

GOVERNOR'S TRANSFORMATION ADVISORY BOARD
State Capitol, Room 104
January 15, 2009
Minutes

Members Present:

Governor Bill Anoatubby
Carolyn Archer
Sara Barry
Martha Burger
Don Carter
Karina Forrest
Howard Hendrick
Justin Jones

Kermit McMurry
Michael O'Brien
Teresa Peden
Gail Richards
Kaye Rote
Dennis Shockley
Jack Turner
Commissioner White

Others Present:

David Asetoyer- ODMHSAS
David Wright-ODMHSAS
Lorrie Byrum-ODMHSAS
Richard Bowden-ODMHSAS
Elizabeth Heard-ODMHSAS
Cortney Yarholar-Innovation Center
David Harris-Innovation Center
Jean Wood-Innovation Center
Amanda Reeves-Innovation Center
Karen Frensley-Innovation Center
Marva Crawford Williamson-Innovation Center
Georgia Berry-Innovation Center
Annette Fulton-DRS
Ginger Smith-Red Rock
Lissa James-GLMHC/SOC
Debra Andersen-OSDH
Robert Powitsky-DOC
Bob Mann-DOC
Gary Parker-Mercy Health Center
Mandi Parker-Mercy Health Center
Jessica Hawkins-ODMHSAS
Jolene Ring-OHCA
Nichole Burland-OHCA
Susie Seymour-CISG
Raymond Turner-DRS
Lanette Long-St. Anthony

I. DETERMINATION OF QUORUM, CALL TO ORDER

Governor Anoatubby determined a quorum and called the meeting to order.

II. REVIEW OF MINUTES FROM PREVIOUS MEETING

Governor Anoatubby opened the floor to discussion and comments concerning the minutes for the previous Board meeting held on September 4, 2008.

No Comments or discussion.

Ms. Kaye Rote moved to approve the previous Board meeting minutes. Ms. Teresa Peden seconded the motion. The following voting action was recorded: *All in favor; none opposed. Motion carries. Board Minutes approved.*

III. Budget Report

Mr. Richard Bowden presented the TSIG budget report for actual expenditures and unliquidated obligations from 09/30/07 through 09/29/08 as well as the amount available for carryover. He also presented the FFY 2009 budget noting actual expenditures included are for a one month period, from 09/30/08 through 10/31/08. (See attached report.)

Governor Anoatubby opened the floor for additional comments and questions. No additional comments or questions. He opened the floor for motion to approve the budget report.

Mr. Dennis Shockley moved to approve the budget report. Mr. Jack Turner seconded the motion. The following voting action was recorded: *All in favor; none opposed. Motion carries. Budget report approved.*

IV. Project Director Report

Ms. Karen Frensley presented the TSIG project report. She reported on the 4th Annual TSIG grantee meeting held in Bethesda, Maryland November 12-14, 2008. All 10 TSIG states were represented at the meeting. The primary focus of the meeting was "Transformation in Action." TSIG states were asked to present on one transformative project going on in their state. Other areas of focus were evaluation of data, sustainability, and collaboration with the Network for the Improvement of Addictions Treatment (NIATx). NIATx is a SAMHSA initiative that introduces, at the provider level, ways for agencies to make rapid change to increase access and retention for clients receiving substance abuse services. (See Handout.)

TSIG states were asked to invite consumers, family, providers and for the first time, youth, to the meeting this year. Oklahoma invited providers working on the Latino project and the telehealth network. For the "Transformation in Action" presentation, Oklahoma highlighted the telehealth initiative. Mr. Sean Couch presented on behalf of telehealth technology for our state. Ms. Frensley noted that

several states were interested and contacted the Innovation Center after the meeting to move forward with similar projects in their respective states. Ms. Frensley reported that Oklahoma also highlighted the policy change interviews conducted for FY07 and stated that the evaluation team will conduct these interviews with partnering agencies once again for FY08 and FY09 policy changes within the next few months.

Ms. Frensley reported the Comprehensive Plan updates.

Highlights included:

- *Anti-Stigma*
- *Suicide Prevention*
- *Consumer, Family, Youth Leadership*
- *Peer Recovery Support Specialist Training*
- *Peer Run Wellness Centers*
- *Residential Transitional Housing*
- *Consumer Involvement Standards*
- *Access to Care-Bienvenidos Project*
- *Access to Housing*
- *Cultural Competency Training*
- *Screening-Infant and Early Child*
- *Screening-Post partum*
- *Science to Service*
- *Infant and Early Child Coordinator*
- *Statewide Care Coordination*
- *Telehealth Network*

Ms. Frensley stated that the anti-stigma campaign is currently underway within state agencies. The Department of Rehabilitation, Office of Juvenile Affairs, and the OK Healthcare Authority have all completed the pre/post survey and educational campaign. Ms. Frensley noted that the analysis of the survey outcomes is underway and will be shared with the GTAB in the near future. She encouraged other GTAB agencies to participate in the anti-stigma campaign, referring members to Elizabeth Heard, ODMHSAS Public Information Division, for further information.

The Youth Suicide Initiative has expanded to include the lifespan. The National Prevention Resource Center is meeting with the Council to develop a strategic plan for moving forward with initiatives and training within the adult population.

The Consumer, Family and Youth Leadership academy awards were granted to Evolution Foundation/Federation of Families, NAMI and People, Inc. These organizations are now contracted with ODMHSAS to provide leadership training to consumers, family and youth in a 15 county area.

Ms. Frensley said that Peer Recovery Support Specialist Training, previously facilitated by ODMHSAS, has been contracted to NAMI. The Department of Mental Health and Substance Abuse Services will continue to accept applications and certify individuals; however, NAMI will conduct the training. Since January 2008, over 200 persons have become PRSS certified.

Ms. Frensley reported that the Consumer Involvement Standards have been revised and a measurement tool is being developed and will be tested within the provider community within the next few months.

Ms. Frensley discussed the Bienvenidos Project. The Innovation Center partnered with Hope Community Center and the Latino Community Agency for this initiative. The overall goal of the project is to increase access to behavioral health services and retain clients within the Latino community, specifically by translating educational materials, displaying Spanish signage, and other improvements to the service delivery system.

Ms. Frensley noted that two staff persons were hired for the Access to Housing initiative. These staff will develop community coalitions and seek funding to increase the availability of housing for persons with mental health and substance abuse issues.

Ms. Frensley reported that the Health Department is working on a screening initiative for post partum in their county health departments. Within the next few months pilots in Tulsa and Oklahoma City will be underway.

Ms. Frensley explained that The OU Department of Pediatrics is conducting a screening project for mothers who have children in the neonatal Intensive Care Unit (ICU). A study conducted by OU last year revealed that mothers with children in the OU neonatal ICU had higher risk of depression. Over 80% of the mothers showed signs of depression. The pilot will include developing a screening process and referral and follow-up to community care.

Ms. Frensley reported that awards have been made to OU School of Social Work and OSU Psychiatry and Behavioral Science Department for the Science to Service initiative. These universities have partnered with physicians in the community to test behavioral health screening tools within health care settings.

The Behavioral Health Care Coordination staff are hired and the OU E-Team is conducting the project evaluation. The study will determine and examine the outcomes of care coordination on the service delivery system.

Ms. Frensley noted that Mr. Sean Couch presented on the Telehealth Initiative at the 4th Annual TSIG Grantee Meeting in Washington, D.C. She also reported that within the next four to five months, there will be 74 telehealth sites within the Community Mental Health Centers in Oklahoma. She added that we are

continually assessing how to best utilize telehealth service to close the gaps in rural areas. She also noted that the telehealth project has the potential to make profound, lasting change in Oklahoma.

Governor Anoatubby asked if there were any objections, questions or comments to the appointment of subcommittee members. No objections, questions or comments.

Discussion:

Mr. Howard Hendrick commented that a study of care coordination within the child welfare system was completed in the early 1990's in Tennessee. The results of the study assessed what variables had the best result of getting children out of the welfare system. The variables studied were care coordination, organizational climate and organization culture. The findings were that in some cases care coordination resulted in worse outcomes. Secondly, organizational culture, or performing to the organization's standards, showed a slight improvement in outcomes. Lastly, organizational climate, or the availability and responsiveness of a caring adult, had the most effect on outcomes. Mr. Hendrick noted that, according to this study, care coordination in and of itself may not improve outcomes for children. What makes the most difference according to this study is a caring adult who is responsive to the child's needs.

Ms. Sara Berry asked if the budgeted \$225,000 was for both the Care coordination and the Infant and Early Childhood positions. Ms. Frensley clarified that the Infant and Early Childhood position was not a care coordination position and that the amount allocated for the Infant and Child Coordinator was \$100,000.

Commissioner White commended Ms. Frensley and the Innovation Center staff for the progress and hard work over the last year noting the action items and projects under each goal of the Comprehensive Plan. She also thanked the GTAB agencies for their collaboration and partnership with the Innovation Center.

Mr. Jack Turner commented that the purpose of the GTAB was to transform the delivery of services for persons with mental health and substance abuse in Oklahoma. He noted an article featured in the Oklahoman, based on an interview with Dr. Laura Pittman, the Deputy Director of Female Offender Operations for DOC. He noted that Oklahoma leads the nation for incarcerated women and 40% of those women are incarcerated for substance abuse offenses. Mr. Turner said that in order to decrease the high incarceration percentages due to substance abuse, it is critical that prevention and early intervention services along with recovery support services are readily available for those in need. He suggested higher alcohol tax to fund the expansion of these services.

V. Sub-Committee Recommendations

Mr. Justin Jones briefly discussed the sub-committee recommendations. He thanked the sub-committee members for volunteering their time, energy and ideas and Ms. Karen Frensley and Ms. Amanda Reeves for their assistance planning the meeting. He said the committee reviewed the existing priorities and made recommendations based on them.

Ms. Frensley presented the Sub-Committee Recommendations. (See Handout) Highlights include:

- *Anti-Stigma Campaign \$125,000*
- *Mental Health First Aide \$100,000*
- *Department of Corrections \$125,000*
- *Expand Screening in Primary Care-Lifespan \$300,000*
- *Behavioral Health Workforce Development \$125,000*
- *Expand TeleHealth network \$325,000*

Discussion:

Ms. Carolyn Archer noted that SAMHSA created Anti-Stigma materials and asked if it was necessary to spend additional funds for a marketing campaign. Commissioner White said that the SAMHSA campaign, "What a Difference a Friend Makes," was tested and not successful in the Midwest. Oklahoma will develop an anti-stigma campaign based on market research that indicates persons in the state will respond favorably to the advertising messages.

Ms. Sara Berry asked if it would be possible for private providers to send staff to the BECK Institute Training. Ms. Frensley stated that would be possible during the one-day training for non-licensed staff. For the licensed staff, the five day intensive training is the first step in a six month training and supervision process delivered by Beck staff. She said that the intensive training will take a lot of commitment from participants. Though it is not a train-the-trainer model, for licensed staff it is expected that persons trained would be available for consultation to others in the field. Mr. Hendrick asked if the training was available for para-professionals also. Ms. Frensley answered that there are 35 openings for licensed professionals and 100 openings for non-licensed bachelor's level professionals. Ms. Kaye Rote noted it would be beneficial to have a signed commitment from individuals prior to the training.

Mr. Howard Hendrick asked for clarification for the telehealth recommendation as related to the Department of Corrections for telecourt. Commissioner White explained that telecourt services allows for the consumer to remain in a treatment setting for emergency detention hearings. The benefit of telecourt to consumers is immeasurable psychologically, as it prevents the person from having to be shackled and transported for long hours to the court location site, thus reducing the risk of further trauma for the consumer.

Ms. Sara Berry asked if QPR training was similar to the Mental Health First Aide training. Commissioner White said that QPR is for suicide training whereas mental health first aide training helps lay persons recognize and respond to a mental health crisis until help arrives. She said that it is comparable to regular physical first aide.

Ms. Martha Burger asked if there was a quantifiable return on the investment for the telehealth network expansion. Ms. Frensley said that the exact amount of return has not been determined as the system is relatively new. Outcomes will be developed to measure return on investment for the system. Ms. Burger said that due to the scope of the project she questioned if the Department of Mental Health system was the appropriate system to fund the service. Commissioner White said that the trauma that occurs during the transport process primarily occurs to consumers in the mental health system. Therefore, the telecourt initiative transforms our system by changing how consumers are treated during emergency situations. She noted that at this point, there is a lot of focus on this issue within the mental health system, and if we do not initiate the project then it is unlikely to happen soon within other systems. Ms. Kaye Rote added that figures were presented at a previous mental health board meeting in which over \$17,000 were saved in seven months using the telehealth network for services.

Governor Anoa tubby opened the floor for additional comments and questions. No additional comments or questions. He opened the floor for motion to approve the Sub-committee recommendations.

Mr. Dennis Shockley moved to approve the subcommittee recommendations. Ms. Martha Burger seconded the motion. The following voting action was recorded: *All in favor; none opposed. Motion carries. Sub-committee Recommendations approved.*

VI. Crystal Darkness Presentation

Commissioner White presented a clip of the Crystal Darkness documentary. She said the documentary is phase one of the Crystal Darkness project. Commissioner White said that the exciting thing about the project is that it takes the discussion of addiction to a new level in Oklahoma. Ms. Jessica Hawkins reported preliminary numbers for the Crystal Darkness event. There were 283 sites registered for watch parties on the evening of the documentary. She noted in the southwest region 1,446 people attended watch parties. In the south central region 2,348 people attended watch parties and heard from local experts and participated in an open dialogue about addiction and recovery. Over 750 people contacted 2-1-1 seeking support. She said that a live chat was also part of the program and over 30 people participated. The next steps involve mobilizing meth action teams to designated communities.

Discussion included:

Ms. Sara Barry congratulated the Commissioner on the Crystal Darkness documentary. She noted that the video was successful in showing the diverse groups of people, from various backgrounds, affected by methamphetamine addiction. She asked if DVD's were available to purchase. Commissioner White stated that they were available on the Crystal Darkness website and for check-out at the ODMHSAS Resource Center.

VII. SBIRT Update

Ms. Jessica Hawkins and Dr. Gary Parker presented the SBIRT update. Ms. Jessica Hawkins explained that SBIRT, which stands for Screening, Brief Intervention, Referral, and Treatment, is an evidence-based, early intervention strategy. The initiative is designed to identify and intervene with individuals at-risk for substance abuse. Dr. Gary Parker explained that screening is in progress for patients in the emergency room and trauma healthcare settings at Mercy. He reported that the SBIRT initiative targets individuals with nondependent substance abuse and provides effective strategies for intervention prior to the need for more extensive or specialized treatment. Dr. Parker reported that SBIRT research shows that substance abuse screening in primary care settings successfully identifies large numbers of individuals at risk for developing serious drug and alcohol problems. Early intervention programs such as SBIRT have been shown to decrease the frequency and severity of drug and alcohol use, reduce the risk of trauma and increase the percentage of patients who enter specialized substance abuse treatments.

Dr. Parker highlighted the six goals of the SBIRT pilot project, a TSIG funded program at Mercy Healthcare Center. He reported that training for the project was provided by J.R. Ayala, a nationally recognized SBIRT expert. The pilot went live on October 7, 2008. Dr. Parker presented data from the pilot start date to January 5, 2009. In total, 631 patients were screened. He reported that the SBIRT team at Mercy plans to sustain this effort and expand to other clinical settings within the Mercy network. He said that at the end of the study, they plan to publish an article about their experiences with SBIRT in the ER setting at Mercy. (See Handout)

Governor Anotubby opened the floor for comments and questions.

Discussion included:

Teresa Peden asked if free clinics could utilize the SBIRT model.

Dr. Parker answered that the model could be applied at free clinics however, finding the right trainer for the SBIRT model is very crucial.

Mr. Bob Mann asked if SBIRT could be billed through Medicaid. Ms. Hawkins said that SBIRT is reimbursable through Oklahoma Medicaid; however, it is a fully integrated evidence-based process that requires specialized training and follow-up consultation to assure the fidelity to the model is followed.

Commissioner White acknowledged the partnership between ODMHSAS and Mercy Hospital, noting that the public-private partnership itself was transformative.

VIII. Evaluation Update

Dr. Kermit McMurry gave an update on the Evaluation Workgroup.

Highlights include:

- *Workforce Study*
- *Consumer Involvement Study Team*
- *Recovery Study*
- *Resiliency Study*
- *Anti-Stigma Campaign*
- *Criminal Justice and Treatment Study*
- *Policy Change Interviews*

Mr. David Wright reported on the Government Performance and Results Act (GPRA) measures for Oklahoma. GPRA measures are collected to report to SAMHSA. (See Handout)

Governor Anoatubby opened the floor for additional comments and questions. No additional comments or questions. No comments or questions.

Ms. Teresa Peden moved to approve the Evaluation Update. Ms. Sara Barry seconded the motion. The following voting action was recorded. *All in favor; none opposed. Evaluation Report approved.*

IX. Adjournment

Governor Anoatubby opened the floor for additional comments and questions. No additional comments or questions. He opened the floor for motion to adjourn the meeting.

Ms. Carolyn Archer moved to adjourn the meeting. Ms. Kaye Rote seconded the motion. The following voting action was recorded. *All in favor; none opposed. Meeting adjourned.*

Governor Bill Anoatubby (Chair)