

**Co-Occurring State Incentive Grants Quarterly Progress Report:  
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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 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 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 American, and Native American communities had been present?

**a. Description of project changes or modifications [since reapplication] in:**  
*(1) Goals and Objectives*

The major modification to the OK-COSIG project has been the development of the process to collect the Government Performance and Results Act (GPRA) data. It 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). It is also available at <http://www.odmhsas.org/isi/>.

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

The work of the ISI Advisory Group 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 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 that did not compensate for sending staff to meetings and trainings. For these agencies and clinicians, participating in the trainings and committee meetings is a survival strategy.

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 training and infrastructure enhancement.

- evaluation,

The 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.
- The COSIG staff supported and participated in the Oklahoma Department of Corrections Charter Group on co-occurring disorders.
- The COSIG staff helped 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 39 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 in the COSIG project over the next two years.

### 2. Personnel

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

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.