

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

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**April 1, 2009 through June 30, 2009**

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## Acknowledgement

The 3<sup>rd</sup> 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 5<sup>th</sup> year of the COSIG project focuses 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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. In this quarter we are reporting on the continuing activities of the Evaluation team related to analyzing the qualitative and quantitative data collected on services provided to people with co-occurring disorder over the last four years. Following the SAMHSA Quarterly Progress Report, a brief overview of the work accomplished by the OK-COSIG evaluation team in the last three months (April 1, 2009 through June 30, 2009). Finally, a description of the preliminary analysis on the three

years of Individual Client Information System (ICIS) data collected on children and adolescences 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. 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**

**April 1, 2009 through June 30, 2009**

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**Year: 2009, Quarter 3<sup>rd</sup>**  
**Title of Grant: Oklahoma State Incentive Grant  
for Treatment of Persons with Co-occurring Substance  
Related Disorders**  
**Grant Number: 1 KD1 SM56568**  
**State: OKLAHOMA**

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## I. Project Implementation

This is the Third 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 3* at [http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig\\_project.htm](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](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 continuing. This quarter the data management process was completed. Additionally, a preliminary analysis of the children and adolescent data collected over three years was completed. Next quarter, we will finish the analysis of the last year of the ICIS data.

#### *Approach and strategies proposed*

Work on data management, converting all of the quantitative data to SPSS and checking it for errors, has been completed. 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. The data analysis is nearing completion. Next quarter, we will finish the analysis of the last year of the ICIS data. These analyses and reports will be organized as data and will be used to write the final evaluation report on the OK-COSIG Project.

## **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. This quarter we analyzed the ICIS data collected over three years of the OK-COSIG project collected on children and adolescents. These young people are identified not by age but as being younger than 18 years. They were all identified as 17 on the age variable. As a result of this lack of specific age, there is no breakdown or analysis by age.

Even so, the remaining ICIS data does provide useful information. The preliminary analysis completed this quarter begins to put a face on children and adolescents with a Co-occurring Disorder. The data on the children and adolescents is from ICIS data collected from FY 05-06, FY 06-07, and FY 07-08.

(2) Accomplishments

- Over the first 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 was 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. All quantitative data from ICIS and GPRA has been converted to SPSS for the statistical analysis. Additionally, a preliminary analysis of the data collected on children and adolescents was finished and the findings reported.

### **c. Difficulties/Problems Encountered**

- The remaining tasks to be completed on this project are the data analyses, one quarterly report, 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 have finished the data management on all three ICIS data files and the GPRA data field.

(2) Strategies to overcome barriers

- We continue to follow a plan that breaks up the evaluation into specific tasks and stages. We are in the analysis stage of the quantitative data.

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 third 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*

### *Third Quarter of Year 5*

The following section reports on the progress made on the evaluation of the OK-COSIG Project. The data analysis is continuing. This quarter the data management process was completed. Additionally, a preliminary report of the children and adolescent data collected over three years was completed. Next quarter, we will finish the analysis of the last year of the ICIS data.

Work on data management, converting all of the quantitative data to SPSS and checking it for errors, has been completed. 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. The data analysis is nearing completion. These analyses and reports will be organized as data and used to write the final evaluation report on the OK-COSIG Project.

The data analysis continues to reveal important information about people with a co-occurring disorder. This quarter we analyzed the ICIS data collected over three years of the OK-COSIG project collected on children and adolescents. These young people are identified not by age but as being younger than 18 years of age. They were all identified as 17 on the age variable. As a result of this lack of specific age, there is no breakdown or analysis by age.

Even so, the ICIS data does provide interesting and useful information about the children and adolescents being treated in mental health and substance abuse agencies in Oklahoma. This quarterly report focuses on the analysis completed using the ICIS data to begin to put a face on children and adolescents with a Co-occurring Disorder. The data on the children and adolescents is from ICIS data collected on the following years: FY 05-06, FY 06-07, and FY 07-08.

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 was completed this quarter.

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. All quantitative data from ICIS and GPRA has been converted to SPSS for the statistical analysis. Additionally, a preliminary analysis of the data on children and adolescents was finished and the findings are presented in this report.

The remaining tasks to be completed on this project are the data analyses, one quarterly report, and the final report on the results of the OK-COSIG project. We continue to follow a plan that breaks up the evaluation into specific tasks and stages. We are in the final stage of the analysis of the quantitative data.

### **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 performed using Excel, the time needed to do the analyses would have been exorbitant.

The ICIS data set contained 95,997 cases with 115 variables. After converting the data sets from Excel to SPSS the second data management task 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.

## **Methodology**

### ***Data Source***

Data used in this study was collected on 13,465 children and adolescents over three fiscal years. The fiscal years that data was available are FY 05-06, FY 06-07, and FY 07-08. The ICIS datasets and findings have been previously described. For these reports see: the *OK COSIG 2<sup>nd</sup> Quarterly Report Year 4*, and *OK COSIG 1<sup>st</sup> Quarterly Report Year 5: (A Beginning Typology of People with a Co-occurring Disorder Admitted for Treatment in Oklahoma)*.

### ***Procedure***

The data came from the Oklahoma Department of Mental Health and Substance Abuse Services, Client Information System (ICIS). Agencies that contract with ODMHSAS are required to enter standardized data into the ICIS on clients that they treat. The data was provided through a data sharing agreement with the researchers approved by the University of Oklahoma IRB and the ODMHSAS IRB. The data was stripped of all information that could be used to identify individuals who had been in treatment. Further, all children and adolescents treated are entered as having an age of 17 to preclude attempts to identify individuals based upon age.

### ***Data Analysis***

This was the first look at the analysis. With the completion of the data management tasks on the 3<sup>rd</sup> year ICIS data, we had enough data to do a preliminary analysis of the data collected on the children and adolescents entering treatment for a mental health and/or substance abuse disorder. To begin the analysis, frequencies were performed on variables related to the admission, treatment, and discharge of the children

and adolescents. The analysis adds information to this evaluation about a sizeable population of children and adolescents who entered treatment during FY 05-06, FY 06-07, and FY 07-08. The analysis provides two important findings.

1. A description of the children that received services from the programs involved in the OK-COSIG Project are described using frequencies and means to examine the differences over three years. Using these data, the differences and similarity, we begin to develop a typology of the children and adolescents. And,
2. Frequencies helped us identify variables of interest; and variables suitable for a more sophisticated data analysis (bi-variant and multi-variant analysis).

***Demographic Representation***

The following is a brief description of the finding from the children and adolescents who entered treatment during FY 05-06, FY 06-07, and FY 07-08.

***Gender Differences***

In all three fiscal years, there were more males than females admitted for treatment. In this table the number of children and adolescents increased over the three years because of the number of agencies involved in the Project increased. The percentages are robust indicators of the prevalence in a fairly large population. It is safe to plan that the ratio of children and adolescents going into treatment in a given year will be about 56% male and 44% female.

**Gender Differences**

Sex	Male	Female
FY 05 – 06	1491 (56.5%)	1147 (43.5%)
FY 06 – 07	2635 (54.9%)	2169 (45.1%)
FY 07 - 08	3434 (57%)	2589 (43%)

### ***Differences by Race***

Racially, the largest group of Children and Adolescents on which we have treatment data are self-identified as 'white.' The percentages are slightly lower than the state population of people who identify as 'white' (75.6%). This group increased by almost 6% over three years: FY 05-06 (68.3% 'white,'), FY 06-07 (72.1% 'white'), and FY 07-08 (74.1% 'white').

Children and adolescents who self-identify as African Americans are the second largest group on which we have treatment data. Based on this data, African American children and adolescents admitted for treatment make up between 12% and 13% of the sample. African Americans make up 6.9% of the state population.

The number of children and adolescents who self-identified as American Indian ranged from 7.5% to 10.8% over the three years. This seemingly high percentage (as compared to the National average of 1.8%) is actually consistent with the demographic of the State of Oklahoma. American Indians are some 8.9% of the population in Oklahoma.

Children and adolescents who self-identify as Asian were too small in number (n = 56) to have confidence in any statistical conclusions. They make up about a half of one percent of the children and adolescents treated at facilities receiving state ODMHSAS funds. The total Asian population makes up 1.4% of the Oklahoma population.

Data was only collected in one year for those identifying as multirace individuals. This lack of data does not allow for any statistical conclusions. Finally, the numbers for Native Hawaiian and other Pacific Islanders were too small (n = 30) to draw any statistical conclusions.

**Differences by Race**

Race	White	African American	American Indian	Asian	Native Hawaiian other Pacific Islander	Multirace	Missing Data
FY 05-06	1801 (68.3%)	333 (12.6%)	286 (10.8%)	14 (0.5%)	5 (0.5%)	199 (7.5%)	-
FY 06-07	3464 (72.1%)	633 (13.2%)	371 (7.7%)	18 (0.4%)	8 (0.2%)	-	310 (6.5%)
FY 07-08	4462 (74.1%)	808 (13.4%)	451 (7.5%)	24 (0.4%)	17 (0.3%)	-	261 (4.3%)

***Differences by Ethnicity***

Children and Adolescents who self-identified as Hispanics in this population appear to be decreasing. Over the three years of data collection, the number of Hispanic Children being treated in state funded programs dropped by 20%. This drop (in the number of Hispanic children and adolescents) being treated for a mental health disorder or substance abuse disorder may be due to a number of factors. One that is malleable causes may have been the federal and state legislation and sanctions that were passed during these three years related to legal status of Hispanics. These national and local events have created a hostile environment for both legal and non-legal Hispanics residing in Oklahoma and the U. S. Of course we hope it was just an artifact of the populations ebb and flow. If it is just an anomaly, we should expect about 8% of Hispanic Children and Adolescents to be admitted yearly.

**Differences by Ethnicity**

Ethnic	Not Hispanic	Hispanic
FY 05 - 06	2428 (92%)	210 (8%)
FY 06 - 07	4443 (92.5%)	361 (7.5%)
FY 07 - 08	5626 (93.4%)	397 (6.6%)

### ***Difference in Education***

The average education for children and adolescents appears to vary slightly by year. Since age is not collected on these individuals it is impossible to determine if the level of education is consistent with the average age of the sample. However, the reading level of the written material should be geared to children and adolescents with a reading level of no more than a sixth grade level.

**Average Education**

FY 05 – 06	6.12 years
FY 06 – 07	5.32 years
FY 07 - 08	5.51 years

### ***Difference in Average Days in Treatment***

One of the expectations when we increase our investment in the clinical training of staff is a payoff in outcomes for the people receiving the treatment. Training builds treatment capacity. In this case, the capacity to treat people with co-occurring disorders. One of the payoffs for using ‘best practices treatment interventions’ is that client outcomes should improve. As well, the use of ‘best practices’ in the treatment of people with a co-occurring disorder, for example, should result in the improvement in general care and treatment at each participating agency. One outcome that was hypothesized is: There was a significant reduction in the number of days children and adolescents spent in treatment at the model programs. In the following table, days in treatment over the last three years, for children and adolescents dropped by 60%, a significant decrease over three years. This 60% drop in the days in treatment occurred during the three years of training and program development to improve services to children and adolescents with a co-occurring disorder. The number of days in treatment dropped each year of the project. The days in treatment dropped approximately 35% from *year 1* to *year 2*. Days in treatment dropped approximately 25% from *year 2* to *year 3*.

We can conclude that the length of stays in treatment facilities for children and adolescents decreased over the course of the OK COSIG project. This variable is one

that will be useful in future analyses. The length of stay is important both for quality control as well as financial reasons.

**Average Days in Treatment**

FY 05 – 06	267 days
FY 06 – 07	170.5 days
FY 07 - 08	104.2 days

***Difference in Arrest History***

Based upon the data it is possible that the number of arrests within 30 days of admission is increasing, however based upon the size of the sample it is difficult to draw statistical conclusions. . Hopefully, the increase in children and adolescents who have been arrested in the last 30 days is an indication that the juvenile judges and prosecutors are aware of what drug courts and mental health courts have been accomplishing in Oklahoma and are sentencing children and adolescents to treatment rather than prison/detention stays..

**Arrests within 30 days of admission**

	Yes	No
FY 05 – 06	14 (0.6%)	2407 (99.4%)
FY 06 – 07	38 (0.8%)	4616 (99.2%)
FY 07 - 08	83 (1.4%)	5940 (98.6%)

***Pregnancy History***

Based on the three years of data, it can be concluded that approximately one half to one percent (0.5 – 1.0%) of adolescent female presenting for treatment will be pregnant. This is based upon a small sample and may not be statistically significant but in terms of practical significance perhaps treatment programs may want to incorporate

age appropriate testing for and education on pregnancy and sexually transmitted diseases, if they are not already doing so.

**Number of Reported Pregnancies**

	Yes	No
FY 05 – 06	12 (0.5%)	2626 (99.5%)
FY 06 – 07	56 (1.2%)	4748 (98.8%)
FY 07 - 08	33 (0.5%)	5990 (99.5%)

***Sources of Referrals***

There were, in each fiscal year numerous referral sources for children and adolescents seeking treatment. For each of the three years of data, the five sources identified below were the top sources for referrals. Being referred by ‘significant others,’ ‘self referral’ and schools accounting for over 70% of referrals for all three years.

**Referral Sources**

	Significant other	Self	School	DHS	Probation
FY 05 – 06	1023 (38.8%)	470 (17.7%)	423 (16%)	-	8 (0.3%)
FY 06 – 07	1537 (32.0%)	1158 (24.15)	680 (14.2%)	441 (9.2%)	110 (2.3%)
FY 07 - 08	1841 (30.6%)	1377 (22.9%)	847 (14.1%)	326 (5.4%)	284 (4.7%)

***Presenting Problem***

For each of the three fiscal years, the top four presenting problems are presented in the following table. It is notable that the number of children and adolescents presenting with a Emotional Maladjustment/Disturbance has significantly increased each year of the Project. This is interesting compared to the number of children and

adolescents who presented with depression over the three year period. The number of depressed children and adolescents fluctuated over the years between 10% and 17%. While the number of children and adolescents presenting as ‘Suicidal and Self-Abuse’ appear to have dropped substantially (about 4%), given these small numbers, the drop may simply be the natural ebb and flow in this population. ‘Other Behavioral Disturbances,’ on the other hand, does seem to be a reflection of a natural variation in the population.

**Primary Presenting Problems**

Primary problem	Emotional Maladjustment/Disturbance	Depression	Suicidal Self-Abuse	Other Behavioral Disturbance
FY 05 – 06	864 (32.8%)	285 (10.8%)	297 (11.3%)	149 (5.6%)
FY 06 – 07	1816 (37.8%)	815 (17%)	338 (7.0%)	345 (7.2%)
FY 07 - 08	2541 (42.2%)	834 (13.8%)	434 (7.2%)	341 (5.7%)

***Secondary Presenting Problems***

For each of the three fiscal years, the top three secondary presenting problems are presented below. Most in the field would have guessed ‘Social relations disturbances with Family Members’ would be in the top among secondary problem. Depression was also among the secondary problems reported.

**Secondary Presenting Problems**

Secondary problem	Social relations disturbances with Family Members	Depression	Anxiety/Panic
FY 05 – 06	126 (4.8%)	154 (5.8%)	71 (2.7%)
FY 06 – 07	317 (6.6%)	236 (4.9%)	146 (3.0%)
FY 07 - 08	412 (6.8%)	340 (5.6%)	156 (2.6%)

### ***Alcohol and Other Drug Abuse***

Over all three fiscal years, the vast majority (over 80%) of children and adolescents reported no alcohol or drug use. Among the 20% of children and adolescents who reported using alcohol and other drugs, Marijuana/Hashish was the most popular drug used.

#### **Alcohol and Other Drug Usage**

Drug 1 <sup>st</sup> choice	None	Alcohol	Marijuana/ Hashish
FY 05 – 06	2249 (85.3%)	75 (2.8%)	236 (8.9%)
FY 06 – 07	4103 (85.4%)	180 (3.7%)	398 (8.3%)
FY 07 - 08	4986 (82.8%)	230 (3.8%)	677 (11.2%)

### ***Age of First Drug Usage***

Although data is not available for all three fiscal years, based on the two years of data we do have, alcohol and other drug use (particularly marijuana and alcohol) appear to start on average at about the age of 13. This information may prove helpful in prevention planning and in developing new treatment strategies.

#### **Average Age of First Drug Usage**

FY 05 – 06	No Data-	No Data-
FY 06 – 07	13.09 years	701 Cases
FY 07 - 08	13.29 years	1034 cases reported

### ***Adolescents and Children in Custody***

Over the three fiscal years, approximately 6.5 – 10% of the children and adolescents entering ODMHSAS supported mental health and substance abuse programs were already in State custody. They were either under the auspices of the Department of

Human Services, or the Office of Juvenile Affairs. In the data we have, the Department of Human Services retained custody over 5.35 to 8.8%. The Office of Juvenile Affairs retained custody over 1.15 to 1.6%.

**In DHS Custody**

	Yes	No
FY 05 – 06	148 (5.6%)	2272 (86.1%)*
FY 06 – 07	424 (8.8%)	4229 (88.0%)*
FY 07 - 08	319 (5.3%)	5703 (94.7%)

\* Not 100% due to missing data.

**In OJA Custody**

	Yes	No
FY 05 – 06	32 (1.2%)	2388 (90.5%)*
FY 06 – 07	75 (1.6)	4578 (95.3%)*
FY 07 – 08	75 (1.2%)	5947 (98.8%)

\* Not 100% due to missing data.

***DSM-IV TR Disorders***

Among the children and adolescents who were given a DSM diagnosis, the most common was a Mood Disorder 36.7%. Some 6% of the children and adolescents were diagnosed with an Anxiety Disorder. Almost 6% were diagnosed with a Substance Use Disorder.

**Axis I Diagnosis Disorders**

	Frequency	Percent	Valid Percent	Cumulative Percent
Substance abuse DX	127	4.8	5.7	5.7
Psychotic Dx	11	.4	.5	6.1
Mood Disorder Dx	686	26.0	30.5	36.7
Anxiety DX	135	5.1	6.0	42.7
Childhood DX	1116	42.3	49.7	92.3
Other DX	172	6.5	7.7	100.0
Total	2247	85.2	100.0	
Missing	391	14.8		
Total	2638	100.0		

***Average GAF Scores at Admission/Discharge***

Average Global Assessment of Functioning (GAF) scores were obtained for admissions and at discharge. It appears that in both timeframes that the average GAF scores are increasing over time. This may be due to the increased training obtained as a result of the OK COSIG project. This result warrants future investigation.

**Average GAF at admission**

FY 05 – 06	45.09
FY 06 – 07	49.47
FY 07 - 08	51.57

**Average GAF at Discharge**

FY 05 – 06	50.74
FY 06 – 07	52.92
FY 07 - 08	54.32

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### Postscript

This quarterly report covers the preliminary data analysis of children and adolescents who were admitted to one of the ODMHSAS programs providing treatment for those under the age of 18. There were 13,465 children and adolescents under 18 years of age admitted to participating OK-COSIG Project programs over three fiscal years: FY 05-06, FY 06-07, and FY 07-08. There were about 56% males and 44% females admitted each of the three years.

An average of 72% of the children and adolescents self-identify as 'white.' This is fairly close to the percentage in the general population. African Americans are the second largest group of children and adolescents on which we have treatment data. Based on this data approximately 12 to 13% of the sample is African American, while they make up 6.9% of the state population.

The number of children and adolescents who self-identified as American Indian ranged from 7.5% to 10.8% over the three years.

The total number of people who self-identified as Hispanics in this population appear to be decreasing in number by year. The number of Hispanic Children being treated in state funded programs dropped by 20%.

One outcome that was hypothesized seems to be gaining support. There was a significant reduction in the number of days children and adolescents spent in treatment at the model programs. In the following table, days in treatment over the last three years, for children and adolescents dropped by 60%, a significant decrease over three years. This 60% drop in the days in treatment occurred during the three years of training and program development to improve services to children and adolescents with a co-occurring disorder. The number of days in treatment dropped each year of the project. The days in treatment dropped by approximately 35% from *year 1* to *year 2*. Days in treatment dropped approximately 25% from *year 2* to *year 3*.

We can conclude that the length of stays in treatment facilities for children and adolescents decreased over the course of the OK COSIG project. This variable is important both for quality control as well as for financial reasons.

There has been an increase in children and adolescents who have been arrested and who are entering treatment. We hope that the increase in children and adolescents who have been arrested in the last 30 days is an indication that more children and adolescents are receiving treatment than juvenile detention. Additionally, about one half to one percent (0.5 – 1.0%) of adolescent females presenting for treatment will be pregnant.

Being referred by 'significant others,' 'self referral' and schools account for over 70% of referrals for all three years.

It is notable that the number of children and adolescents presenting with a Emotional Maladjustment/Disturbance has significantly increased each year of the Project. At the same time Suicidal and Self-Abuse as a presenting problem appears to have dropped substantially. Social relation disturbances with Family Members is the top among secondary problem. Depression was also among the secondary problems reported.

Among the 20% of children and adolescents who reported using alcohol and other drugs, Marijuana/Hashish was the most popular drug used.

Although data is not available for all three fiscal years, based on the two years of data we do have, alcohol and other drug use (particularly marijuana and alcohol) appear to start on average at about the age of 13.

Over the three fiscal years, approximately 6.5 – 10% of the children and adolescents entering ODMHSAS supported mental health and substance abuse programs were already in State custody.

Among those given a DSM diagnosis, the common diagnosis was Mood Disorder 36.7%. Some 6% of the children and adolescents were diagnosed with an Anxiety Disorder. Almost 6% were diagnosed with a Substance Use Disorder.

The major purpose of this report has been to begin to analyze the quantitative data collected on children and adolescents involved with agencies that were a part of the OK-COSIG Project.

The plan is to continue the data management of the remaining ICIS data. We will continue the analysis and comparison between the four data sets. These analyses will be completed in the next quarter.