

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

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Members Present:

Don Carter - IHS	Kermit McMurry Ph.D. - OSRHE
Terry Cline, Ph.D. - OSDH	Connie Motley - OSASA
Jinneh Dyson - NAMI	Michael O'Brien - DRS
Michael Fogarty - OHCA	
Justin Jones - DOC	
Sandy Pruitt - DBSA	
Matt Robison – State Chamber of Commerce	
Gary Rudick – Tulsa Schools, Chief of Police	
Dennis Shockley - OHFA	
Ginger Smith – Mental Health Planning Council	
Lisa Smith - OCCY	
Jack Turner - Advocate	
Terri White – Secretary of Health	

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Others Present:

Debra Andersen- OSDH  
Richard Bowden- ODMHSAS  
Marla Baker- DRS  
Kim Brewer- ODMHSAS  
Lorrie Byrum- ODMHSAS  
Marva Crawford Williamson- Innovation Center  
Carissa Davis- Innovation Center  
Karen Frensley- Innovation Center  
Rebecca Grigsby- COCMHC  
David Harris- Innovation Center  
Mary Harris- Red Rock  
Kenny Holloway- DOC  
Jay Hodges- DOC  
Robert Powitsky- DOC  
Tania Rubio –Rosas- ODMHSAS  
Sarah Smith- OCARTA  
Debbie Spaeth- OHCA  
Jean Wood- Innovation Center  
David Wright-ODMHSAS  
Cortney Yarholar-Innovation Center

**I. DETERMINATION OF QUORUM, CALL TO ORDER**

Acting Chair Justin Jones determined a quorum with 14 members present and called the meeting to order.

**II. REVIEW OF MINUTES FROM PREVIOUS MEETING**

Acting Chair Justin Jones opened the floor to discussion and comments concerning the minutes for the previous Board meetings held on March 19, 2009, and January 15, 2009.

*No Comments or discussion.*

Dr. McMurry moved to approve the previous Board meeting minutes. Dr. Cline seconded the motion. The following voting action was recorded: *All in favor; none opposed. Motion carries. Board Minutes approved.*

**III. NOMINATIONS FOR GTAB CHAIR AND VICE CHAIR**

Acting Chair Jones opened the floor for nominations for Chair and Vice Chair.

Commissioner White representing Ms. Barry nominated Mr. Jones as Chair, and Dr. Cline as Vice Chair.

Dr. Cline declined the nomination, and the motion was denied.

Commissioner White representing Ms. Barry nominated Mr. Jones as Chair. Motion was seconded by Mr. Tuner. The following voting action was recorded: *All in favor; none opposed. Motion carries*

Dr. McMurry nominated Dr. Cline as Vice Chair. After a brief discussion, Dr. Cline accepted the nomination. Motion was seconded by Mr. Turner. The following voting action was recorded: *All in favor; none opposed. Motion carries.*

**IV. GTAB RESOLUTION**

The Chair asked Mr. Turner to present the board resolution related to the NAMI Grading the States report to the board. Mr. Tuner made a motion that the resolution be accepted as the board's acknowledgement that transformation in Oklahoma is becoming a reality and to thank ODMHSAS and other GTAB agency staff for making it possible to significantly improve the system. The Chair asked Ms. Frensley to read the resolution to the audience before voting. Motion was seconded by Dr. Cline. The following voting action was recorded: *All in favor; none opposed. Motion carries*

Dr. McMurry asked about a public notification of the board resolution. The Chair asked Ms. Frensley to arrange a press release of the resolution, and requested that the Secretary of Health consider publishing the resolution on the ODMHSAS website.

#### **V. INTRODUCTIONS BY GTAB MEMBERSHIP**

The Chair recognized the new board members, and asked that the board introduce themselves by name, title and organization, starting with Secretary of Health White and moving counter-clockwise around the table. The Chair then recognized the audience.

#### **VI. BUDGET REPORT**

Mr. Richard Bowden presented the TSIG budget report for YTD Expenditures for the federal fiscal year ending 09/29/09. Expenditures recorded through 08/31/09. The year four budget spreadsheet included the following:

- Direct Costs
- Carryover approval of \$6.6 million
- Actual expenditures and contractual costs
- Projected expenditures and encumbrances
- Totals of expenditures and obligations
- Available budget

Project status spreadsheet was also presented by Mr. Bowden. The spreadsheet included the following:

- Contract Description
- Budgeted Amount
- Project Status

The Chair asked Mr. Bowden for the probability of SAMHSA granting a no cost extension since it appeared that there would be carry-over into fiscal year 11. Mr. Bowden replied that the maximum extension would be a year, and that the request will be sent to SAMHSA during FY10 and will include justification for continuation for SAMHSA's approval.

Motion was made by Mr. Turner to accept the budget as presented. Motion was seconded by Dr. Cline. The following voting action was recorded: *All in favor; none opposed. Motion carries.*

#### **VII. PROJECT DIRECTOR REPORT**

Ms. Karen Frensley presented the TSIG project directors report. Ms. Frensley offered to meet with any new board members who were not able to attend the board orientation meeting held on September 9, 2009, to go over the progress made during the past 4 years of the grant.

The 5<sup>th</sup> year of funding for the TSIG was approved by SAMHSA. Ms. Frensley reiterated that it was likely that Oklahoma would be given a no-cost extension for a 6<sup>th</sup> year.

The Comprehensive State Plan update, due on September 29, 2009, will be submitted to SAMHSA at the end of this month. This is a report to SAMHSA to show progress on all of the FY09 activities and the anticipated FY10 activities related to all of the projects.

A project directors meeting for all of the transformation states is scheduled to be held in mid-November hosted by TSIG Maryland in Annapolis, Maryland. One of the major themes of this meeting will be sustainability of the projects and transformation efforts in general, after the grant cycle has ended.

Ms. Frensley updated the board on the Comprehensive State Plan project implementation.

The anti stigma campaign titled "Community Champions" now includes 23 agencies. In addition to the agency campaign, there are plans for a general public campaign to be started by early 2010. Currently, a market research survey is underway that includes a random sample telephone survey scheduled to begin within the next few weeks. Questions will include asking individuals surveyed about what they know about mental health, substance abuse, available services, and what they think about funding for services. After the survey results are compiled, an RFP will be released for a marketing company to create a public ad campaign. The campaign should be launched in early 2010.

The Oklahoma Suicide Prevention Initiative was started as the Youth Suicide Prevention Initiative. One of the goals was to expand the suicide council to include the lifespan, which has occurred with Senate Bill 2000. A new evidence based training is being endorsed by the council called Applied Suicide Intervention Training, which deals with the aftermath of a suicide and tries to eliminate the contagion of suicide that often happens in communities especially when involving young children.

Mental health first aide training is underway. The training is designed for a lay person to intervene in a positive way when someone is having a mental health crisis. The first training was held in July, 2009, and 22 trainers are now available in Oklahoma. The next Training for Trainers is scheduled for February of 2010, and another 22 participants will be trained to offer mental health first aide to communities.

Consumer, family, and youth leadership training is also underway. The RFP was awarded in March of 2009 and three advocacy agencies are offering training in a 15 county area scattered throughout Oklahoma. To date, they have trained 209 participants. Training is directed towards consumers, family members and youth, and meant to help individuals to prepare to be on task forces and boards, and understand financial statements, and other things that would be required to be active participants.

Peer Run Drop in Wellness Centers request for proposals was announced through the Department of Central Services. The bid closed, but no information has been given yet on the award.

An RFP was announced and just awarded to solicit residential care providers to participate in a training program targeted to staff within provider agencies to learn how to help consumers transition back into the community. The goal of this training is to help residential staff understand recovery from mental illness, with the goal being that people need to live in the least restrictive environment. Eight providers were awarded and contract completion is underway.

The Consumer Involvement Standards are finalized now, as well as the measurement tools. The standards will be piloted in selected agencies within the next few months.

Mr. Tuner asked about the Anti-Stigma campaign, and if there were any plans in this particular program that would address the reluctance of people who have been in long term recovery from becoming involved due to the stigma.

Ms. Frensley answered that at this point, the Anti-Stigma Campaign is conducting a market survey to find out what Oklahomans know about mental illness and substance abuse and if stigma exists, and if so, to what degree. The advertising campaign will be tailored to educate people about mental illness, that it is a disease and that people can and do recover. This may alleviate to some degree the reluctance of persons in recovery from coming forward and telling their stories.

The Bienvenedo Project is a pilot program being done at Hope Community Services, and was created to try different strategies to help create greater access for Spanish speaking consumer's by creating a more welcoming environment at the center. Some of the strategies that have been applied are teaching front office staff conversational Spanish and changing signage to reflect both English and Spanish. Preliminary results are showing that these changes did increase the staff confidence in talking with persons who speak Spanish as a first language. The final results should be available by the next meeting.

In addressing barriers to housing, the strategy was to hire FTE's who would work within Tulsa, NE Oklahoma and Oklahoma City, meeting with members of existing coalitions, and to advocate for persons with mental health issues, substance abuse issues, and persons that are exiting the prison system, who typically have a difficult time finding housing. All three FTE's have been hired, with the Oklahoma City area staff hired this week.

The Cultural Competency training initiative is underway. To date, there have been over 30 people trained as trainers by the National Multicultural Institute (NMCI). In FY10 NMCI will be providing another level one cultural competency training, and also offering an advanced training in the later part of 2010 for persons that are involved in the learning collaborative who would like to gain advanced skills. David Asetoyer is the ODMHSAS Cultural Competency Coordinator, and is holding monthly meetings with those trained to develop a statewide strategic plan on how to provide more culturally competent services system wide.

The Infant and Early Child initiative is a collaborative effort among the Department of Health, the Department of Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority, and the OU Child Study Center. This project provides consultation and evidence based training tools to primary care physicians that primarily treat very young children. Two screening tools were selected about a year ago. One of the goals of this project was to remove obstacles that physicians were saying were preventing them from providing screenings for developmental or social-emotional delays. One of these obstacles was the cost of the screening tools, and the other was on site training to use the tools. To date, there have been 102 physicians that have inquired about the screening initiative, 82 have requested the screening tools, and 36 requested additional consultation.

The SBIRT (Screening Brief Intervention Referral and Treatment) pilot at Mercy Hospital has been completed. The pilot program began at Mercy Hospital's emergency room where persons admitted were screened for substance abuse issues using evidence based tools. SBIRT uses a screening protocol to screen for substance use and to provide education to help consumers understand if they have a problem with abuse. Over a 6 month period, Mercy screened over 600 consumers presenting in the emergency room. Of those, 73 showed signs of drug issues, 18 showed signs of alcohol issues, and 17 were referred to treatment. This screening is not meant to target persons at high risk for substance use or currently using. It is primarily a prevention initiative with the goal to educate the public on the hazards of abuse and to help persons obtain treatment if needed early in the cycle. Mercy has screened over 2000 individuals since the program began in March 2009, and plans on continuing this program, and expanding it to their out-patient clinics. There are outreach efforts underway to other hospital systems in Oklahoma City and Tulsa to engage in screening for substance use and to provide brief intervention on site.

There is a pilot program at the Oklahoma University Department of Pediatrics within the neo-natal ICU unit. Studies done earlier show that 80% of mothers of infants in the ICU show signs of post partum depression. The goal of this program is to develop a protocol to help support mothers who return home and need treatment and support.

TSIG is funding university students and staff to do research and present on their projects annually. There are two projects that will be ready to be presented in the summer of 2010. The OU School of Social Work, and the OSU Department of Psychiatry and Behavioral Health are doing studies on behavioral health screenings done in primary care settings.

The Care Coordination project involves the Oklahoma Health Care Authority, Department of Mental Health and Substance Abuse Services and the Federation of Families. The goal of this project is to target children who have a high propensity for repeat visits to in-patient care or higher residential care, and linking the families to community services that will promote children receiving community based services vs. higher levels of care.

The Beck Institute training in Cognitive Behavioral Therapy for clinical staff began a week ago. The plan is for the Beck Institute to return every couple of months to provide ongoing supervision and additional training to licensed clinicians as well as training in cognitive behavioral techniques to non licensed staff. The overall goal of this training initiative is for Oklahoma to develop supervisors and trainers in cognitive behavioral techniques and for those persons to provide ongoing training and supervision to the behavioral health workforce.

The Department of Corrections (DOC) training initiatives includes peer recovery support training for inmates within designated prisons, crisis resolution training for probation and parole and institutional staff, and development of a mental health training task force. Jay Hodges with the Department of Corrections will speak more about the crisis resolution training initiative for probation and parole and institutional staff during his presentation later in the meeting. The Work Force Development Task Force, developed to educate individuals to provide services to persons within the corrections system, is a collaborative effort including 5 universities, DOC and ODMHSAS staff, who are developing core competencies for the forensic mental health workforce and engaging students to do practicum's within the DOC system.

The Tele-health network now has 91 sites across Oklahoma. We are currently talking with the Administrative Courts to develop Tele-Court sites, with TSIG funding to provide the equipment. The court initiative, will allow Oklahoma to add 17 sites providing emergency detention hearings.

The Western Interstate Commission on Higher Education will recognize Oklahoma's Tele-Health network, in their 2010 best practices for rural mental health publication.

## **VIII. CORRECTIONS CRISIS RESOLUTION TRAINING**

Tania Rubio-Rosas from the Department of Mental Health and Substance Abuse Services introduced Jay Hodges from the Department of Corrections, who gave a presentation on the Correctional Crisis Resolution Training (CCRT) training that is being done with probation and parole officers and institutional staff in 8 DOC facilities.

CCRT is a program designed to improve the outcomes related to intervening in a mental health crisis for correctional officers and probation/parole officers and offenders. It is collaboration among the Oklahoma Department Corrections, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City Police Department, Midwest City Police Department, NAMI Oklahoma, consumers and their families and community mental health providers. The goal of this training program is to employ an evidence based crisis intervention training that is tailored specifically to the needs of the Department of Corrections and its staff. It is anticipated that implementation of this model will increase the safety of staff and offenders who have a mental illness diagnoses by decreasing the occurrence of misconducts, serious incidents, assaults and parole revocations. It is expected that implementation of crisis intervention training

will yield results similar to those experienced by community police departments, as follows:

- Increased peaceful resolution of conflict situations
- Decreased risk of harm to both persons experiencing symptoms of mental illness and law enforcement officers
- Increased appropriate referrals for mental health and substance abuse treatment

A strengths, weaknesses, opportunities and threats (SWOT) analysis was done prior to implementation of this project. The results are as follows:

Identified Strengths:

- Establishment of relationships with a broad range of law enforcement agencies and other state and community based agencies that provide services to persons who have a mental illness and/or a substance abuse issue.
- Implementation of CCRT has the potential to positively impact both staff and offenders.
- The initiative is consistent with the highest standards of care provided within communities at large.

Identified Weaknesses:

- Staff training has not fully addressed the specialized needs of the DOC's rapidly changing and previously unknown population.
- Significant proportions of offenders who have a mental illness can be found in every institution and probation and parole district throughout the state of Oklahoma.

Opportunities that present themselves with this program are:

- Enhance the standard of care and the continuity of care for offenders who have a mental illness.
- Improve public perception of custody and care provided to offenders suffering from a mental illness.
- Enhance existing relationships with other state and local agencies and consumer groups who provide services to persons suffering from a mental illness.

Threats that have been identified are:

- Increased demands upon public mental health and substance abuse treatment systems.
- Increased expectations of external stakeholders with regard to the services provided by the DOC.

The benefits of CCRT training for DOC employees are an increased level of confidence in recognizing and responding to people suffering from a mental illness and the ability to safely and compassionately respond to people in crisis. Officers have choices in situations involving people in crisis, and these options can be applied in daily life as well. Oklahoma is the 3<sup>rd</sup> state to implement this training program, following Connecticut and Maine.

The statistical data from the first pilot program shows an increase in knowledge for participants. There was a 2.32% increase in participant's understanding of appropriate crisis intervention techniques and skills, the largest increase on the personal evaluation.

Discussion:

Mr. Tuner asked what percent of those incarcerated in the state prison system suffer from mental illness. Dr. Powlitsky answered that 50% have had, or are experiencing, symptoms of mental illness, with 27% percent overall having symptoms of serious mental illness. 4900 are taking psychotropic medications, 38% female, and 18% male.

Mr. Tuner asked what percent suffered from addiction to alcohol or drugs. Dr. Powlitsky answered that research shows approximately 60- 80% have a moderate to high use for substance abuse, but he did not have an exact number. Mr. Jones said that on Oklahoma assessment instruments, there are 78% who score in the moderate to high range for substance abuse coming into the corrections system.

Mr. Turner remarked that there seemed to be a pretty high number of persons with co-occurring disorders entering the system. Mr. Jones agreed.

From the audience, Mr. Holloway remarked that he has had the opportunity to sit in on the CCRT training, and commented on the effectiveness of the program, saying, "*This training is probably the best [he] has seen for probation and parole officers to really*

*enhance their skills for the jobs they do every single day. It will be hard to measure the benefits of this program, but [he] guarantees [there] will be a lot fewer people going to prison, [there] will be a lot fewer people going to county jails, [there] will be a lot faster intervention into the mental health system. The training was great, there is a great partnership with the agencies and law enforcement and the people who participated in the training. Comments he heard after the training indicates that the officers were impressed with the training and still are impressed.”*

## **IX. TRIBAL-STATE RELATIONS**

Cortney Yarholar from ODMHSAS, and Kateri Schaaf, Co-chair, Tribal State Relations Workgroup, each spoke on the goals and the progress of the Tribal State Relations Workgroup.

The Workgroup was developed to help improve the relations between the State and the Tribes. At the initial meetings, a logic model was developed to help guide the work and discussion of the group. The focus of the group is as follows:

- building trust
- addressing traditional healing and cultural interventions
- reviewing contract language
- cultural competency

Building Tribal- State trust begins with improving communication between the 37 recognized Tribes, and more than 39 Tribes that are represented in Oklahoma. Not only is communication between the State and the Tribes improving, but also communication between the different Tribes is also improving.

Mr. Yarholar reported on the 3rd Annual Tribal Consultation Meeting held on July 15, 2009. The meeting was a joint effort between OHCA, ODMHSAS, OSDH, and OKDHS. This was an opportunity for state agencies to receive consultation and feedback from Tribes in regards to needs, their strengths, and ideas on how to partner and work together. All of the Tribes have their own systems and some work with Indian Health Services (IHS), and some are independent.

Commissioner White spoke on how the initial tribal consultation meeting, three years ago was developed by OHCA. She commended the Oklahoma Health Care Authority, for reaching out and starting this consultation meeting process, and for opening it up to other agencies in the health care arena so that there could be a very integrated and comprehensive state wide discussion. Mr. Fogarty commented that the annual meeting is a great investment, and an incredible process.

Mr. Yarholar remarked that the Oklahoma Health Care Authority has led the way in terms of tribal consultation, being one of the first agencies to have adopted a tribal consultation policy. The tribal state relations workgroup utilized existing consultation policies to help develop a draft consultation policy for ODMHSAS. The policy is being reviewed by ODMHSAS leadership.

Mr. Yarholar remarked that one of the advantages of improving the communication between the State and Tribes has been evidenced by the increased tribal presence at State sponsored trainings. Rather than not having an interest in the past, it was simply lack of knowledge that trainings were available.

A quarterly e-newsletter has been created titled "Access Intertribal Behavioral Health News for Oklahoma Tribes". This has been a wonderful way to exchange information from State to Tribe, Tribe to Tribe, and Tribe to State. The newsletter can be accessed on the Innovation Center website, [www.okinnovationcenter.org](http://www.okinnovationcenter.org), under the tribal-state relations workgroup category.

Another initiative of the workgroup is reviewing contract language and the way that affects the relationship between the Tribes and the State.

Regular membership at workgroup meetings totals 20-30 people each month. The workgroup meets the 4<sup>th</sup> Thursday of every month. Another focus of the workgroup is sustainability of these relationships. Ms. Schaaf mentioned there was some resistance from the Tribes to working with the State initially. Mr. Jones asked her to explain further. Ms. Schaaf gave an example of tribes located in southwest Oklahoma who traditionally did not work together, and the challenges that they had to overcome to work with one another. Mr. Yarholar also pointed out that historical trauma tends to add to difficulties that the tribes have in dealing with the State.

Mr. O'Brien, Director of the Department of Rehabilitation Services, discussed the unique challenges that present themselves that he described as "Government working with many different Government entities". The Department of Rehabilitation has had a 10 year partnership with the Oklahoma Rehabilitation Tribal Council, composed of 8 tribes that have federal funding to provide rehabilitation services. He talked about lessons learned such as the importance of state leadership and tribal leadership working on a "Director to Director, Leader to Leader, and Government to Government" basis.

Mr. Yarholar talked about the many partnerships between tribes and the state. The Kiowa Suicide Prevention Partnership established in the Kiowa Tribal Service Area and ODMHSAS are using cultural interventions and practices such as Pow-Wow as an opportunity to discuss the importance of addressing mental illness and suicide, which has opened up the discussion of suicide to the community. The Choctaw Nation Healthy Lifestyles and Atoka County Turning Point partnered with ODMHSAS to provide a Methamphetamine Prevention Initiative in five counties. The State Epidemiological Outcomes Workgroup partnered with the Oklahoma City Area Intertribal Health Board Epidemiological Center to provide a special report on Native Americans in the 2008 Oklahoma Profile on Alcohol, Tobacco, and other drugs. The Osage Nation has partnered with the ODMHSAS to provide Drug Courts. Oklahoma Systems of Care has partnered with the Indian Health Care Resource Center of Tulsa and the Creek Nation Systems of Care to provide culturally competent services for all Oklahomans, including reaching the underserved tribal populations.

Mr. Yarholar explained “The Green Bridge Phenomenon” in Pawnee County. The Pawnee tribe has tribal land, separated from the town of Pawnee by a green bridge. In the past, none of the Native Americans went to the town of Pawnee for services by crossing the green bridge, and none of the residents of Pawnee crossed the bridge for the tribal services. What has occurred with the development of a community coalition is that residents from both sides of the bridge have joined the coalition and are now sharing resources and are working together.

There has been discussion about reimbursement for Traditional Healing Practices. Every tribe has their own unique healing practices, and some are not easily shared with outsiders. The workgroup enlisted membership from traditional healers to determine the path to be taken regarding traditional healing. There has been some collaboration with the Cheyenne & Arapaho Tribes concerning an education series with NAMI as the service provider in Canadian County to educate the provider system about the value of traditional healing as part of the treatment regimen. The idea behind the educational series is to first help providers understand each other, and respect the different traditional methods of Traditional Tribal Healing and to raise awareness about these practices.

Oklahoma is receiving national recognition for tribal state relations workgroup development. The development of this community workgroup will be recognized as a best practice model in terms of dealing with the Tribes. The title of the publication is “Compendium of Best Practices for American Indian/ Alaska Native & Pacific Island Indigenous Populations”. Oklahoma is 1 of 9 selected by the First Nations Behavioral Health Association, located in Portland, OR, and is a project funded through SAMSHA. Oklahoma was nominated for its administrative practices, organizational structures and policy implications. The compendium will be completed in December 2009.

## **X. EVALUATION UPDATE**

Dr. David Wright of ODMHSAS presented preliminary information on the Oklahoma Behavioral Healthcare workforce study as well as an update of other evaluation activities related to the grant. A handout entitled, “Evaluation Workgroup Update, dated September 17, 2009 was distributed to the members which is a brief synopsis of the evaluation projects that are in progress.

The workforce study was initiated last year in response to the Workforce Development workgroup’s recommendation to collect data on Oklahoma’s current and future workforce. The workforce study includes surveying behavioral healthcare staff across multiple agencies including all contracted agencies providing behavioral health services to the public system. The survey completed to date is on the mental health industry, including providers of community mental health services. Preliminary results indicate that the industry-wide separation rate is at 32%, and the vacancy rate is at 14%, with the direct care staff leading in separations at 40%. By area, the highest range was in Oklahoma City, at 50%. The most prevalent reason for person’s leaving was

dissatisfaction with pay. Other reasons were excessive paperwork, and on the job stress. Satisfaction with working in the mental health field and with current position was cited as being high at 80%. Most persons were satisfied with their positions and cited other positives for working in the mental health field as teamwork and work environment.

In the area of training, the most frequently requested training was communication skills. The training mentioned earlier today during the project director's report, cognitive behavioral techniques for the non-licensed workforce, may be a start to help staff develop skills to communicate effectively with persons with a mental health diagnosis.

Information from the Department of Commerce identified pay rates for different positions in Oklahoma based on regional and national comparisons. For every position Oklahoma is ranked below the regional and national rates. Dr. Cline asked if reference to pay for Psychologists was at the Ph.D. level. Dr. Wright stated that pay rates for Psychologists was at the doctoral level.

Preliminary conclusions indicate that staffs working in the mental health industry are happy with their jobs and happy to be in the field. However, the pay rate and the excessive paperwork are area's that could be contributing to the high turnover rates. In December, additional presentations will be done related to other industry trends for the Oklahoma behavioral health workforce. Ms. Pruitt asked if the information from this study will be made available, and if it could be emailed. Dr. Wright stated that the information would be available in December and will include a more comprehensive look at the workforce study and would be available to be e-mailed to the membership.

The Chairman thanked Dr. Wright for his presentation. The Chair moved to adjourn the meeting. Motion was seconded by Commissioner White. The following voting action was recorded: *All in favor; none opposed. Motion carries.*

*Meeting was adjourned at 3:27 pm.*