

## Appendix G

## COSIG History and Cross Over Initiatives For MHT SIG

### Purpose

This report was prepared by the leadership of the Co-Occurring State Incentive Grant (COSIG) and describes the project's history, initiatives and identified cross over areas between COSIG and the Mental Health Transformation State Incentive Grant (MHT SIG) project. Information contained in this report will be utilized by the MHT SIG leadership and work groups in their planning efforts.

### History of COSIG

The Co-Occurring State Incentive Grant Project (COSIG) was awarded to the State of Hawai'i, Department of Health, Adult Mental Health Division in October 2003. Hawaii was one of seven original cohort one projects awarded from the Substance Abuse and Mental Health Services Administration (SAMHSA) under the U.S. Department of Health and Human Services. The grant was submitted by the State of Hawai'i, Office of the Governor. Funds were intended to develop and enhance the infrastructure of States, federally recognized Tribes, and tribal organizations and their treatment service systems to increase their capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance abuse and mental health disorders, and to their families

The grant is a collaborative project between the Office of the Lt. Governor and the Department of Health. Lt Governor James "Duke" Aiona, Jr. serves as Co-Chair of the Project's Taskforce which provides leadership to the project's activities and operations.

The project is currently operating in the second quarter of the 5<sup>th</sup> and last project year. The project is scheduled to end on September 30, 2008. The project was schedule to operate for five federal fiscal years with the following award amounts:

<b>Year One</b>	<b>\$1,009,743</b>
<b>Year Two</b>	<b>\$1,009,743</b>
<b>Year Three</b>	<b>\$1,009,743</b>
<b>Year Four</b>	<b>\$ 504,872</b>
<b>Year Five</b>	<b>\$ 100,000</b>

The COSIG office is located at the Windward Community Mental Health Clinic at 45-691 Kea'ahala Road in Kaneohe.

**Key Grant Leadership Positions**

Chiyoume L. Fukino, M.D., Principal Investigator, Director of the State of Hawaii, Department of Health  
Thomas W. Hester, M.D., Project Director, Chief, State of Hawaii, Dept of Health, Adult Mental Health Division  
Lt. Governor James "Duke" Aiona, Co-Chair, Project Taskforce, State of Hawaii, Lt. Governor  
Jackie Hong, LSW, Co-Chair, Project Taskforce, State of Hawaii, Dept. of Health, Adult Mental Health Division, COSIG Project Manager

**According to the grant proposal the project contains three primary overarching goals pertaining to both current State substance use and mental health disorder systems of care:**

- 1) Establishment of a system-spanning task force that will be responsible for the continuing development and implementation of action plans and protocols to a) assess the status of the State's co-occurring disorder services system, b) identify unmet needs, gaps, and other problems within this system, c) develop and enact strategies to resolve these obstacles, to care and d) build capacity and infrastructure to sustain a high-quality, integrated, and seamless system of care.**
- 2) Development and implementation of a services pilot project to test a locally developed set of capacity and infrastructure enhancement strategies; promote the plans and protocols of the system spanning taskforce that relate directly to the improvement of services to people who have co-occurring disorders.**
- 3) Development of a continuous quality improvement framework for co-occurring services using an array of evaluation methodologies.**

**The following outlines targeted achievements and benchmarks toward the above three primary goals of the grant proposal.**

**Goal #1:**

- **A Project Taskforce (PTF) was formed on 09/24/2004** and continues to meet regularly and is chaired by the COSIG Project Manager and Lt. Governor. Administrative support is provided by the COSIG staff. The PTF, consisting of both Adult Mental Health (AMHD) and Alcohol and Drug Abuse (ADAD) Division representatives is responsible for community leadership and oversight of the major grant project areas including, but not limited to: the Statewide Strategic Plan for Integrated Treatment of Co-Occurring Disorders (COD) and the Statewide Needs Assessment on Co-Occurring Substance Use and Mental Disorders Services, the community cultural collaboration, 'Imi Ke Ola Mau, and the Mobile Team services pilot project.

Regular presentations from the project staff and evaluation team to the PTF have included, but not limited to: evaluation presentations and reports, Mobile Team activity reports, and updates on Strategic Plan, development progress reports on, community partnerships, the AMHD Co-Occurring Corner website page, and Division-related projects.

- **Assessment of the Status of the State's Co-Occurring Disorder Service System** was completed, utilizing three assessment phases: Focus Group Interviews, Key Informant interviews and a Statewide Survey. The first phase focus group report has been completed and distributed. The Focus Group Needs Assessment Report became the basis for the development of the Statewide COD committee strategic plans. The second phase, involving key informant community interviews, has been analyzed and is integrated into the final integrated report. A report on the progress of the needs assessment process was presented at the 2006 COSIG Annual State Meeting in Washington DC by the COSIG Lead Evaluator, John Steffen, Ph.D. and contract evaluator, Rebecca Beardsley, Ph.D. This report is one of the most comprehensive needs assessments done on co-occurring disorder services amongst COSIG State projects. A final integrated report identifying unmet needs, gaps and obstacles to care will be completed by March 2008 and distributed throughout the community and COSIG State network, including SAMHSA.
- **Development and enactment of strategies to resolve identified obstacles to care have been completed and are contained in the "State of Hawaii Statewide Strategic Plan for Integrated Treatment of Co-Occurring Substance Use and Mental Disorders" report.**

Four community stakeholder work committees were formed to develop strategies and actions which would lead to the improvement of the existing co-occurring system of care within both ADAD and AMHD. The four work committees were; Workforce Development and Training, Treatment Systems, Screening and Assessment, and Infrastructure Development. Committee members consisted of joint Division representatives from AMHD and ADAD, their provider network, consumers and family members, primary care and Native Hawaiian organizations. Regular meetings were held for approximately two years at various community sites and chaired by community stakeholders. Committee Plans were completed and have undergone multiple levels of review, including a consumer panel, Division representative, Executive Branch and Department of Health leadership. Work committee members were acknowledged and thanked personally by the Lt. Governor at the August 7, 2007 PTF meeting. The Five-Year Plan provides and will serve as a “map or guidebook” for both Division to work together to improve services for individuals with co-occurring substance use and mental disorders.

This Plan, along with the final Integrated Needs Assessment Report, will be distributed during the last year of the project and will serve as a means of bringing both Divisions together to provide coordinated co-occurring disorder services for this special population. An implementation plan developed and approved by both Divisions is currently underway and will serve as an organizational management tool in the implementation of this important strategic plan.

- Technical assistance to initiate the development of the Project Taskforce and the work committees and plans was requested and obtained from the SAMHSA-Co-Occurring Center for Excellence or COCE.

Part of the strategic planning process included a mapping or “crosswalk” between the COSIG Strategic Plan for Integrated Treatment of Co-Occurring Substance Use and Mental Disorders and the COSIG Statewide Needs Assessment of Co-Occurring Substance Use and Mental Disorders for the State of Hawaii Focus Group report. The mapping process identified 14 themes (plus sub-themes) that assessed the status of the State’s co-occurring disorder system, identified unmet needs and gaps, and made recommendations to improve co-occurring disorder services. The themes have been cross-walked with the COSIG strategic plan to determine where the plan has and has not addressed those themes.

**The following are the 14 themes.**

**Theme 1** - Provided a variety of descriptive information from participants regarding the scope of the problem of co-occurring disorders (COD) in Hawaii, challenging issues for staff and consumers participating in COD treatment, and the complexities of treatment and “personal recovery” for COD consumers.

**Theme 2** - Centered on a myriad of “system” issues that challenge the provision of care to consumers with COD such as barriers in bureaucracy and paperwork requirements.

**Theme 3** - Centered around the lack of integration and coordination between Hawaii’s state Alcohol and Drug Division (ADAD) and the Adult Mental Health Division (AMHD), as well as among programs and individual providers of substance abuse and mental health services.

**Theme 4** - Centered on issues of collaboration of both the mental health and substance abuse systems and services.

**Theme 5** - Centered on issues of access, eligibility, admission and reimbursement for services in both the mental health and substance abuse system of services.

**Theme 6** - Centered on issues related to the quality of care of COD services for consumers in both the mental health and substance abuse systems of care.

**Theme 7** - Centered on the continuum of care services for COD consumers in both the mental health and substance abuse systems.

**Theme 8** - Focused on Treatment Approaches and consisted of several principles identified by participants as useful and helpful in guiding effective treatment for individuals with COD.

**Theme 9** - Discussed Treatment Modalities that consist of a variety of approaches and interventions identified by participants as helpful in treating or recovering from COD.

**Theme 10** - Focused on Cultural Considerations with participants voicing a myriad of issues concerning the need for infusing more cultural competency into COD services.

**Theme 11** - Focused on the issue of "Living in Recovery" which encompasses what is needed for consumers to obtain needed supports for COD recovery.

**Theme 12** - Centered on Public Education and Public Perception of COD. Both are interconnected as evidenced by the various sub-themes of Public Perception that emerged referring to the need for Public Education as a vehicle for changing perceptions about COD.

**Theme 13** - Detailed the need for Resources. This theme included the sub-themes of Human Resources, Financial Resources, Physical Resources, Consumer Resources, and Treatment Resources. The major thrust of the Resources theme and its sub-themes are that there is a lack of needed resources at a number of levels to provide adequate services to consumers with COD.

**Theme 14** - Described Special populations which need specialized care and services within the COD care delivery system. These sub-populations include people who have developmental disabilities, are organically brain damaged, geriatric consumers, homeless consumers, children and teens, consumers with forensic issues, and women and children.

The themes and sub-themes that were not specifically identified in the strategic plan are listed below. **Of note**, only Theme 11, Living in Recovery, was not addressed by the strategic plan. All other themes were covered by the strategic plan, although certain sub-themes under many of the themes were not covered by the plan.

Theme 1

Sub-Theme 1: Methamphetamine

Theme 2

Sub-Theme 1: Bureaucracy as a barrier

Sub-Theme 2: Paperwork requirements

Theme 3

Sub-Theme 2: Positives and why integration is important

Theme 5

Sub-Theme 3: Insurance and reimbursement

Theme 7

Sub-Theme 2: Outreach and crisis management

Theme 9

Sub-Theme 1: Psychiatry and medication  
Sub-Theme 2: Psychology and individual counseling  
Sub-Theme 3: Group therapy  
Sub-Theme 4: Psychoeducation and skills training  
Sub-Theme 5: Clubhouse

Theme 11: Living in Recovery

Sub-Theme 1: Meaningful structured activities  
Sub-Theme 2: Spirituality  
Sub-Theme 3: Social support/relationships  
Sub-Theme 4: Families  
Sub-Theme 5: Housing  
Sub-Theme 6: Employment  
Sub-Theme 7: Self-help

Theme 12

Sub-Theme 1: Stigma-general  
Sub-Theme 2: Stigma-professional and relational  
Sub-Theme 3: Stigma- community and culture  
Sub-Theme 4: Stigma as barrier  
Sub-Theme 5: Stigma-families

- Sub-Theme 6: Community education to reduce stigma
- Sub-Theme 9: Misperceptions of programs

Theme 13

- Sub-Theme 4: Consumer resources

Theme 14

- Sub-Theme 1: Homeless
- Sub-Theme 2: Children and teens
- Sub-Theme 3: Forensic
- Sub-Theme 4: Women and children

**Goal #2:**

- A Services Pilot Project staffed by an interdisciplinary mobile team of mental health and substance abuse professionals, was launched in fiscal year two and ended Nov. 15, 2006. Four staff members were hired to complete the mobile team; an Advanced Practice Registered Nurse, a Licensed Clinical Social Worker, a Psychiatrist, and a Hawaii Certified Peer Specialist. The team of interdisciplinary professionals worked within both AMHD and ADAD provider systems. The team was meant to be “mobile”, traveling and working within the communities to improve agency workforce technical skills, policy and procedures, and consumer advocacy in the area of co-occurring disorders. In addition, the team provided community development and consumer involvement in areas concerning co-occurring disorders within two geographic areas; Molokai and Windward, Oahu. In the original grant proposal, the team was to rotate personnel between three providers in the community and deliver direct services to provider sites. After discussion and planning with the three primary provider sites and the project’s inability to secure a way of removing legal and human resource obstacles to this concept, the team did not provide the original planned level of direct services. The team was able to provide consultation for current cases with the individual site providers.
- Agency specific work plans were developed to improve agency infrastructure of delivery of COD services for three primary Windward agency providers; Windward Community Mental Health Center (WCMHC), Hina Mauka and Po’ailani, Inc. Plans were focused on consultation, training and case reviews. Each site selected their level of involvement with the team.

- Three evaluation and work initiatives for the mobile team were developed and approved by evaluation leadership and the COSIG Project Taskforce: Technology Transfer, Community Development and Consumer Involvement. In addition, case consultations were provided to WCMHC and Hina Mauka. Hina Mauka obtained a co-occurring AMHD contract during the time of the mobile team activity. The mobile team contributed to the improvement of agency areas of staff development and the development of co-occurring policy and procedures. As a result of the mobile team interventions, Po'ailani, Inc. has initiated cultural competency improvements to their program by planning for a wellness healing program based on Hawaiian values for their outpatient and residential program for consumers.
- Two community coalitions were formed by the mobile team to support co-occurring services within their respective communities: Ho'oulu in the Windward Oahu area and one in the Molokai community. The Molokai group continues under the leadership of the Queen Liliu'okalani Children's Center and an ADAD/Alu Like-funded provider, Kahua Ola Hou, with the intent of forming community partnerships to combat substance abuse problems in its community. The Windward coalition was not able to continue involvement amongst the community network.
- Service area was expanded out of the Windward area to involve additional ADAD providers, especially those located in rural areas, as prompted by the COSIG COD Statewide needs assessment focus group findings that indicated a lack of training and skill in COD in rural areas, especially neighbor island communities.
- Mobile Team provided more than 50 recorded and evaluated training events and approximately 100 recorded and evaluated consultation sessions for AMHD, ADAD, and community partners. The final evaluation report for training events was completed and distributed at the June 2007 PTF meeting. A summary of consultation sessions were presented at the April 2007 PTF meeting. A final evaluation report, to be completed in the final project year, will be forwarded to the Project Taskforce to prepare a recommendation to the Divisions to consider funding and implementation of the use of a mobile team concept for delivery of COD training and consultation, as well as development of community and agency infrastructure. This report will be forwarded to SAMHSA for distribution to other COSIG projects. Several current COSIG State projects have expressed an interest in a mobile team concept of training, consultation and service delivery in areas of geographic challenge.

**Goal #3:**

The COSIG Evaluation Team provides continuous quality improvement development to all aspects of the project. A quality assurance plan to evaluate all areas of the project activities and major goals has been initiated and will be completed by the end of the project date. Regular reports regarding evaluation of various areas of the project have been presented to the Project Taskforce for continuous feedback of improvement. The final evaluation report containing all aspects of review and evaluation will be completed by September 30, 2008 and presented to SAMHSA and local leadership.

**ADDITIONAL GRANT INITIATIVES:**

**Website Corner:** Working with the AMHD information systems team, a “Co-Occurring Corner” has been developed and posted on the AMHD site. Additional links and posting of information and resources continues on a regular basis. All completed and future COSIG reports will be posted on the corner. Agreements with AMHD will ensure sustainability of the corner, and will include future Division Mental Illness/Substance Abuse documents. Links to ADAD has also been developed by ADAD and DOH. This site will serve as a resource for COD information in the State of Hawaii and nationally.

**Community Cultural Partnership, known as ‘Imi Ke Ola Mau (IKOM):** COSIG provides the leadership for the development and operation of this collaboration. The COSIG Statewide Needs Assessment on COD and statistical data from ADAD indicates nearly 40% of the population served within our State ADAD system are of Native Hawaiian ancestry. This figure rises to 50%-95% in certain geographic rural/semi rural areas. Recent data on COD prevalence rates within AMHD notes a large proportion consumers are of Native Hawaiian ancestry. A review of services offered indicated very few providers capable of delivering culturally sensitive mental health/substance abuse services to this population. With the assistance of the Co-Occurring Center for Excellence (COCE), two ADAD providers and COSIG, a collaborative partnership was formed to address this issue. The Partnership now includes representatives from the Office of Hawaiian Affairs, Papa Ola Lokahi – the Native Hawaiian Health System, the Queen Liliu ‘okalani Children’s Center, Salvation Army Women’s Way, Ohana Makamae, MSRET-RCUH, DOH-Office of Health Equity, Ho‘omau Ke Ola, Kū Aloha Ola Mau (formerly known as Drug Addiction Services of Hawaii ), community kūpuna, and representatives from both Divisions. Major accomplishments of this collaborative partnership includes:

- Completion of a long term Strategic Plan
- Completion of a Vision, Mission and Philosophy Statement

- Awarded a technical assistance request from the SAMHSA funded Co-Occurring Center for Excellence (COCE) and maintains continue visibility with SAMHSA.
- Sponsored two major community forums (Kūkulu I Nā Hūlili) in 2006 and 2007 on COD and Native Hawaiians, with 140 attendees in 2006 and an increase to 345 in 2007. Completed and distributed final evaluation reports for both forums.
- Submitted and received funding for the 2006 forum from Hawaii Medical Service Administration (HMSA) and Chevron, and for the 2007 forum from the Office of Hawaiian Affairs and Papa Ola Lokahi.
- In partnership with Papa Ola Lokahi, submitted and was awarded a SAMHSA Policy Academy on Co-Occurring Disorders for Native Groups (only 8 awarded in the nation). A Strategic Plan was developed based upon the partnership's original strategic plan. The Plan was forwarded to SAMHSA for inclusion with other native group Plans for national recognition.
- Held a community evaluator's discussion group on April 23, 2007, attended by major community researchers. The purpose of the discussion was to bring together interested representatives from major community evaluation and research groups whose focus and priority has been the improvement of health outcomes, particularly behavioral health, for Native Hawaiians.
- Secured the attention and support of major government stakeholders and Hawaiian organizations to examine the severity of mental health and substance abuse challenges within Native Hawaiian communities.
- Established a partnership with University of Hawaii-Department of Psychiatry, COSIG and providers of IKOM, to initiate a research project to evaluate effectiveness of cultural interventions used at three ADAD treatment provider sites: Ho'omaui Ke Ola, Big Island Substance Abuse Waipio Project, and Kū Aloha Ola Mau-Hui Ho'ola Na Nahulu O Hawai'i. The Project began in February 2008 and is expected to be completed within one year.

#### **STRATEGIC PLAN INITIATIVE CROSS OVER AREAS BETWEEN THE COSIG AND MHT SIG PROJECTS**

The COSIG Project contained two strategic planning initiatives. The largest effort arising from the original grant proposal included a statewide needs assessment of co-occurring services and the development of strategies and actions developed within a framework of four main areas; Screening and Assessment, Treatment Systems, Workforce Development and Training, and Infrastructure Development. The four primary areas were common to COSIG projects across the nation. The plan involved the documentation of goals, strategies and action steps needed to move towards an integrated system of care within the Department of Health, the Adult Mental Health and Alcohol and Drug Abuse Divisions (AMHD and ADAD).

A second strategic planning effort involved 'Imi Ke Ola Mau, formed and lead by the COSIG project, was designed to address the need to partner, plan and implement culturally appropriate effective mental health and substance abuse services statewide for Native

Hawaiians, their families and communities. The foundational justification for this effort arose from the COSIG statewide needs assessment on co-occurring services which revealed a lack of integrated mental health/substance abuse services that honor culturally responsive treatment for this high risk population, a lack of providers who are able to implement these programs and services, and identified barriers such as governmental policies/lack of education that create barriers to creating and providing culturally responsive treatment services. Although not detailed in the original grant proposal, the community collaboration project also supports information and data contained in the original grant proposal and collected from both Divisions.

A review of strategic planning initiatives obtained from both the COSIG and MHTSIG projects contain a crossover of many areas. The Substance Abuse and Mental Health Services Administration (SAMHSA), which provided funding to both projects has encouraged the State of Hawai'i Department of Health and the State's Executive Branch to coordinate efforts between all SAMHSA funded grant projects awarded to the State of Hawai'i. This report utilizes the MHTSIG Subgroup Recommendation Matrix, the COSIG State of Hawaii Strategic Plan for Integrated Treatment of Co-Occurring Substance Use and Mental Disorders, and the 'Imi Ke Ola Mau Strategic Plan to Improve Mental Health and Substance Abuse Recovery Outcomes To Native Hawaiians, Their Families and Communities (SAMHSA Policy Academy and IKOM Original Version). A summary of areas common to the three Plans and call for **CHANGE** are listed below and represents a strong recommendation for all SAMHSA projects in the State of Hawai'i to continue in their commitment and efforts.

#### **CROSSOVER AREAS BETWEEN COSIG AND MHT SIG PROJECT STRATEGIES AND INITIATIVES**

- **A Change in Delivery of Mental Health/Substance Abuse Services to Reflect a Sense of Welcome and Aloha.**
- **A Change in Delivery of Mental Health/Substance Abuse Services to be more Consumer Driven, Culturally Sensitive, Family Focused and Individualized.**
- **A Change in Delivery of Mental Health/Substance Services to include an increase of options for care, including culturally effective and alternate healing modalities from indigenous and other non-Western group(s).**

- **A Change in Delivery of Mental Health/Substance Abuse Services to include an increase in integration between all departments, agencies and across the community, which supports partnerships, pooled mechanisms, an increase in efficiency, decrease in duplication of efforts.**
- **A Change in Delivery of Mental Health/Substance Services which provides appropriate and adequate screening and assessment for mental health disorders to all consumers.**
- **A Change in Delivery of Mental Health/Substance Abuse Services which promotes and supports the establishment of a competent and adequate mental health workforce.**
- **A Change in Delivery of Mental Health/Substance Abuse Services which supports the exploration and development of “natural support” systems in each community.**
- **A Change in Delivery of Mental Health/Substance Abuse Services which supports the development of an entity which coordinates and oversees research on indigenous and cultural healing interventions addressing both mental health and substance use disorders.**
- **A Change in Delivery of Mental Health/Substance Abuse Services which supports increased funding for research efforts utilizing established indigenous research protocols which leads towards the recognition of culturally relevant services and effective outcomes.**
- **A Change in Delivery of Mental Health/Substance Abuse Services which supports a review and change of administrative rules, policy and procedures which impact a successful delivery of services.**
- **A Change in Delivery of Mental Health/Substance Abuse Services that provides access to training opportunities to each island community, which includes culturally competent areas of training.**

## CONCLUSION

Funding for the COSIG project will end on September 30, 2008. The MHT SIG project is currently in the second of the fifth year of funding. There are eleven major common areas between the two projects. Both projects have detailed action areas contained in strategic plans pertaining to these eleven major common areas. The COSIG project is currently working with both Divisions to develop a mutually agreed upon implementation plan of the COSIG Strategic Plan for Integrated Treatment of Co-Occurring Substance Use and Mental Disorders. COSIG is also providing leadership to 'Imi Ke Ola Mau in securing sustainability efforts for the community partnership. The partnership was tasked by a team of individuals representing Hawaii at the SAMHSA 4th Policy Academy on Co-Occurring Disorders for Native Groups held in September 2007 for responsibility for the implementation of a set of strategies and actions aimed at improving mental health and substance abuse recovery outcomes for Native Hawaiians, their families and communities. Members of the team included representatives from the Department of Health, The State of Hawaii Office of the Lt. Governor, Papa Ola Lokahi, the Office of Hawaiian Affairs, and several community providers. Thus, commitment is expected from all major agencies in the implementation of this community strategic plan.

The eleven common areas between all project plans provide a substantial list of initiatives to not only the Mental Health Transformation State Incentive Project, but to other related SAMHSA funded grants in Hawaii, such as the Access to Recovery project which was recently awarded to the Department of Health. Prior to the end of the COSIG project, leadership from all applicable grant projects will continue to meet to develop a common plan to transition COSIG grant projects towards sustainability.

## Appendix H