

# Governor's Transformation Advisory Board

December 16, 2010

Meeting Minutes

ODMHSAS Human Resource Development Training Center

Suite 1F

December 16, 2010

1:30-3:30 p.m.

## Members Present:

Sara Barry  
Gene Christian  
Justin Jones  
Connie Motley  
Gary Rudick  
Ginger Smith  
Jack Turner

Don Carter  
Michael Fogarty  
Kermit McMurry  
Teresa Peden  
Dennis Shockley  
Terri White

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## Others Present:

Jenni Beeman  
Debbye Bryner  
Karen Frensley  
Kendal Kelly  
Dane Libart  
Carol McFarland  
Dr. Gary Parker  
Jolene Ring  
Debbie Spaeth  
Marva Williamson

Robert Blue  
Nicki Burland  
Nola Harrison  
Derek Lewis  
Mac McCrory  
Geri Mullendore  
Karen Poteet  
Dr. Stuart Schroder  
Ray Turner  
David Wright

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- I. **Determination of Quorum, Call to Order** .....Justin Jones, Chair  
It was determined that a quorum was not present.
  
- II. **Review Minutes from Previous Meeting** (5 minutes). .....Justin Jones, Chair  
Possible Action: Approval of Minutes  
Review of minutes was tabled due to not having a quorum. No action taken.

III. **Budget Report** (10 minutes).....Richard Bowden, ODMHSAS Finance Director  
Possible Action: Approval of Budget Report

Mr. Bowden presented the budget for year six. Request was sent to SAMHSA for approval of a no cost extension for the period, September 30, 2010 to September 29, 2011 and was approved. The extension request was submitted prior to the end of fiscal year 10 and therefore the amount requested is an estimate for FY11. Total amount remaining for grant is approximately \$2.4 million.

Approval of budget was not requested due to lack of a quorum. No Action Taken

IV. **Project Director Report** (20 minutes).....Karen Frensley, MBS, LMFT  
Project Director

General Announcements:

- A. For the extension period of the grant, the Project Director will report primarily on those projects being supported by TSIG that are continuing in Federal fiscal year 11.
- B. Most Innovation Center staff has transitioned to other departments as planned. David Harris and Cortney Yarholar are now part of the Mental Health Recovery Division. David is the Coordinator of Holistic Wellness and will be working with the ODMHSAS Advocacy and Wellness Director to increase awareness of the physical health needs for consumers within the behavioral health system. Cortney is the Coordinator of Cultural Awareness for ODMHSAS. He is facilitating the Oklahoma Partners in Diversity meetings for persons who participated in the Cultural Competency training provided by TSIG. Cortney also will be responsible for coordinating cultural competency events and trainings within ODMHSAS.
- C. On January 27<sup>th</sup>, there will be a webinar presented by CultureVision, to discuss the relationship between cultural competency and improving client centered care. We will be sending you the webinar meeting announcement and ask that you pass this announcement on to your staff who are responsible for cultural competency within your agencies. Culture Vision is a web-based tool that is provided to all mental health and substance abuse provider agencies contracting with ODMHSAS. The Culture Vision website includes information on over 60 cultures and religions.
- D. In an effort to maintain an ongoing presence for the work done through the transformation grant as well as activities related to transformation of the system, the Innovation Center website, that was previously a stand-alone website, has transitioned to the ODMHSAS website All of the information

related to the GTAB, workgroup activities, presentations and publications can now be found on the ODMHSAS website. Go to: Additional Services and Information, then click Innovation Center. The ODMHSAS website is: [http://www.ok.gov/odmhsas/Additional\\_Services\\_and\\_Information/IC-The\\_Innovation\\_Center\\_Home/](http://www.ok.gov/odmhsas/Additional_Services_and_Information/IC-The_Innovation_Center_Home/).

- E. The Policy Change study completed for FY08 -09 was sent to the GTAB membership in November. All agency matrices are attached to a final report with a summary of agency highlights. The report was sent to SAMHSA and is now posted on the ODMHSAS website under the evaluation workgroup section.
- F. The final TSIG annual meeting is in late February and will be a combined grantee meeting with a focus on Health Care Reform. Grantees from TSIG, Transformation II grantees, Access to Recovery grantees, and consumer advisory council members will be invited to the summit to share successes and challenges experienced with transformation in their states. The Project Director will report on the summit at the March GTAB meeting.

#### Projects:

- A. Anti Stigma Statewide Campaign  
The award to design the statewide campaign went to Jordan & Associates. The campaign details are being discussed, but generally the campaign will be directed to a primary audience of women ages 25 – 45 as they are the primary decision makers with regard to health care issues for families. The campaign will include developing a website and a social media campaign and there will be TV spots focusing on mental health and substance abuse scheduled to be aired in the Spring of 2011.
- B. Peer Run Wellness Center  
The award to develop a peer run drop in center went to the Mental Health Association of Tulsa (MHAT). The “Denver House” opened its doors in November 2010 and is located in a three-story office building owned by the MHAT. Renovations are underway. Community stakeholders and board members are partnering with TSIG to furnish the facility. The staff was hired and the program is operating Mon – Wed 11:00am – 7:00pm and Friday and Saturday 12:00pm – 9:00 pm, as well as on holidays. One of the guiding principles for a drop in center includes being open during non-traditional hours. Groups being offered are as follows:
  - 1. Wellness Recovery Action Plan (WRAP) classes
  - 2. Social meet and greet
  - 3. Double Trouble groups (mental health and substance abuse issues)
  - 4. Medication education
  - 5. Budgeting

6. Advocacy
7. Accessing affordable housing

Mark Davis is the Director for MHAT Assistance and Recovery Services and supervises the drop in center. An open house will be scheduled in early 2011.

C. Common Ground

Griffin Memorial Hospital will not be able to sustain this program after TSIG funding due to the cost associated with hiring additional recovery support staff with no additional reimbursement available for staffing. Griffin does plan to retain the recovery support staff person currently working on this project to continue working with consumers to develop more self directed plans related to their treatment while at Griffin. Central Oklahoma Community Mental Health Center (COCMHC) is working to develop and sustain the program through 3<sup>rd</sup> party reimbursement for services provided by the recovery support staff working with consumers in the decision support centers. The positions are funded through TSIG until June 2011 and COCMHC will have the opportunity to develop these processes while funding is in place.

D. Senior Mental Health

TSIG project funding ended in September 2010. Funding to sustain this effort and to maintain the Oklahoma Mental Health and Aging Coalition will be provided by several agencies including OKDHS and ODMHSAS. Based on geriatric screenings funded as part of this project, 48% of Oklahoma seniors scored between the mild and severe range for depression. The National Average is 25% and it appears that Oklahoma citizens are scoring well above that average.

Geriatric screenings continued in October and November at several churches and aging services locations. Twenty-one seniors were screened, 52% scored within the normal range, 24% mild range, 19% moderate range, and 5% scored within the range for severe depressive symptoms. These screening and educational events are meant to help seniors have a better understanding of senior depression, understand how mental health impacts overall health, and to provide information on resources for services, if needed.

E. Screening, Brief Intervention, Referral and Treatment (SBIRT)

Mercy Northwest Family clinic is now implementing the SBIRT screening protocol as part of routine care using a Nurse Practitioner to provide the screening service. Focus in FY11 is to test the viability of being reimbursed through commercial carriers using health educators, as well as to determine the feasibility of sustaining screeners within primary care settings post TSIG.

OU-HSC emergency department is ready to explore SBIRT in the ER. OU is considering placing social work interns in the ER to provide SBIRT

interventions. This will be a partnership between the OU School of Social Work, OU-HSC and ODMHSAS.

A Behavioral Health Screening Council has been developed co-facilitated by ODMHSAS and OHCA staff. The goal of the Council is to better integrate efforts to promote screening within primary care settings. They 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 behavioral health staff were hired to provide outreach to medical home clinics promoting screening for mental health and substance abuse issues. OHCA and ODMHSAS are partnering to fund these positions in FY11.

- F. Post Partum Screening– Oklahoma State Health Department (OSDH) Training of the child guidance staff is underway. OSDH anticipates the post partum screenings to begin at the health departments WIC clinics in the Spring of 2011.
- G. Post Partum Neonatal Intensive Care Unit (NICU) – The OU-Department of Pediatrics' Study in the neonatal ICU will end in December. Since July 2009, 378 mothers have been screened and 52% scored within the positive range for post partum depression. The major activity for this project through December is for Dr. Gillaspay to provide training to other neonatal intensive care unit staff within other healthcare systems on this screening protocol.
- H. Infant and Early Childhood Screening – The OSDH and ODMHSAS will share funding for the Infant and Early Childhood FTE to sustain this position in FY11. Stakeholder groups will begin in early 2011 to work on the four goals on the Infant and Early Child Strategic Plan. The goals are as follows:
  - 1. Promote awareness of the significance of infant and early childhood mental health,
  - 2. Enhance the capacity of the infant and early childhood mental health work force to effectively meet the needs of infants, toddlers and children under age six,
  - 3. Develop and expand programs for early identification and treatment of infants, toddlers and children under six exhibiting mental health concerns and their families, and
  - 4. Utilize research, evaluation and performance measurement data to drive planning and implementation of effective mental health programs, services and systems serving infants, toddlers and children under age six.

Those interested in more information on the strategic planning sessions may contact Amy Chlouber at OSDH. Her e-mail address is:

[AmyBC@health.ok.gov](mailto:AmyBC@health.ok.gov).

- I. Care Coordination Team  
Follow up interviews for the 12-month resiliency study, required by SAMHSA, have been completed. Final data analysis is underway and a presentation by the evaluation team on the care coordination project is scheduled for the March GTAB. Preliminary results indicate a cost savings to the system by the care coordinators diverting children from accessing higher levels of care. OHCA has assumed funding for the care coordination staff.
- J. Behavioral Health Workforce Training  
Training and supervision in cognitive behavioral therapy and techniques was completed in September. Clinicians may now apply to the Beck Academy for Cognitive Therapy to become certified as a cognitive behavioral therapist. Certification indicates that the clinicians have the necessary training, experience, and knowledge to be highly effective cognitive-behavioral therapists. Certification also indicates to consumers, potential employers, and other clinicians that the individual is a skilled cognitive therapist, who has demonstrated an advanced level of expertise in cognitive therapy.
- K. Department of Corrections (DOC) Workforce Training  
Ten students are completing their internships this semester within 6 Department of Corrections facilities. The program has expanded to add Northwestern Oklahoma State University in Enid with students training at the James Crabtree Correctional Center in Helena. Fourteen students are interested in placement beginning in January 2011. The good news is that students are accepting placements with or without stipends, as word of mouth has indicated that this training opportunity within the DOC is excellent. There are 10 DOC psychologists and one social worker involved in training and supervising these students. OSU – Tulsa, is actively seeking funding to continue this project post TSIG. More information on this initiative can be found at [www.okcmh.org](http://www.okcmh.org).
- L. Correctional Crisis Response Training (CCRT)  
The training continues in FY11 for probation and parole and institutional staff. The first training of fiscal year 11 occurred in October for 15 hostage negotiators. Almost 55 corrections staff, and 88 probation and parole staff have been trained to date. Early findings are showing that for those units that have corrections staff trained, there is a lower level of incidents being reported. For probation and parole findings show a lower revocation rate for inmates with staff trained in CCRT.
- M. Veterans Infrastructure  
Project funding for the Veterans initiative ends in December 2010. A needs assessment outlining needs for services and supports for Tulsa and Oklahoma City will be completed as a final report by the vendors by the end of December. The reports will be posted on the ODMHSAS website.

In October, community, state and regional partners collaborated to present "The Silent Wounds of War: Addressing the Needs of Our Returning Vets", a two-day conference regarding the issues of returning veterans and their families. The conference hosted a listening session of returning vets to discuss the needs of returning veterans. The audience included elected officials, faith based community partners, and university leaders.

#### N. Tele-health

Endpoints now total 131 locations covering 72 of Oklahoma's 77 counties. Consumer and provider surveys to assess their level of comfort with using the system are underway.

A grant was submitted to the USDA for Distance Learning and Telemedicine, to upgrade 21 of the sites to "distance learning hubs" (larger displays, higher quality video). ODMHSAS is awaiting award announcement.

Expansion of the network to substance abuse agencies is underway. Surveys were sent to the providers to assess their capacity for hosting tele-health sites. Five agencies were selected, as follows: Camelot, Kibois, 12 x 12, Gateway and Families First. Meetings are underway this week to discuss equipment needs.

#### V. **Screening (SBIRT) at Mercy Update (30 Minutes).....** Dr. Gary Parker, Ph.D., MS, BSN, Mercy Health Center

Of the 110 million emergency room (ER) visits in the US each year, many are related to alcohol use or drug use. Up to 31 % of patients treated in the ER and 50% of severely injured trauma patients screen positive for alcohol or drug problems.

The SBIRT screenings in the ER project began in October 2009 and continued through May 2010. Originally, five health educators were hired, and eventually decreased to 3 who worked the 3-11 shift 7 days a week. This shift was chosen because of the anticipated higher numbers of individuals who visit the ER during that shift. During that time period, 2083 patients were screened using the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST), both evidence based tools for screening for substance abuse. After review, data indicated that some individuals were accessing the ER regularly with physical problems and in denial that substance use could be causing physical ailments. One of the biggest concerns when beginning this project was that persons may under-report or not report substance abuse. This concern was unproven during this pilot. Most individuals were very forthcoming with reporting their use as the screening was presented as part of the normal screening protocol in the ER. Results of this project showed that 372 individuals

were not medically stable enough to be screened, 27 out of 2083 refused the screening and 365 persons screened were at risk or higher.

All persons screened were given a brief intervention that was done to educate the consumer about substance abuse and use issues. Having the consumer there in the ER with the support of their lab results was very effective. Instead of just telling them about the damage they may be doing to their liver, the physician could use the lab results and show them how it was affecting their physical health. Of the 52 referrals that were made for a further assessment, 18 went into in-patient rehab (one individual was pregnant). Some individuals allowed staff to perform a one-month follow up call to evaluate the effectiveness of this intervention. Feedback on the pilot was very positive. For those individuals who visited the ER regularly, there was a 78% drop in recidivism.

SBIRT services began at Mercy outpatient clinics in November 2010. Initial data from the clinics is very good. In the first 18 days, there were a total of 687 screenings. Fifty-one individuals were found to be at risk or greater for substance misuse. Eight referrals were made to rehab clinics, with 2 individuals accepting the referrals. There has been tremendous positive feedback on the education provided. Currently, Mercy is looking at adding a depression screen as well as tobacco screening as part of routine primary care protocol.

- VI. **Adoptions Wraparound Project** (30 minutes).....Karen Poteet, OKDHS, Family Connections Grant Programs Manager, Alesha Lily, Ph.D., OSDH, Child Guidance; Gerri Mullendore, ODMHSAS, Coordinator of Family Involvement. This project is a partnership between the state health department, child welfare and mental health. The primary goal of this project is to prevent adoption disruptions and adoption dissolutions. Adoption disruption occurs when a child is removed from the home after placement of a child in a prospective adoptive home, but prior to finalization of the adoption. Adoption dissolution occurs when a child is removed after the legalization of the adoption and a court order is issued to terminate parental rights of the adoptive parent (s). Prior to the 1970s, most adoptions were of infants and very few disrupted. Today, infant adoption disruptions are still low with less than 1% of all adoptions resulting in termination of the placement. For children over the age of 3 disruptions are estimated at between 9 to 15%. The highest rate for disruptions is for older adolescents and is estimated to be as high as 26% of all adoptions of older youth. Some of the contributing factors for disruptions include the number of placements that the child has experienced in foster care prior to the adoption; the behavioral and emotional needs of the child, and past physical abuse issues.

Collecting data on adoption disruptions in Oklahoma and in the United States is difficult. One example illustrating the difficulty is that for families who adopted a child from another state, they can simply call and say that they no longer wish to adopt the child and the adoption can be dissolved in another state. There is no national database to collect this information.

In Oklahoma at the end of November 2010, there were 13,007 children receiving some form of adoption assistance. Adoption assistance includes health care benefits through Medicaid coverage, monthly subsidy payments, and attorney costs. Adoption assistance in Oklahoma is voluntary. Families can choose assistance or can refuse assistance. Many children are adopted by their foster families. Nationwide, 80 – 85% of the children adopted through public child welfare are adopted by their foster parents or by relatives. The remaining 15 - 20% are adopted by newly recruited parents who were “strangers” to the child prior to matching. Children who are not adopted by foster parents or relatives are typically older, have had a higher number of previous placements, and/ or have more serious behavioral and emotional issues. The disruption rate in these homes is 52.6%.

The need for “Adoption Wraparound” became apparent in Oklahoma through correspondence and conversations with a number of adoptive parents who had not previously been the foster parents of the adopted child. Investigation showed that a large percentage of these families had never parented before, and did not understand the unique developmental needs of their child, and how to parent appropriately for each level of development. These parents also needed peer-to-peer support and respite care available. Adoption Wraparound begins by pulling together a community team with community support for these families. Adoption Wraparound also focuses on bonding and attachment of the children.

OKDHS, along with OSDH Child Guidance staff designed a parent training for adoptive parents in Oklahoma County to work on core issues of parenting and adoption. The program is a 7 weeks in duration, meeting 2 hours per week. There is a support group for the adoptive children that occurs at the same time that the parents are meeting. Another component of the program is training for community staff working with the adoptive families to help them understand the unique needs of families adopting a child. The families also receive 3 visits from Child Guidance staff, strategically placed to begin one month prior to placement and the other two as indicated by the team. The Child Guidance staff reviews the disclosure information with the parents and discusses the special needs of their particular child and some of the challenges that the family may experience. Discussions also include parenting strategies that might be helpful.

Initially, the pilot program was targeted toward families who were still in the trial adoption phase. Subsequently, others families were added that were further along with the process. The initial pilot included three families that had already had disruptions, three families that had not yet had children placed, four families that had children placed, and one family in the trial adoption phase. Of the eleven families that began, nine completed the program. Eight of the graduating families have volunteered to be on the planning committee for the expansion of this program.

VII. **Evaluation Update** (15 minutes).....David Wright, Ph.D., ODMHSAS

Policy Change Study: The FY08 – FY09 Policy Change report was sent to SAMHSA.

Recovery & Resiliency Study: Data for the recovery study that focused on the impact of a training program offered in psychosocial rehabilitative programs using the evidence based “Illness Management Recovery (IMR)” model was submitted to SAMHSA. Data for the resiliency study that focused on the impact of care coordination on youth and their families was also submitted to SAMHSA to fulfill grant requirements.

Behavioral Health Workforce Study: The final draft of the Oklahoma Workforce Study done by the Advocates for Human Potential is being reviewed by TSIG staff and should be completed in the Spring of 2011.

Culture Vision: Currently 92 agencies are using the Culture Vision web based system. Data collected to date on the usage is as follows:

- 1,271 hits have been logged using the Culture Vision application for information,
- 95% of all users report liking the Culture Vision tool,
- 92% of all users report being able to find information about specific cultures/races/religions that they had questions about,
- 88% report feeling more comfortable talking with people of varied cultures/races/religions after using the Culture Vision tool,
- 94% of all users agree the Culture Vision tool is easy to use,
- 86% of all users report that the Culture Vision tool has increased their desire to learn about different cultures, and
- 95% of users report that they would recommend the Culture Vision tool to others.

Common Ground: Common Ground is a web-based tool that allows consumers to complete a survey prior to their physician appointment to help them organize information that they want to communicate to their doctor. Data collected on this project indicates as follows:

- 84% of Common Ground users report having a positive overall experience using the Common Ground tool,
- 95% of Common Ground users report that the tool helped them communicate better with their doctor, and
- 97% of Common Ground users report that they would recommend the Common Ground tool to others.

Consumer Involvement Standards: Consumer Involvement in Transformation Standards pilot study at the community mental health centers has been

completed. The consumer involvement study group members met with the pilot sites to review the process the outcomes from the study.

Telehealth Network: Surveys to gather information about the use and utility of tele-health equipment has been developed and is being piloted. The surveys will collect:

- Types of treatment services being provided,
- Usage (tele-health, video conferencing, consultation, training, tele-court, etc.),
- Outcomes, and
- Return on investment.

Recovery Support Workforce Study: Surveys were sent to obtain information from the Recovery Support Specialist (RSS) staff to determine what types of services/duties/tasks they are currently providing, their employment status, etc. Data has been collected, and is in the process of being analyzed.

TSIG Reporting: All GTAB approved projects and activities updates are being maintained through Microsoft Project Manager, and are updated through monthly reporting. There has been a 100% response rate from all parties responsible for project oversight.

VIII. **Adjournment:** 3:31

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*Next Meeting Scheduled for March 17, 2011 – 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 2011 are held on the 3<sup>rd</sup> Thursday of each quarter***