co-occurring disorder. If ODMHSAS wants agencies to continue to comply with co-occurring capacity standards, the Department will need to provide funding for continued trainings. One approach suggested by the focus group members was for the Department to develop a staff position at the State level that would be responsible for continued education and trainings related to co-occurring disorders.

Another suggestion from the focus group was for the Department to establish a budget line at each agency to support the work of the Change Agents. The ODMHSAS and SAMHSA need to advocate for and make provisions for providing the support for training and infrastructure enhancement.

2. Another strategic change that the ODMHSAS could make would be to establish a commissioner or vice-commissioner of Co-occurring Disorder services. A person in this administrative position could be an advocate within the ODMHSAS for promoting best practices for all people with a co-occurring disorder. The size of the population of people with co-occurring disorders related to mental health and substance abuse to support such a position. Add to this group, people with a Traumatic Brain Injury (being reported in large numbers among the military) a vice-commissioner of Co-occurring Disorder services would be a strategic addition to the ODMHSAS administration structure.

3. Trainings have been effective in raising awareness and providing skills training. The staff are working on the advanced curriculum. Orientation and Core

Level trainings are still being delivered to the new model programs. The development of the three levels of training and the ability to provide it would be a good strategically sound change. These trainings are important in that they both educate and inform the public and those involved in the field of Behavioral Health.

4. Sustainability is a concern among clinicians who participated in the OK-COSIG Project. Clinicians and staff that have been involved in the OK-COSIG project over the last three years are aware that the majority of the work on the Project is coming to an end. The discussion about sustainability needs to begin in the OK-COSIG subcommittee and at the Advisory group meetings.

5. The work of the ISI Advisory Group needs to evolve from “developing and implementing” to “monitoring fidelity and outcomes.”

6. A public education campaign is needed to raise awareness about the co-occurring disorders related to mental illness and substance use. The people of Oklahoma would benefit from information on co-occurring disorders and the treatment that is available.

7. The work of the ISI Advisory Group needs to evolve from “developing and implementing” to “monitoring fidelity and outcomes.”

8. A plan for supporting the concept of the Mentoring programs assisting new agencies in their attempt to become co-occurring capable programs needs to be developed.