

OK-COSIG
Quarterly Evaluation Report

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Acknowledgement

The 2nd Quarter of the fifth year of the OK-COSIG project, was devoted to work on the quantitative data files that cover the last four years of the COSIG project. This data and the collected qualitative data collected from the model agencies will be compiled to produce the final report on the five year COSIG project. The major work on the project by the Oklahoma Department of Mental Health and Substance Abuse came to an end on September 30, 2008. This year, the 5th year of the COSIG project will be focused on analyzing the data collected over the years. The cooperation from the ODMHSAS that started from day one continues to be excellent. The interactions and correspondence between the Evaluation team members and the remaining OK-COSIG has been supportive. This level of cooperation was needed to facilitate the collection of the data that has helped us tell the story of the OK-COSIG project and to document the outcome of these integrative system components.

The work on the analysis in this 2nd quarter is the continuation of the journey that will end with a full and detailed analysis of the impact of the OK-COSIG Project over four years. This was 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 2nd Quarterly Report for the 5th 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 reports on the ongoing activities related to providing services to people with co-occurring disorders and the work of the Evaluation team on the analysis of four years of data collected from ODMHSAS related to the COSIG project. Following the SAMHSA Quarterly Progress Report, a brief overview of the work accomplished by the OK-COSIG evaluation team in the last three months (January 1, 2008 through March 31, 2009). Then, a description of the data management work completed on GPRA data collected on people with a co-occurring disorder served by a select number of model

programs involved in the Oklahoma COSIG project will be presented. Finally, preliminary analysis of the GPRA data collected will be presented.

Editorial note:

The Quarterly Reports produced during the fifth year of this project will be data for the year-end and final report on the OK-COSIG project. The year-end reports will be the data used in the previous four quarterly reports. 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**

January 1, 2009 through March 31, 2009

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Year: 2009, Quarter 2nd
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for Treatment of Persons with Co-occurring Substance
Related Disorders**
Grant Number: 1 KD1 SM56568
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I. Project Implementation

This is the Second Quarterly Report for year five of the Oklahoma-Co-occurring State Incentive Grant. This report is in the *Quarterly Progress Report Format* required by SAMHSA. The work on data analysis on which this SAMHSA report is based can be found in the *OK-COSIG Quarterly Evaluation Report, Volume 5, Number 2* 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. Description of project changes or modifications [since reapplication] in: *(1) Goals and Objectives*

There has been no modification to the OK-COSIG project in FY 2008-2009. The data analysis is progressing. Two analyses were produced: the second iteration of the Typology Development (Putting a Face on people with a Co-occurring Disorder) and a Comparison between the Original 15 Model Programs, the 13 New Model Programs, and the Control Programs over two years.

The accomplishments on the following Goals and Objectives for the OK-COSIG Project over the four and a half years have been reported in full in the previous SAMHSA quarterly reports. These reports can be found in the *OK-COSIG Quarterly Evaluation Reports*, at http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig_project.htm.

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

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

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.

Objective 2.2 - Establish joint licensure/certification and funding processes for both mental health and substance abuse staff.

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

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.

(2) Project timeline for project implementation

The data analysis is underway. We have obtained the GPRA data and the third year of ICIS data for FY 2007-2008.

(3) Approach and strategies proposed

The plan is to continue the analysis of the three years of ICIS data to develop a Typology of people with a Co-occurring Disorder in Oklahoma, and to complete a Comparison between the Original 15 Model Programs, the 13 New Model Programs, and the Control Programs over three years. The GPRA data will be used to confirm the typology and the comparison of the three programs. The follow up data will provide information on the percentage of people with a co-occurring disorder who return to treatment. Work on converting the GRPA data from an Excel format to an SPSS format required a great deal of time and work. Currently, the conversion to SPSS has been completed. The process of data management is almost finished. Some preliminary data is reported in the full OK-COSIG report for this quarter.

Status of Project

(1) Description of activities during this quarter regarding:

- evaluation,

The data analysis continues to reveal important information about people with a co-occurring disorder. Two analyses were produced: the second iteration of the

Typology Development (Putting a Face on people with a Co-occurring Disorder) and the first iteration of a Comparison between the Original 15 Model Programs, the 13 New Model Programs, and the Control Programs over two years.

The GPRA data was downloaded at the end of the last quarter. This quarter was consumed by recoding the variables and converting the data in Excel to a format that could be used with the Package for the Social Sciences (SPSS). Over 25,000 recodes were required to make the data usable.

(2) Accomplishments

Over the 48 months of the OK-COSIG project, the Goals and Objectives set out for ODMHSAS for the most part were accomplished. The Project expanded from the original 7 to 28 programs that became co-occurring capable or are still 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.

In terms of the overall evaluation of the project. All the qualitative and quantitative data that needed to be collected has been compiled. The qualitative analysis is proceeding on schedule. The quantitative analysis has produced cross sectional findings. The data management process should be completed this quarter.

(3) Other significant project activities

- All of the qualitative and quantitative data needed to complete an overall evaluation of the impact of the OK-COSIG project has been collected by the evaluation team. Preparing the data to do the statistical analyses (the data management process) will be the evaluations teams focus for the next quarter.

c. Difficulties/Problems Encountered

- The remaining tasks to be completed on this project are the data analyses and two quarterly and the final report on the results of the OK-COSIG project. The difficulty in doing the data analyses is a result of the complexity of the data collected and the broad nature of the evaluation. We are continuing the data management on the last two data files, the GPRA data and the third year of ICIS data for FY 2007-2008. A great deal of progress was made preparing the GPRA data for the statistical analysis and producing preliminary findings from the GPRA data.

(2) Strategies to overcome barriers

- We have broken the tasks of analyzing the quantitative and qualitative data to cover the next two quarters.

2. Personnel

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

June Elkins-Baker, Director of Provider Support Services (FTE 25%) is the new contract person at ODMHSAS.

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

There were no changes in staff in the second quarter.

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

There have been no problems as a result of previous changes of the ODMHSAS contact staff. June Elkins-Baker, Director of Provider Support Services has been very helpful.

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OK-COSIG Quarterly Evaluation Report

Second Quarter of Year 5

The following section briefly reports on the activities to sustain the changes and accomplishments made during the last four years of the OK-COSIG project. This will be followed by a report on the data management and beginning statistical analysis of the GPRA data. The data management work on the GPRA data turned out to be very difficult, complicated, and time consuming. The questionnaire used to gather the GPRA data had a number of structural problems. For example, the values used as answers to the questions, and the nature of how the discharge and follow up data was entered into the data file made conversion into and SPSS extremely difficult. We also received the third year of ICIS data for FY 2007-2008 and have begun the data management process.

Activities to Sustain Integrated Co-occurring Services

There was a meeting held at central office (Oklahoma City) on March 5, 2009 to develop plans to continue the work of providing services for people with a co-occurring disorder in Oklahoma. The meeting also provided video and telephone conferencing to those who could not attend in person because of time and distance constraints. There were between 30 and 40 change agents and administrators attending. Change agents and administrators from three agencies attended via video conference and one person attended via teleconference.

The work accomplished by those involved in the Integrated State Initiative (ISI) Advisory Group over the years related to the OK-COSIG project was recognized by the Commissioner Terry White. She encouraged the Change Agents to continue their work and efforts. A number of very positive decisions were made by those attending.

An indication of the commitment of the Change Agents as a group is that they decided that they would meet monthly rather than quarterly so as to maintain the momentum. There was also an indication that representatives from related departments at ODMHSAS would meet with the group. They will again use the name, Integrated State Initiative (ISI) Advisory Group.

The ICIS and GPRA Data Management Process

This section reports on the data management process involved in converting the ICIS and GPRA Excel data files into files that can be analyzed using the Statistical Package for the Social Sciences (SPSS). It is necessary to convert the files from Excel because Excel is an accounting software program that was not designed to do sophisticated statistical analysis of a large data set with thousands of cases. Testing the veracity of the data after the conversion is necessary and requires special care, attention to detail, and a great deal of time.

SPSS is the most widely used computer program for doing statistical analyses at colleges and Universities, particularly in the social sciences. It is also used in the fields of market research, health research, education research, etc. It is also used by survey companies, businesses, government agencies and others. In addition to statistical analysis, data management (case selection, file reshaping, creating derived data) allow for the researcher to do a better analyses in less time. It would have been nearly impossible to produce the level of statistical analysis of the two ICIS data files report in the quarterly reports over the last two years if Excel, for example, was the computer program used to analyze the ICIS data. Moreover, if they could have been done using Excel the time needed to do the analyses would have been exorbitant.

The questions used to collect data for the Government Performance And Results Act (GPRA), Core Client Outcome Measures came from widely used data collection instruments such as the Addiction Severity Index (ASI) and the McKinney Homeless Program reporting system. Data was collected from individuals identified with a co-occurring disorder at admission, discharge, and at six month follow-up. There are nine areas on which data are collected. They are:

Section A: Record Management

Section B: Drug and Alcohol Use

Section C: Family and Living Conditions

Section D: Education, Employment, and Income

Section E: Crime and Criminal Justice Status

Section F: Mental and Physical Health Problems and Treatment

Section H: Demographics (asked only at intake)

Section I: Follow-up Status

Section J: Discharge Status.

The ICIS data set contained 52,542 cases with 115 variables. The GPRA data set contains 374 cases on 239 variables. After converting the data sets from Excel to SPSS the second data management tests was to confirm the veracity of the data file. This requires statistical approaches to checking the values related to each variable. Frequency analysis on the output of the major domains of substance abuse, and mental health were tested.

GPRA Data Management

The Government Performance and Results Act (GPRA) responses were downloaded in a Microsoft Excel spreadsheet. The aggregate came to a total of 1,038 cases. Each case was entered three times, at 'intake,' 'discharge,' and 'follow-up.' Each interview was entered as a different record in the GPRA database. This suggests that each individual could have as many as three records within the data file. Fortunately, each individual was given a unique identification number and the individual's identification number was used on each of the records entered on one individual.

The initial process was to sort the cases into three separate files. Consequently, the data was sorted by the time of the interview. The types of interviews conducted to gather the GPRA data were obtained at admission (coded at collection as 1), discharge (coded at collection as 5), and a six month follow-up interview (coded at collection as 2). File one contained data from the 'intake interview' contained 371 responses. File two contained data from 324 'discharge interviews.' File three contained data from 340 'follow up' interviews. This means that the GPRA data has "intake,' 'discharge,' and 'follow up' data on 324 people identified as having a co-occurring disorder from the three OK-COSIG pilot sights in Oklahoma.

Information was collected on 239 variables. These data were in "free responses, coded as string variables (names) rather than as numbers, and used negative numbers to indicate 'appropriate skip,' and 'missing,' for example. This required that the variables be recoded as nominal and numeric variables. All of the questions had responses that had

to be recoded because they were not compatible with statistical analysis. Each one had to be recoded manually.

As mentioned above, the GPRA data was coded with negative numbers to represent various non-responses. An appropriate skip was coded as a -1, a refusal to answer an item was coded as a -7, a response of “don’t know” was coded as a -8, missing data was coded as a -9. Due to the problems with mathematical computation, these negative values required recoding from negative values to positive values. Over 25,000 recodes were required to make the data usable in a statistical analysis.

Caution was required in the recoding not to use numerical values which would interfere with valid responses. For variables that had a two digit range, i.e. values from 1 to 99, a three digit value was used to replace the previously negatively coded variable. For example, an appropriate skip was converted from a -1 to a value of 991. This aided in the identification of all recoded values, the leading two digits (9’s) indicated a recode and the final digit was the previously negative value (in this case 1). Similar recoding procedures were used for the other negative values of -7, -8, and -9. These values were recoded as 997, 998, and 999 respectively. For other variables, in which the range was higher than a 2 digit range, the number of places was increased by 1, and the final number remained 1, 7, 8, or 9 depending on the original negative coding. This procedure was employed for all 239 variables.

Once the recoding of negative values were converted into positive values, the data was again sorted by interview type. This aggregate file was then broken down into three separate Excel spreadsheets, separated out by time of interview. This enables the data to be manipulated without concerns for time series distortion. File type 1 was the information collected at admission, file type 2 was information collected at the 6 month follow-up interview, and file type 5 was the information collected at the time of the client’s discharge from treatment. This arrangement was due to the original coding of the data received, i.e. the values assigned at time of collection, rather than due to limitations of the statistical package or researcher preference.

When the previous step had been accomplished, the final result was that the three files contained the responses from individual clients (unique individuals) at the three collection intervals. The file of information obtained at admission contained data for

three hundred seventy four (N=374) clients. The file for time of discharge contained information on three hundred twenty four (N=324) clients. Six month follow up data was available on three hundred forty (N=340) clients. These three files were then converted into SPSS files for future data analysis.

As SPSS files, the decimal place indicator was set to zero (0) places for the 239 individual variables. The number of places was set depending upon the range of the variable, with a minimum width of eight (8) digits.

The possible values that a variable could contain were then coded into the value information in SPSS. This enables the researchers to run frequencies on each variable and have the recoded variables possess a text label rather than the arbitrary numerical values assigned for manipulation.

The data from the three separate SPSS files will next be organized into one SPSS data file. This will facilitate the examination of the individual participation in services for people with a co-occurring disorder and the outcome from those services over three time periods.

Methodology

Data Source

Data from two sources will be used in the following analysis. The preliminary statistical output from GPRA data collected on people serviced by OHMHSAS model programs will be compared to the ICIS data collected in FY 2005 and 2006 and FY 2006 and 2007. Both ICIS sets of data have been previously described and analyzed. For these reports see: the *OK COSIG 2nd Quarterly Report Year 4*, and *OK COSIG 1st Quarterly Report Year 5: A Beginning Typology of People with a Co-occurring Disorder Admitted for Treatment in Oklahoma*).

The GPRA data used in this beginning analysis was collected from interviews with 347 adults during 'intake' 'discharge,' and at a '6 month follow up.' Those interviewed were admitted for treatment in 2008 at three pilot sites in Oklahoma (Norman, Tulsa, Vinita/Tahlequah).

Similarities and Differences Between Study Samples

In the GPRA 2007-08 data, there were 247 (66.2%) males and 126 (33.8%) females. The male population in this sample is considerably higher than the State population statistics from the 2000 census. The census numbers of men and women are nearly equal statewide. The total state population of women was 50.7% and 49.3% for men in the 2006 census. The GPRA data is also different from the ICIS data collected over several years before 2008.

In the FY 2005-2006 ICIS data there were more males (51.3%) than females (48.7%) admitted for treatment. The Model Programs admitted (51.9%) males. The Control Programs admitted more females (53.4%) than males (46.6%).

In the FY 2006-2007 ICIS data there were more females (51.9%) than males (48.1%) admitted for treatment. This is interesting because it supports the analysis of the ICIS data that suggests slightly more women have been admitted for treatment than men over the years.

Gender (based on GPRA data)

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	247	66.2	66.2	66.2
Female	126	33.8	33.8	100.0
Total	373	100.0	100.0	

Differences in Age

The mean age of people with a co-occurring disorder over the years has remained stable. Among GPRA respondents it was 36 years of age. Males, as a group, were significantly older with a mean age of 36.60 years of age. Females had a mean age of 34.60 years old.

As a group in FY 2005-2006 people with a co-occurring disorder were approximately 36.5 years of age. Females with an indication of a co-occurring disorder were significantly younger (35 years of age). In FY 2006-2007 people with a co-occurring disorder were approximately 35.29 years of age. Females with an indication of

a co-occurring disorder were significantly younger (Females 34.89; Males 35.63 years of age). This finding has continued to be stable over the years. Treatments and interventions should be designed for both men and women who are in their mid 30's. This is an age when recovery can make a major difference in the life of someone with a co-occurring disorder. At this age, helping a person become drug free and moving him or her back into the workforce, does not just benefit the individual who received the treatment; it saves enormous sums of health and social services dollars.

Differences by Race/Ethnicity

In the GPRA data, people who identify as white (238) comprised 63.6% of the population. This is significantly less than the state population of people who identify as White (78.3% in 2006). It is also significantly different than the FY 2005-2006 and FY 2006-2007 ICIS data. In the ICIS data there were few racial/ethnic differences between people with a co-occurring disorder and people seeking treatment with no indication of a co-occurring disorder. Statistically, white women and men were the typical client admitted to that sample of state funded treatment facilities (76%). This was similar to the state population of people who identify as White (78.3% in 2006). In the FY 2006-2007 data, white women and men made up 77.1% of people admitted to the model and control treatment facilities.

Race: White (based on GPRA data)

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	238	63.6	100.0	100.0
Missing or System	136	36.4		
Total	374	100.0		

For people who identify as **African Americans** (50) comprised 13.4% of the sample, African Americans make up 6.9% of the state population. This is consistent with previous data collected in the FY 2005-2006 and the FY 2006-2007 ICIS where approximately 13% (FY 2005-2006) and 12.6% (FY 2006-2007) of people admitted to treatment were African Americans.

Race: African American (based on GPRA data)

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	50	13.4	100.0	100.0
Missing System	324	86.6		
Total	374	100.0		

People who identify as **Hispanics** – The total number of Hispanics in this population were too small to have confidence in any statistical conclusions (14) which comprised 3.85% of the sample. Hispanics make up approximately 6.9% (2006) of the population in Oklahoma. Possible reasons for the low numbers seeking treatment would include: 1) the Hispanic culture is more family oriented and tend to deal with major issues within the family structure; 2) treatment settings are not staffed to treat people who speak Spanish, and 3) sanctions related to legal status creates a hostile environment for both legal and non-legal Hispanics residing in Oklahoma.

Hispanic

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	359	96.0	96.2	96.2
Yes	14	3.7	3.8	100.0
Total	373	99.7	100.0	
Missing Refused	1	.3		
Total	374	100.0		

Those who identify as **American Indian** (74), made up 19.8% of the sample, although the population of Native Americans in Oklahoma (8.0%) is higher than the National average (1.5%), the percentage reported in the GPRA data is significantly higher than the state average.

American Indian (based on GPRA data)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	74	19.8	100.0	100.0
Missing	300	80.2		
Total	374	100.0		

Difference in Education

The average level of education for the individuals in the GPRA data is 11.92 years. The most commonly occurring value (Mode) is 12. In the GPRA data males reported an educational level of 11.75 and females was 12.22 years. This seems to indicate a similar level of education to the previous samples. For this sample 30% were not high school graduates. In the FY 2005-2006 ICIS data, the average level of education was 11.7 years. In the FY 2006-2007 ICIS data, the average level of education was 11.8 years. Education is another very stable characteristic. This characteristic suggests that curricular needs to be at a near high school level. A caveat, each program must develop its curriculum to meet the educational level of the people it is serving. In this data, 30% of those receiving treatment reported 11 years or less of education.

Highest Level of Education (based on GPRA data)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 3	1	.3	.3	.3
5	1	.3	.3	.5
6	1	.3	.3	.8
7	5	1.3	1.4	2.2
8	17	4.5	4.6	6.8
9	19	5.1	5.1	11.9
10	22	5.9	6.0	17.9
11	45	12.0	12.2	30.1
12	142	38.0	38.5	68.6
13	27	7.2	7.3	75.9
14	37	9.9	10.0	85.9
15	14	3.7	3.8	89.7
16	22	5.9	6.0	95.7
Vo-Tech	4	1.1	1.1	96.7

	no diploma				
	Vo-tech diploma	12	3.2	3.3	100.0
	Total	369	98.7	100.0	
Missing	Refused	5	1.3		
Total		374	100.0		

Differences in Homelessness

Based upon responses of ‘living in a shelter’ or ‘living on the street/outdoors,’ there are 29 (7.9%) individuals in this sample who are currently homeless. This GPRA percentage does not differ significantly from previous samples and appears to be a relatively stable characteristic of the Oklahoma homeless population. In previous samples the percentage of homeless ranged from 8.1% – 8.7%. This is another stable characteristic. About 8% of people who present with a co-occurring disorder will be in need of services related to homelessness.

Where living in the past 30 days (based on GPRA data)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Shelter	16	4.3	4.3	4.3
	Street/Outdoors	13	3.5	3.5	7.9
	Institution	72	19.3	19.6	27.4
	Housed	267	71.4	72.6	100.0
	Total	368	98.4	100.0	
Missing	Refused	6	1.6		
Total		374	100.0		

Difference in Pregnancy

In the current sample, 6 of the 123 women (4.9%) admitted for treatment were pregnant. Although higher than previous samples 3.1 - 3.3%, due to the small sample size (6) it is difficult to draw conclusions from this percentage.

Difference in Arrest History

For the GPRA sample 28 individuals (7.6%) reported that they had been arrested in the past 30 days. This percentage is almost twice the percentage of arrests found in the ICIS data. In this sample 17.4% were currently awaiting trial or sentencing. Moreover 33.2% were on parole or probation.

In the FY 2005-2006 ICIS data, among men and women with an indication of a co-occurring disorder who were arrested 30 days before admission, 600 individuals (3.9%) reported that they had been arrested. In the FY 2006-2007 ICIS data, among men and women with an indication of a co-occurring disorder who were arrested 30 days before admission, 348 individuals (4.6%) reported that they had been arrested in the past 30 days.

Arrested in the past 30 days (based on GPRA data)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	341	91.2	92.4	92.4
	1	22	5.9	6.0	98.4
	2	5	1.3	1.4	99.7
	4	1	.3	.3	100.0
	Total	369	98.7	100.0	
Missin	Refused	5	1.3		
g					
Total		374	100.0		

Alcohol Use in the Last 30 Days

In the GPRA sample, 54.2 % reported that they had used alcohol in the past 30 days before being interviewed. On average the 54.2% who reported drinking alcohol said that they drank on average 6.36 days during the last 30 days. Among this group 30% drank alcohol 6 days or more in the last 30 days.

Of those who used alcohol in the last 30 days and consumed 5 or more drinks per day, they drank on average 9.6 days out of the last 30 days. Of those who drank 5 or more drinks a day, some 40% drank 5 or more drinks for 9 or more days during the last 30 days.

Drug Use: Injecting

In the GPRA sample, 15.2% reported injecting drugs. Of this number 4 in 5 were receiving services for a co-occurring disorder. In the FY 2006-2007 ICIS data 28.3% of people with a co-occurring disorder reported a *history* of IV drug use. The number of people with a history of IV drug use would be expected to be higher than the percentage currently injecting drugs. Even so both numbers are higher among people with a co-occurring disorder. *The significant difference in the frequency of drug use and a history of IV drug use suggests that in this sample of people (all with co-occurring disorders), drug use among people with a co-occurring disorder is more a result of the mental health involvement than a function of society and culture.*

Other GPRA Drug Use Data

In the GPRA sample 88.2% used alcohol or other drugs in the last 30 days. Methamphetamines, which is a persistent problem in Oklahoma, was reported used by 17.7% of those in this sample. Crack or cocaine use was reported by 26.2% of those in the GPRA sample. Oxycontin use was reported by 8.4% of the sample. Additionally, 14.9% of people in this sample reported using benzodiazepines over the last 30 days.

Sexual Activity

Among those in the GPRA sample, 45% said they engaged in sexual activity in the last 30 days. Of these, 74.7% had three or more partners during that 30 day period. In terms of unprotected sexual contacts, among those who engaged in sexual activity, 80% reported unprotected sexual contacts. Of these 33.1% said the unprotected sexual contact occurred while they were high on drugs or alcohol.

Differences Among Gender and those Receiving Co-occurring Services

One of the interesting items on the GPRA questionnaire is whether or not the person being interviewed was receiving services for a co-occurring disorder. Using this question, women were more likely to be receiving services for their co-occurring disorder (76% of women as opposed to 61% of men).

Gender	Services Co-occurring Disorders		Totals
	No	Yes	
Males	97/39.3%	150/60.7%	247
Females	30/23.8%	96/76.2%	126
Total	127/34%	246/66%	373

Difference by Race/Ethnicity and Co-occurring Services

There was also some interesting differences among those who received services for a co-occurring disorder by race and ethnicity. While 86.5% of Native Americans were receiving services for a co-occurring disorder. People who self identified as white (70%) were receiving services for a co-occurring disorder. Only 38% of African Americans were receiving services for a co-occurring disorder.

Race	Services Co-occurring Disorders		Totals
	No	Yes	
African Amer.	31/62%	19/38%	50
Native American	10/13.5%	64/86.5%	74
White	71/30%	167/70%	238

Difference by Employment an Co-occurring Services

The difference among those who are receiving services for a co-occurring disorder varies according to their employment status. What is striking about these numbers is that 88% of those who are employed full time are also receiving services for their co-occurring disorder. One could speculate that this is why they are employed full time; especially, when compared to people in the sample who are only employed part-time. Only 16% of those employed part-time are receiving services for their co-occurring

disorder. Among those who reported that they are looking for work, the percentage receiving services for their co-occurring disorder is the highest, 97.5%.

Employment Status	Services Co-occurring Disorders		Totals
	No	Yes	
Employed full time	6/11%	45/88%	57
Employed Part-time	37/84%	7/16%	44
Looking for work	2/2.5%	78/97.5%	80
Unemployed Disabled	9/20%	36/80%	45
Not Looking for work	69/59%	46/41%	117

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Postscript

This quarterly report has highlighted the preliminary data analysis of the GPRA data collected from the three model sites in Oklahoma. The major purpose of this report has been to begin to analyze the GPRA data. The GPRA data collected information that can be compared to the ICIS data. What is as important is that the GPRA questionnaire collects additional information which is not collected by ICIS. The information on sexual behavior, for example, is not collected by ICIS. The preliminary data analysis on sexual activity, especially the percentage of people who had unprotected sex while intoxicated is important to treatment and public health. The GPRA data would suggest that information on the HIV/AIDS should be integrated and emphasized in the treatment curriculum and programming at both the Mental Health and Substance Abuse treatment centers.

The plan is to continue the data management of the remaining ICIS data set. Then, to continue the analysis and comparison between the four data sets. These analyses will be completed over the final two quarters.