

OK-COSIG
Quarterly Evaluation Report

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Acknowledgement

In the 4th quarter, the OK-COSIG team provided core training and workshops, began the process of developing an advanced curriculum, worked to recruit the next cohort of programs to be model programs in year three of the OK-COSIG project, worked with the National COSIG evaluators, and coordinated and collaborated with those leading the TSIG initiatives.

The flow of information between the Evaluation team members and the OK-COSIG staff continues to be open and supportive. This level of cooperation between the Evaluation team and the OK-COSIG team is needed so that data can be collected that will describe the program components that are affected by the implementation staff.

In addition, the program administrators and staff of the Mental Health and Substance Abuse programs that we have contacted have been accommodating and cooperative. This has facilitated the data gathering process and will underpin the evaluation.

The OK-COSIG Evaluation Team is still in the data gathering stage. Although, data gathering in the first stage of the Macro and Mezzo studies are nearly complete.

How this quarterly evaluation report is organized

This 4th Quarterly report for the second year of this project begins with a brief overview of the work accomplished by the OK-COSIG staff and the OK-COSIG evaluation team in the last three months (July 1, 2006 through September 30, 2006). This will be followed by a list of the implementation activities that were carried out during the 4th quarter. Next, a summary of the work completed by the ISI Advisory Group sub-committee 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 last quarter will be described.

Editorial note: The Quarterly Reports produced during the second 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 ~~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.

Executive Summary

During this fourth quarter in this Second year of the OK-COSIG project, the majority of data to complete the first stage of the MACRO and MEZZO parts of the evaluation are completed. This constitutes a large volume of interview data that will be analyzed in the third year of the project. The data collected is the raw data that consist of observations at the State Department level, observations of the work of the pilot programs, and both qualitative and quantitative data from interviews with key informants and fidelity evaluations with two staff from each of the 15 model programs. Additionally, 10 new programs signed on to develop co-occurring services in year three.

In the first year of this project, there was a great deal of work accomplished in terms of identifying an integrative model and developing a consensus to support the integrative system model to treat people with co-occurring disorders. The Change Agent concept was adopted and initial training provided. A Change Agent is a clinical person with additional training related to providing integrated services to people with a co-occurring disorder who advocates and acts as a consultant to staff and professionals at his or her agency. The OK-COSIG staff has been working collaboratively with the three Executive Committees of Model Site Directors on how the Memorandum of Understanding can improve cooperation and treatment outcomes. OK-COSIG staff have also joined in the work and support the overall ODMHSAS transformation initiative. As the other ODMHSAS initiatives come online and take their place in the infrastructure, the OK-COSIG staff can and will be able to provide helpful information given their experience developing integrative services for people with a co-occurring disorder.

In the second year, consensus building among the shareholders, workshops and core trainings, identifying agencies for the second cohort of pilot programs, and participating in the overall transition under the TSIG initiative has been a major focus of the OK-COSIG staff. The OK-COD Integrative Treatment Screen is online as a part of the ICIS system. It has been used 3,071 times as of September 29, 2006. The data gathered will be tested for reliability, validity, and sensitivity and specificity in the next year. The OU Evaluation team received OU IRB approval for the MICRO study and ODMHSAS IRB approved the MEZZO level study.

Fourth Quarter of Year 2 — Overview

This is the 4th Quarterly report of Year 2 on the OK-COSIG project to improve Treatment of persons with Co-Occurring Substance Related and Mental 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 4th Quarterly Report of Year 2 will delineate the work toward accomplishing these two objectives.

Activities and Events

July 1, 2006 through October 30, 2006

This section lists the activities associated with the OK-COSIG project staff for the 4th quarter of the second year. The Team has started meeting on Mondays to review tasks and plans. This seems to have improved communication and coordination of the work of the team.

As of September 30, 2006 the staff has also recruited 10 additional programs to develop co-occurring services in year three. The 10 new programs are:

- 1) NorthCare, a community mental health center,
- 2) RedRock, a community mental health center,
- 3) Mental Health Services of Southern Oklahoma,
- 4) Northwest Center for Behavioral Health,
- 5) Tulsa Women's and Children Center
- 6) Specialized Outpatient Services, an outpatient substance abuse agency,
- 7) Gateway to Prevention, an outpatient substance abuse program,
- 8) Tri-City Substance Abuse Services

July 7, 2006. Todd Crawford attended The Tulsa Regional Change Agent meeting that was held at Tulsa Center for Behavioral Health.

L. D. Barney, met with administrators from Mental Health Services of Southern Oklahoma to finalize their participation as a Model program during the new Grant cycle beginning October 1, 2006.

Dr. Khepra Khem continued working on the online learning outline for the Core level training and cultural competency. He also began the process of coordinating additional training dates with different model sites.

July 10, 2006. Todd Crawford attended the Monday morning Management meeting. In the afternoon, Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the COSIG staff weekly staff meeting. Dr. Khepra Khem also worked on coordinating additional training dates.

July 11, 2006. Todd Crawford attended a meeting to follow-up on the Collaborative Retreat with all of the Initiative leaders. They plan to continue to develop the idea. Part of the plan development is for the Collaborative Leadership group to establish a standard time to meet every Tuesday morning.

L. D. Barney attended a Screening and Assessment work group meeting in Tulsa. He also worked on setting up the technical assistance with John Challis to develop COD services in western Oklahoma. John Challis is a COCE representative. The plan was for him to come in August to provide technical assistance to the Northwest Center for Behavioral Health and their referral network. This area covers a distance from the panhandle over to Ponca City and down to Elk City. Dr. Khepra Khem attended a training at the Crisis center.

July 12, 2006. Todd Crawford participated in the initial AHP conference call to plan the National COSIG site visit, which will be in September. There was an employee orientation for all of the new employees at ODMHSAS.

L. D. Barney attended a Screening and Assessment Committee meeting.

Dr. Khepra Khem worked with the website technicians to identify software and approaches for developing online curriculum.

July 13, 2006. Todd Crawford and L. D. Barney attended the Clinician's Work Group meeting where they discussed the development of a standardized assessment process and forms. This is a group that mirrors the Screening and Assessment committee.

July 14, 2006. Todd Crawford and Dr. Khepra Khem attended a COSIG case management planning meeting. This meeting was about developing standards around case management.

L. D. Barney attended a training in Norman on the pharmaceutical treatment of co-occurring disorders. An estimated 100 psychiatrists and clinicians attended the training.

July 17, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon.

July 18, 2006. Todd Crawford attended the Collaborative Leadership meeting in the morning. In the afternoon, he was involved a Crisis Intervention team training with Integris Health Systems. He talked with security and law enforcement about working with individuals with the co-occurring disorders of mental health and substance abuse.

L. D. Barney attended a meeting at Family and Children's Services in Tulsa, working on the practice screening and assessment treatment guidelines. He also worked on a presentation and a PowerPoint for an Indian Health Services presentation.

July 19, 2006. Todd Crawford attended an ISI Advisory group committee meeting. Todd also was in Washington D.C. on the 19th, 20th, and 21st at the SAMSHA funded workshop on workforce development.

L. D. Barney led the ISI Group Advisory committee meeting.

Dr. Khepra Khem went to Oklahoma Youth Center to attend the COSIG Core level training.

July 20, 2006. Dr. Khepra Khem picked up Dr. Minkoff and Dr. Cline and escorted them to NAIC in Norman and to Shawnee for an afternoon meeting with Gateway staff.

L. D. Barney did a presentation at Indian Health Services.

July 21, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended a meeting to hear Dr. Minkoff and Dr. Cline's report. Later they attended a meeting with Dr. Minkoff and Dr. Cline and the substance abuse service staff.

July 24, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon.

Dr. Khepra Khem also met with Norma Janssen from the resource center to discuss sending out the trainee and trainer manuals upon request from the model sites.

July 25, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the Collaborative Leadership meeting in the morning. There was a Detox meeting that afternoon with several people from the project to talk about the whole function of detox and how it is working. There was also a case management meeting that day talking about the standards around case management.

July 26, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem reported at the Systems Integration Subcommittee meeting.

weekly COSIG meeting in the afternoon. They also met with a DSS group to continue work on the Consensus Document.

August 8, 2006. Todd Crawford attended the Collaborative Leadership meeting and later the Services Crosswalk meeting. This group is going over what the types of services the Health Care Authority provides, what ODMHSAS provides, and how well they are a match.

L. D. Barney continued working on the Consensus Document. Later he picked up John Challis from COCE and they went to Woodward, Oklahoma for a conference with surrounding frontier communities.

August 14, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford, L. D. Barney and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon where they continued work on the consensus document. Evaluations were also done with the staff.

August 15, 2006. Todd Crawford attended the Collaborative Leadership meeting in the morning. Later that day, he and L. D. Barney participated in a Detox Policy work group.

Dr. Khepra Khem worked on research for workforce development competencies and cultural competencies and treatment services.

August 16, 2006. Todd Crawford and L. D. Barney attended the Screening and Assessment Subcommittee meeting at Family and Children's Services.

Dr. Khepra Khem met with the website technicians related to the development of an online curriculum.

August 17, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem met with the ISI Advisory Board group and worked on the Consensus Document.

August 18, 2006. Todd Crawford attended a systems work group meeting with the Healthcare Authority and the Department around the adult recovery collaborative.

August 21, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon.

Dr. Khepra Khem and L. D. Barney worked on a video recording for the online learning course.

August 22, 2006. Todd Crawford attended the Collaborative Leadership meeting in the morning and the Joint Mental Health and Substance Abuse Management Team meeting. The management teams from mental health and substance abuse attended this meeting. He also attended the Behavioral Health Development team meeting held by the Partnership with Children's Behavioral Health in the afternoon.

L. D. Barney met with staff at Intertribal Counseling Services in Miami, Oklahoma about co-occurring services. In the afternoon, he attended the Tulsa Executive Director's meeting at DVIS.

Dr. Khepra Khem was working with HRD and going over the final competency exams for the core training.

August 23, 2006. Todd Crawford attended a meeting with Tri City Substance Abuse in Seminole. They will become a model site program. They are one of the agencies that are connected with a mental health and drug court in Seminole county. In the afternoon, he attended the Norman Regional Change Agent meeting in Norman.

L. D. Barney attended the Screening and Assessment meeting.

August 26, 2006. Todd Crawford attended the Strategic Planning meeting, reviewing the budget and legislative requests for next year.

L. D. Barney and Dr. Khepra Khem attended a Matrix Model training. The Matrix Model is an intensive outpatient model that runs for a 16 week time period.

It is a model for running open groups as opposed to groups that are closed to new members once they have started. It is a model that SAMSA has found to be very effective.

August 25, 2006. Todd Crawford attended a meeting with the Transformation Grant group, discussing work force development.

August 28, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford, L. D. Barney and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon. The upcoming training was discussed. L. D. Barney attended a meeting with the Norman Model program Executive Directors later that day.

August 29, 2006. Todd Crawford attended the Collaborative Leadership meeting, and the joint Mental Health and Substance Abuse Management team meeting, and a training and workforce development meeting. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the Training and Workforce subcommittee meeting.

August 30, 2006. Todd Crawford participated in the interviews for the Director of the Office of Consumer Affairs. No one was hired as of September 30, 2006. Dr. Khepra Khem went to OSU, Stillwater and did a Core level training for Residential Care Services.

August 31, 2006. Todd Crawford and L. D. Barney went to Ponca City, north central Oklahoma, to the Edwin Fair Community Mental Health Center to provide technical assistance related to co-occurring programming.

L. D. Barney attended a meeting with the sub-subcommittee on workforce at ACT in Tulsa. They worked on developing the co-occurring competencies for co-occurring capable agencies.

Dr. Khepra Khem began an online course from Turning Point online training through the Addiction Technology Transfer Center using Blackboard. He will attend one training hour a day for three weeks.

September 12, 2006. Dr. Khepra Khem attended an evening meeting related to the START training on trauma to begin the next day with the trainer Joe Benamonti.

September 13, 2006. Todd Crawford attended a Crisis Intervention Team Training with the Moore police department.

L. D. Barney worked on the contract for Dr. Meadley's upcoming visits.

Dr. Khepra Khem attended a training on START, a trauma intervention model.

September 14, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem attended the ISI Advisory Board meeting. Later that afternoon, they attended a meeting on Chapter 18.

September 15, 2006. Todd Crawford attended an all day clinical supervision training meeting.

L. D. Barney attended a meeting in OKC at the Family Drug and Alcohol Counseling Services with a small clinical group, where the co-occurring rules were discussed.

Dr. Khepra Khem attended a meeting with the Trauma Peer group.

September 18, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon.

L. D. Barney attended a workforce meeting, where the final draft of the co-occurring capable competencies was worked on. Dr. Khepra Khem attended a training curriculum workgroup meeting.

September 19, 2006. Todd Crawford attended the Collaborative Leadership meeting in the morning and the Joint Mental Health and Substance Abuse Management team meeting. In the afternoon, he provided technical assistance on co-occurring disorders in Ada at the Family Crisis Center.

September 20, 21, 22, 2006. Todd Crawford, L. D. Barney, and Dr. Khepra Khem were involved in arranging and organizing meetings between The Advocates for Human Protection (AHP), the SAMSHA national COSIG evaluators and participants in the OK-COSIG project.

September 25, 2006. Todd Crawford attended the weekly Management meeting in the morning. Todd Crawford and Dr. Khepra Khem attended the weekly COSIG meeting in the afternoon.

L. D. Barney worked with the Model programs on their action plans. The programs are developing action plans from the second COMPASS that the agencies have completed.

September 26, 2006. Todd Crawford attended the Collaborative Leadership meeting and the Joint Mental Health and Substance Abuse management team meeting. Later he attended a training and workforce development subcommittee meeting looking at additional ICIS training related to imputing co-occurring data.

L. D. Barney worked with the Model Program workgroup on their action plans.

September 27, 2006. Todd Crawford attended a meeting on Chapter 18. Later he attended a meeting with the Norman Regional Change Agents in Norman.

L. D. Barney continued working with the Model Program workgroup on their action plans.

Dr. Khepra Khem attended a trauma focused cognitive behavioral therapy training put on by Child Abuse Prevention Services.

September 28, 2006. Todd Crawford presented at the Zarrow Mental Health Conference in Tulsa. He did a presentation on Screening for Co-occurring Disorders.

L. D. Barney did two visits with Model programs in Norman; one with NAIC and the other at NADTC. Later he participated on a conference call with the COSIG people in Louisiana.

Dr. Khepra Khem went to Talihina, Oklahoma to conduct Core level trainings. He provided the trainings at two sites: the Choctaw Nation Behavioral Recovery Center and at the Chi Hullo Li residential care services for women.

September 29, 2006. Todd Crawford attended a meeting with the Executive Director of Griffin Hospital to discuss their progress with the incentives and how ODMHSAS wants to work with incentives with them for next year.

Dr. Khepra Khem went to UCO Substance Abuse Services Division of the Sociology Department and did a Core level presentation for the students.

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Summary of the work of the ISI Advisory Group and Subcommittees

The ISI Advisory group met three times this quarter on July 26, 2006, August 17, 2006, and on September 14, 2006 in OKC from 1:00 PM-3:00 PM. The work reported by the subcommittees in the 4th quarter of the second year was reviewed. A summary of the work completed by the ISI Advisory Group subcommittees during the 4th quarter of year two is presented in this section.

There are five ISI Advisory Group subcommittees:

1. The Training-Workforce Development Subcommittee,
2. The Screening and Assessment Subcommittee,
3. The Outcome and Evaluation Subcommittee,
4. The Financial Subcommittee, and
5. The Systems Integration Subcommittee.

Robert Harper is available for on-site agency trainings. Mr. Harper reiterated that the ICIS data drives funding. The group is brought up issues related to the current status of data entry such as inconsistencies in agency and ICIS tracked outcomes. Brainstorming regarding all aspects of training on ICIS continued. The need for all levels of agencies (directors, data entry staff, and clinicians) to be involved in training was discussed in order to enhance communication among the levels and the benefit of data entry. Comprehensive training was suggested given that many will not understand a co-occurring specific ICIS training. The people who needed to be involvement were identified from DSS, IS, SAS/ISI. The goal was presenting an integrated format to all levels of trainees. Ideas related to the context of training and how to get agencies to support the training with attendance were shared. The possibility of including the training within contracts was suggested and the need to emphasize the importance of data to funding was reiterated.

The next meeting on September 12th began with the discussion of the current status of reporting. Although, providers and staff are more informed about COD, confusion related to co-occurring reporting was stated. To combat this issue, the role of IS in conducting training on a per agency basis was emphasized with a regional training planned when enough requests are received. DSS will work on writing reports to demonstrate the value of data in terms of how it is used. The importance of connecting data to consumers was another critical point made. Methods for training and communication about trainings and content were the final ICIS discussion points in this quarter.

Performance improvement was originally supposed to be connected to the ICIS Training task group. The group tabled the PI task until the September 12th meeting. At that meeting, the entire ISI project was related as a performance improvement initiative with ISI Leadership working to ensure PI is part of the entire process.

Regional Change Agents

A significant development during this quarter was the continuance of the Regional Change Agent Subcommittee. The committee met for the first time in the last quarter with the goal of providing a forum for change agents to increase communication across agencies related to OK-COSIG and provide input into the actual training content.

Increased communication has been achieved with the posting of trainings and evaluations on the ODMHSAS website under the OK-COSIG heading. This creates knowledge and connection among the agencies and change agents regarding their progress. It also creates the opportunity for individuals to attend trainings at other agencies if they missed their scheduled training. Future web based training was stated to be a goal. The Training Workforce Development Committee is forming leadership at their next meeting. The service of regional change agents on this committee was solicited.

Change agents also discussed the knowledge that each has of resources that would benefit clients. The need to share this information was communicated. The chair volunteered to collect this information and disperse. This information sharing was an added benefit of agency involvement in OK-COSIG. Providers that may have not experienced contact prior to their involvement as change agents took the opportunity to share resource information to benefit consumers.

Agency experience with completing the COMPASS was shared. The goal of self assessment versus the use of the COMPASS was reiterated by Todd Crawford. The inclusion of integrated treatment planning and demonstration of movement toward compliance with standards will be expected at the next provider certification audit.

The Memorandum of Understanding (MOU) was the highlight during the September 1st meeting with an emphasis on the outcomes and the MOU's reference to referral networks, consumer connectivity, agency feedback loops, tracking, redundancy, and fiscal responsibilities. The subcommittee asked each one to consider their agency's fulfillment of the MOU and any obstacles.

The final meeting of the quarter was defined by a change in leadership with the resignation of the chair, Annie Hartzog-Murrell. Areas identified for continued effort was the creation of a COD community referral resource book, the development for practical hands-on guidelines and skills for COD. Joe Yosten will serve as the interim-chair and Steve Knighten will be the interim-secretary of the Regional Change Agent Subcommittee.

Core-Level Agency Trainings

Eight core level trainings were completed in this quarter by change agents at agencies across the state. These trainings equal movement toward another critical stage

in the Integrated Services Initiative. Sharon Ballard of the Institute for Mental Health and Substance Abuse Education and Training analyzed evaluations for each of trainings. Seven questions were asked of trainees:

- 1) Overall ratings
- 2) Speaker ratings
- 3) Content ratings
- 4) Will your practice be enhanced in the following ways
 - a. Evaluation/Diagnosis
 - b. Better assessment techniques
 - c. Enhancement of treatment
- 5) Facility ratings
- 6) Comments/Suggestions
- 7) Requested Future Training Topic of Speakers

The overall speaker and facility ratings provided the following response categories: no answer, poor, fair, good, and excellent. The content questions were reported as no, partially, or yes in terms of accomplishment of objective and whether the training was informative. The practice question was also reported as no answer, na, no, partially, and yes. After each of these five questions open ended comments and suggestions were solicited. The remaining two questions were open ended.

Responses to questions ranged from 8 to 25 dependent on the agency. The majority of responses to the first question were in the good to excellent range (79% to 100%) with five agencies trainees responding in the range of 92% to 100%. Four of the trainers received 100% of responses within the good to excellent range. The other four trainers received speaker ratings of good to excellent within the 90% range. The evaluation results appear on the ODMHSAS website under the Co-Occurring section.

Question seven regarding future topics received the majority of responses regarding the content of the training with single responses requesting topics related to mental health, drug and alcohol, administrative, family, DSM. Better materials and resources received four responses. Four individuals reported that they could not think of any future topics at this time.

Screening and Assessment Subcommittee Work Summary

The subcommittee met each month during this quarter. The meetings were held at different agencies with a subcommittee member providing an overview of the hosting agency. The July meeting took place at the Oklahoma Youth Center in Norman. Members convened at Family and Children's Services in Tulsa the next month. The final meeting during this quarter took place during September at 12 & 12 in Tulsa. Three major areas substantiated the work of the subcommittee. COD screening was one area. Assessment practice was the second and development of an integrated treatment plan was the final area.

Statistics related to the use of the COD Screening Tool were reported by Krista Rhoades at the July meeting. The need to conduct an ASI for clients with scores of 30 or above was reiterated. Inconsistent compliance across agencies was discussed along with potential barriers to completing the CAR and ASI such as time requirements and work responsibilities. Incentives were discussed for the agencies that do not show any problems in completion of the CAR and ASI. It was determined that each agency needed to be viewed as an individual entity to gain knowledge regarding barriers that may vary across agencies. This will constitute continued work of the subcommittee. The Leadership Committee approved the Screening "Policy" Practice with minor changes. Instead of Policy, the Leadership Committee prefers the use of Practice in the title. This minor change met with no resistance from the subcommittee. The August meeting identified the need for substance abuse agencies to complete additional screens. The need to gather data past the pilot project end point was also discussed with the goal of informing practice and better servicing clients. This will also be an area for future discussion. The quarter closed in September with the discussion of screening and assessment guidelines. Agreement was reached on three areas: 1) screening, assessment, and treatment guidelines should all be separate, 2) guidelines should be inclusive of all levels of care, settings, and target populations, 3) guidelines should be used as reminders to agencies and influence practice, service, and policy. Additional ideas for a draft of the guidelines continued related to welcoming, adequate training, and timing.

The development of an adolescent screening tool was discussed at the beginning of the quarter. The administration of the tool to the adolescent client upon admission was

suggested. The gathering of other standardized tools for trauma, substance abuse, and other mental health areas is the next task to inform the completion of a COD adolescent screen.

An Assessment Practice draft was completed at the July meeting. The draft was submitted to the Advisory Committee. The Commissioner made minor adjustments which were presented to the subcommittee at their September 7th meeting (see Appendix A).

An Integrated Treatment Plan Practice draft was completed and included in the August meeting minutes. The draft will be submitted at the next Advisory Committee meeting. The opportunity for consumer panel comments regarding the Integrated Treatment Plan Practice led to a new draft that appears in the September minutes with the new title of Integrated Recovery Plan Practice Guidelines (see Appendix B).

The Screening and Assessment Subcommittee will enter the next quarter with work related to the approval of an Integrated Recovery Plan Guidelines, development of ideas to address barriers to screen completion, development of a COD adolescent screen, and the creation of protocols for screening and assessment.

ICIS Training Sub-Sub-Committee

This ICIS Training Sub-Sub-Committee is a sub committee of the Training-Workforce Development Subcommittee. It was formed to develop training to increase uniformity among people entering the data on people seeking service for a co-occurring problem, and to address other issues affecting ICSI data input. The chair of the committee is Krista Rhoades. The first meeting was September 5, 2006. The committee also met on September 12 and September 26. During the three meetings, a number of issues were discussed. The primary catalyst behind formation of this committee was the concern that providers were confused about how they should be reporting co-occurring clients and services. They do not seem to be reporting the data in a consistent manner statewide, even though they have become more informed about co-occurring issues. It is commonly reported that clinicians fill out a CDC form and a data entry person needs to send it back until the CDC form provides the information in a format that is ICIS compatible. The committee members agreed that there appears to be a need for a more

comprehensive training, in addition to the current ICIS training, that is directed at all levels of staff. Directors, clinicians, and data entry staff should all attend the training.

The forum for delivering the training was also discussed. Pre-conference training was one strategy proposed. A video scenario of a single person going through the assessment process was proposed as a training method. The ASI training video is the example of a training method where a single client is followed throughout an entire assessment process to demonstrate the skills needed during the assessment. The current ICIS training will still exist. This committee will develop an enhanced version to be piloted among the ISI 15 model programs.

Outcome and Evaluation Subcommittee Work Summary

There were no formal meetings during the quarter. Issues related to the use of the screen were brought to light in this subcommittee. Training related to the use of the screen and training related to the ODMHSAS data system (ICIS) was discussed. These issues proved to be work within the realm of the Screening and Assessment Subcommittee. The Screening and Assessment Subcommittee created a workgroup, ICIS Training Sub-Sub-Committee to work on these tasks.

The Finance Subcommittee Work Summary

The Finance Subcommittee is using technical support from COCE on financing mechanisms. They are working with John Obrien, who is a national expert on funding opportunities for COD. There is a continuing discussion regarding the need to develop funding mechanisms for “enhanced COD services.” The committee recommends ODMHSAS begin to discuss developing braided funding between MH and SA and possibly pilot those strategies in one or several model sites.

Systems Integration Subcommittee Work Summary

The committee reviewed the ZiaLogic progress report and discussed how it will be utilized to develop the year 3 implementation plan. It was also announced that technical assistance (TA) will be available to agencies on the new language found in Chapters 17 and 18 of Title 450 and ODMHSAS contracts concerning COD. Committee reports were made. Additionally, work is ongoing in relationship to the Department and

Agencies becoming trauma-informed. A draft document was presented that outlined the administrative and service criteria that can assist agencies in moving toward becoming trauma-informed. The use of START and the START TOT as well as the increasing use of the Sanctuary Model here in Oklahoma was also discussed.

OK-COSIG Evaluation Team Activities

The evaluation team met 30 times during this quarter. This quarter was defined by a continuation of the intense work of the OU Evaluation team on the ODMHSAS IRB MICRO study proposal application and data collection for the MEZZO level evaluation. The perspectives of state level administrators and agency level administrators were informative. The Program Fidelity evaluation complimented this process with the additional benefit of allowing the evaluation team to visit each of the agencies and hear the views of the individuals that directly serve consumers. These data will provide invaluable insight into services. The future will bring the collection of perspectives of the people that experience services.

Evaluation Team Activities July through September 2006

July Activities

July 5, 2006. OU Evaluation Team, Schusterman Campus, Tulsa

The writing of the quarterly report was the focus of the meeting. The coordination of upcoming interviews with consumers was also discussed along with the completion of the mezzo level interviews and focus groups. The status of the ODMHSAS IRB application was discussed.

July 11, 2006. Meet to finalize the data gathering process plans.

The ODMHSAS IRB MICRO study proposal submitted in June was to be reviewed by the ODMHSAS IRB Board on the 13th of July. The evaluation team will begin doing the visits to complete the Program Fidelity measure with two staff members at each of the 20 agencies. The Fidelity could take up to 2 hours.

The Key Informant interviews need to be completed as soon as possible.
Monarch will be one of the control groups. This agency only serves women.

July 14, 2006. The ODMHSAS IRB MICRO study proposal was not reviewed. The OU Evaluation team met to review the response from the ODMHSAS IRB asking for additional information and changes.

July 14, 2006. Meet to work on the ODMHSAS IRB application.

July 24, 2006. OU Evaluation Team, Schusterman Campus, Tulsa
The team coordinated the travel and paperwork necessary to conduct the Fidelity Interviews in the next week and continued to work on the ODMHSAS IRB MICRO study proposal.

July 27, 2006. Reviewed the Fidelity measure, discussed the site visit schedule for the Norman model sites, and worked on the ODMHSAS IRB application.

July 31, 2006. OU Evaluation Team, Norman
The OU Evaluation Team completed Fidelity Interviews at NAC and NADTC.

August Activities

August 1, 2006. OU Evaluation Team, Norman
The OU Evaluation Team completed Fidelity Interviews at COCMHC

August 2, 2006. OU Evaluation Team, Norman
The OU Evaluation Team completed Fidelity Interviews at Griffin Memorial Hospital and NAIC. The team continued to work on the ODMHSAS IRB MICRO study proposal.

August 3, 2006. OU Evaluation Team, Schusterman Campus, Tulsa
The OU Evaluation Team attended training in NVIVO to assist in the analysis of qualitative data.

August 4, 2006. OU Evaluation Team, Schusterman Campus, Tulsa

The OU Evaluation Team attended training in NVIVO to assist in the analysis of qualitative data. Ongoing work related to the ODMHSAS IRB application was distributed among the team members.

August 8, 2006. Evaluation Team, Schusterman Campus, Tulsa

The Program Fidelity Interviews were discussed in terms of impressions and key words. The maintenance of agency contact information and program description was also discussed with the scheduling of travel for the remaining interviews. The team continued to work on the ODMHSAS IRB MICRO study proposal.

August 10, 2006

Work was completed on another version of the ODMHSAS IRB application. Attendance at the upcoming Zarrow Mental Health Conference was another topic. Due to additional requests for information from the ODMHSAS IRB the MICRO study proposal was not reviewed by the ODMHSAS IRB Board.

August 14, 2006

Work and tasks to complete another version of the ODMHSAS IRB MICRO study proposal were assigned.

August 15, 2006. Evaluation Team, Schusterman Campus, Stillwater

The OU Evaluation Team completed Program Fidelity Interviews at Starting Point II. Met to work on the ODMHSAS IRB MICRO study proposal was reviewed.

August 18, 2006

Met to work on the most recent version of the ODMHSAS IRB MICRO study proposal.

August 21, 2006. Evaluation Team, Schusterman Campus, Tulsa
Completed key informant phone interview NADTC and continued to work on the ODMHSAS IRB MICRO study proposal.

August 22, 2006. Evaluation Team, Schusterman Campus, Tulsa
Completed key informant phone interview for OCCIC, and continued to work on the ODMHSAS IRB MICRO study proposal.

August 29, 2006. Evaluation Team, Schusterman Campus, Tulsa
Meeting to work on issues with the most recent ODMHSAS IRB application.

August 30, 2006. Evaluation Team, Schusterman Campus, Tulsa
Met to review and submit a third version of the ODMHSAS IRB MICRO study proposal application.

September Activities

September 5, 2006. Evaluation Team, Tahlequah
Completed Program Fidelity Interview at Bill Willis CMHC Chemical Dependency Unit.

September 12, 2006. Evaluation Team, Ponca City
Completed Program Fidelity Interview at Edwin Fair Community Mental Health Center.

September 14, 2006. Central Office, Oklahoma City
Met with the ODMHSAS IRB Board and answered questions.

September 19, 2006. Evaluation Team, Vinita and in Oklahoma City
Completed Program Fidelity Interviews at VADTC and completed Program Fidelity Interviews at OYC.

September 20, 2006. Evaluation Team, Central Office, Oklahoma City

Attended the opening meeting with AHP national COSIG evaluators.

September 21, 2006, Evaluation Team, TCBH, Tulsa

Attended meetings with AHP national COSIG evaluators.

Met to review the letter from ODMHSAS IRB requiring additional changes in the ODMHSAS IRB MICRO study proposal application.

September 25, 2006, Evaluation Team, Schusterman Campus, Tulsa

Discussed scheduling of final Program Fidelity interviews and review opinions related to the ODMHSAS IRB MICRO study proposal application. The decision was to put the application work on hold until the 4th Quarterly Report and Year-End reports are completed. It was also decided to request technical assistance from COCE to help resolve issues that are holding up the ODMHSAS IRB approval.

September 27, 2006, Evaluation Team, Schusterman Campus, Tulsa

Coordination of Quarterly Report was the main topic. The budget was discussed. The need for technical assistance was another discussion piece.

September 28, 2006, Evaluation Team, Marriott, Tulsa

Team members attended the Zarrow Mental Health Symposium: Mood Disorders Across the Lifespan. Presentations regarding Screening for Co-Occurring Disorders and Cultural Competence were attended.

September 29, 2006, Evaluation Team, Marriott Tulsa

Team members attended the 2nd day of the Zarrow Mental Health Symposium: Mood Disorders Across the Lifespan

MACRO EVALUATION

The ODMHSAS macro level de-identified data and codebook from the ISIC database was received by the OU Evaluation team during the last month of the 4th quarter. In the next year, the Evaluation Team will focus on becoming familiar with the

variables and department coding, data management, and developing a MACRO data baseline for the OK-COSIG project. In subsequent years, new data will be compared to this baseline. Once the data management process is complete, analysis can begin.

Using this baseline data, it is possible to identify most people with co-occurring disorders who asked for services from either a mental health facility or a substance abuse agency. Scores on the mental health section of the ASI and the substance abuse score on the CAR can be used to identify many people with a co-occurring disorder. This approach is, however, not the best or most accurate approach. Even so, it can provide an estimate of people who were likely dealing with a co-occurring disorder.

MEZZO EVALUATION

The mezzo level includes key informant interviews. The state level key informant interviews are complete. Interviews with agency level personnel are in process. Once the interviews are finished the coding of the interviews will begin. After the analysis of the key informant interviews, focus groups will be conducted to validate the themes found among the key informants and to identify additional themes that may have been missed. The completion of these focus groups will provide a multi-level perspective that will inform the service coordination and networking within the state related to services for clients with co-occurring disorders.

Fidelity Evaluations

These interviews consume more time given that they involve coordination from the agency director, an administrator, and a senior level clinician. In addition, many of the agencies are preparing for re-accreditation. The Evaluation Team has been flexible in scheduling to accommodate the agency's involvement in the re-accreditation process. The fidelity interviews that involve agencies outside the Tulsa area were the focus for the entire quarter. Only two interviews remain in the outlying areas. The contact with Tulsa agency directors to secure interviews was begun in the last month of the quarter.

MICRO EVALUATION

The micro level evaluation involves interviews with consumers of mental health and substance abuse services. Although, the OU IRB approved the Micro study proposal in four weeks, the team has spent the entire quarter invested in the preparation of three

ODMHSAS Institutional Review Board applications. Approval has not been received from the ODMHSAS IRB. They are requesting additional changes. Technical assistance will be sought to help resolve the unique issues presented by the involvement of consumers in the evaluation.

The OK-COD Integrative Treatment Screen

The OK-COD Integrative Treatment Screen is online as a part of the ICIS system. It has been used 3,071 times as of September 29, 2006. Krista Rhoades compiled the data and did some preliminary analysis. The following is her report.

Agencies that have use the screen

Total Number of Screens Completed by Agency*

Agency	Count	Percent
NADTC	181	6%
OCCIC	459	15%
TCBH	220	7%
Bill Willis	16	1%
Family & Children's	536	17%
Grand Lake	227	7%
North Care	810	26%
12 and 12	279	9%
NAIC	306	10%
Gateway	37	1%
Total	3,071	100%

*Mental Health agencies completed 2,268 or 74% of the Screens.
 Substance Abuse agencies completed 803 or 26% of the Screens.

Results of the Screen

Screen results*			
MH	SA	Trauma	Count
<i>Negative</i>	<i>Negative</i>	<i>Negative</i>	134

<i>Negative</i>	<i>Negative</i>	<i>Positive</i>	12
<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	69
<i>Negative</i>	<i>Positive</i>	<i>Positive</i>	23
<i>Positive</i>	<i>Negative</i>	<i>Negative</i>	216
<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	480
<i>Positive</i>	<i>Positive</i>	<i>Negative</i>	441
<i>Positive</i>	<i>Positive</i>	<i>Positive</i>	1,718

*In order to score Positive on any of the subscales, a client had to answer “Yes” to any **one** of the questions on that subscale

- Less than 5%, 146 out of 3,071 clients, were screened out of MH and SA
- Less than 3%, 92 of 3,071, were SA and **not** MH, which is somewhat interesting given that 25% were completed at substance abuse facilities
- There were 696 that were MH and **not** SA
- About 70% (2,159 clients) were MH and SA
- The sample was 45% female

Matching screens to CDC records

Screen results Matched to CDC*			
MH	SA	Trauma	Count
<i>Negative</i>	<i>Negative</i>	<i>Negative</i>	28
<i>Negative</i>	<i>Negative</i>	<i>Positive</i>	5
<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	22
<i>Negative</i>	<i>Positive</i>	<i>Positive</i>	8
<i>Positive</i>	<i>Negative</i>	<i>Negative</i>	92
<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	216

<i>Positive</i>	<i>Positive</i>	<i>Negative</i>	192
<i>Positive</i>	<i>Positive</i>	<i>Positive</i>	812

*For a person completing the CAR, the SA scores must be >30 before the person is at risk of having a substance problem. For a person completing the ASI, a MH score must be > 5 before the person is at risk of having a mental health problem.

- There were 1,375 total screens that had a CDC transaction with assessment results from any agency in our system within 30 days before or 60 days after the screen was administered.
 - Of the 1,375 clients, 30 scored Positive on the SA screen, 308 scored Positive on the MH screen, 1,004 scored Positive on both the MH and the SA screens, 5 scored Negative on both the MH and SA screens, but were Positive on the trauma screen, and 28 scored Negative on all screens.
- Of the 1,375 clients for whom assessment results were available, 1,014 had CAR scores, 293 had ASI scores, and 68 had both assessment scores.
 - 73 clients had CAR scores that were less than 30 and were considered “Low”
 - The other 1,009 had CAR scores greater than or equal to 30 and were considered “High.”
 - 72 had ASI scores less than 5, and were considered “Low.”
 - The other 289 clients had ASI scores greater than or equal to 5 and were considered “High.”
- Of the 1,082 clients who had CAR scores, including those who also had an ASI, 996 scored High on the CAR and Positive on the MH screen, and 5 clients scored Low on the CAR and Negative on the MH screen, which means that 93% had the expected result.
 - 68 clients scored Low on the CAR and Positive on the MH screen, and thirteen clients scored High on the CAR and Negative on the MH screen.
 - In addition, 130 had ASI scores that were High on the psychiatric subscale, and all except two of these clients scored Positive on the MH screen.

- Of the 361 who had ASI scores, including those who also had a CAR, 287 scored High on the ASI and Positive on the SA screen, and 27 scored Low on the ASI and Negative on the SA screen, which means that 89% had the expected result.
 - 45 clients scored Low on the ASI and Positive on the SA screen, and two scored High on the ASI and Negative on the screen.
 - In addition, 454 had CAR scores that were High on the substance use subscale, and 406 of these clients scored Positive on the SA screen while the other 48 people scored Negative on the SA screen.

Matching screens to clients who were given both the CAR and the ASI

	Mental Health	Screen Scores
	<i>Positive</i>	<i>Negative</i>
Assessment	<u>High 1,024 (92%)</u>	<u>15 (1%)</u>
Scores	<u>Low 68 (6%)</u>	<u>5 (<1%)</u>

	Substance Abuse	Screen Scores
	<i>Positive</i>	<i>Negative</i>
Assessment	<u>High 693 (85%)</u>	<u>50 (6%)</u>
Scores	<u>Low 45 (6%)</u>	<u>27 (3%)</u>

- Of the 68 clients who were given both the CAR and the ASI:
 - 55 were High on both assessments and Positive on both screens.
 - One was High on both assessments and Negative on both screens.
 - Ten were High on the CAR and Low on the ASI. Of these ten:
 - 7 were Positive on both screens.
 - 2 were Positive on the MH screen, but Negative on the SA screen, and
 - 1 was Negative on both screens.
 - One was Low on the CAR, High on the ASI, and Positive on both screens.
 - One was Low on the CAR and ASI, but Positive on both screens.

- 57 out of 68 (84%) had the expected result. More clients with both assessments would need to be matched in order to make any conclusions with this sample.
- The agencies who did both assessments were: TCBH, VADTC, Central OK, Jim Taliaferro, Bill Willis, Family & Children's Services, MHSSO, Red Rock, and 12 and 12.

Conclusions:

- The screen is catching 92% of the people it should in this sample for MH, and 88% of the people it should for SA.
 - Sixty-five total people were screened out that should not have been, which is barely over 2%.
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This report on the OK-COD Integrative Treatment Screen does not address the issues of reliability, validity, and sensitivity and specificity, but it does provide information that should be useful for OK-COSIG planning and implementation of the screening and assessment protocol approved by the ISI Advisory Committee. If this data is correct, it suggests that of the 3,071 people screened 2,159 should be given both the ASI and CAR to assess for a co-occurring problem.

Additional analysis will be done to address the issues of reliability, validity, and sensitivity and specificity. The data collected, however, may lack sufficient scientific rigor to fully determine validity and sensitivity and specificity. With only 68 cases where the ASI and CAR are completed along with the screen, the question of validity and sensitivity and specificity will be unresolved. The ISI Screening and Assessment subcommittee requested permission to do both the ASI and CAR with a small number of people requesting services to determine validity, and sensitivity and specificity; however, the request was turned down. These three pieces of information on a sample of all clients who ask for services, even if the client is not admitted would answer the questions of validity and sensitivity and specificity. Nevertheless, the creation and introduction of the co-occurring screen has heightened awareness of the current status of data entry and

local levels to determine the degree of *Service Coordination and Networking*. The analysis of the qualitative data will begin in the next quarter.

In the next year focus group data with provider staff at the pilot sites will be collected to supplement the key informant interviews and the Program Fidelity data. This data will provide another view of the level of coordination and networking among agencies. A random sample of seventeen regional provider sites, half at mental health facilities and half at substance abuse facilities, will be used as a sample during the fourth and fifth funding years to determine the level of coordination and networking statewide. Sites for this assessment will be selected to provide equal coverage of all service areas within the State. The semi-structured interview guide to be used in this assessment was developed during the first funding year.

Service Recipient Outcomes for Services Pilot: The micro level evaluation planned will involve interviews with consumers of co-occurring services. However, after four months of work on three versions approval has not been received from the ODMHSAS IRB. Seeking ODMHSAS IRB approval for the part of the evaluation will continue in the next quarter. Technical assistance from COCE will be sought to help resolve the unique issues presented by the involvement of consumers in the evaluation. The plan for the micro level evaluation of consumers of co-occurring services was based on interviews of recipients who volunteer to participate in this study. Based on the contract that details the work of the Local COSIG evaluator, the participants were to be interviewed shortly after their admission, around 4 months after admission, and again at approximately a year after admission. This will require that we track consumers who volunteer for the two follow-up interviews. First, a random sample of consumers was to be recruited from the pilot co-occurring treatment programs and five control programs. Per the contract, standard and long standing procedures for tracking participants in longitudinal studies were to be employed. A Consumer Survey Information Sheet (CSIS) was to be completed during the first interview for each service recipient. The CSIS was to be used to collect information on the current residence, any plans to move, and the name of a family member and/or friend who will likely know their whereabouts over the next year of people who volunteered to participate in the study. Per contract, the research team was to maintain monthly contact by telephone, email, or mail.

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. As the work of consensus building among the Tribal Nations begins, evaluation team members will observe the process and report on the cultural fit and other related issues.

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

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

Methodology Used to Develop the 4th Quarter Report – Year 2

The methodology that was used to produce this quarterly report continues to be largely qualitative. The data consists of collected materials and observations by evaluation team members. Relevant documents were collected from committee meetings, trainings, and workshops. The minutes from ISI Advisory Group subcommittee meetings were cataloged by date, time, and those in attendance. Direct observation by the evaluators for the project consisted of attending 18 meetings and workshops to collect primary data. 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.

Progress on Project Goals and Objectives by Timeline for Year Two

Goal 1.

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

Objective 1.2 –

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

Status:

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

Goal 2.

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

Objective 2.1 –

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

Status:

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

Objective 2.2 –

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

Status:

Establishing joint licensure/certification has ostensibly been tabled over the last year but will be renewed in the next year.

Objective 2.3 –

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

Status:

The ISI Finance subcommittee will be bringing in technical support to facilitate the work on this objective.

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:

Four core-level trainings have been provided at the pilot sites. The trainers have been trained. The pilot programs are responsible for training 25% of their staff by September 1, 2006. Eight pilot programs have conducted core level trainings for their staff.

24 Months

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

Status:

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

- 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 measures have been used with all but three pilot programs. A preliminary report will be produced for the year-end report. An assessment of clinical outcomes on a sample of persons with co-occurring disorders is continuing.

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

Status: *In progress*

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

Status:

Program Fidelity measures have been used with all but three pilot 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:

The data for the MACRO evaluation for year one October 1, 2004 – September 30, 2005 or the baseline data has been received. The data management process has begun.

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

Status: *In progress*

Emerging Themes

In the 4th quarter of this second year, a number of themes identified in year one and two have been addressed or are being addressed. New themes and variations on old themes, however, are developing and are important to both the short term and long term success of the OK-COSIG project.

John Challis, who is the COCE representative, came in August to do a technical assistance with Northwest Center for Behavioral Health and develop their referral network from the panhandle all the way over to Ponca City and down to Elk City.

Subcommittee Integration

The effort this quarter to integrate the ISI subcommittees with members from other subcommittees began to show success. The Systems Integration Subcommittee has been effective in pulling together the work of the various subcommittees. The work of the Systems Integration Subcommittee has improve communication and knowledge across committees.

Increased Coordination of Change Agent Trainings.

The creation of a Regional Change Agent Subcommittees has been organized and has met. The work of this committee will increase quality and uniformity of serves.

Engage the Tribal Nations of Oklahoma

A concerted effort to engage the Tribal Nations of Oklahoma into the Integrative Service System will being this quarter and will continue into the next year.

Treatment Practices Related to Families

There is a need to explore and develop curriculum for working with families of people who are being treated for a co-occurring disorder.

Low Service Recipients and Consumer Advocates Involvement

There continues to be too few service recipients and consumer advocates attending the subcommittee meetings. One suggestion that the evaluation team has put forth is the establishment of an ISI Consumer Subcommittee to focus on maintaining higher levels of service recipients and consumer advocates involvement.

Inclusion of the Substance Abuse Treatment Agencies

Substantial work to include substance abuse agencies in the Integrative Service Initiative was carried out this quarter. There is still a lot of work to do in the effort to make sure the substance abuse agencies are full partners in the integrated system of

services. A large percentage of people with a co-occurring disorder present for services at substance abuse treatment centers.

Postscript

This last quarter of the second year of the OK-COSIG project has been extremely busy. Nevertheless, the data gather process is well underway. During the next quarter the scientific data will be organized and the first phase of the data analysis will begin. At this point, we have the data to produce a solid baseline to compare services and outcomes of people receiving ODMHSAS integrated services for people with a co-occurring disorder.

APPENDIX

The documents in this Appendix are products of work completed in the 4th quarter.

Appendix A: Assessment Practice Guideline

Appendix B: Integrated Recovery Plan Practice Guidelines (draft)

Appendix A

Assessment Practice Guideline

(approved by Leadership Committee)

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

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

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

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Appendix B

Integrated Recovery Plan Practice Guidelines (draft)

The helping relationship is a working partnership where power that may have been lost, is regained and shared. Based on the *consumer's* identified strengths, experience, knowledge, resiliency, and needs, the relationship becomes one of collaboration and mutual respect with regards to approaches and stages of change for each challenge or problem.

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

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

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