

The Tulsa Methamphetamine Treatment Continuum

Community Operating Agreement, December 14, 2020

Methamphetamine has surpassed opioids in killing more Tulsans than any other illicit substance and is encountered by law enforcement on Tulsa streets more than any other illicit substance. Moreover, COVID-19's impacts on stress and anxiety have worsened addiction in our community.

In response, **the Tulsa Methamphetamine Treatment Continuum is a strategic effort to address Tulsa's methamphetamine addiction crisis on a bigger scale than ever before, with more funding, enhanced treatment practices and stronger community partnerships.** A public-private collaboration developed as a next step in the 10-year Tulsa Regional Mental Health Plan, the Continuum consists of a treatment model housed at 12&12 with specific operational and advisory roles performed by community partners in treatment, academia, government, policy and law enforcement who have robust experience and expertise with methamphetamine addiction and recovery from their unique vantage points.

Methamphetamine is a highly-addictive substance causing dangerous mental and physical complications, and is notoriously difficult to treat. However, recovery is possible and treatment works. Tulsa has is uniquely positioned, through expertise and a tradition of collaboration on community mental health challenges, to address the problem.

Through the Continuum, Tulsans will have access to new methamphetamine treatment beds (14 male-specific inpatient beds and 14 female-specific inpatient beds) at 12&12 treating 400 clients a year; a new type of medically-assisted detoxification unit that will connect with and enhance the existing Sobering Center and CrisisCare Center as drop-off locations for law enforcement when needed (4 intensive detox beds); an enhanced treatment curriculum incorporating peer recovery support specialists; dedicated transitions through different levels of care with case management; an array of options to address "social determinants of health" such as employment and sober living housing; and a university-designed evaluation plan to allow quality improvement and the ability to replicate the model elsewhere.

The program will serve people who enter through Oklahoma Department of Mental Health and Substance Abuse Services referral (the state's public mental health system), 12&12, and criminal justice diversion points, such as CrisisCare Center and Sobering Center, but the intention of the partners is to work to ensure this level of programming is available to all who need it. This Community Operating Agreement identifies the essential features of the Continuum, but does not constitute an implementation plan. The parties will continue to work together to develop more specific implementation plans.

The tables on the following pages outline each organization's responsibilities within the Continuum.

Level/Type of Treatment/Support	Description, Model(s)	Who Will Operate	Who Will Fund
<p>Transition A: Entry into care and continuity of care from entry points in the mental health system.</p>	<p>CrisisCare Center (CCC) operated by Family & Children’s Services acts as a primary entrance into Tulsa’s public mental health system for clients connected to care by law enforcement. In these cases, treatment for methamphetamine detox will begin at CCC. New protocols are in effect to ensure proper transfer to 12&12 when needed, and case managers at the CCC and at 12&12 will arrange for timely access to detoxification or residential care for those patients in need.</p> <p>Patients can also enter through the 12&12 Sobering Center in cases where Tulsa Police drop off clients suspected by officers of needing detoxification from alcohol or low-level substance use. Entry is also possible by referral from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) treatment system.</p>		
<p>1. Intensive Detox Beds</p>	<p>Four (4) meth-dedicated detox beds will be made available to support the program. 12&12 clinicians and case managers and other clinical staff will assess the need for follow-up care and will ensure continuity of care from detox to inpatient residential or other levels of care. Average length of stay will be 4 days.</p>	<p>12&12/OSU</p>	<p>ODMHSAS has funded</p>
<p>2. Inpatient Residential</p>	<p>Medical services, treatment groups, substance abuse counseling, family and social network assessment and intervention, employment services, legal aid, and peer support will be provided. Current state and ASAM guidelines as well as National Institute on Drug Addiction best practice standards will be followed, including recommended staffing levels, within the bounds of available funding. Services will be gender-appropriate. Individualized plans of care will be developed with each client; however, a maximum length of stay of 90 days is expected and clients will be periodically assessed for readiness to step down to intensive outpatient treatment. Extended care beds may be used when people need residential treatment for meth but a bed is not yet available.</p>		
<p>For Men</p>	<p>16 meth-dedicated residential beds with an expected length of stay (LOS) of up to 90 days will be made available for men.</p>	<p>12&12/OSU</p>	<p>ODMHSAS has funded</p>
<p>For Women</p>	<p>16 meth-dedicated residential beds with an expected LOS of up to 90 days will be made available for women.</p>	<p>12&12/OSU; and Women in Recovery (WIR) staff member</p>	<p>ODMHSAS; George Kaiser Family Foundation</p>

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Transition B.1, from Residential to Intensive Outpatient Program (IOP): <u>Housing</u>	12&12 will help clients stepping down from inpatient residential to obtain housing that meets their needs. Options will include transitional living units housed at 12&12 and, in partnership with other providers, sober living and permanent supported housing. Case managers will provide housing supports and connect clients with available supported housing services from other agencies. A “Housing Sub-Group” will work together to identify housing resources and create an inventory of sober living options.		
For Men	Housing opportunities will be made available for clients: a) Sober living beds will be set aside for the program at Sangha Sober Living, and 12&12 has an array of sober living partners who can provide additional housing. b) Transitional living units <i>may</i> be utilized, if appropriate c) Supported housing units/slots may be utilized	a) Sangha Sober Living b) Mental Health Association Oklahoma (future) c) 12&12 and other agencies	a) The Anne and Henry Zarrow Foundation b) Current and future funding c) Current funds
For Women	Housing opportunities will be made available for clients: a) Sober living house beds, including through 12&12’s sober living partners; b) Transitional living units <i>may</i> be utilized, if appropriate c) Supported housing units/slots will be utilized	a) Current providers b) Mental Health Association Oklahoma (future) c) 12&12 and other agencies	a) Current funds b) Current and future funding c) Current funds

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Transition B.2, from Residential to IOP: Individualized Case Management (ICM)	<p>12&12 case managers will help ensure successful transitions across levels of care. In addition, approximately 1 male Peer Recovery Support Specialist (PRSS) and 1 female PRSS for every 28 patients (14 each) will provide recovery support, beginning in residential treatment and throughout the IOP phase.</p> <p><i>Transportation:</i> Case managers and PRSSs will provide transportation and will work with Healthy Minds to identify transportation resources (e.g., through grant funding) to be applied. Sober living partners may also seek transportation options for their residents attending IOP at 12&12.</p>	<p>12&12</p> <p>12&12; ODMHSAS will provide training and other assistance, as needed</p> <p>Sober Living partners</p> <p>Healthy Minds</p>	<p>Current funds; City of Tulsa CARES funding</p> <p>Possible ODMHSAS training</p> <p>Case manager-reimbursable services; grant funding</p>
3. Intensive Outpatient			
<p>For Men</p>	<p>The Matrix Model of outpatient substance use disorder treatment will be implemented and will include such best practice and evidence-based practices as Contingency Management, Motivational Interviewing, Cognitive Behavioral Therapy, peer support, trauma-specific therapy for men, and peer support. Services will be gender-appropriate. Continuity in the provision of supported employment will be maintained from residential to IOP levels of care.</p>	<p>12&12/OSU</p> <p><i>Supported Employment, job training:</i> Workforce Tulsa</p>	<p>ODMHSAS funds IOP level of care</p> <p><i>Existing Funding</i></p>
<p>For Women</p>	<p>The Matrix Model of outpatient substance use disorder treatment will be implemented and will include such best practice and evidence-based practices as Contingency Management, Motivational Interviewing, Cognitive Behavioral Therapy, trauma-specific therapy for women, peer support, supported employment. Services will be gender-appropriate.</p>	<p>12&12/OSU; and F&CS/WIR</p> <p><i>Supported Employment, job training:</i> Workforce Tulsa</p>	<p>ODMHSAS funds IOP level of care</p> <p><i>Existing Funding</i></p>

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4. Routine Outpatient			
For Men and Women	<p>The matrix model, including peer support, will continue to provide the basic structure for routine outpatient services.</p> <p>Program graduates will also be given an iPad that will help them stay engaged with the program over time and that will be used for outcomes tracking.</p>	12&12/OSU	<p>Current funding – reimbursable services</p> <p>ODMHSAS (iPads)</p>
5. Community			
Research and evaluation	<p>Research and evaluation will be used to assess patient outcomes and the fidelity of program implementation. This also allows the program to be modeled and replicated elsewhere in the future.</p> <p>(See note above on program graduates being given an iPad to promote engagement and longer-term outcomes assessment.)</p>	OSU’s National Center for Wellness and Recovery, with support from TriWest and ODMHSAS	<p>OSU; City of Tulsa CARES funding;</p> <p>ODMHSAS (iPads for outcomes tracking)</p>
Facilitation	<p>Healthy Minds Policy Initiative and its consultants at TriWest Group have played a lead role in facilitating development of the Continuum with in-kind support from Oklahoma State University’s Psychiatry Department, and will remain involved when needed. In addition, a project manager embedded within 12&12 was made possible with philanthropic contributions.</p>	Healthy Minds Policy Initiative, 12&12, OSU	<p>The Anne and Henry Zarrow Foundation (Healthy Minds and TriWest)</p> <p>George Kaiser Family Foundation</p>
Consultation	<p>Consultation has been provided by local government and law enforcement groups, including the undersigned, and their expertise will continue to be made available in the pursuit of reducing methamphetamine addiction in Tulsa.</p>	City of Tulsa, Tulsa Police Department, Tulsa County DA’s Office, Tulsa County Sheriff’s Office	In-kind contributions

Whereas methamphetamine addiction kills more Tulsans than any other illicit substance, and **whereas** the community of Tulsa is uniquely positioned to be a national leader in methamphetamine treatment due to existing expertise and collaborations, **the undersigned parties agree to be the founding partners in the Tulsa Methamphetamine Treatment Continuum** and serve as ongoing collaborators to reduce the impact of methamphetamine addiction in Tulsa. For organizations with a direct operational role in the program as described above, the parties express a *good-faith commitment* to develop the most effective continuum of services and supports possible.



Bryan Day
12&12



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