

GOVERNOR'S TRANSFORMATION ADVISORY BOARD
State Capitol, Room 104
September 4, 2008
Minutes

Members Present:

Governor Bill Anoatubby
Sara Barry
Susan Boehrer
Don Carter
Mike Fogarty
Karina Forrest
Linda Glover
Howard Hendrick

Kermit McMurry
Linda Parker
Teresa Peden
Kaye Rote
Lisa Smith
Jack Turner
Terri White

Others Present:

David Asetoyer- ODMHSAS
Lorrie Byrum-ODMHSAS
Richard Bowden-ODMHSAS
Jeff Dismukes-ODMHSAS
Elizabeth Heard-ODMHSAS
Cortney Yarholar-Innovation Center
David Harris-Innovation Center
Sean Couch-Innovation Center
Jean Wood-Innovation Center
Amanda Reeves-Innovation Center
Karen Frensley-Innovation Center
Marva Crawford Williamson-Innovation Center
Susan Lawrence-FOF
Gina Marston-DBSA
Sandy Pruitt-DSBSA
Jennifer Glover-RWJF
Annette Fulton-DRS
Ginger Smith-Red Rock
Nancy Wagner-Hope
Carol McFarland-OHCA
Beatrice Johnston-YWCA
David Wright-ODMHSAS
Lissa James-GLMHC/SOC
Leah Taylor-OHCA
Donna Woods Bauer-OCARTA
Debra Andersen-OSDH

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 June 5, 2008.

No Comments or discussion.

Dr. Kermit McMurry 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. Board Minutes approved.*

III. Budget Report

Mr. Richard Bowden presented the TSIG budget report for YTD Expenditures for the Federal fiscal year ending 9/30/08. The budget includes actual expenditures from 10/01/07 through 07/31/08 as well as projected obligations and payroll expenses for the fiscal year. (See attached report.)

Governor Anoatubby opened the floor to discussion and comments.

Discussion included:

Dr. Kermit McMurry commented that according to the budget report we are still in the black, to which Mr. Bowden responded that we were. He noted that some of the projects and purchasing processes are slow-moving.

Director Howard Hendrick asked if the available budget, minus obligated funds, was 1.3 million dollars. Mr. Bowden responded that this is the amount that has not been appropriated, the majority of which is a result of "under spending in salaries." Dr. McMurry asked for clarification. Mr. Bowden explained that this under spending is due to FTE slots that were not filled within the Innovation Center. Dr. McMurry asked if there were plans to fill these vacant slots. Karen Frensley responded that as projects move forward there may be a need for additional staff. At this time a budget analyst position has been requested to develop project budgets for the Comprehensive Plan projects and track expenditures for these projects.

Director Hendrick asked if we would spend budgeted amounts by the end of September. Mr. Bowden explained that all of the contracts will not be completed within this time frame. However, this was the amount budgeted and anticipated to be spent at the beginning of the fiscal year. Director Hendrick asked how much we anticipated spending, by the end of the month.

Mr. Bowden explained that he does not have an exact amount as there are still projects in development. RFP's have been announced, FTE's are being filled,

and contracts being finalized. The projection at the beginning of the fiscal year was that budgeted amounts would be spent during this fiscal year. The processes are taking longer than anticipated.

Director Hendrick asked if we had a budget for FY09 and if it resembled the budget for FY08. Mr. Bowden responded that a Year 4 budget draft exists, and reflects carry-over from the Year 3 budget. This budget will be presented at the December GTAB meeting.

Director Hendrick asked how much we receive each year. Ms. Frensley responded that we are awarded about 2.5 million each year. Director Hendrick asked if the actual expenditure for this fiscal year would be 1.8 million. Mr. Bowden stated that the amount will be just below 2 million. Dr. McMurry added that it would be helpful in the future to add a column on the budget with pending encumbrances.

Mr. Jack Turner asked how much of the 1.3 million could be obligated to other projects. Mr. Bowden said that with the exception of the indirect cost of \$240,000, the remaining amount could be redirected and re-budgeted with the approval of SAMHSA.

Director Linda Parker asked if the dollar amounts reflected in the contractual costs column reflected costs for one-year contracts or for multi-year obligations. Mr. Bowden stated that while it might be that the dollar amounts will carry over in multi-year contracts, the amount budgeted is the amount anticipated for a specific fiscal year.

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.

Ms. Susan Boehrer moved to approve the budget report. Director Linda Parker seconded the motion. The following voting action was recorded: *All in favor; none opposed. Board Minutes approved.*

IV. Project Director Report

Ms. Karen Frensley presented the TSIG project report. Ms. Frensley reported that she received feedback from the SAMHSA visit on June 4-6 from the Center for Mental Health Services (CMHS). The purpose of their visit was to review the current status of activities occurring in transformation, assess the perception of the stakeholders and identify some of the strengths and challenges. Ms. Frensley reported that some of the strengths included strong committed leadership from both ODMHSAS and the GTAB agencies. CMHS commented that both were an asset to transformation in Oklahoma's progressing efforts. CMHS also cited implementation and expansion of the telehealth network as having the potential for

transformation in Oklahoma on its own. CMHS noted that the Coalition of Advocates provides a strong mechanism for advocates and providers to speak with one voice.

Ms. Frensley reported that CMHS commended our commitment to Recovery Support Specialist training adding that Medicaid reimbursement for those services creates opportunities to operationalize employment for consumers in Oklahoma. Other strengths noted were the Children's Combined Budget, the Federation of Families Peer-to-Peer "Each One/Teach One" approach, and the development of the Consumer Involvement Standards. Oklahoma is the first state in the nation to develop consumer standards.

Ms. Frensley reported that CMHS noted challenges including the fact that we are trying to help all of the 37 tribes in Oklahoma to improve their behavioral health systems. Though the task is admirable, CMHS stated that it is also a daunting task. CMHS also noted the workforce study as an important first step to obtain concrete data representing the Oklahoma workforce. After identifying the workforce, developing strategies to strengthen and broaden the workforce is a challenge seen in all states. Other challenges include determining which accomplishments can be rolled out statewide and developing long range plans to ensure sustainability post grant.

Ms. Frensley reported that the Children's Behavioral Health Development Team and other stakeholders submitted a proposal to Georgetown University to be accepted for a Policy Academy to develop a plan for transitional youth, young adults and families. Oklahoma was one of six states approved, giving us the opportunity to send stakeholders to Georgetown in December to begin developing an implementation plan and policy recommendations for this vulnerable population. Ms. Frensley recognized the Department of Human Services, the Health Care Authority, the Behavioral Health Development Team and Ms. Jackie Shipp for their hard work on the proposal.

Ms. Frensley gave project updates on the Comprehensive Plan. The Youth Suicide Prevention Coalition will expand the target population to the lifespan as required by legislation that will be effective November 1, 2008. The coalition plans to request technical assistance from the national suicide prevention TA center to revise the state suicide prevention plan. She reported that the Consumer, Family and Youth Leadership RFP was announced in July and closed August 22. The review team meets September 9 to evaluate proposals and then the Innovation Center will move forward with contracting with advocacy agencies to provide leadership training statewide.

Ms. Frensley reported that the draft RFP is completed for the Peer Run Wellness Center and is being reviewed by ODMHSAS contracts division. The anticipated announcement for this RFP is October. She reported that the Residential Transitional Housing project is in the development phase. Discussions are

underway as to the scope of the project. Anticipated RFP announcement is in early calendar year 2009.

Ms. Frensley reported that the revisions to the consumer involvement standards based on the statewide survey were all incorporated into the standards in August. The Consumer Involvement Study Group (CISG) completed the revisions during a weekend retreat. The next step is for the Decision Support Services Division and the CISG to finalize a measurement tool. This is expected to be completed by the end of November.

Ms. Frensley reported that a needs assessment for the Latino population in Oklahoma was completed in early 2008. The assessment noted existing service accessibility, the needs for this population, study of evidence-based practice, and strategies to improve access for the Latino population. The assessment identified counties with a high prevalence rate for addictive and mental disorders and then identified Spanish-speaking persons served in those counties. Predictably, the number served is low. Ms. Frensley stated that a project plan is being developing to work with the provider community to pilot strategies to increase access for this population. It is anticipated that a site and provider will be selected and the plan established by January 2009.

Discussion included:

Sara Barry recommended investing in handheld computer devices for competency based training with TSIG monies not yet allocated.

Ms. Frensley commented that the recommendation was something to consider and discussions needed to be made regarding how to appropriate the additional funds.

Governor Anoatubby asked if there were additional questions or comments before proceeding.

Dr. McMurry had questions regarding the SAMHSA comments, specifically their comment about improving the behavioral healthcare within the 37 federally recognized tribes as an “admirable goal” but “daunting task.” Dr. McMurry asked exactly what that meant and if this task was currently a transformation effort. He asked if the challenges were something the Board needed to take a closer look at.

Ms. Frensley noted that she was not alarmed with the SAMHSA comment. SAMHSA asked all of the TSIG states to choose projects that had the greatest potential for changing the system and to not only choose projects that were “sure bets”. When submitting the Comprehensive Plan goals, each goal is evaluated based on the level of difficulty to attain within the five year grant cycle. We will do our best to provide outreach and support to all of the tribes; however, whether all of the tribes will be able to increase services for behavioral health is based on their capacity to do so as well as the priorities of each tribe. SAMHSA is supportive of

transformation efforts related to building tribal-state relations and developing partnerships with tribes in Oklahoma will be an ongoing priority for the state beyond the grant cycle.

Director Howard Hendrick asked for more information related to the duties of the Infant and Early Childhood Coordinator.

Ms. Frensley said that the position will be responsible for coordinating efforts of many stakeholder groups working on early childhood treatment issues. The Infant Mental Health Association, Sooner Start, Sooner Success, child guidance, and other groups need to be brought together to establish a statewide plan for treating young children. We know that provider staff needs specialized competencies to treat young children and their families. Establishing credentialing requirements and training for staff will be coordinated through this position. He or she will be responsible for bringing statewide efforts together, training providers to work with very young children and monitoring projects through to fruition. Ms. Frensley asked Debra Anderson if she had anything to add.

Ms. Anderson noted that the early childhood issues expand across a variety of systems and agencies. She said that strategic planning is needed to cross all of these systems and identify and ensure proper planning.

Governor Anoatubby reported that it was an appropriate time to discuss the plans for determining how to appropriate available funds. He appointed a subcommittee, consisting of three state agency directors and three advocacy agency directors. The subcommittee will develop recommendations to bring back to the full board in December. He asked that the subcommittee members look first at the existing priorities and appropriate funding to those priorities that will have the most statewide impact for systems change and could be sustained. The subcommittee will present their recommendations to the Board for discussion at the December 2008 GTAB meeting.

Governor Anoatubby noted members of the subcommittee include Karina Forrest, NAMI; Kaye Rote, Oklahoma Mental Health Consumer Council; Susan Boehrer, Federation of Families; Terri White, ODMHSAS; Dennis Shockley, Oklahoma Housing Finance; and Justin Jones, Department of Corrections. Director Justin Jones will serve as Chair of the subcommittee.

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

V. Anti-Stigma Campaign

Mr. Jeff Dismukes presented on the anti-stigma campaign within the GTAB agencies. Participating agencies include Department of Rehabilitation Services,

Oklahoma Health Care Authority, Oklahoma State Department of Health and the Office of Juvenile Affairs.

Mr. Dismukes discussed the five steps of the education and awareness campaigns. These steps include a kick-off/presurvey, introduction of mental health and addictions issues, discussions and dissemination of information, a post-survey and evaluation. The final step of each campaign is a recognition event or awards ceremony for agency staff. He initially thought that the campaign would move much faster within the agencies; however, the agencies participating want to spend time developing their campaign and are invested in educating their workforce.

Mr. Dismukes reported that DRS completed the campaign in August 2008. They administered their surveys to a randomly selected sampling within the agency and the surveys were completed electronically.

Mr. Dismukes reported that OHCA launched the campaign in June and the campaign is currently in progress. The surveys were administered to all agency staff. OHCA reported that since the onset of the program, employees have stepped forward to ask for help for family members and to ask questions related to services for mental health and addiction.

The anti-stigma campaign for the general public is expanding into communities including the business community, non-profits, civic/social groups and churches. Mr. Dismukes reported that we partnered with Integris for a "Community Champions Initiative" during which they have regular leadership breakfasts to discuss issues related to healthcare. The next steps for the general public campaign include marketing during recovery month events, ongoing expansion of the campaign, utilizing a speaker's bureau for social marketing efforts in Lawton, and testing media messages.

No comments or discussion.

VI. Cultural Competency Training

Mr. David Asetoyer began his presentation by noting the accomplishments within ODMHSAS and the state regarding cultural competency, including the formation of the Tribal-State Relations workgroup and hiring a transformation agent to work with the workgroup with tribal experience. He noted that building trust and communication were very important factors for building tribal-state relationships.

Mr. Asetoyer reported on the ODMHSAS Cultural Competency Strategic Plan. (See attachment.) The plan is divided into three areas including a training program, halls and walls, and policies and procedures.

The plan for cultural competency was developed based on Cultural and Linguistically Appropriate Services (CLAS) standards as guidelines for

assessment, implementation and evaluation. Mr. Asetoyer reviewed the CLAS standards.

Mr Asetoyer introduced to the GTAB the plan to bring the National Multicultural Institute to Oklahoma to train GTAB staff.

Highlights include:

- A training program with two levels designed to offer a broad base of training initiatives, including workshops, brown bag luncheons, online training, and immersion activities.
- Creating an environment and atmosphere that is welcoming, sincere and competent and reflects the overall beliefs of the organization.
- Implementing procedures and policies that show how cultural competency is structured within an agency or organization.

Innovation center staff will contact GTAB agency staff, designated by the Directors, to develop these training teams. Training will be provided to GTAB staff with the expectation that those staff will then train agency staff within their own agencies.

Discussion included:

Ms. Forrest asked how long the trainings will last.

Mr. Asetoyer said the trainings will last four days.

VII. Evaluation Update

Dr. Kermit McMurry presented the Evaluation Workgroup update.

Work is underway in the following areas:

- Consumer Involvement Study Group made final revisions to the consumer involvement standards. The group is now working with the Evaluation Workgroup to establish measurements, develop an instrument for assessment and a process for data collection.
- Workforce Study Team and Evaluation Workgroup have completed the final revisions for the state-wide survey for the behavioral health workforce.
- Timelines for the dissemination of the survey to the behavioral health providers has been developed.
- A survey has been developed for provider staff and will begin roll out in a week.
- Letters of support are being gathered.
- Data collection from OPM, the Department of Commerce and State Regents is near completion.
- Measurements and instruments have been selected for the recovery and resiliency studies.
- Anti-stigma Campaign data collection is underway.

- Criminal Justice data sharing agreement has been finalized between DOC and ODMHSAS.
- Policy change interview final report will be presented to SAMHSA at the TSIG project directors meeting in November.

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

VIII. Telehealth Network

Mr. Sean Couch presented an overview of the telehealth network. Telehealth encompasses the use of videoconferencing equipment for the delivery of services for medication clinics, consultation, assessment, therapy, and court commitment hearings. (See attached power point.)

Highlights include:

- Quantitative benefits including decreased travel time, lower travel costs, improved access to services, and increased staff productivity.
- Tools of Telehealth include the Polycom VSX 3000 unit.
- Phase I deployment included an assessment to determine the need and coordinating with partner agencies. Forty-six units were installed during Phase I of the Telehealth Network.
- Phase II deployment includes 35 additional units to traditional and non-traditional sites, installation of a bridge unit, and installation of TMS for data collection and management of the telehealth network.

Mr. Couch reported that successes of the telehealth network include lasting partnerships and increased access to services and information. Challenges of the telehealth project include meeting the demand, developing the network infrastructure and educating the workforce.

Discussion included:

Ms. Rote noted that not only is the telehealth network cost effective but it is also beneficial to consumers reducing the need to find transportation to access services.

Commissioner White noted that the Community Mental Health Centers are collecting survey data from consumers and that the initial concerns with telehealth are dissipating and that the feedback and outcome data overall is positive.

Ms. Forrest asked if the use of a webcam can interface with the telehealth technology. Mr. Couch said from a technology standpoint it can be interfaced, however, he could not guarantee encryption. Utilizing a webcam could be useful for administrative meetings but would not meet confidentiality requirements for providing services.

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.

Mr. Don Carter *moved to adjourn the meeting.* Director Fogarty seconded the motion. The following voting action was recorded. *All in favor; none opposed. Meeting adjourned.*

Governor Bill Anoatubby (Chair)