

**GOVERNOR'S TRANSFORMATION ADVISORY BOARD**  
**State Capitol, Room 104**  
**September 16, 2010**  
**Draft Minutes**

Members Present:

Sara Barry  
Kermit McMurry  
Teresa Peden  
Terri White

Michael Fogarty  
Connie Motley  
Sandy Pruitt

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Others Present:

Richard Bowden  
Marcus Butler  
Audra Eccles  
Walt Gerow  
Lissa James  
Carol McFarland  
Jolene Ring  
Raymond Turner  
David Wright

Nichole Burland  
Lorrie Byrum  
Terrie Fritz  
Cher Golding  
Alesha Lilly  
Sallie McLaughlin  
Chris Tarpley  
Marva Williamson

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I. **Determination of Quorum, Call to Order** .....Commissioner White

In the absence of Chairman Jones and Vice Chairman Cline, Commissioner White called the meeting to order at 1:35pm. It was determined that there was not a quorum and that the meeting would proceed without seeking approval of the minutes.

II. **Review Minutes from Previous Meeting** .....Commissioner White

No action was taken.

III. **Budget Report**.....Richard Bowden, ODMHSAS Finance Director

The annual budget report was presented by Richard Bowden. Mr. Bowden presented the end of fiscal year 10 budget reported showing expenditures in the amount of approximately four millions dollars. Going into fiscal year 11, an extension year for TSIG, no additional funding will be appropriated. The funding remaining approximately two million dollars will be encumbered to complete projects underway as well as any others documented on the Comprehensive State Plan.

IV. **Project Director Report**.....Karen Frensley, MBS, LMFT,  
Project Director

General Announcements:

- A. Jinneh Dyson, former NAMI Oklahoma Executive Director and GTAB member, was offered the NAMI Executive Director position in Houston Texas and left early this month for Texas. Congratulations to Ms. Dyson. Ms. Ellen Harris, the NAMI Board President, will be the Interim Director at NAMI until a new Director is in place.
- B. The Fifth Annual OCARTA Recovery Walk, in conjunction with the nationwide effort to promote recovery, is September 25<sup>th</sup> at Washington Park in OKC. Registration is at 8:00, festivities at 9:00 and the walk at 9:30. Both Gubernatorial candidates were invited to attend. Representative John Sullivan and Lt. Governor Jari Askins have confirmed that they will be attending.
- C. The Children's Systems of Care (SOC) program has expanded to nine new counties; Pawnee, Johnston, Pontotoc, Sequoyah, Adair, Wagoner, Harper, Jackson and Bryan Counties are the new sites. SOC now covers 51 of Oklahoma's 77 counties.
- D. TSIG extension request was approved by SAMHSA. The request was submitted for approximately \$2.5 million that is estimated to be available in the extension year. Since the request is due prior to the close of the fiscal year, the amount is estimated when submitted. Many of the projects will continue during FY11 to allow for transition to other funding sources or to be completed. Major projects to complete in FY11 to meet the Comprehensive Plan Goals include launching the statewide anti-stigma campaign, expansion of the tele-health network to include the administrative court system and substance abuse agencies, development of a Peer Run Drop in Center and development of a regional consumer involvement network.
- E. The Cross Site Evaluation was completed on June 8 &9. Manila Consulting, met with several of the GTAB state agency Directors (OHCA, ODMHSAS, OJA, OKDHS, DOC, OHFA, DRS) for their assessment of the transformation effort during the past five years. A final report will be issued in the fall of 2011, and will be a cumulative report on the nationwide transformation effort. A state specific report will not be done for each of the TSIG states.

Unofficially, the evaluators were complimentary at the exit interview of the work being done in Oklahoma. Some of the things that stood out for them are that Oklahoma is leading the way in the transformational use of technology through initiatives such as the Tele-health network, CultureVision, and

computer assisted self directed care within medication clinic, using the Common Ground approach. Another area where Oklahoma has done great work is in the area of mental health working with corrections. The site team mentioned the strong collaboration between mental health and corrections, and stated that as far as they were aware, no other state has done as much with integrating behavioral health into the corrections system as Oklahoma. The evaluators also stated there appeared to be a nice integration between the program and the state/local level evaluation teams, which enabled our program to effectively communicate accomplishments via the tracker system.

- F. Oklahoma has received one of 22 FY10 Transformation Grants. This is a 5 year grant funded at \$750,000 annually. The biggest change in this grant is that it is a service delivery grant not an infrastructure development grant. The focus of this grant is to expand treatment capacity to communities by implementing best practices into the service system. The population of focus will be adults with serious mental illness or adults at risk for serious mental illness.

SAMHSA's Five Strategic Areas of Focus to apply for this Grant were:

- Prevention of Substance Abuse & Mental Illness
- Trauma
- Veterans
- Housing
- Employment

The ODMHSAS trauma informed care model proposed in the grant application has been entitled FRE- Freedom, Recovery, and Empowerment, investigating and implementing evidence based, trauma specific practices for adults into the service system. Two CMHCs, Northcare for the urban population and Mental Health Services of Southern Oklahoma for the rural population will partner with ODMHSAS. Priority in year one and two is to serve woman, and in years 3-5 expand to serve men.

Available services are trauma screening, individual and group therapy, recovery support and case management services. The overall goal is to develop a toolkit for the public mental health system and to monitor recovery outcomes to determine if model is effective.

- G. As a follow up to Dr. Gillaspy's presentation on the Post Partum Depression screening project last quarter, the Post Partum International Mothers Act Law was signed in May 2010. HRSA (Health Resources and Services Administration) announced that they will conduct a national public awareness campaign and make funding available to develop community support groups for mothers with post partum depression. This comes after the aftermath of the suicide of Melanie Blocker Stokes who lost her battle with postpartum psychosis in 2001. Just weeks after her daughter was born she fell to her

death from the rooftop of a Chicago hotel. The Mothers Act will offer awareness and services that Melanie should have had which could have changed her course of action. From Dr. Gillaspys presentation last meeting, we know that post partum depression is not uncommon, and that one in four new mothers in the general public report symptoms of post partum depression. As we learned at the last meeting, those mothers with children in the Neonatal ICU report at an even higher level.

There is an amendment in healthcare reform legislation that would require all health insurance plans to cover the cost of woman's preventive care and screenings, including post partum screening. HRSA and the US preventive Services Task Force will create the final guidelines for this bill and determine which screenings will be covered. We have an opportunity to speak out in favor of post partum screening being required. This can be done by going to the Post Partum Support International website at <http://postpartum.net/>.

#### Projects:

##### A. Anti Stigma-Community Campaign

Community of Champions campaign continues with 24 participating agencies. Presentations this quarter were to the Oklahoma Hospital Association and OU Health Science Center staff. The Redhawks organization joined the Community Champions team and designated an ODMHSAS "no drinking no smoking" section at the ballpark. After the season, they will be participating in the mental health and substance abuse awareness campaign.

##### B. Statewide Campaign

The review of vendors is completed and ODMHSAS is awaiting DCS announcement of award. The campaign will be developed with the goal to begin the campaign in early 2011.

##### C. Suicide Prevention Council

ASist trainers are available to agencies by request. Go to the ODMHSAS website at [www.odmhsas.org](http://www.odmhsas.org), then to Prevention, Initiatives, and Youth Suicide. Complete the request for training document and an ODMHSAS staff member from the Prevention Division will contact you.

Community trainings in Question, Persuade, Refer (QPR) are being done for the Oklahoma Highway Patrol officers. By the end of calendar year 2010, all Highway Patrol officers will be trained in QPR. Officers with the OKC police force are all trained in QPR.

##### D. Integration of primary and behavioral health care for youth

A collaborative project among the Yukon Schools, Mercy Healthcare and ODMHSAS involves developing a clinic at the school for primary and

behavioral health care. Children now have on site staff available for physical exams and mental health screenings, using the Columbia Teen Screen Mental Health Checkup toolkit. This toolkit is available free of charge to primary care and educational settings. For more information go to the Columbia website listed on the Implementation Plan handout.

E. Mental Health First Aide

Project completed. There are now 46 trainers in Oklahoma. A strategic planning session for trainers took place on June 24<sup>th</sup> to help trainers develop a marketing strategy to provide training within their community settings. In terms of just numbers, a quick summary shows that there have been 18 total courses conducted in the state in 2009-2010, leading to 163 individuals trained throughout the state through June 2010. Trainings will continue in FY11.

F. Consumer Family and Youth Leadership Academy

Project completed. It was a partnership with advocacy agencies to provide leadership training to fifteen communities to train consumers, family members and youth to become advocates for themselves and for others and to participate on community boards. The project ended in June, 2010.

Final results indicate that there were 405 participants (adults, family members and youth) in all of the 15 counties. Leadership survey results indicate that 90% felt more confident in their leadership ability post training, almost 79% of the participants are using their skills as members of board or other public forum, 95% would recommend this training to others, 98% stated the trainers were well prepared and had a good to excellent grasp of the subject matter. Complete survey results can be viewed on the Innovation Center website in the Evaluation workgroup section. [www.odmhsas.org](http://www.odmhsas.org). then to Special Projects, Innovation Center, Evaluation.

G. Peer Recovery Support Training

TSIG funding ends, September, 2010. During FY10, ODMHSAS became the credentialing body for Recovery Support Specialists services. The Advocacy and Wellness department within ODMHSAS, drafted the rules, and they are currently circulating for public input. The Advocacy and Wellness division is looking at developing specialization tracks for the recovery support staff such as Wellness Coach training and veterans' peer support training as part of continuing education requirements for maintaining credentials. Ongoing community trainings are posted on the ODMHSAS website. [www.odmhsas.org](http://www.odmhsas.org), then to consumer services, mental health, recovery support specialist training.

H. Peer Run Drop In Center

The request for proposals has been reviewed and ODMHSAS is awaiting the Department of Central Services announcement of vendor award for this project.

I. Residential Transition

TSIG funding will end in September, 2010; state funding will continue to provide for service delivery for persons who transitioned from congregate care to the community. During this fiscal year, three consumers transitioned to community living. The former residents will be assisted by the residential care staff for 6 months. Project outcomes will be reviewed and if positive, ODMHSAS will consider expansion of this program when funding becomes available.

J. Common Ground

The program became fully operational June 1, 2010. Over 600 logons were completed in the first month indicating consumers are using the software. A consumer satisfaction survey was developed and initial results indicate consumers believe that the database helps in meeting their recovery goals, facilitates conversation with their doctor, and that they have a better understanding of their medication side effects. Lots of good feedback from consumers, one quote from a consumer was that he "has been to many treatment centers over the years and never knew about "personal medicine". Really thought this would help him.

Looking at long term sustainability of the project, Central Oklahoma Community Mental Health Center is working to develop and sustain the program through 3<sup>rd</sup> party reimbursement for services provided by recovery support staff working with consumers in the decision support center. Griffin will not be sustaining this program into FY11 due to the cost associated with hiring additional recovery support staff with no additional reimbursement available for this staffing. Griffin plans to retain the recovery support staff that was hired to work on this project to continue working with consumers to develop more self directed treatment plans.

K. Latino Project

Project completed and recommendations were presented to ODMHSAS leadership for consideration. One of the recommendations that was approved to improve cultural awareness is the implementation of CultureVision. This web based application is being deployed to all ODMHSAS contracted provider agencies. The database can now be accessed by clinical staff from their computers to educate them on 47 different ethnicities, religions, and cultures. ODMHSAS will be monitoring usage and most frequently visited sites over the next few months. When data is available, a GTAB presentation will be done, to let you know how the program is benefiting the provider system. For more information on CultureVision go to [www.crculturevision.com](http://www.crculturevision.com).

L. Access to Housing

FTEs will be downsized to one FTE after this fiscal year. Major accomplishments in FY10 have been the designation of two local non-profits as Community Housing Development Organizations by the City of Tulsa, which allows them to access Community Development Block Grant dollars to purchase multi-family housing units. ODMHSAS has requested units be set aside or designated for persons with mental health issues.

M. Cultural Competency Training

Project completed. Training for trainers was completed in Fy10. There are 77 trainers within 23 agencies that have been trained through the National Multicultural Institute. ODMHSAS plans to continue the Partners in Diversity meetings with the other GTAB agencies.

N. Senior Mental Health

Project completed. In an effort to promote integration of primary and BH care, Oklahoma Mental Health & Aging Coalition conducted geriatric depression screenings alongside blood pressure screenings at the Aging conference in Tulsa in May. The good news is that 68% scored within the normal range, 13% scored within the moderate to the severe range. Seniors who scored within the moderate to severe range were given information and asked if they could be contacted for a follow up appointment within the next couple of weeks. None agreed to be contacted.

Stigma busting for seniors is an ongoing need. Working to develop Peer Support training for older adults is one of the priorities of the Mental Health and Aging Council which could do much to help with the stigma associated with asking for help. Pennsylvania has developed a curriculum for older peer support and will share with Oklahoma. TSIG funding ends in September 2010 for this project. A recommendation from the Mental Health Planning Council, to ODMHSAS leadership regarding other funding possibilities to sustain this contract is underway.

O. Screening

1. Infant & Early Child

During FY10, 161 primary care practitioners inquired about the Development Screening Initiative. Child Guidance staff will continue to provide consultation to implement the screening process within primary care offices upon request. There is a 1-888 number and website on the State Health Department's website to help educate practitioners to the resources available for young children. The Oklahoma State Department of Health and ODMHSAS have agreed to share funding for the Infant and Early Childhood Coordinator FTE to sustain this position at the State Health Department in FY11.

2. Screening, Brief Intervention, Referral, and Treatment (SBIRT)
  - a. Mercy Northwest Family clinic is now implementing the SBIRT screening protocol as part of routine care using a Nurse Practitioner to provide the services in their outpatient clinic. Focus of the FY11 project is to test reimbursement through commercial carriers using the health educators, and to determine the feasibility of sustaining screeners within primary care settings post TSIG.
  - b. Oklahoma trainers provided SBIRT training to OUHSC Level One Trauma Center on May 12<sup>th</sup>. SBIRT is required by JCAHO for all Level One Trauma Centers. Continued outreach to hospitals introducing the SBIRT model by ODMHSAS Prevention staff will occur in FY11.
3. A Behavioral Health Screening Council has been developed co-facilitated by ODMHSAS and OHCA staff with the goal to better integrate efforts to promote screening within primary care settings. The members are currently reviewing health care reform legislation and developing a document to highlight what Oklahoma is already doing related to screening and to set goals for accomplishing what is still to be done. Three care coordinators have been hired at OHCA to provide outreach to medical home clinics promoting screening for mental health and substance abuse issues. OHCA and ODMHSAS discussions are currently underway to determine how to fund these positions in FY11.
4. Post Partum Screening –The Oklahoma State Health Dept training of guidance staff within local health departments is underway. It is anticipated that post partum screenings will begin within the health departments WIC clinics beginning in the Spring of 2011.
5. OUHSC Post Partum Neonatal Intensive Care Unit project will continue in FY11. Major activity during FY11 is for Dr. Gillaspay to provide outreach to other NICUs within Oklahoma to educate and train staff in the screening protocol developed during this project.

P. Science to Service

Project completed. Final Science to Service presentations were done in May. Presentations from students related to trauma informed care within the prison system and the faculty presenters related to screening in primary care were presented to other faculty, students and state agency staff. The screening research project indicated the need for face to face personal engagement with the primary care practitioners to educate them on the need and importance of screening for behavioral health and substance abuse issues as part of their normal routine. Also indicated

was the need to educate practitioners about resources that are available within their communities to refer for services. Major obstacles reported by practitioners to conducting screenings as part of their routine practice are the amount of time it takes for physicians to do the actual screening and inadequate reimbursement rates.

Q. Care Coordination Team

One hundred and twenty-three families have participated in this project to date. This project is being evaluated as the TSIG Resiliency Study required by SAMHSA. Follow up interviews for the 12 month resiliency study will be completed in December of 2010. Final data analysis will be completed in early 2011, and a presentation by the evaluation team on this project is scheduled for the March GTAB. Preliminary results indicate a cost savings for those children who received care coordination. TSIG funding ends in September 2010. OHCA will fund the care coordination staff for the remainder of FY11.

R. Behavioral Health Workforce – Cognitive Behavioral Training

Project completed. Clinical training and supervision will be completed in September 2010. A steering committee has been developed composed of clinical staff who received the training and supervision from Beck Institute. The trainers and Beck staff are presenting training to non-licensed staff this week in Oklahoma City and Tulsa. This training allows the Beck staff to monitor the training and to critique the trainers and offer assistance one last time before they begin training on their own. The steering committee will develop a training plan for FY11.

S. Department of Corrections Workforce

Eight Universities participated in this project in FY10 to develop internships for MH students within the DOC facilities. During FY10, eight students participated in internships within the DOC. Three training seminars were conducted for participants and other faculty, the most recent on June 8<sup>th</sup> entitled “Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management” by Dr Merrill Rotter of Albert Einstein College of Medicine. Over 100 students, faculty and clinical staff attended this training, an indication of the interest in this area. Private funding is being sought to continue this project post TSIG. For more information on this initiative go to [www.okcmh.org](http://www.okcmh.org).

T. Correctional Crisis Response Training (CCRT)

Training continues with probation and parole and institutional staff. A presentation by Oklahoma staff working on this project was given through the National Institute of Corrections in July, 2010. The presentation highlighted the Oklahoma CCRT model. This program is receiving national recognition as an innovative training process for corrections personnel. The sustainability plan is to integrate the training model into the DOC training academy during FY11. Almost 150 corrections and Prob & Parole staff have been trained to date. (88 Probation & Parole & 55 Corrections).

U. DOC Peer Recovery Support

Recovery Support Training occurred in four Department of Corrections prisons through a partnership with NAMI and ODMHSAS. Twenty-seven, Mabel Bassett, Jess Dunn, Hillside and Joe Harp inmates were trained and certified. Ongoing support groups are developing at the facilities. During FY11, DOC and ODMHSAS will discuss ways to continue these training efforts within the correctional facilities.

V. Veterans Infrastructure

Project funding will continue until December, 2010. A needs assessment for the Tulsa and OKC communities, outlining the needs for services and supports will be completed by the end of December. They will be posted on the Innovation Center website. Most recently, the UCO veteran's resource forum was held in September to help orient veterans who are attending college. In October (28-29), Tulsa will sponsor the "Silent Wounds of War" conference. Daniel Zwerdling – NPR war correspondent is one of the featured speakers at this event.

W. Tele-health

1. Endpoints in 128 locations covering 72 of Oklahoma's 77 counties.
2. ODMHSAS submitted for the USDA Distance Learning and Telemedicine Grant which is \$500k to upgrade 21 sites to "distance learning hubs" (larger displays, higher quality video). This is a yearly grant and ODMHSAS plans to apply in coming years to continue to expand the network. Expected announcement in December, 2010.
3. ODMHSAS submitted for CSAT's Substance Abuse Technology Assisted Care Grant (\$1.2mil/3yrs) to expand the network to SE Oklahoma by setting up telehealth sites (5) at Counseling Centers of Southeast Oklahoma sites. Counseling Centers will deliver SA/MH services via video if the funding is awarded. The majority of this funding will go directly to pay for the telehealth equipment.

4. In June, Oklahoma's network was formally recognized at the National Association on Rural Mental Health's 2009 Rural Promising Practice conference.
5. A document detailing our network (how it came into existence, how much we're saving, etc) has been distributed to mental health organizations throughout the United States through the Tandberg Customer Profile series, July 2010. A copy is in your packet.
6. The network has been nominated for another award, the 2010 Oklahoma Distance Learning Association Award, for the innovative use of video conferencing for telemedicine and distance learning within the last 24 months. The finalists will be announced at the Midwest City conference at Rose State College on November 12<sup>th</sup>.
7. In a partnership with the VA and the CMHCs using this technology, the Veterans Administration began delivering psycho-educational training to veterans on Sept 1, 2010. CMHC sites are available for veterans statewide to view these educational events.
8. Expansion to substance abuse agencies and the administrative courts will be completed in FY11. Agency surveys will be sent to the substance abuse agencies within the next month to assess their internal capacity to host tele-health sites.
9. A sustainability plan for the tele-health network has been finalized. The CMHC directors at a meeting earlier this month agreed to partner with ODMHSAS to sustain the network through user fees that will begin in January 2011. This will allow ongoing technical support, periodic updates to the system, and ongoing infrastructure support.

V. **What Is Infant Mental Health and Why Is It Important?.....** Amy Chlouber, LPC, OK-AIMH, Chair, OSDH

The Mental Health Taskforce from the national organization 0-3 has defined Infant Mental Health as the healthy social and emotional development of a child from birth to 3 years. A very young child's social experiences and opportunities to explore the world depend on the nurturing and care he/she receives. The child and his/her relationships are central to infant and early childhood mental health. It is crucial to ensure that first relationships are trusting and caring because these provide the foundation for later development.

Healthy social and emotional growth supports key developmental skills that give children the ability to:

- Manage strong emotions and express them in a constructive manner
- Manage impulses and regulate their behavior
- Learn to identify and start to understand feelings
- Recognize emotions and emotional cues in others
- Develop empathy for others
- Establish and sustain close relationships and friendships
- Develop confidence, cooperativeness and the capacity to communicate

The Adverse Childhood Experience (ACE) Study, under the direction of Dr. Vincent Felitti and Dr. Robert Anda, supported by Kaiser Permanente and CDC, is a decade long, large scale epidemiologic study of the influence of stressful and traumatic childhood experiences on the origins of behaviors that underlie the leading causes of disability, social problems, health related behaviors and causes of death in the United States. Convincing evidence suggests that serious problems like school failure, interpersonal violence, physical and mental illness, substance abuse and premature parenthood have roots in early childhood experiences. The effects of adverse childhood experiences on childhood development are neurodevelopment and are linked to future adult health outcomes. Some adverse childhood (prior to age 18) experiences are growing up in a household with:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- An alcoholic or drug abuser
- An incarcerated household member
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill (i.e. maternal depression is considered a highly significant adverse childhood experience)
- Mother being treated violently
- One or no parents
- Emotional or physical neglect

Many psychological disorders can reliably be identified in the first few years of life, even before children are verbal. Studies indicate that intensive early childhood mental health treatment with infants, young children and their families (i.e. child parent psychotherapy) can be effective in enhancing development, preventing later problems and ameliorating disturbances in early childhood.

Many efforts to address infant and early childhood mental health are underway in Oklahoma. The Oklahoma Association for Infant Mental Health (OK-AIMH) was established in 1991, and is an affiliate of the World Association for Infant Mental

Health. The Infant and Early Childhood Mental health state plan, which was developed in 2007, as well as the Infant and Early Childhood Mental Health Coordinator position at the State Health Department, both of which many other states are interested in implementing are two examples of how Oklahoma is focusing on the emotional health of young children.

Through the efforts of OK-AIMH, Oklahoma was the fourth state to purchase the licensing agreement from Michigan for a workforce initiative called “Infant Mental Health Endorsement”. This program ensures that the people who are providing services for this population, from the licensed childcare associate all the way to medical doctors, PhD’s, and policy makers, have the skills and knowledge concerning mental health issues to support families with young children. There are currently 13 people endorsed in Oklahoma.

The Oklahoma developmental screening in primary care initiative is funded through the transformation grant, and is a partnership between ODMHSAS, OSDH, OHCA, and OU Child Study Center. This initiative provides developmental and social emotional screening tools at no charge to requesting primary care practices. Child Guidance staff are trained and available to serve as consultants to these practices. To date, out of 161 inquiries, 118 Oklahoma practices have accessed the free screening tools since April 2009.

VI. **Oklahoma Healthy Transitions Initiative**.....Marqus Butler,  
MHR, Project Director, Oklahoma Systems of Care Youth Coordinator

Oklahoma’s Young Adults in Transition represent a diverse group of young people ages 16-25 aging out of youth and child serving systems. These youth and young adults are the most vulnerable group facing transition to adulthood. They are:

- Less likely to graduate from high school
- Three times more likely to commit a crime
- More likely to engage in substance abuse
- Less likely to find, obtain and keep a job
- Less likely to achieve independent living
- Most likely to be imprisoned
- Most likely to become homeless
- Most likely to become victims of a violent crime

The correlation between housing and employment is well documented in national regional and state reports. Young adults in transition have limited housing options, because of limited employment options.

Another area of need for this population is community integration. Community integration is generally viewed as a multidimensional construct, including both objective

elements (activities outside the household, contact with neighbors, and others) and subjective elements (feelings about the meaningfulness of social contacts, attitudes about one's sense of belonging, availability of help, feelings of influence, and emotional investment in the community and community members. Research has shown that improving community integration for young adults in transition requires efficient and effective strategies that address four transition domains:

- Employment and Career
- Educational Opportunities
- Living Situation
- Community-Life Functioning (Personal Effectiveness and Wellbeing)

Within the state of Oklahoma, there are several workgroups that focus on youth in transition. The Partnership for Children's Behavioral Health, the State Advisory Team, and the Oklahoma Transition workgroup. Representation from state agencies is broad and diverse, with individuals from OKDHS, DRS, OHCA, and many others.

- OJA is currently planning a transition group home in Butler, OK, which will focus on independent living, job skills development, and community integration of young people exiting OJA custody. OJA also has a community at risk re-integration program, and a Central Oklahoma Juvenile Corrections facility career tech program. OJA also supports and funds emergency shelters, street outreach, and subsidized housing programs statewide.
- OKDHS offers a variety of programs and funding for transition preparation and services for youth exiting custody. Some of those programs include; transition supportive funds and services, and secondary education funds. The "Yes I Can" program for former foster care youth and the "Bridge to Independence" project are two examples of programs working with this population.
- ODMHSAS provides a variety of services and programs for this population. The Systems of Care transition programs are being offered in 6 counties. There are two sites in Oklahoma County, a program in Muskogee, one in Tulsa, and one in the Grand Lakes CMHC service area. The Systems of Care transition programs use the wraparound approach to services and supports. There is also a discharge planning housing subsidy program, and a transitional youth housing subsidy program.

The Oklahoma Healthy Transitions Initiative (OHTI) is a program that received funding from SAMSHA a year ago to be used to improve outcomes for this age group, 16- 25. Currently, the service locations for this grant are in Tulsa and Norman, with plans to expand and build on the model created to improve transition services in those areas. The program is available to all youth, but the focus is on young mothers who have a mental illness, and also minorities, and tribal youth.

**VII. Evaluation Update.....David Wright, Ph.D., ODMHSAS**

The final round of policy change interviews for FY10 are scheduled for the week of September 20-24th. The final Policy Change report for FY08-09 has been completed. In draft form and is being circulated for final revisions from state agency staff. Final revisions are due by October 8, 2010. The final report for FY08-09 will be posted on the Innovation Center website.

The Behavioral Health Workforce Study, conducted by Advocates for Human Potential is in final draft form. There will be a meeting with the Workforce workgroup later this month and recommendations will be collected from the membership on possible next steps for workforce development in Oklahoma. This report will be completed in early 2011 and will be available on the ODMHSAS/Innovation Center website.

The Recovery Study, a requirement of the SAMSHA grant, focuses on the impact of the Illness Management Recovery (IMR) Program. Baseline interviews with clients involved in the impacted and non-impacted groups are complete at all participating agencies; over 150 clients have been interviewed. Follow-up interviews for the study are underway. Preliminary results show strong improvement in how consumers feel about themselves, about their ability to advocate for themselves and others, and their place in the community.

Over 1000 people have used the Culture Vision application. Data is now being collected on their satisfaction with the system. To date, there have been over 150 responses to the survey. Over 90% said they would recommend Culture Vision to other staff. Most importantly, individuals have reported that they are more comfortable talking to people of different cultures, religions, and ethnicities than they were before using this application. Individuals also said that they wanted to learn more about different populations after using this application so a positive unexpected outcome is the increased interest in providing culturally competent care.

A survey has been implemented to track user satisfaction with Common Ground, the computer assisted program to help increase consumer involvement in treatment related to medication management. Survey results will be shared at a later date and will be posted on the Innovation Center website.

SAMHSA is requiring continued project tracking and documenting progress on the comprehensive plan goals during this extension year. Project leads will continue reporting monthly.

VIII. **Adjournment:** 3:25

*\*Next Meeting Scheduled for December 16, 2010 – 1:30 p.m.  
ODMHSAS, Human Resource Development Training Center  
2401 NW 23<sup>rd</sup>, Suite 1F (second floor of Shepherd Mall)*

***GTAB meetings for 2010 are held on the 3<sup>rd</sup> Thursday of each quarter***

DRAFT