

OKLAHOMA'S COMPREHENSIVE PLAN: IMPLEMENTATION SUMMARY



March 2011

Goal I: Oklahomans understand that being free from addictions and having good mental health are essential to overall health.

Strategy IA

The staff members of state's largest employer will have increased knowledge about substance abuse and mental health treatment and recovery.

- Public Information, Education, and Training
 - Several state and non-profit agencies have participated in an anti-discrimination campaign project titled, "Community Champions Initiative", an educational awareness campaign created to address misunderstandings and misinformation about mental health and addictive disorders. Preliminary results indicate a positive shift in participants' attitudes toward mental health and substance abuse, following campaign implementation. Materials and support are provided at no-cost to nonprofit organizations, civic/social groups, and businesses who become partners. These participants are also eligible to receive Bronze, Silver, or Gold designations, based on their participation and outreach to the community. Current participant recruitment is being conducted through the Oklahoma Hospital Association, at the University of Oklahoma Health Sciences Center and local businesses. Within the first six months of the Community Champions project, the number of organizations participating grew to 23. This included eight (8) GTAB state agencies; five (5) additional state agencies; seven (7) non-profits organizations; two (2) communities of faith; and, one corporate partner. It is estimated that more than 24,000 Oklahomans have been directly impacted by related program activities. Six organizations completed pre and post surveys. The results documented that the program was successful at increasing awareness and understanding of behavioral health issues.

During the 2010 season, the Red Hawks' organization joined the Community Champions Initiative and through this partnership designated an ODMHSAS-smoke free and alcohol free ticketed section during home games at the Bricktown Ballpark. This presented promotional opportunities otherwise not available to the agency. As the city's AAA baseball team, (affiliated with the Texas Rangers at that time) the project generated approximately 600, 000 in-park media impressions at the activity. In addition to in-park numbers, the partnership provided two donated PSA announcements on all RedHawks and Texas Ranger radio broadcasts (over 300 broadcasts and 600 radio spots). Broadcasts reached geographic areas representing approximately two-thirds of the state's population, with media impressions estimated in the millions. After the season, the RedHawks leadership team expressed interest in receiving educational materials, information and support about addictions and mental health for their employees. The Oklahoma RedHawks embody the spirit and enthusiasm shared by Oklahomans who love baseball, and acknowledge that recovery is a reality as they continue their involvement in awareness activities to support recovery focused messaging to business leaders.

Demographic information collected for “in-park” event attendees ensured that the campaign was reaching the primary targeted audience of age 18-45 adult males, and a secondary targeted audience of adults with children. The majority of attendees were adult males between the ages of 18-49, with nearly half of all attendees having one or more children. The average household size was four. A new survey instrument was developed July 2009 to be used in the program’s continuation. The program has continued to target organizational partners. The emphasis of the program changed to a broader approach to include developing the issue of untreated mental illness and addiction, and its impact on Oklahoma business. This theme became a priority issue in legislative budget discussions and public awareness efforts.

- A market survey of the general public in Oklahoma was conducted to examine attitudes about substance abuse and mental health treatment and the provider system. Information from this survey was used as a basis for Request for Proposals (RFP) for a statewide anti-stigma campaign that was announced in late 2010. The anti-stigma campaign RFP was awarded to Jordan Associates, an experienced organization that has developed successful social marketing media and promotes the idea of recovery as a reality.

Jordan Associates launched the public awareness campaign as a concentrated and sustained mass media public awareness effort that addresses the issue of stigma, along with how it interferes with access to care, and encourages Oklahomans to seek help. The campaign features the use of two (2) broadcast public service announcements, corresponding social media activity and a planned response public relations effort to disseminate messaging and elicit action by the target audience. In addition, the campaign will drive interested persons to a website that celebrates recovery and provides a variety of information on all related topics. The web site is unique in that it was created as a means to ensure continuation of activity beyond the grant, and is supported by a joint effort between ODMHSAS and the corporate partner OPUBCO. It is expected that other corporate partners will also sign-on as supporters of this effort.

- Mental Health First Aid (MHFA) training of trainers’ sessions took place in July of 2009, February 2010. The final planning session in July, 2010 targeted education to assist trainers with marketing and developing resources within their local communities. There are now forty-one (41) Oklahoma trainers statewide who are able to provide agency and community trainings. This training enables participants from the general public to provide immediate support to someone experiencing a mental health problem, and provide education about mental health in their communities.

The MHFA pilot program established certification criteria in concert with the National Council on Behavioral Health. Certificates of accomplishment are awarded to course graduates upon completion of the 12-hour course and the submission of a course evaluation to the National Council. The Council maintains national statistics on student participation and course satisfaction. To

date, twenty-seven (27) 12-hour courses have been held throughout Oklahoma with 260 individuals receiving certification. This puts Oklahoma at 14th in the nation for the number of individuals certified in the MHFA 12-hour course.

As of December 31, 2010 there are 41 Certified Oklahoma State instructors representing the following sectors:

Sector	Number of Instructors
Higher Education	8
Faith Based Community	8
Business Community	5
Community Advocacy	14
ODMHSAS	6
Total	41

Strategy IB

Oklahoma's Youth Suicide Prevention Initiative and other suicide prevention activities will be expanded to address the needs of the entire lifespan.

- Suicide Prevention
 - The Youth Suicide Prevention Council was established by the Governor in early 2006. The expansion of the Youth Suicide Prevention Council to include suicide prevention planning and training across the lifespan was supported by legislation that went into effect in November of 2008, creating the Oklahoma Suicide Prevention Council. All state level suicide prevention, screening and related activities are coordinated through the Council, as named in the enabling legislation. In the fall of 2010, the Suicide Prevention Council endorsed training for and dissemination of Suicide Prevention Community Toolkits and training. Dr. Brian Stice, an OU professor, was installed as Chairman in February 2011, and will continue to lead the Council to new activities, including development of print materials for statewide distribution. There are 21 council members who have developed a comprehensive State plan for State agency use, as well as a pamphlet for the public.

To support coordination of activities, the number of suicide prevention trainings has increased at public schools, emergency rooms, tribal centers, and other primary care and community settings. The number of trained suicide prevention gatekeepers continues to increase. More than five thousand (5069) Oklahomans have been trained, including first responders such as 911 dispatchers and police officers, representatives from Native American communities, faith-based organizations, and local school districts. ASIST and QPR community trainings continue to be available by request statewide, along with a collaborative project with the Office of Juvenile Affairs for development of youth crisis response planning.

Several school districts around the state who have been identified as high risk for self-harm/suicide have hosted suicide prevention training sessions. The sessions are designed to enhance each district's capacity for intervention and self-maintenance around the issue of suicide. Mercy Health system is also working with Yukon Public Schools to develop a collaborative to conduct physical and mental health screenings for students. The collaborative uses the TeenScreen from the National Center for Mental Health Checkups at Columbia University. For more information about the TeenScreen instrument, view their website at www.teenscreen.org.

An RFP to solicit programs that focus on Youth Suicide prevention was awarded to the Mental Health Association Tulsa (MHAT) in the fall (September) of 2010. MHAT will facilitate community suicide prevention planning sessions using the toolkit training materials created by ODMHSAS, provide evidence-based youth suicide prevention gatekeeper training to sectors of the community identified as having regular interaction with youth at risk for suicide; provide evidence-based youth suicide prevention screening services to youth; and partner with key community stakeholders to make measurable improvement to a priority community infrastructure problem that prevents youth from seeking help and/or accessing care.

The Suicide Prevention Council began a project to disseminate information concerning the number for the National Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433) in targeted areas of the state.

Goal II: Care Is Consumer and Family Driven.

Strategy IIA

Programs and service settings will be culturally competent, recovery focused, consumer driven & trauma informed.

- All currently funded programs- START, NIATx, PBIS, SOC, PRSS, WRAP and the number of case managers trained in strengths-based, trauma-informed care, continues to increase. The numbers of training sessions and the number of people trained in recovery focused care models will continue to promote consumer driven care in Oklahoma. All of these programs have identified a host program for continuation of their program and sustaining program principles beyond transformation funding. They are as follows
 - START and other trauma informed models- will be located at multiple sites statewide, including the Oklahoma Department of Human Services and the Office of Juvenile Affairs. The Freedom, Recovery, Empowerment program funded through the second transformation grant awarded to Oklahoma from the Substance Abuse and Mental Health Services Administration, (SAMHSA) will develop a model for adults promoting the development of evidence based models for trauma

- specific services, Seeking Safety and Trauma Recovery Empowerment Model (TREM).
 - NIATx- Eighteen (18) NIATx and/or co-occurring sites
 - PBIS- Oklahoma State Department of Education
 - Systems of Care- fifty-three (53) counties and multiple communities in Oklahoma funded through SAMHSA.
 - PRSS- ODMHSAS Office of Advocacy and Wellness.
 - WRAP- consumer partner advocacy agencies funded through SAMHSA.
- The trauma-informed capacity of existing programs has been enhanced statewide through training opportunities for caregivers and administrators throughout the ODMHSAS, Department of Corrections, Oklahoma Department of Human Services, and OU- National Resource Centers for Youth systems.
- Staff members from the Network for the Improvement of Addiction Treatment (NIATx) model built a learning collaborative that meets regularly to enhance NIATx principles and exchange information about implementation.
 - The sustainability plan for the Strengthening Treatment Access and Retention – State Initiative (STAR-SI) project is to continue the quarterly meetings in which providers and central office staff discuss NIATx principles and change projects. At the meetings, everyone is encouraged to share what they are doing around changing their business processes in order serve customers better. Several providers have expressed that they will continue to use the NIATx principles and rapid change cycles to improve their processes and become more efficient. There has been some discussion about how to reach out to other providers in the state and invite them to join the group and begin to use the principles.
- The Positive Behavioral Intervention Strategies (PBIS) model ended the 2009-2010 school years with nine additional sites that now have an expanded capacity for assessing and intervening with student behavioral health issues without having to leave the school setting. PBIS participants will continue to exchange information about effective methodologies for their respective settings. The initial goal of PBIS was to expand to 60 sites across the state, and they currently have sixty-two (62) sites. Detailed information about sites implementing the program can be found on the Oklahoma State Department of Education website www.osde.org, under the site index tab for the State Personnel Development Grant.
 - Cohort 1 implemented in the Fall of 2008, 3 sites
 - Cohort 2 implemented in Fall of 2009, 17 sites
 - Cohort 3 implementation began in Spring 2010, 25 sites
 - Cohort 4 implementation began in the Fall of 2011 and currently has 17 sites

- Peer Recovery Support Specialist training sessions continue, and are being hosted in more rural locations around the state. PRSS stakeholders continue to express concern about securing employment beyond the training. Many of the participants are unemployed or employed in other fields and have a desire to utilize their training and credentials in the mental health field. Participants in the PRSS training are also introduced to principles of the Wellness Recovery Action Plan (WRAP), and other recovery management models. Initial training sessions began in March of 2009, and to date over five hundred (500) credentialed Peer Recovery Support Specialists are trained to work as peer mentors to persons receiving mental health and substance abuse services.

Additional training sessions are scheduled as follows:

- April 4-8 in Oklahoma City
- May 2-6 in Oklahoma City
- June 13-17 in Tulsa
- July 11-15 Oklahoma City
- August (tentative for Tulsa).
- Sept. 19-23 Oklahoma City
- October 17-21 Oklahoma City

The same Peer Recovery Support Specialist training curriculum has been modified to assist inmates with the development of skills necessary to successfully manage their mental health, and substance abuse issues; support others with similar issues, and continue in this role as they transition back into the community. Support group sessions to identify candidates began in early December, 2009 at four Department of Corrections' facilities: Jess Dunn Correctional Center in Taft, Mabel Bassett Correctional Center in McLoud, Joseph Harp Correctional Center in Lexington, and Hillside Community Corrections Center in Oklahoma City. Twenty-seven (27) inmates tested in the summer of 2010 and successfully obtained their credentialing as PRSS and became providers of peer services within their respective facilities.

Recent legislation has approved ODMHSAS as the certifying body for the recovery support professionals. Draft rules were circulated for comment and the ODMHSAS governing Board approved the rules in early 2011. Staff from the Mental Health Recovery Division will continue reviewing the curriculum and host the certification process of peer recovery support in Oklahoma.

- The Systems of Care (SOC) program model continues, with the intent of enhancing the skills of children and families to direct their own care. Nine (9) new counties became SOC communities, and began programming in late summer, 2010. The counties are: Pawnee, Johnston, Pontotoc, Sequoyah, Adair, Wagoner, Jackson, Harper, and Bryan. SOC communities now deliver programs within 53 of the 77 counties in Oklahoma.
- Staff from the Sanctuary Institute provided training at Griffin Memorial Hospital in September 2010. Oklahoma currently has two certified Sanctuary sites, Children's

Recovery Center in Norman and Rose Rock Recovery Center in Vinita. Griffin Memorial Hospital in Norman has begun training and when complete will be the third Sanctuary certified inpatient unit in Oklahoma. Staff from Griffin attended the Sanctuary Network Conference at the end of the year as the next component of their implementation planning.

- Strength-based case management continues to provide training sessions with additional trainings in other metropolitan areas of the state. In 2010, Case Management Certification staff members increased training availability to allow additional training opportunities for the system to increase case management services. Monthly sessions were increased to 2 or 3 times monthly to assist all persons with an opportunity to enroll in trainings in a timely matter and accommodate increased requests for training., Attendance for recent months has been as follows:
 - October 2010- 85
 - November 2010- 54
 - January 2011– 31
 - February 2011 - 44

Strategy II B

Consumers, families and youth will receive training and supports to participate on governing and advisory boards.

- Consumer Networks and Leadership Development
 - Consumer leadership academies prepare consumers, family members and youth to be active participants in their own recovery, and foster transformation of the service system. Academies are designed and implemented by consumer advocacy agencies and other community partners. Following a Request for Proposal (RFP) in the fall of 2008, three advocacy agencies were awarded funding to develop and offer consumer leadership training in fifteen Oklahoma counties. The three agencies are the Evolution Foundation/Federation for Families, National Alliance for Mental Illness (NAMI), and People, Inc. These agencies began the first Consumer and Family Leadership Academy training sessions in February of 2009 and trained 409 people in fiscal years 2009 and 2010.
 - Regional consumer networks are being developed in four geographic regions of the state and in two major metropolitan areas, Tulsa and Oklahoma City, for a total of six regional networks. The network development is based on principles of the Key Leadership Institute (KLI) which trains mental health consumers to be community leaders and subject matter experts in mental healthcare advocacy. Consumer networks also provide a vehicle by which consumers can participate in state wide networking activities, and act as trainers and leaders to promote empowerment, leadership, organizational skill development, citizenship rights and

collective advocacy. KLI is based on the West Virginia Leadership Academy (WVLA) curriculum model.

- A strategic planning session with regional representation from across the state was held in August 2010 led by Dr. Kathy Muscari from the Consumer Organization and Networking Technical Assistance Center (CONTAC). Consumer advocates, recovery support specialists, and state agency representatives attended this meeting to develop a planning document to expand the regional network of consumers. The plan is for consumer leaders to convene community meetings to gain input from consumers about policies, programs, and other topics of interest. A follow up session occurred in November 2010 and March, 2011 to develop a strategic plan for activities in the coming years to further develop and sustain this network.

Strategy II C

Care provided will be individualized, recovery and resilience oriented, and clearly directed by those receiving services, including those receiving services in multiple settings or from multiple systems.

- The Development of Peer-Run Wellness Centers is designed to provide peer support services for consumers on a drop-in basis. Peer-Run Wellness Centers differ from psychosocial rehabilitation programs in that they are run by peers, and may also offer services that are non-clinical in nature. The types of services offered may be classes and activities with recreation and/or leisure themes that are developed for and by consumers as a part of developing a peer culture.

The Mental Health Association of Tulsa opened the Peer Run Drop-In center in November of 2010, with the name “Denver House”. The Center has received positive support from the Tulsa Community, and was featured in the Sunday edition of the local newspaper in March, 2011. Denver House staff report that immediately following the article, there was an influx of new participants.

Staff members report regular attendance of for the first months of the center. Attendance is as follows:

- November: 148
- December: 141
- January 214
- February: 258

Total participants (unduplicated) 761 YTD

The drop-in center is accessible by bus, car, or cab from the neighborhoods and/or shelters in which that the majority of the program participants live. The University Towers building and the Arkansas River walk/running area are great landmarks for people who are looking for the drop-in center. All five drop-in center employees are self identified consumers in keeping with the model for peer support service delivery.

Mental health and wellness are a primary focus for all drop-in center staff. In addition, four drop-in center employees are Certified Peer Recovery Support Specialists. While the Program Coordinator is not CPRSS trained, he is a Licensed Masters Social Worker in Oklahoma.

To target and recruit attendees, there have been presentations throughout Tulsa for a wide variety of providers and potential participants, along with posted flyers at various community mental health and social service organizations. There have been several “open house events” as well as other social gatherings at the drop-in center to attract participants. The publicized hours of operation for the drop-in center have generally been perceived positively by the community. Rules and code of conduct are presented weekly in community meetings, along with a wide array of groups, presentations and social events.

Staff members have identified measurement tools to track participant satisfaction and ongoing self-esteem ratings. The Center has already raised funds for the future sustainment of the drop-in center, and other forms of fundraising are being explored.

- Standards for consumer involvement have been defined, developed and disseminated by consumers to track data about levels and quality of consumer involvement both in treatment and in the service delivery system. Standards and an accompanying measurement tool have been developed, and will be tested at three levels: the individual level, the community level, and the state level. Current pilots of these standards are within rural and urban mental health and substance abuse provider agencies. Participating pilot sites have collected data regarding provider and individual consumer’s perception of the agency infrastructure and the level of consumer involvement in agency decision-making. Results will be presented to a consumer study group for further review.
- Clients began accessing “Common Ground”, a pilot program that develops a client-centered protocol for self-directed care and medication management utilizing web access. Staff training began in late September of 2009 at two (2) sites: Central Oklahoma Community Mental Health Center in Norman and Griffin Memorial Hospital, adult inpatient in Norman. The web based program was developed by Pat Deegan & Associates and became fully operational in June of 2010. Staff members at the sites provide tools that help consumers become more knowledgeable and proactive about managing their own care. Data concerning consumer use and satisfaction is being collected through surveys that are completed at each med clinic visit. Nearly eight hundred (800) consumers have logged onto the system that helps them prepare for medication clinics visits, inventory their own personal recovery resources, and assess their use of prescribed medication and its effectiveness. Consumer survey results show a very favorable view/experience with Common Ground. Clients that utilized the Common Ground Program report that they are positive about the concrete information regarding areas of their lives that require their attention. Additional information about “Common Ground” may be found at www.patdeegan.com.

Part of the original design for sustaining this project was to bill third party reimbursement RSS staff services. However, the remaining pilot site, COCMHC, has now found building a protocol for billing services to be a challenge due to demands on staff time and reductions of key staff in the decision support centers. COCMHC has determined that the project will not be easily sustainable for them without identifying a process for delivering a service with sufficient billing reimbursement capability to cover program staff salaries. DSS staff and Common Ground project staff met in early March to determine what valid measures will be obtainable from this pilot project.

Strategy II D

Services at residential care facilities may be expanded to include transitional supported housing with a recovery focus.

- An application process was developed to solicit residential care providers to help consumers transition from congregate care to community living settings. This project provides residential transition training and incentives to existing residential care facilities to promote and increase community tenure for consumers in independent supportive settings while minimizing the use of congregate care. Following training and technical assistance, three Oklahoma facilities identified residents who transitioned from residential care. The pilot sites are providing 90 days of transition support to the residents. Transformation funding was established to incentivize sites to acquire the skills and knowledge necessary for long-term success. Some of the residents who initially began transitioning from the residential care facilities in the spring of 2010 continue to meet their residency milestones and currently live independently in the local community

The residents who have successfully transitioned to the community, along with the two participating facilities who have transitioned residents to independent housing, have both received initial cash incentives as the residents continue to be successfully housed in the community. They both should be able to meet additional milestones between now and June 30, 2011, and have already reached the first milestone of 3-months (90 days) successful housing retention.

Goal III: Disparities in mental health services are eliminated.

Strategy III A

Access to mental health and substance abuse services and support for minorities and historically under-served individuals will be improved.

- A baseline of data regarding access to mental health and substance abuse services as sought by minorities and other historically underserved groups who seek publicly funded services will be collected over three specific time periods: 1) the period of time before award of the transformation grant; 2) the midpoint of the transformation grant; and 3) the conclusion of the grant cycle. This set of data will be gathered and analyzed to determine the impact of transformation activities and projects on the service delivery system and access patterns of the targeted groups.
- Other strategies are being implemented as a result of a needs assessment identifying impediments to serving people who speak Spanish as a first language. “CultureVision” is a web-accessible database of racial and ethnic information through an application designed to allow users to gain general information about various cultures, religions and special populations. This application is being provided to all ODMHSAS contracted provider organizations and area prevention resource centers (APRC) throughout Oklahoma. The intent is to offer provider staff a tool to assist in bridging the cultural gaps that frequently occur when the majority of staff are not familiar with other cultures. CultureVision provides easily accessible information about consumers of diverse cultural backgrounds. The data base provides information about over fifty (50) different cultural groups on topics such as communication, family patterns, nutrition, treatment protocols, and ethno-pharmacological issues.

Statewide training has been conducted to train staff in the use of the CultureVision tool system, and how to log-on to the information about various cultural groups. Culture Vision guides practitioners through steps that facilitate approaching patients in a culturally competent manner. The clinician can now be more informed about the client’s lifestyle based on culture. The program warns against the temptation to take the cultural information presented in CultureVision and apply it uniformly to every patient. It also asks that CultureVision users remain vigilant in observing and reporting personal reactions to what may seem as new or unfamiliar cultural practices. To date, nine hundred (900) people from the provider system have logged onto the web-based system.

- Regional Housing Facilitators (RHF) served three areas of the state: far northeast Oklahoma, the Tulsa metropolitan area, and the Oklahoma City metropolitan area. The facilitators explored funding opportunities for the development of additional housing units, along with processes and policies to address barriers to affordable housing and housing options for people with substance abuse and mental health issues. Major accomplishments have been the designation of two local non profits as Community Housing Development Organizations by the City of Tulsa which allows them to access

CDBG dollars to purchase multi-family housing units. DMH has requested that units be designated for persons with mental health issues. Funding for positions reduced to one FTE in FY11 funded by ODMHSAS. Also, OKC Housing staff is developing two OKC Metro Housing Resource lists- one for Youth, and one for Offenders that will be available by the end of March, 2011.

- Members of the Oklahoma Tribal State Relations Workgroup (OTSRW) are currently examining behavioral health processes that jointly impact state funded and tribal groups. In the last several months, the group has drafted principles for developing contracts and consultation policy with tribal groups that have sovereign status. The group has also developed a protocol that addresses outreach to and education for the behavioral health workforce on traditional healing practices. Training dates have been set for traditional healing seminars with Cheyenne and Arapahoe tribes in April and the Chickasaw tribe in May. Additional trainings are also scheduled for the fall of 2011. Training dates can be found on the ODMHSAS training calendar at www.odmhsas.org.

The Tribal workgroup continues plans to engage state level legal review of proposed contracting procedures and consultation policy. Tribal consultation policy as drafted by the Tribal State relations workgroup had been submitted to and approved by ODMHSAS legal staff. It has been sent to the ODMHSAS leadership team for further review and final approval.

- Funding was awarded in December 2009 to improve the coordination of services and develop stakeholder input from combat veterans and their families as veterans return to the Tulsa and Oklahoma City metropolitan areas. The Community Service Council of Tulsa (CSC) and The Mental Health Association of Central Oklahoma (MHACO) are meeting to jointly accomplish state level activities through the Veterans' Policy Academy. Both groups serve as a resource in their respective service areas to coordinate with the behavioral health system, to provide public education for veterans and their families, and to offer professional education about the unique behavioral health needs of returning service members. Both groups are jointly developing a Veterans and Family Resource Guide, and determining what is the best method of keeping the guide up to date. Both agencies have also completed a Needs Assessment that provides demographic information about Veterans in the state. Dr. Elana Newman and Jacob Finn of Tulsa University also presented their preliminary needs assessment findings at the International Society of Traumatic Stress annual conference in Canada.

The Central Oklahoma Initiative sponsored a fall summit which addressed issues that impact veterans who are part of the higher education community. The metropolitan Tulsa group has engaged the Veterans Administration Medical Center Director to solidify collaboration between the larger community and Veterans' programs.

"The Silent Wounds of War" two-day Conference involved numerous state level partners as sponsors, along with Mid-America Addiction Technology transfer Center

(ATTC) who also provided conference scholarships. Several Tulsa area private providers also served as partners including, Brookhaven Hospital, Oklahoma Neurospecialty, Brain Injury Association of Oklahoma, and Hillcrest Medical Center. Outreach to the Tulsa faith community for the conference included trainings opportunities and a book co-authored by Chaplain John Sippola for clergy and lay leaders to help manage issues presented by OEF/OIF returning members.

“Break the Silence” was a Suicide prevention run to benefit veterans, their families and service providers. CSC completed project goals in December, and will sustain veterans work through the Vets Initiative Advisory Board in the greater Tulsa metropolitan area. CSC is also supporting a newly established Peer Advisory Council (PAC). MHACO will sustain the veteran’s initiative through private donations to the Association.

- The Mental Health and Aging Coalition (OMHAC) is developing opportunities for education, screening, and advocacy in areas that impact senior mental health and substance abuse. This includes web access to educational materials and resources, notification of relevant legislation and potential policy changes, expansion of the senior mental health network, and expansion and sustainability of the coalition and its activities. ODMHSAS leads a team of agencies that serve to sustain the important work of OMHAC after TSIG funding is no longer available. Several agencies have volunteered to host important components of the Coalition work. For more information on the Oklahoma Mental Health and Aging Coalition go to www.omhac.org.

Strategy IIIB

The behavioral health workforce’s cultural competencies will improve.

- The Governor’s Transformation Advisory Board Member (GTAB) representatives and other community partners have developed a Cultural Competency Learning Collaborative that provides a platform for a statewide learning community to promote best practices in providing and sustaining culturally competent and consumer driven care for all Oklahomans. The Innovation Center is supporting the development of a sustainability plan for GTAB and other partner agencies to continue Cultural Competency training and related support.
- Participating state level agencies, including GTAB agencies, had the opportunity to participate in cultural competency training sessions. The training was provided by the National Multicultural Institute (NMCI) and contained the principles of Substance Abuse and Mental Health Services Administration (SAMHSA)’s standards for Cultural and Linguistically Appropriate Services (CLAS). Increased collaboration and partnering between state agencies and tribal agencies will enhance access care for tribal members seeking mental health and substance abuse services. The statewide Cultural Competency Learning Collaborative (Oklahoma Partners in Diversity – OPID) continues to meet and identify cultural competency learning opportunities, support agency strategic plans, and related policy.
- Multi-agency learning collaborative meets monthly (Oklahoma Partners in Diversity). Total of 77 statewide trainers within 23 agencies in Oklahoma. ODMHSAS

Coordinator for Advancing Cultural Competency is the host agency for sustaining this initiative.

Goal IV: Early screening, assessment, and referral to substance abuse treatment and mental health services are common practice.

Strategy IVA

Behavioral health screenings for children in non-behavioral health settings will increase.

- Screening initiatives are underway to enhance the capacity of primary care settings to provide developmental and social/emotional screenings for children as a routine part of their physical health service delivery. Screenings are available for children at sites such as day care centers, for youth entering the Office of Juvenile Affairs (OJA) custody, and within primary care settings. Over two hundred (200) screening consultations take place routinely each quarter at licensed day care facilities. Consultation to primary care physicians' offices treating young children is being conducted through Oklahoma State Department of Health, Child Guidance Division.
- A state level Infant and Early Childhood Coordinator, located at the State Health Department, coordinates the delivery of evidence-based social, emotional, and developmental screening services for infants through early childhood. In 2009, the Infant & Early Childhood Coordinator led a statewide team of experts in the development of a Strategic Plan for Infant and Early Childhood services. The plan can be viewed on the Innovation Center website www.okinnovationcenter.org. Follow-up with key stakeholders will be routinely conducted to address the significance and progress of the statewide strategic plan.
- The Infant and Early Childhood Screening project responded to inquiries from physicians and their practices regarding infant and early childhood mental health. Physicians may request screening tools or obtain consultation about infant and early childhood social emotional and developmental issues. Physicians and other professionals are also able to access a webpage entitled "Depression after Pregnancy" with links to articles, screenings tools, and related information. Child Guidance Centers and the State Department of Health have staff members who are participating in related training to support screening sites that implement the screening protocols in their communities. For more information about the screening initiative go to www.ok.gov/health/ Child and Family Services/Child Guidance/Developmental Screening Initiative (DSI).

Strategy IVB

Behavioral health screenings for adults in non-behavioral health settings will increase.

- Numerous behavioral health screening initiatives are underway that are designed to enhance the capacity of primary care settings to provide behavioral health screenings and brief intervention for adults as a routine part of their service delivery. Screenings are

available through emergency rooms, Federally Qualified Health Centers (FQHC), Oklahoma State Health Department (OSDH) child guidance sites, and for mothers of infants receiving care at University Hospital's neo-natal intensive care unit (NICU). Each of these facilities has expanded their capacity with training for health practitioners to improve and increase behavioral health screenings through the provision of professional support.

The University Of Oklahoma Health Sciences Center Department Of Pediatrics is providing education for neo-natal intensive care unit (NICU) staff on depression along with depression screening and support for mothers who have infants in the NICU. In the general population the rate of post partum depression for mothers who have children with no intensive care needs is 25%. In December 2009, sixty percent (60%) of the NICU mothers had screenings that indicated they were at risk or positive for depression. A referral to community providers is part of the protocol that was developed to determine how to eliminate the obstacles for continued care for mothers upon returning home to their local community. The program plans to expand their screening protocol to three (3) other NICUs in Oklahoma.

The OUHSC Department of Pediatrics pilot ended in December of 2010. Post partum screening has been internally approved as part of routine protocol provided by nursing staff. NICU staff members are also working with OHCA to build a referral network. Focus in FY11 is to educate and train other NICU staff in the screening protocol and to publish an article on the study in a national journal. They have also partnered with the State Health Department Infant and Early Childhood Coordinator to pilot a screening project for mothers in WIC clinics.

An ODMHSAS prevention division staff member is now overseeing adult screening initiatives and developing primary care sites with physicians and other healthcare providers to conduct behavioral health screenings. Screening tools, training, and staff support have been provided as incentives for the participation of various primary care professionals. Screening for substance use began at Mercy Health Care Systems emergency room in Oklahoma City. Mercy staff members are now expanding the screening initiative to their community based clinics, and continuing the use of the SAMHSA endorsed Screening and Brief Intervention and Referral to Treatment (SBIRT) protocol. Staff are implementing at the four pilot sites underway within Mercy outpatient clinics. 1782 pre-screenings took place in the first quarter of the project (Oct- Dec 2010).

- SBIRT trainings have taken place with physicians and advance practice nursing staff at Mercy; with the Statewide Tribal Council, and at the OUHSC Trauma Center. Conversations are continuing concerning the development of a protocol for increased delivery and sustainability of SBIRT. Current projects are testing the ability to staff SBIRT screenings appropriately with providers, so that reimbursement for services can take place. For more information about SBIRT, go to www.sbirt.samhsa.gov. SBIRT providers may call a toll-free number 1-877-724-7865 for information.

Goal V: Excellent care is delivered and research is accelerated.

Strategy VA

A framework for science and service partnerships relating to mental health and substance abuse services will be established.

- Funding was awarded to experienced university researchers and students to examine practices that have implications for improvement of early intervention and prevention services and potentially reduce the time from research to practice. Researchers presented in May of 2010 at the “Science to Service” summit. Projects presented were as follows:
 - **Patricia Byrd** - "Interpersonal Trauma and Future Violent Behavior among Female Inmates: Substance Abuse and Psychopathology as Possible Mediators" - University of Tulsa
 - **Brenda Chappell** - "Examining a Relationship Between Domestic Abuse, Substance Abuse, and Mental Illness in Female Inmates" – University of Oklahoma
 - **Richard Bost, PhD. and Richard Wansley Ph.D.** - "Improving Diagnosis and Treatment of Mental and Addiction Disorders in Primary Care Medical Practices by Using a Protocol Involving a Screening Tool and Standardized Diagnostic Interview" - Oklahoma State University Center for Health Sciences
 - **Andrew Cherry, PhD.** - "Evaluation of the AC-OK Co-Occurring Disorder Screen in a Primary Care Practice Setting" - University of Oklahoma School Of Social Work—Tulsa

- An interagency care coordination team features staff members from several state level and advocacy agencies who monitor and provide resource information to families, children and consumers who have a high propensity for utilizing mental health and substances services at the most costly and complex level of the treatment continuum. The goal of the care coordination team is to identify and intervene to decrease the need for high level care, and increase each consumer’s tenure in the community.

A study is underway to measure the effectiveness of care coordination with families currently enrolled in the study. Data has been gathered regarding a range of measures, including numbers of outpatient claims, inpatient medical claims and behavioral health claims. The study also includes eligibility dates and custody status, number of care management service hours, and self-reported data from interviews using various instruments. OU's E-team is currently completing the analysis and will present the information to the GTAB. Care management staff has been embedded within the OHCA Care Management unit. Medical and behavioral health care management staff are integrated to provide a seamless continuum of care for members.

A lifespan approach to care coordination is also being utilized to coordinate care for frequent users of adult behavioral health services. Target populations include transition age youth (age 18- 24) and older adults. Overall, preliminary review of data indicates that collaboration for service delivery across disciplines may indeed cause a shift toward reducing the amount of time needed in treatment. Should this be the case, a model care coordination protocol for staff training will be developed following the final report to be published in the spring of 2011. Overall results of the study will be used to guide planning for sustainability of the care coordination project.

Strategy VB

Training for the Behavioral Health workforce within multiple systems will be conducted to enhance the skills of the current behavioral health workforce.

- The Beck Institute for Cognitive Therapy and Research provided cognitive behavioral therapy techniques and training to equip Oklahoma trainers to sustain this evidence-based practice beyond the life of the grant. To date, nearly three hundred (300) clinicians and direct care staff, licensed and unlicensed, attended training sessions on Cognitive Behavioral Therapy techniques that began in the fall of 2009 and was conducted quarterly during fiscal year 2010. A protocol has been developed to provide extramural supervision for licensed personnel during FY11 who will provide support, ongoing training and education for non-licensed practitioners. For more information about the Beck Institute for Cognitive Therapy and Research, go to www.beckinstitute.org.
- A steering committee has been created for ongoing trainer support. The Steering Committee will be facilitated by ODMHSAS Mental Health Recovery Division. 311 non-licensed staff were trained in the fall of 2010. Licensed staff will provide ongoing training and supervision to both licensed and un-licensed staff throughout FY11. Training sessions scheduled for March and May of 2011 will allow training for up to 90 non-therapist professionals.
- Department of Corrections (DOC) staff members have implemented a curriculum designed to reduce use of force in managing incidents involving persons diagnosed with mental health and substance abuse issues in correctional facilities. Initial training for probation and parole officers began in September of 2009, and training for corrections facilities staff began in October 2009. The training, entitled "Correctional Conflict Resolution Training (CCRT)", borrows from principles used by law enforcement's Community Intervention Training (CIT).
- DOC and ODMHSAS staff members were part of a live broadcast introducing the larger corrections community to CCRT principles. The broadcast, entitled "Crisis Intervention Teams: An Effective Response to Mental Illness in Corrections." took place in July, 2010 and involved an audience of corrections professionals across the country.
- Data was collected about the direct impact of CCRT and the potential for defusing or reducing incidents involving violence. The data examines the number of incidents as reported by correctional officers at facilities and with probation and parole officers.

- The data indicates a reduction of misconducts comparing one quarter before training and one quarter after training in facilities where officers were trained in the CCRT model. There was also a slight reduction in the number of revocations for persons on parole who had probation officers trained in the CCRT model.
- Training for probation and parole and correctional officers continues in FY11, along with training sessions set for wardens and prison administrators in March and April. Previous training sessions (October 2010) were for East and West (Oklahoma) Hostage Negotiation Team-15 staff members.
- Department of Corrections (DOC) staff members are also partnering with the Center for Health Sciences at Oklahoma State University and the Oklahoma Department of Mental Health and Substance Abuse Services to oversee a DOC internship/recruitment project which has developed and improved higher education curriculum and its preparation of students obtaining advanced degrees in mental health. As of the Fall 2010 semester, eight (8) university programs and eleven (11) interns are participating in this project seven (7) DOC sites now include Joseph Crabtree at Helena (Alfalfa County) DOC administrative and clinical staff members are also identifying a set of key competencies for the DOC environment.
 - Oklahoma City University- Applied Behavioral Studies
 - Oklahoma State University- Clinical Psychology and Counseling Psychology
 - University of Oklahoma- Counseling Psychology and School of Social Work
 - Oklahoma State University- Tulsa- Center for Health Sciences
 - Tulsa University – Clinical Psychology
 - Northwestern Oklahoma State University- Counseling Psychology

Oklahoma State University Center for Health Sciences (at Tulsa) hosts the project, which develops internships at DOC facilities, provides focused student and faculty training, and fosters short-term research opportunities for students currently enrolled in graduate level mental health and substance abuse coursework and/or related curriculum.. For more information on the Correctional Mental Health Services Workforce Development project go to www.okcmh.org.

- The Department of Correction's partnership with the state's largest universities also sponsored a series of seminars that inform about mental health issues that impact the corrections field. The seminars and presenters held during the 2009-1010 school years were:
 - **Clinical Supervision in Correctional Mental Health Services**
Seminar Leadership & Instruction by Cal D. Stoltenberg, PhD, University of Oklahoma; also featuring Robert J. Powitzky, PhD, Oklahoma Department of Corrections.
 - **Female Offenders: Pathways to Crime**

Seminar Leadership & Instruction by Melanie Spector, EdD, LPC, LADC, OK Department of Corrections- Medical Services; also featuring Theresa Hernandez.

- **Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM)**

Seminar Leadership & Instruction by Merrill Rotter, M.D., Albert Einstein College of Medicine, Bronx Psychiatric Center.

Total attendance for all seminars was nearly three hundred (300) mental health professionals.

- The Workforce Development study conducted by the Advocates for Human Potential has recently been completed in draft form. A meeting of the Workforce Study Team was conducted in September 2010 to review the final draft document and accept recommendations. This study was conducted surveying all of the behavioral health providers who contract with or are operated by the GTAB state agencies. The study provides information about rates of recruitment, retention, and turnover; examines adult peer representation in the behavioral health workforce, and describes current workforce shortages and projections of key vacancy rates. The industry reports have been compiled and the final workforce summaries have been drafted. A draft of the report can be viewed at www.okinnovationcenter.org.
- Other Evaluation projects are completing data collection and analysis. These reports relate to studies in the areas of policy changes within GTAB state agencies that impact transformation principles; Illness Management & Recovery study, a resiliency study that focuses on the impact of care coordination on youth and their families; professional survey of licensed behavioral health staff's familiarity of and use of evidence-based practices and future training needs; review of telehealth usage by state-affiliated agencies and its impact on service enhancement; consumer employment at ODMHSAS; statewide consumer leadership academies, and statewide consumer involvement standards development. A presentation on standards development in Oklahoma was provided at the Transformation Health Care Summit in February, 2011.
- The Oklahoma Association of Chiefs of Police (OACP) hosted a one-day conference in the summer of 2010 to enhance the skills of local law enforcement in the areas of criminal justice and mental health. The OACP discussed following up the conference to disseminate strategies that provide local communities with resources to enhance local law enforcement's capacity to respond to mental health issues.

Goal VI: Technology is used to access care and information.

Strategy VI A

Access and coordination of care will improve through the use of tele-health and technology.

Technology and supporting policy changes have been implemented throughout the state's mental health services system to provide tele-health services including, but not limited to: individual therapy sessions, medication clinic services, and other supports to treatment. Telehealth units have been placed in mental health facilities and substance abuse facilities contracting with ODMHSAS. All facilities who become members of the tele-health network will contribute through network user fees to sustain the statewide telehealth network post TSIG. The system had 1520 new users as of February 2011.

- The ODMHSAS telehealth network has produced significant, tangible benefits for the state, especially since more than half of the individuals ODMHSAS serves are in rural locations. There are now 139 endpoints throughout the statewide telehealth network, and the program is currently serving more than 8,000 consumers annually. This accounts for nearly 25,000 clinical sessions. It is estimated that cost savings from the program has already exceeded the total cost to build the infrastructure.

Substance Abuse Recovery services began tele-health site expansion in early 2011 and eight (8) new sites have been added, with several more to be added in the spring of 2011. Expansion sites include:

- 12&12, Tulsa -Tulsa County
 - OK Families First, Norman- Cleveland County
 - Counseling Centers of Southeast Oklahoma/ Camelot, Antlers- Pushmataha County,
 - The Oaks Kibois, McAlester- Pittsburg County; ,Eufaula- McIntosh County; Poteau-LeFlore County; Stigler- Haskell County; Wilburton- Latimer County
 - Gateway to Prevention & Recovery – Shawnee
- Tele-health capability is being expanded to provide a similar level of access to other organizations and agencies. Additional telehealth capability to rural sites will support emergency detention hearings, increase access to families for children in group home settings, increase access for veterans through a partnership with the Veterans Administration (VA) to provide educational opportunities, and to improve the overall capacity for mental health services in remote areas of the state.
 - The Oklahoma Tele-health system was nominated for the 2010 Oklahoma Distance Learning Association award for "Innovative Use of New Technology within the last 24 months".