

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

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## **Acknowledgement**

With the end of the fourth quarter of the third year of the OK-COSIG project, the major work on the project is drawing to a close. The next two years are designed as 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 Evaluations team members and the OK-COSIG staff is very frequent and time consuming for all. This level of cooperation, however, is needed to collect data that we can use to tell the story of the OK-COSIG project and document the outcome of these integrative system components, based on what was done, and how it was done.

Additionally, the OK-COSIG project evaluation has benefited and is made possible because of the cooperation and support of Department staff and administrators at all levels. The accomplishments of this fourth 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 4<sup>th</sup> Quarterly Report for the third 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 (July 1, 2007 through September 30, 2007). This will be followed by a list of the implementation activities that were carried out during the 4<sup>th</sup> quarter of this third year. Next, a summary of the work completed by the ISI Advisory Group sub-committees will be described. An overview of the evaluation project will follow. Then the goals and objectives by timeline will be described in terms of their status and the

resources that are being employed to meet the objectives. Finally, additional emerging themes that were identified in the first quarter of this third year will be described.

**Editorial note:** The Quarterly Reports produced during the third year of this project will be data for the year-end reports. The year-end reports will be the data used for the five year report. These reports will also form the basis for the final report on the Process Evaluation. To maintain the highest level of accuracy, corrections will be made on quarterly reports as errors are identified or clarifications are needed. These changes will be issued as new pages that will replace the pages with errors. The new pages will retain the old text, but the old text will appear with a ~~striethrough~~ 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 2007 Reporting Requirements**

**July 1, 2007 through September 30, 2007**

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**Year: 2007,**

**Title of Grant:**

**Quarter 4th**

**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 Fourth Quarterly Report for year three of the Oklahoma-Co-occurring State Incentive Grant. This report is in the *Quarterly Progress Report Format* required in 2007 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 3, Number 4* 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, trauma, and substance abuse within Oklahoma's mental health and substance abuse treatment communities.

The OK-COSIG project continues to be supported by practitioners, agency and program personnel who work in the mental health and substance abuse treatment communities in Oklahoma.

At the end of the third year 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.

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.

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. As the intermediate training is developed and presented over the next two years, it will have a major impact on the thinking and skills development of current clinicians and those preparing to come into the both fields.

Changes at the middle management level in terms of contract changes and 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 are currently being missed will decrease and treatment will continue to improve for this group.

At the State Department level, the focus on integrating the mental health and substance abuse communities and the Integrated Conference to be held in January 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 who seek services is still 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 fourth quarter of this third 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. OK-COSIG staff need 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 Americans, 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 will be collected from the original 7 pilot agencies at 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*

An assessment pilot group from five state operated residential facilities are conducting an Assessment Pilot to determine the feasibility of using assessment tools such as the CAAPE, DAPS, and SA-45 instead of the ASI and CAR.

The implementation of a standard practice for screening and assessment for people with a co-occurring disorder is supported by the new language in the rules in Chapters 17 and 18. How well this is being implemented, however, will require ongoing technical assistance and monitoring by the Department.

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

The second Objective of Goal 1 is being accomplished using a training module on Screening and Assessment in the Core-Training Curricula and it will continue to be reinforced in the Intermediate level training that is being developed and pilot tested. Additionally, the cadre of Change Agents that have been identified are a resource that can supplement the training.

*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.*

The greatest portion of the work on Objective 2.1 has been completed with the exception that consumers and advocates, Native Americans, African Americans, and Hispanics have had little input or buy-in. The implementation ideas, philosophies, and presentations by consultants Dr. Minkoff and Dr. Christy Cline of ZiaLogic, Dr. Walter Kristhardt, Dr. Mee-Lee and the technical assistance provided by COCE transformed the organization and has had a positive impact on the change process.

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

Changes in the licensure provisions by the Licensed Behavior Practitioner (LBP) (practitioners with a graduate degree in clinical psychology), Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapist (LMFT), Licensed Alcohol and Drug Counselors (LADC), and Certified Alcohol and Drug Counselors (CADC) is an important next step and is being facilitated by the OK-COSIG team. Changes by the licensure and credentialing boards to include language related to treating people with a co-occurring disorder will support both the training and continued education of clinicians in Oklahoma.

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

Over the last year a great deal of time and energy has been expended to accomplishing this Objective. The ODHMSAS State rules governing mental health treatment (Title 450:17, Chapter 17) and substance abuse treatment (Title 450:18, Chapter 18) include changes that relate to treatment for co-occurring disorders. These changes in the rules will make it more likely that agencies will address the needs of people with a co-occurring disorder. Currently, the vast majority of agencies are looking for ways 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.*

Much of the work has been completed on this Objective. The next phase is to provide Core-Level trainings to the additional 13 programs and finish training the Change Agents. In year four, Intermediate-Level training will be provided by OK-COSIG staff and the Change Agents back at their agencies.

*(2) Project timeline for project implementation*

The timeline for collecting the GPRA data started with the hiring and training of three new staff to collect GPRA data. The collection of the GPRA is planned to begin October 1, 2007 through September 30, 2008.

Over the last 36 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 two years. They are available online 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 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 and its subcommittees to help develop, implement and evaluate an integrated treatment model that conforms to evidenced-based practice for people with co-occurring disorder is ongoing.

*(3) Approach and strategies proposed*

The approach to collect the GPRA data is to place one staff member at each pilot site. The Norman GPRA staff member will collect measures at NADTC, COCMHC and NAIC. In Tulsa, the GPRA staff member will collect data at TCBH and ACT. In Tahlequah/Vinita, data will be collected at Bill Willis CMHC and VADTC. In the fourth quarter of the third year the broad focus of the OK-COSIG staff was on: 1) incorporating and sustaining the provision of co-occurring programming at the State policy level during the transformation process, 2) engaging and orientating the new 13 model programs, 3) continuing to provide statewide training of clinicians and staff, 4) developing credentialing standards for clinicians who treat people with a co-occurring disorder, and 5) supporting the Choctaw Nation in their efforts to develop services for

Native people with a co-occurring disorder. A request will be 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 with the support of the Department was the identification of screening and assessment tools. Attendance at meetings was low because of the distances members had to travel to attend. Planned activities for the next quarter are to establish the screening and assessment tool database on the ODMHSAS web page.

- workforce development/curriculum development workgroup,

The completion of the advanced level curriculum was the major accomplishment of the quarter. Final formatting and layout changes still need to be made. A rough draft of the advanced curriculum is also complete. The need for web based learning to accommodate ongoing training needs was revisited. Workload equity was a problem that has been a consistent problem for the workgroup. This represents a barrier to achieving this goal. The lack of technological tools to implement web-based training is an additional barrier. The planned activities for the next quarter are the completion of the advanced curriculum and begin the intermediate training.

- 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 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 transformation in the treatment community. They cannot, however, be taken for granted. They need concrete support from both the Department and their individual agencies to continue their efforts. This has been hampered by the reality that agencies who contract with the Department only receive income from direct service provided to clients. As a result, training and participation on committees has fallen disproportionately on the backs of clinicians and the agencies that contract with the Department. The incentives provided to agencies to send their staff for training through the OK-COSIG project were a welcomed benefit (model programs earned approximately \$15,000 in the first year and \$5,000 in the second year for meeting identified goals) but they did not come near paying for the thousands of hours that have been paid for by agencies and clinicians to send staff to meetings and trainings. For these agencies and clinicians participating in the trainings and committee meetings is a survival strategy. Nevertheless, given the limited resources available, one could speculate that it has in some cases compromised clinical treatment. The activities needed to provide "best

practices” include training and participation in infrastructure enhancements. The Department and SAMHSA need to advocate for and make provisions for providing the support for these endeavors. It is patently unfair to force clinicians and agencies to shoulder this burden.

- evaluation,

This focus this quarter has been on completing Fidelity reports for 2006 among the 15 pilot agencies and doing the initial Fidelities on the additional 13 agencies. Members of the evaluation team were also preparing to do 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.”

Additionally, there was a great deal of time spent on data management of the ICIS FY2005 data file. This is the data baseline that will be used to compare future data to determine the impact of the OK-COSIG project and the pilot agencies in identifying, assessing and treating people in Oklahoma with a co-occurring disorder. 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

During year three the major accomplishments have been adding 13 new programs to the 15 original pilot programs. The major elements of infrastructure change have been changes in the rules and contracts. Infrastructure changes that are ongoing include credentialing and services coordination.

## (3) Other significant project activities

- There was an Integrative Systems Initiative (ISI) Executive Leadership Retreat on September 25, 2007. Executive Directors and their Clinical Directors met in Norman, Oklahoma. Approximately 90 people attended the retreat.
- The three OK-COSIG staff that will gather the GPRA data have been hired and will be trained. The plan is for them to begin gathering the data October 15<sup>th</sup> 2007.
- The Department received notice that it was awarded one of the *Access to Recovery Grants* in September. There is hope that this grant will provide the means to increase participation of service recipients and consumer advocate groups in the transformation process.
- Supported and participated in the Oklahoma Department of Corrections Charter Group on co-occurring disorders.
- Completed the OUHSC Contract with the Infectious Disease Institute to provide training and TA 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

- Change agents continue to experience real problems related to the cost of their involvement to their agency and themselves.
- There was some movement in the effort to involve Native American Tribes in providing services for people with a co-occurring disorder. The Choctaw Nation attended the COCE Policy Academy. This is only one of 18 tribal nations in Oklahoma. Even so, it is a start.
- African American and Hispanic involvement continues to be an area where the goals have not been met.
- Service recipient and advocate involvement continues to be an area where the goals have not been met.

(2) Strategies to overcome barriers

- It is hoped that the *Access to Recovery Grants* will increase the participation of service recipients and advocates 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.

Todd Crawford – Co-Occurring Clinical Director and Project Manager  
 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  
 Brenda Pitts – Administrative Assistant

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

Three people have been hired to collect the GPRA data. One person is assigned to each of the pilot sites. They are:

Kristina Schwartz (Norman)  
 Ella Stokes (Tahlequah/Vinita)  
 Callie Chunestudy (Tulsa)

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

There were no vacancies this quarter.

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

### **Fourth Quarter of Year 3**

(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 4<sup>th</sup> Quarterly report of Year 3 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 4<sup>th</sup> Quarterly Report of Year 3 will delineate the work toward accomplishing these two objectives.

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### **Activities and Events**

#### **July 1, 2007 through September 30, 2007**

This section lists the activities associated with the OK-COSIG project staff for the 4<sup>th</sup> quarter of the third year. Calletta McPherson was appointed as the new Substance Abuse Commissioner, but no other leadership changes were reported during the 4<sup>th</sup> quarter of this report.

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 4<sup>th</sup> quarter of year three, but it is a good representation of the work that was accomplished.

## **July – September Activities**

### **July 2-6.**

On Monday, July 2, Todd Crawford, Co-occurring Clinical Director, L.D. Barney, Co-Occurring Program Specialist, and Dr. Khepra Khem, Co-Occurring Training Specialist attended the weekly treatment staff meeting. They discussed the progress of the development of a standard protocol for screening and assessment of people with a mental health and substance abuse disorder. That same day, L.D. Barney held a meeting with program personnel to plan the next Joint Conference meeting which will be held in January, 2008. The Joint Conference was created to join the two separate Mental Health and Substance Abuse conferences into one conference. This will help integrate the two departments and it will decrease the amount of time spent in separate conferences, and then having to meet again to combine information from both areas.

### **July 9-13.**

Todd Crawford, L.D. Barney, and Dr. Khepra Khem attended the weekly treatment staff meeting. L. D. Barney met David Mee-Lee, for the second time for a “training for trainers” meeting. The meeting covered two days in which they narrowed down the original group of trainees from eighty to five. There are Trainers/Coaches already fully trained and working in the field with agencies. They also have a highly trained team located in the central office; these trainers are utilized in the field as needed. L. D. Barney also met with the North Western Center for Behavioral Health co-occurring committee in Woodward, Oklahoma.

Dr. Khepra Khem, Co-Occurring Training Specialist, attended an all day meeting with the Oklahoma HIV planning counsel. Dr. Khem serves as a member of the Oklahoma HIV Planning Counsel. Dr. Khem also facilitated a core level training session at Saint Luke’s Methodist Church in Oklahoma City; 54 people were in attendance for that training session. Dr. Khem participated in a COSIG conference call which included an update of training progress; he also attended a meeting at the OU Health Sciences Center of infectious diseases division and will be monitoring a contract that OUHSC has

with the Oklahoma Department of Mental Health regarding evidence based education and prevention training for HIV/AIDS.

**July 16-20.**

L.D. Barney attended a meeting in Pryor, Oklahoma with the Northeastern Regional Agencies. L.D. Barney also worked with several of the model programs to determine where they were in regards to the screening process they were using; this meeting included the 13 new programs to make sure they were not having any difficulties, and to check in to see how they were doing. L.D. Barney also attended a documentation workshop in Tulsa where he met with several agencies and health care authorities to work on developing a system of “common paper work” that will be used by all state agencies to report assessment data, basic demographic data, and ultimately be able to share/access this information state wide utilizing electronic/internet access.

Dr. Khem attended a trauma peer group meeting, which involved several professionals in the behavioral health field. This meeting was facilitated by Julie Young. Dr. Khem participated in a COD staff meeting, and a community meeting with potential Recovery Support Specialists (R.S.S.) to begin the development of curriculum for the training of these individuals. The ultimate goal of developing a curriculum for R.S.S. is to have community advocates trained and available to help support the needs of co-occurring clients.

**July 23 – 27.**

L.D. Barney met with the North Care Co-Occurring committee, and on the same day, he attended another Joint Conference planning meeting. L.D. Barney also met with a small assessment pilot group associated with five state operated residential facilities. L.D. Barney also met with representatives for Oklahoma Licensing Boards [Licensed Behavior Practitioner (LBP) (practitioners with a graduate degree in clinical psychology), Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapist (LMFT), Licensed Alcohol and Drug Counselors (LADC), and Certified Alcohol and Drug Counselors (CADC)] to discuss common licensure procedures for all mental health and substance abuse license

candidates, including psychologists; all of the different licensing entities had a representative at this meeting. L.D. Barney meets every six to eight weeks with all of the licensing board officials to work on new legislation for the next year. Todd Crawford and L.D. Barney visited the Bill Willis facility in Tahlequah to provide Technical Assistance. L.D. Barney had a conference call with the COSIG team on the collection of the GPRA data. Seven of the original pilot programs have been approved to start collecting GPRA data required by SAMHSA.

Dr. Khem attended a staff meeting with several change agents. Dr. Khem also attended an American Indian Cultural Adaptation training seminar. He also attended a two day training for trainers conference that focused on the program S.T.A.R.T. (Systematic Trainning to Assist in the Recovery from Trauma).

### **July 30 – August 3.**

Todd Crawford presented at the Human Services Finance Conference in Sparks, Nevada on COD financing and funding. L.D. Barney attended another Joint Conference meeting. L.D. Barney met with Dr. Andy Cherry in Tulsa. L.D. Barney also attended another meeting in Tulsa regarding the development of the “common paperwork” and documentation procedures for all agencies. L.D. Barney met with CSAT while they were in his office and he provided them with information as to what the OK-COSIG team was doing regarding co-occurring assessment reviews.

Dr. Khem attended the COD COSIG retreat in Tulsa. Dr. Khem also made a cultural competency video to go with the online core level training curriculum. Dr. Khem was also involved in an all day review meeting getting ready for a CSAT visit.

### **August 6 – 10.**

Todd Crawford, L.D. Barney, and Dr. Khepra Khem attended the weekly treatment staff meeting. Todd Crawford was involved in the CSAT Core Review. Two Co-occurring facilities were reviewed. L.D. Barney held a meeting with the North Care co-occurring treatment team for a recap of recent progress. L.D. Barney also held a meeting on the same day with a small group of co-occurring team members in his office about the activities/training/tech assistance or whatever else they may do when they make

site visitations. Todd Crawford and L.D. Barney held a conference call with Dr. Minkoff and Dr. Cline and discussed the tool that his team was working on to determine the fidelity of the agency to programming for treating people with a co-occurring disorder and to discuss year end reports. L.D. Barney attended a reception at the new model site, DRI, where they announced their upcoming move and expansion into a new facility. He also attended a workshop at Metro Tech where Dr. Shea from California made a presentation on diagnosing co-occurring disorders.

Dr. Khem attended an alcohol, drug, and substance abuse training course; the meeting was held in the Shepherd Mall. Dr. Khem also attended a presentation by Dr. Shea on treatment planning and misdiagnosis.

### **August 13 – 17.**

Todd Crawford, L.D. Barney, and Dr. Khepra Khem attended the weekly treatment staff meeting. Todd Crawford attended the 4<sup>th</sup> annual Policy Academy on co-occurring disorders for Native Communities as part of the Choctaw Nation Team (pre visit August 13-14, Phoenix Sept. 11-13). Dr. Khem presented core level training to four people at Gateway in Shawnee, Oklahoma. Dr. Khem also presented core level training at the Moore, Oklahoma Alcohol and Drug facility. Dr. Khem presented core level training to 44 people at the Bill Willis facility.

### **August 20 – 24.**

Todd Crawford, L.D. Barney, and Dr. Khepra Khem attended the weekly treatment staff meeting. Todd Crawford attended the Department of Corrections Charter Group on co-occurring disorders. L. D. Barney met with Dr. Minkoff and Dr. Cline and provided technical assistance certification. L.D. Barney, Dr. Minkoff, and Dr. Cline then repeated the same training at the Norman model site with their change agents. L.D. Barney and Dr. Minkoff visited agencies in Stillwater, Oklahoma who work with juveniles and kids. L.D. Barney met with Edwin Fair Community Health Care treatment team and a number of the agencies that refer clients to the Edwin Fair facility. A regional meeting has started on a regular basis for the agencies in the Stillwater and Ponca City, Oklahoma areas. L.D. Barney went to Woodward, Oklahoma to work with all of the

North West Center for Behavioral Health facilities on technical assistance issues. L.D. Barney met with Rhonda McKillip from Washington State and developer of “The Basics,” and has now developed a training program that uses “The Basics” as a platform. L.D. Barney also had an assessment pilot meeting with the five residential facilities that the state operates. Subjects that were covered are as follows; how they were doing assessments, the facilities were also given permission to use other assessment tools other than the ASI and CAR so that a protocol can be developed from the results of using different types of assessment tools based on individual client needs. L.D. Barney wants to be able to 1) give their results to COSIG and 2) put the results of the work using different instruments on the website so the results can be seen by other agencies. L.D. Barney talked to the Health Care Commission and they are open to not mandating the use of the ASI and CAR as the only assessment tools. The Health Care Commission is supportive of the use of different assessment tools based on the individual client. L.D. Barney wants the results available electronically because even though the ASI and CAR are being used, the results are not being utilized; the results are just documented in the client records and never looked at again. L.D. Barney is trying to develop an assessment that is continuous and longitudinal that informs the treatment plan.

Dr. Khem attended an HIV/AIDS outreach and cultural competency training seminar that was sponsored dually by the Board of Health in Phoenix, Arizona, and the Oklahoma Department of Health.

### **August 27 – 31.**

L.D. Barney met with co-occurring groups. L.D. Barney also attended a meeting with the Detox Committee to gain insight as to how detox is being done, and what improvements can be made. L.D. Barney also attended another licensing meeting. He also met at the Carl Albert facility in McAlester regarding the documentation process.

Dr. Khem held a core level training at Saint Luke’s Methodist Church in Oklahoma City; 50 people were in attendance.

### **September 3 – 7.**

Todd Crawford, L.D. Barney, and Dr. Khepra Khem attended the weekly treatment staff meeting. L.D. Barney attended the weekly meeting with the co-occurring treatment team. Todd Crawford attended the Governor's Transformation Advisory Board meeting. L.D. Barney worked, via email, with Dr. David Mee-Lee on training for trainer process development for final training. L.D. Barney also met with the LCSW board to give them information on co-occurring licensure and basic set of competencies. L.D. Barney met with the Executive Director of North Care to work on Executive meetings for programs broken off in Norman, Oklahoma. L. D. Barney worked with the Bill Willis facility on policy.

Dr. Khem attended a meeting with the new substance abuse commissioner, Calletta McPherson. Dr. Khem presented a two day training course on alcohol, drugs, and substance abuse.

### **September 10 – 14.**

L.D. Barney and Todd Crawford went to Phoenix, Arizona for the fourth annual SAMHSA Academy Conference that focused on co-occurring conditions in Native American communities; they were at the conference as delegates for the Choctaw Nation. The conference was September 11-12, 2007.

Dr. Khem presented another training session on alcohol, drug, and substance abuse. Dr. Khem also attended an Oklahoma Planning Council meeting for HIV/AIDS that was sponsored by the Oklahoma Department of Health. Dr. Khem had a conference call with COSIG.

### **September 17 – 21.**

L.D. Barney attended a meeting with the co-occurring group. L.D. Barney also met with representatives from the state licensing board to work on correct phrasing for the next round of legislation. L.D. Barney also met with the "common paperwork," and documentation group in Tulsa. L.D. Barney attended another meeting with the assessment pilot group. Three co-occurring disorder specialists have been hired to work exclusively with the correctional facilities.

Dr. Khem held a meeting for DOC employees to train them on co-occurring disorders. Dr. Khem attended an advanced curriculum work group meeting.

**September 24 – 28.**

L.D. Barney had a meeting with Dr. David Mee-Lee to finalize the training for trainer process. Dr. Mee-Lee had chosen five people that he had worked with since February 2007. Each candidate had presented their training skills in front of Dr. Mee-Lee, as well as submitting a video tape of one of their actual training sessions. These five people will be on contract and will travel all over the state of Oklahoma providing ongoing training. L.D. Barney attended a retreat with all of the Executive Directors and their Clinical Directors in Norman, Oklahoma. Approximately 90 people were in attendance. L.D. Barney also talked to the Executive Committee about ASAM and how it worked as an assessment tool. L.D. Barney met with the Norman co-occurring change agent group; L.D. Barney invited some new agency representatives to attend, including the Salvation Army, and the Salvation Army wants to get involved to make sure that their co-occurring clients are getting the treatment they need.

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

The Advisory Group did not meet this quarter. Updates came from the Finance, Outcomes and Evaluations, Systems Integration, Training and Workforce, and Screening & Assessment subcommittees. A summary of the work completed by the ISI Advisory Group subcommittees during the 4<sup>th</sup> quarter of year three 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

### ***Advisory Subcommittee Summary***

The Advisory Group did not meet this quarter.

### ***Systems Integration Subcommittee Chair Report***

The subcommittee did not meet this quarter. The Chair, Billy Ray ended his term in July. The new chair is Lewis Ward. There is no chair report this quarter.

### ***Finance Subcommittee***

The subcommittee did not meet during this quarter. The chair's report indicates that the major accomplishment of the quarter was the issue of SFY-2008 Contracts that combine mental health and substance abuse services. A continuing activity for this and the last quarter was the review of other state's funding agreements.

A difficulty encountered by the subcommittee is the division of mental health and substance abuse at the federal level. A significant barrier to the subcommittee's mandate continues to surround funding issues. There is uncertainty regarding the use of federal monies for co-occurring services. Obligation issues still abound. The ability to monetarily support across programs is not allowable. Once funds are obligated to a specific type of program (community mental health) then monies may not be used within a different program (substance abuse). Leadership involvement of mental health and substance abuse agencies is needed to address this barrier. The next quarter will involve continued information gathering from other state finance plans and consultation with ISI Leadership regarding direction for this subcommittee.

### ***Regional Change Agents: Norman***

The Change Agents of this region met once each month during this quarter. Minutes for the September 26<sup>th</sup> meeting at Griffin Memorial Hospital were available for this quarterly report. Two representatives from the Salvation Army attended as guests of OCCIC Change Agent, Donna Hyde, which is indicative of community linkages. New business included the announcement of incentive contract deadlines that must include core-level training requirements, CODECAT, and ISI language in policy and procedures. L.D. Barney was on hand to answer questions from new model site representatives.

Donna Hyde spoke to the new agencies in terms of the importance of their presence at the change agent meetings and also at the upcoming Advisory Board meeting (October 18<sup>th</sup>) at Central Office. Core-level trainings were announced.

*Chair Report Norman Regional Change Agents*

The chair identified four major accomplishments this quarter: 1) created a forum for discussion that change agents can share core-level training experiences and tips 2) suggestions for overcoming barriers to engaging others in the change process, 3) increased inter-agency communication that refer clients. Other significant accomplishments were the conduction of the first meeting that included agencies outside of the model sites to introduce COSIG for networking and the development of a central core level training to occur periodically for the whole region. This will eliminate the need for individual agencies to provide ongoing training.

A few core-level trainings remain to be completed that represent a carry over from the last quarter. These are mainly to train new staff and just a few existing staff that have not been trained. The ongoing issue that has plagued subcommittee work is the disproportionate workload. Three people on the committee are doing the majority of the work for the region. Committee business such as the notes and minutes are not a priority. A barrier to achieving the mandate is that change agents are unclear about their role beyond providing a core level training.

Some agencies are asking for technical assistance related to physician involvement. Dr. Minkoff was able to speak to the Norman region. Planned activities for the next quarter are to continue to involve other agencies and develop a future agenda related to their needs and continue to provide feedback and support, and work together as the intermediate level of training begins across agencies. Chair concerns continue to relate to the continuance of meetings during her absence and the lack of direction once change agents conduct core-level trainings.

### ***Training and Workforce Development Subcommittee***

The main subcommittee did not meet this quarter. Work was carried out under the Advanced Curriculum Workgroup.

It appears that the workgroup met more than once. Minutes for the September 20, 2007 meeting were available for the preparation of this quarterly report. Fourteen individuals attended the meeting where the focus was the review and final revision of the advanced curriculum. The inclusion of citations, grammatical corrections, word replacement, and resolution of consumer references and ASAM language were discussed.

#### ***Workgroup Chair Report***

The chair reports that the completion of the advanced level curriculum as the major accomplishment of the quarter. Final formatting and layout changes remain. A rough draft of the advanced training curriculum is also complete. The need for web based learning to accommodate ongoing training needs was a revisited issue. Making the core-level training consistent with the advanced came up during this quarter. Work load equity was a problem that has been a consistent problem for the workgroup. This represents a barrier to achieving the mandate. The lack of technological tools to implement web-based training is an additional barrier. All strategies have been exhausted by the chair. She is considering stepping down due to the drain on her individual time and the strain to her agency. The planned activities for the next quarter are the completion of the advanced curriculum and begin the intermediate training.

### ***Screening and Assessment Subcommittee***

The subcommittee has a record of meeting once according to the ODMHSAS ISI Web Calendar. That meeting was held at North Care on August 15<sup>th</sup>.

#### ***Subcommittee Chair Report***

The accomplishment of the members during this time was the creation of a data base for screenings and assessments tools with a web address for access. Attendance at meetings was difficult due to the long distances members had to travel to attend. Specific

barriers were not noted in the report. Any issues that arose were addressed by members and resolved. Planned activities for the next quarter are to establish the screening and assessment tool data base on the ODMHSAS web page. There were no additional issues or concerns during this quarter.

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*OU Evaluation Team*

The analysis of quantitative data and the completion data gathering were the focus of this quarter. During July, the team focused on the presentation of the agency specific data in a format that would be most meaningful for directors. Additional data sources for analysis related to informing the process of organizational and system change. The need to hire a new graduate research assistant was also discussed as a priority. Scheduling of key informant interviews and fidelity measures were begun. At the end of the month, Dr. Byers attended a Tribal Participatory Research Conference held in Tulsa from July 26<sup>th</sup> – July 27<sup>th</sup>.

August began with a focus group designed to gather perspectives of the COSIG staff related to the beginning of the grant process to the present. Renea Butler-King, Amber Hulme, Dr. Khem, L.D. Barney, and Todd Crawford responded to open ended questions from the OU Evaluation Team. Dr. Cherry wrote up the focus group notes with input requested from the other evaluation team members that were present.

Lesa Barnett began as the new graduate research assistant to assist with the evaluation activities. Key informant interviews for the original 15 model sites were completed by Dr. Byers. Only one agency did not respond to repeated email and phone requests for an interview. Fidelity interviews continued and Lesa Barnett began work on finishing the new model site fidelity measures.

September included discussions of the quarterly and year end report preparation. The format for the fidelity reports was another critical topic with a model being created to guide the remaining 2006 and 2007 summaries. Ms. Barnett completed the 2006 Fidelity Reports and began on the 2007 reports. Feedback from the focus group participants was forwarded to Dr. Cherry to incorporate into his write up. Data analysis was another topic of discussion in terms of recodes and the most updated data base. There has been much

energy expended by Dr. Byers and Lesa Barnett in terms of scheduling and attempted scheduling for the fidelities, particularly among the new model sites. The newness of the initiative for the new model sites may be a factor.

The quarter ended with a sense that the subcommittees are winding down given the reduced activity on the ODMHSAS website in terms of posted meetings and minutes.

#### *OU Evaluation Team Chair Report*

This quarter has been consumed completing Fidelity reports for 2006 among the 15 pilot agencies and doing the initial Fidelities on the additional 13 agencies. Members of the evaluation team were also preparing to do two national presentations in October related to screening for a co-occurring disorders and preparing social work students to work with people with co-occurring disorders.

Additionally, there was a great deal of time spent on data management of the ICIS FY2005 data file. This is the data baseline that will be used to compare future data to determine the impact of the OK-COSIG project and the pilot agencies in identifying, assessing and treating people in Oklahoma with a co-occurring disorder. After the year-end report is completed the plan is to develop a baseline report for each of the pilot agencies.

#### **MACRO Evaluation**

The evaluation team's effort to develop a structured approach for collecting data from committee chairs and key informants in a consistent way is working fairly well. 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. The focus group with the major members of OK-COSIG team in August was extremely informative. It will be used to provide an account of the impact of the OK-COSIG project between 2004 and 2007.



### **Outcome Evaluation for the 4<sup>th</sup> Quarter – Year 3**

*Service Coordination and Networking:* The final SPSS syntax to do the analysis of the FY 2005 data has been tested numerous times and is complete. The analysis of the qualitative data will continue during the next quarter.

*Service Recipient Outcomes for Services Pilot:* The methodology for doing the micro level evaluation has changed because of the micro level data that will be collected for SAMHSA. This data will be used to report on Service Recipient Outcomes.

*Cultural Appropriateness of Evaluation:* The evaluators are sensitive to the importance of agency staff and services to people with a co-occurring disorder being culturally and gender sensitive and competent. Although evaluation team members had hoped to observe the work of consensus building among the Tribal Nations, so as to report on the process, report on the cultural fit, and other related issues, has not materialized.

*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 not achieved. The OK-COSIG team is aware of it and continues to look for ways to increase the participation of service recipients, advocates, African Americans, Native Americans, and Hispanic Americans.

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### **Methodology Used to Develop the 4<sup>th</sup> Quarter Report – Year 3**

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

A great deal of progress has been made on Objective 1.2. The vast majority of staff of the 15 pilot programs has been trained with the Core Level curriculum. Training on the intermediate curricula will begin in year 4. Training on the Advanced curriculum will also begin.

*Goal 2.*

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

*Objective 2.1 –*

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

**Status:**

Consensus building and infrastructure development has been a major part of the work of the OK-COSIG team since the beginning of the Project. Based on the number of agencies that are participating in the project, now at 28, consensus building is essential for providing 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 work to establish credentialing for a co-occurring specialist is moving forward at a good pace. The draft language for the LADC statutes to treat people with a co-occurring disorder was supported by the other licensure boards and became law in the 4th quarter. 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 licenses Behavioral Health practitioners.

*Objective 2.3 –*

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

**Status:**

- Incentives that reward model programs for reaching objectives such as training staff and clinicians related to co-occurring capable programming became available this year.
- 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 change that occurred this year.

*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 3<sup>rd</sup> 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. 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 2<sup>nd</sup> 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 first round of Fidelity data has been collected on the 15 pilot programs and the collection the second round of Fidelity data. The first round of Fidelity data for the 13 new model programs is being 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:**

Program Fidelity data has been collected for two years on the original 15 programs. It is being collected on the 13 new programs.

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

**Status:** *In progress*

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

**Status:**

A preliminary MACRO evaluation for FY2005 has been compiled and can be found in the Year-End Report, Year 2. A Program report based on the Fidelity and ICIS data is being developed for the original 15 programs.

- *Service Coordination and Networking.* The assessment of coordination and networking will be strictly qualitative and based on a combination of key informant interviews with program administrators at the state, regional, and local

levels and focus groups with provider staff at the services pilot sites during the second and third years of funding, and at a random sample of seventeen regional provider sites, half at mental health facilities and half at substance abuse facilities, during the fourth and fifth funding years.

**Status:** *In progress*

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### **Emerging Themes**

In the 4<sup>th</sup> quarter of this third year, a number of themes identified in year one and two have been addressed or are being addressed. With the addition of 13 new model programs, new themes and variations on old themes are evolving that are important to the process of providing integrated services for people with a co-occurring disorder in Oklahoma.

### ***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 were working on the advanced curriculum in this quarter. Orientation and Core Level trainings are being delivered to the new model programs. In the last quarter, four Core Level Trainings were provided for approximately 150 people. There was one “training for trainers.”

These trainings are important in that they both educate and inform the public and those involved in the field of Behavioral Health.

### ***Change Agents Feeling Overwhelmed***

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 transform in the treatment community. They cannot, however, be taken for granted. They need concrete support from both the Department and their individual agencies to continue their efforts. This has been hampered by the reality that agencies who contract with the Department only receive income from direct

service provided to clients. As a result, training and participation on committees has fallen disproportionately on the backs of clinicians and the agencies that contract with the Department. The incentives provided to agencies to send their staff for training through the OK-COSIG project were a welcomed benefit (model programs earned approximately \$15,000 in the first year and \$5,000 in the second year for meeting identified goals) but they did not come near paying for the thousands of hours that have been paid for by agencies and clinicians to send staff to meetings and trainings. For these agencies and clinicians participating in the trainings and committee meetings is a survival strategy. Nevertheless, given the limited resources available, one could speculate that it has in some cases compromised clinical treatment. The activities needed to provide “best practices” include training and participation in infrastructure enhancements. The Department and SAMHSA need to advocate for and make provisions for providing the support for these endeavors. It is patently unfair to force clinicians and agencies to shoulder this burden.

### ***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 are interested in strategies to maintain the changes that have been made over the last three years. The discussion about sustainability needs to begin.

### ***Engaging the Tribal Nations of Oklahoma***

The support of the Choctaw Nation in their efforts to develop services for Native people with a co-occurring disorder stands out..

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

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

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

There is a continuing need for involvement from Service Recipients and Consumer Advocate groups. The OK-COSIG staff is aware of the situation and the Access to Recovery Grant application was a partial response to this concern.

***Low African American, Hispanic American, and Native American Involvement***

There is a continuing need for involvement from African American, Hispanic American, and Native American involvement. The OK-COSIG staff is aware of the situation.

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**Postscript**

Work since the beginning of the Project in 2004 produced a great deal of results. Curriculum development and training has been ongoing, engaging new programs is succeeding, the work on credentialing is making progress. Most importantly, Chapter 17 and Chapter 18 will go a long way to sustain the changes made.

The following are recommendations that derived from the quarterly evaluations to this point.

- 1) There is a need to continue to develop and support the cadre of Change Agents. This group over the next two years could be the most effective approach to moving the treatment of the co-occurring disorders solidly into the mainstream of treatment for people with a COD. A great deal of money and Department staff and resources has been expended on developing the cadre of Change Agents. At this stage in the COSIG project, this is one of the most effective and efficient interventions for continuing to develop the capacity to identify and treat people who present with the co-occurring disorders of mental health, trauma, and substance abuse within Oklahoma's mental health and substance abuse treatment communities.
- 2) Formally close committees that have concluded their work.
- 3) Propose establishing a commissioner or vice-commissioner of Co-occurring Disorder services. The size of the population of people with co-occurring disorders rivals groups of people with a mental health or substance abuse need.