

GOVERNOR'S TRANSFORMATION ADVISORY BOARD
State Capitol, Room 104
December 17, 2009
Draft Minutes

Members Present:

Sara Barry	Teresa Peden
Don Carter	Sandy Pruitt
Gene Christian	Matt Robison
Terry Cline	Gary Rudick
Jinneh Dyson	Dennis Shockley
Rhonda Hellstern	Ginger Smith
Justin Jones	Lisa Smith
Kermit McMurry	Jack Turner
Michael O'Brien	Terri White
Gail Richards	

Others Present:

Richard Bowden- ODMHSAS	Alesha Lilly - OSDH
Lorrie Byrum-ODMHSAS	Lanette Long- St. Anthony's
Amy Chlouber- OSDH	Carol McFarland- OHCA
Carissa Davis- ODMHSAS	Kyle McGraw- OKDHS
Karen Frensley- ODMHSAS	Laura Pittman- ODOC
Davis Harris- ODMHSAS	Debbie Spaeth- OHCA
Nola Harrison- St. Anthony's	Marva Williamson- ODMHSAS
Dane Libart- ODMHSAS	David Wright- ODMHSAS

I. Determination of Quorum, Call to OrderJustin Jones, Chair

Chair Justin Jones determined a quorum with 17 members present and called the meeting to order at 1:33 pm.

II. Review Minutes from Previous Meeting (5 minutes).Justin Jones, Chair
Possible Action: Approval of Minutes

Mr. Turner moved to approve the minutes from the September 17, 2009 meeting; second by Dr. Cline. *All in favor; none opposed. Motion carries. Board Minutes approved.*

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

Mr. Richard Bowden presented the budget report for year five of the grant period. For year five, \$2.7 million was awarded, and there is a carry-over request pending from fiscal year 09 in the amount of \$4 million dollars that will be sent to SAMHSA at the end of January for approval. Ms. Frensley, project director will submit the carry-over request.

Motion was made by Dr. McMurry to accept the budget as presented; second by Mr. Christian. The following voting action was recorded: *All in favor; none opposed. Motion carries. Budget Report is approved.*

IV. **Project Director Report** (30 minutes)..... Karen Frensley

Pamela Hyde is the new Director of the Substance Abuse and Mental Health Services Administration (SAMSHA). Ms. Hyde was the Secretary of the New Mexico Department of Human Services from 2003 until the present. She has over 30 years experience in the public health and human services sector including Director of the Ohio Department of Mental Health and Human Services, Seattle Housing and Human Services, and has served as the CEO of private and non-profit mental health centers.

The annual TSIG grantee meeting was held in Annapolis, Maryland November 16-18, 2009. Twelve representatives from Oklahoma attended the meeting. The focus was sustainability of transformation efforts.

The first presentation was the cross-site evaluation report that many of the GTAB members participated in when Manila Consulting came to Oklahoma in 2008 to interview state agency directors and advocates regarding the impact of transformation. The term cross-site refers to the evaluation of all of the nine TSIG states. Across the nine states the survey report indicated that agency directors from mental health and juvenile justice believed that transformation had a potential of having the highest impact on their agencies.

The presentation continued with the evaluation report on the consumer and family member focus groups that were held while Manila was in Oklahoma, as well as through independent telephone calls made to consumers and family members for their input on the impact of the TSIG grant during the course of 2008 and 2009. The outcome across the nine states indicates that consumers feel that they are involved in the transformation effort; however, they would like to be more involved in decisions relating to systems reform. The results indicated that consumers believe that their opinions are solicited, that their input has made a difference and that discrimination is not accepted at any level of the transformation effort. Consumers surveyed across all nine states also

indicated that there is a need for more meaningful and wide spread involvement by consumers in state policy development.

The Government Performance and Results Act (GPRA) require that states measure outcomes on key indicators. The GPRA data for the TSIG states shows that there has been widespread change across the nine states. Some examples include: 117,000 providers have been trained, 267 organizational changes have occurred, and 2500 programs have been implemented across all 9 states.

SAMSHA, Center for Mental Health Services (CMHS) staff were surveyed to determine what they thought were the most important areas of change. The survey indicated that the most important areas include; working on anti-stigma and suicide prevention initiatives, the integration of physical and behavioral health services, consumer, family and youth involvement, and mental health of young children. CMHS recommended that states who were already working on these areas continue to do so, and asked states that had not begun, to consider prioritizing these initiatives in the final year.

The SAMHSA Transformation Tracker Explorer has been launched. This is a website developed to view all of the transformation states activities being reported to SAMSHA. You can view this information at <http://mhtsigdata.samhsa.gov/>.

Kathryn Power, Director of the Center for Mental Health Services, stated that all of the transformation states will have carryover budgets, and although there has not been an official decision as yet, CMHS will be asking the states to attend a transformation summit in November of 2010. CMHS will be releasing another round of transformation grants in 2010 asking for proposals for both infrastructure and service delivery transformation initiatives. These new grants will be open to non-profit agencies as well as state entities. Current TSIG states will be asked to mentor the new grantee states at the transformation summit and to present on lessons learned over the past five years.

The market survey for the anti-stigma/public awareness campaign has been completed. The results indicate that most Oklahomans are aware of specific types of mental illness and addictive disorders. Most are familiar with depression and post traumatic stress disorder and least familiar with bi-polar disorder and schizophrenia. Sixty one percent are supportive of having readily available services for both mental health and substance abuse. Sixty six percent support additional funding for these services. The most support was for services for children and young people. A Request for Proposal (RFP) is being developed to solicit an advertising agency to develop a statewide public awareness media campaign.

The suicide prevention council meets monthly, and the most recent information from the council is that they are working with OJA and DOC to train their staff in an evidence based suicide prevention model, "Question, Persuade, Refer" (QPR).

The first Mental Health First Aid training was held in July of 2009 and the next training is scheduled for February 2010. There are another 25 people registered for the February

training of trainers. The participants registered for the upcoming training include individuals from the Southern Baptist Convention, Native American communities, Hispanic communities, and State staff. The National Council on Mental Health is overseeing the Mental Health First Aid initiative across the United States. Oklahoma is now linked with the National Council and will be reporting training activities to this national database. This will allow Oklahoma to take advantage of their technical assistance and compare what Oklahoma is doing to other states. There is a learning collaborative that is scheduled to meet following the next training for all current trainers. The learning collaborative will be facilitated by the ODMHSAS Prevention Division staff.

All advocacy agency contracts are in place for fiscal year 2010. The Consumer, Family and Youth leadership academies are continuing through contracts with advocacy agencies to train consumers and family members across a 15 county area. To date there has been training within 12 of the 15 counties. Last fiscal year, a total of 209 participants received leadership training. For the first three month of FY10, 112 participants have been trained.

Peer Recovery Support Specialist (PRSS) Training is underway through a contract with NAMI. There are currently 388 credentialed PRSS in Oklahoma.

The Peer Run Drop in Wellness Center is still waiting on Department of Central Services award.

Residential transition training will be done through staff in the ODMHSAS Mental Health Recovery Division. Residential care providers were asked to participate on a voluntary basis to receive recovery focused training to help residents within their facilities who are ready and want to move back into their communities, make the move. There are four sites that are participating. Site assessments are being done at those agencies, and training will be developed for each site.

The Common Ground initiative is a software program developed by Pat Deegan and Associates to implement a protocol for self directed care. The project will be piloted within an inpatient (Griffin Memorial) and outpatient (Central Oklahoma Mental Health Center) setting. This initiative employs "decision support centers" for consumers to access a computer survey prior to their medication clinic appointment. The survey asks consumers to update information about their medication, treatment plan goals, and needs and is an effort to increase the dialogue between the consumer and their doctor. The consumer will fill out the survey prior to their appointment. Peer Recovery Support Specialist staff will be hired to staff the decision support centers to help consumers complete the survey and answer questions related to their medication visit.

The Consumer Involvement Standards and the measurement tool have been developed, and the first pilot was done at Red Rock Community Mental Health Center in Clinton, OK. There will be several pilots to test the tool within the community mental health setting in both urban and rural areas as well as within substance abuse agencies.

The Latino Project is completed. This project was done by partnering with Hope Community Mental Health Center with a goal to increase access for Spanish speaking consumers at Hope located in South Oklahoma City. Results of the pilot indicates that post project implementation, 67% of Spanish speaking consumers were able to be helped at initial contact, vs. 0% prior to the project. There are now 11 staff on duty weekdays, and 2 on weekends that can communicate with Spanish speaking individuals, and there were none pre-pilot. There were clinicians who could speak Spanish employed by the center; however, there were no staff at the front desk or answering initial calls that were able to converse with Spanish speaking individuals. Training for staff in conversational Spanish allowed this transformation. Expanding to other centers will be considered based on data that indicates which centers have the greatest need for increased access for Spanish speaking individuals.

The regional housing FTE's are working in communities to help increase access to housing for persons with mental health and substance abuse issues. One of the FTE's worked on the homeless prevention rapid re-housing program grant that was received from the Department of Commerce. This grant will provide outreach and temporary subsidy to homeless individuals in northeast Oklahoma.

Cultural Competency training for trainers was held in September, 2009. There are now 60 trainers in 26 different agencies. The last training for trainers is scheduled for April of 2010.

There is a contract with the Department of Human Services to expand the Oklahoma Aging Coalition to all Areawide Aging locations. The Aging Coalition provides outreach, education, behavioral health screening and peer support development within the Area Wide Aging network.

Discussion continues with Mercy Hospital to expand the SBIRT pilot program started last year in their emergency room to other hospitals within their system. Work also continues with them to develop screening within their primary care settings. St. Francis hospital in Tulsa has also been approached on implementing the SBIRT program within their emergency room in Tulsa.

The Department of Health has added "Depression after Pregnancy" to their website. This site offers information on post partum depression. The Health Department is also planning to pilot post partum screenings in four county health departments in the spring. There is a pilot underway at the OU Department of Pediatrics in the neo-natal ICU unit, with a goal to develop a protocol for nurses to administer post partum screenings as part of the regular screening routine. Dr. Gillespy is working with the Health Care Authority to build a referral network for those mothers after they exit the hospital.

There is research underway with two universities for Science to Service projects related to screening in primary care, and the research will be completed and presentations scheduled in fiscal year 2010.

The Infant and Early Childhood Coordinator at the State Health Department, is coordinating the screening initiative with primary care doctors treating very young children. As a part of this initiative, the Department of Health did apply for the project launch grant, but did not win the award.

One hundred and seventy-six families are participating in the inter agency care coordination project as a part of the resiliency study for the TSIG grant. The 6 month follow up interviews have just begun and more definitive information should be available at the next GTAB meeting.

The next trainings for therapist and non-therapists in Cognitive Behavioral Therapy and Techniques are scheduled for January and March of 2010 in Tulsa.

The curriculum development for the peer recovery support specialist training that is taking place within the prison system is finished. The first sessions occurred last week. The Crisis Correctional Training (CCRT) is also underway with probation, parole and institutional staff. The last training was in September, and another is scheduled again after the first of the year. The goal is to train 20% of probation, parole and institutional staff by June, 2010.

There are seven interns scheduled to start internships with the Department of Corrections facilities in January, 2010 as part of the Workforce Development Task Force, a collaboration of five universities, the Department of Corrections, and the Department of Mental Health and Substance Abuse Services. There will also be seminars offered throughout the year as a part of this project. The first seminar is scheduled for February 26th, "Clinical Supervision Issues in Correctional Mental Health Services".

The goal of the Veterans Systems Improvement Initiative is to develop training and workforce development targeted towards providers treating veterans and their families. Awards have gone to the Oklahoma Mental Health Association of Central Oklahoma and Community Service Council of Tulsa. They will establish advisory groups within both of these communities that include veterans and their families and will conduct a needs assessment, develop recommendations for treatment protocols and co-facilitate the Oklahoma Veterans Policy Academy, a group of individuals sent to Annapolis, Maryland in 2008 to develop a forum to discuss issues related to veterans and their families.

There are now 115 sites in the tele-health network. The first tele-health conference was held a month ago, and was well attended, with some of the participants coming from Texas to share on their program. The Oklahoma tele-health network development was one of items of biggest interest at the TSIG meeting in Annapolis. The Oklahoma Tele-health program has been accepted by the Western Interstate Commission on Higher Education as one of the promising practices to be highlighted in their 2010 publication

and conference. Oklahoma has been invited to their rural promising practices conference in June to present on the network development and receive the award.

V. **Behavioral Health Workforce Study** (30 minutes).....John Hornik, Ph.D.,
Director of Research, Advocates for Human Potential

Presentation was made by Dr. John Hornik on the Behavioral Health Workforce Study. Dr. Hornik began his presentation by stating that the findings presented are based on approximately 2/3 of data that has been collected to date. This is preliminary information, and some of the figures may change as additional information is added. It is important to note that this is the first multi-agency study of the behavioral workforce, not only in Oklahoma, but anywhere in the United States.

This study was commissioned by the GTAB, specifically the workforce committee, who structured the questions that were asked on the survey. Questions were structured based on findings on workforce documented in the TSIG needs assessment completed in 2006. The questions covered staff separation rates, vacancy rates, staff work satisfaction, training needs, behavioral health care workforce wage rates, staffing needs and the flow of graduates from higher education. The information shared today came from survey research, along with secondary analyses of other databases from both state operated and state contracted agencies here in Oklahoma. There were 3 types of surveys, organizational, program manager and staff surveys. There were approximately 100 organizations that responded to an organizational survey, where participants were asked questions such as the size of their organization, the benefits structure, the types of programs offered, etc. The second survey was with the program managers of these organizations, and the third survey was from a sampling of the staff of these organizations.

The focus for this discussion is on workforce issues, a significant portion of which could be solved by increasing salary and benefits. Given the current economic environment in Oklahoma this does not seem likely in the immediate future.

One of the most important findings to date is the state-wide separation rate, or turnover rate, which is 35% annually. This equates to a little more than 1 in 3 staff leaving their position in behavioral health care within a year. There is some variation from organization to organization, but the overall effect stands, with the highest effect of turnover in the lowest paid positions. Analysis of organizations shows that the highest separation rate is within OJA and DHS at 60%. Data is not yet available on the type of staff included in this analysis, for example are staff private contractor staff or state employees.

The survey asked Program Managers what they thought the top three reasons for turnover was, and the response was dissatisfaction with pay at 70%, excessive paperwork, and excessive on the job stress.

Mr. Tuner asked if there was a direct correlation between the dissatisfaction with pay and the separation rate by position. Mr. Turner asked “aren’t techs the lowest paid staff?”

Dr. Hornick answered that there was evidence that would support that assumption. There are differences between State and contract employees, but it does seem that the overall conclusion is that salary rates are a definite problem. For all position types, Oklahoma pays at a lower rate than the average of states in this region. The disparity between Oklahoma wage rates and national averages is even greater, although Tulsa and Oklahoma City tend to have higher wage rates than the rural areas of the state.

The vacancy rate statewide is 12%, and it should be noted that the vacancy rate with the Department of Corrections is 22%, which is among the highest vacancy rate, but also the lowest separation rate. This data indicates that there might be a hiring freeze that is not covering vacancies.

The University of North Carolina and the Health Resources and Services Administration of US Department of Health and Human Services did a survey to help estimate the need for Psychiatrists nationally. Their Oklahoma data reports that there are 287 prescribers, mostly Psychiatrists, in Oklahoma, vs. the estimated need in Oklahoma of 697.

Mr. Jones asked if the numbers shown in the power point have an adjustment to include primary care physicians, since most MD’s in Oklahoma can prescribe psychiatric medication, and if there was an adjustment, what was that number?

Dr. Hornick replied that primary care physicians do have some role in prescribing psychiatric medications in Oklahoma, and the study done did include them in their overall findings, so the numbers for the need of Psychiatrists would actually be higher, if those numbers were taken out. The rate was not adjusted for each individual MD in the state who has prescribed psychiatric medication. These numbers are based on study data developed by a Medical Expenditure Panel Survey (MEPS), which is a national data base on expenditures.

A positive finding from the data collected to date is that Program Managers and staff both report very positively about their experiences working within agencies. They like the job they’re doing, they like their co-workers, and they like their work environments. Their negative responses related to compensation and the lack of opportunity for advancement. Hopefully these can be addressed in better budget years in an effort to retain staff that are enjoying for the most part what they are doing.

One of the areas that was looked at in the organizational survey was the type of benefits offered to staff. The benefit package offered by the State of Oklahoma is

generally better than the benefit package offered by most organizations that contract with the State. The benefit package offered by the State is generally valued at 54% of the salary. One of the questions that still needs to be evaluated is whether there is a reduction in turnover for state staff with benefits vs. private contractors.

The last area to be surveyed is the presence of self identified consumers in the workforce, which is actually high, with 29% of the current workforce who identify as adult consumers and 5% who identify as having been a youth consumer. Twenty nine percent of those surveyed report disclosing this information to at least one other person in their workplace.

The next steps in this process are to complete the data analysis and reports on Adult Corrections, Child Guidance Clinics, Substance Abuse programs, and other individual organizations. The cross agency analysis data still needs to be collated concerning the type of position at the most risk for vacancy, which agencies have the highest and lowest retention rates, and how or if problems vary by geographic region.

VI. Preliminary Findings of the FY2008 – 2009 Policy Change Study
(30 minutes), Jenifer Urff, J.D., Senior Policy Associate, Advocates for Human Potential

Presentation was made by Jenifer Urff, who invited the members of the GTAB to participate in the presentation by adding any comments or observations of their own. Eight GTAB state agencies participated in the Policy Change Study. Federal and state leaders hope that the process of systematically examining policy changes and developing the review into a multi-agency context will encourage greater collaboration among agencies, as well as provide a foundation to identify additional opportunities for expansion of current efforts and develop new possibilities for interagency collaborations. The participating agencies have been very diligent and we are most appreciative of the opportunity to review the work done during the past four years of the TSIG grant.

To date, there have been two rounds of the Policy Change Studies. The first study looked at the first two years of the TSIG, fiscal year 2006 and 2007. The current study incorporates fiscal year 2008 and fiscal year 2009. Overall the study period for this round is from July 2007- July 2009. A final round will be conducted next year to capture fiscal year 10 and a report will be completed with focus on the policy trends and directions that have been identified over the full length of the grant. The eight participating agencies have been asked to review the draft findings of this study period and respond with any changes or additions by the end of January, 2010. That information will then be compiled and a report will be drafted and sent to the agencies for final review. Upon final approval of the report, the final report will be sent to each agency Director and posted on the Innovation Center website to be viewed by anyone in Oklahoma who has an interest.

A policy change is described by SAMSHA as being anything in writing that has been done to improve services and effects its population. This is not to be thought of as

adding more “red tape”, rather as initiatives and efforts to provide better services, which can sometimes mean eliminating those policies that have been in place that are getting in the way of integration.

A team of evaluators met with agency Directors and their senior staff to ask questions concerning policies that have been implemented over the past 2 years. This information was combined with a broad range of written materials, such as annual reports and administrative rules. All of this information was then developed into draft matrices and sent to the agencies who are currently reviewing. Each of these matrices includes a description of the policy change, the effective date, how it was achieved and who it affects. Most of the changes do not have a formal evaluations associated with them. After the matrices were drafted, the data was analyzed to find trends across the agencies.

There were two new sections added to this study period report. One was the development of a focus group of consumers and family members who made suggestions on questions to ask the agencies regarding consumer voice, and those were incorporated into the work plan. There has been a second meeting with this group, where they learned how their input was incorporated, and were told of some of the preliminary findings. The second new section is on potential areas for collaboration.

Some of the preliminary findings are that overall; there are 121 unduplicated policy changes that have been identified by the eight participating agencies. The duplicated count is 179. A duplicated policy is any policy change that affected multiple agencies. These policies are grouped into financing changes, organizational changes, and general policy changes. The first study did not have a separate category for training, that section has been added for this study as a substantial amount of training is occurring within all of the agencies. The percentage of policy change involving collaborations is in my opinion, the highest of all states participating in the TSIG initiative. The most significant cross cutting trend for Oklahoma is in data sharing and technology, which is being used in a number of different ways, from expanding resources to improving quality and continuity of services.

Mr. Christian commented on some of the positive results due to collaborative data sharing with other agencies regarding individuals coming into their system. By looking at services that people receive through the public health system, including medication, etc, OJA is better able to make decisions regarding those in their care.

Ms. Urff continued her presentation by stating that another area of intense collaboration has been in screening and early intervention. Not only were there a number of policy changes in this area, but almost all of the policy changes were based on collaboration between agencies.

Ms. Lisa Smith added to the presentation by describing a reimbursement code through Medicaid for developmental screenings for infants and children that are conducted in primary care settings. The Health Care Authority is responsible for outreach and

marketing; child guidance counselors from the Health Departments deliver the tools and provide the consultation to physicians. The screening tools are purchased for the physicians through TSIG as an incentive for physicians to screen using evidence based tools.

The presentation then focused on the trainings that were being done as part of transformation in Oklahoma, particularly as a tool for sustainability, since most trainings are to train trainers to sustain the effort. Emphasis on alternatives to incarceration and re-entry for youth and adults, particularly in employment preparation, is also an area of high collaboration in Oklahoma.

Additional observations that were made by Ms. Urff were that at least two of the child serving agencies reported having fewer children in state custody during this study period. DHS reported the lowest number of children in foster care in more than five years, and OJA reported a significant decline in children in custody. Another point of interest was that for this study period there were only two initiatives that expand or enhanced peer run and family delivered services. The last observation was that there were fewer appropriation changes made during this study period, which is not surprising based on the difficult budget years.

One of the new areas for discussion this study period was consumer involvement. When the evaluators talked with consumers and family members prior to conducting the agency surveys, they indicated that there is a difference between soliciting their input and asking for their feedback. Virtually all agencies seek feedback from consumers and family members in various forms. Some agencies have consumer driven boards, some do exit surveys, and at least one agency has created positions to be filled with consumers. There has been at least one important policy change: an OCCY initiative to provide intensive technical assistance to community partnership boards which include family members.

Ms. Lisa Smith provided a handout to GTAB members regarding the Community Partnership Boards. The boards are composed of volunteers in 44 communities across the state. These grass-roots efforts are open to anyone in the community who wishes to work on children and family issues.

Ms. Urff also discussed the importance of expanding employment opportunities for consumers and family members; one recommendation is to consider joint grant opportunities between consumers, private and governmental agencies.

Mr. Jones redirected the presentation to the DOC re-entry program that began in January 2007 and is collaboration between DOC, OKDHS, OHCA, and ODMHSAS among others. Discharge managers have worked with 385 offenders, the re-entry intensive care coordinating teams have worked with 132 offenders, and the co-occurring treatment specialists have worked with 451 offenders in preparing to discharge. There have been 37 discharges to community mental health centers, and 42 discharges have been to other residential facilities and/ or out of state facilities. Ninety five percent of

referrals are continuing to engage in Department of Mental Health Substance Abuse services. There have been requests from four states to replicate the model that Oklahoma has initiated, and Vice President Biden has also discussed using Oklahoma as an example of a successful re-entry program for offenders with serious mental health problems.

It is encouraging that very few agencies are changing or dropping their initiatives because of lack of funding. Ms. Urff invited the GTAB members to share their thoughts on how policy can be used, and specifically how the findings of this study can be used to sustain the positive outcomes and momentum despite the budget cuts.

VII. **Evaluation Update** (15 minutes).....Kermit McMurray, Ph. D/David Wright, Ph.D.

Dr. Wright presented the evaluation update. All the transformation states are required to enter specific information through SAMSHA, called GPRA, or Government Performance and Results Act data. This is the information that SAMSHA is using to justify continued and additional funding to the transformation states. A document was distributed to the GTAB members showing that the data collected covers organizational changes, policy changes and financing changes. Overall, Oklahoma compares very favorably with the other Transformation states, and the data indicates continued growth.

Mr. Jones asked for clarification concerning the increase in the number of persons in the mental health care and related workforce trained in service improvements from 2008 and 2009.

Dr. Wright responded that with the focus of the grant now on sustainability, there has been a sharp increase in the number and type of trainings being made available to the workforce.

XI. **Adjournment**.....Justin Jones, Chair

Dr. Cline moved to adjourn; second by Mr. Robinson. *All in favor; none opposed.*
Motion carries. Adjourned at 3:25pm.

**Next Meeting Scheduled for March 18, 2010 – 1:30 p.m.
Room 104 - State Capitol*

GTAB meetings for 2010 are held on the 3rd Thursday of each quarter