

OKLAHOMA'S COMPREHENSIVE PLAN: IMPLEMENTATION SUMMARY



September 2010

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 and preliminary results indicate a positive shift in participants' attitudes toward mental health and substance abuse, following campaign implementation. The project, called "Community Champions Initiative", is an awareness campaign created to address misunderstandings and misinformation about mental health and addictive disorders. Educational materials and support are provided at no-cost to the participating agencies. Nonprofit organizations, civic/social groups, and businesses who become partners 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 including the Oklahoma City Red Hawks baseball team.
 - During the 2010 season, the Red Hawks' organization joined the Community Champions Initiative and has designated an ODMHSAS- smoke free and alcohol free ticketed section during home games at the Bricktown Ballpark. After the season, the Redhawks will be participating in the awareness campaign for their employees and receiving educational materials, information and support about addictions and mental health. The Oklahoma Redhawks embody the spirit and enthusiasm shared by Oklahomans who love baseball, and acknowledge that recovery is a reality.
 - 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 to launch later in 2010. The anti-stigma campaign RFP was awarded to Jordan and Associates, an experienced organization that is able to develop successful social marketing media and promote the idea of recovery as a reality.
 - Mental Health First Aid (MHFA) training of trainers' sessions have taken place in July of 2009, February 2010, along with a spring 2010 final planning session to assist trainers with marketing and developing resources within their local community resources. There are now forty-six (46) 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.

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 now includes suicide prevention planning and training across the lifespan. The expansion of the Council is supported by legislation that went into effect in November of 2008 to create the Oklahoma Suicide Prevention Council. All state level suicide prevention, screening and related activities will be coordinated through the Council, as named in the enabling legislation. Most recently, the Suicide Prevention Council endorsed training for and dissemination of Suicide Prevention Community Toolkits and training.
- 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. Nearly three thousand (3000) Oklahomans have been trained, including first responders such as 911 dispatchers and police officers. Recent training sessions also included a range of community members, including representatives from Native American communities, faith-based organizations, and local school districts.
- 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 announced on July 19, 2010. Successful submissions will be programs that can accomplish the following goals at a statewide level:
 - Reduce the rate of suicide deaths among youth age 10-24;
 - Reduce the number of suicide attempts among youth age 10-24;
 - Increase help-seeking behaviors among youth age 10-24; and
 - Improve community infrastructure that will support the implementation of gatekeeper training and screening services.
- 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.

- The trauma-informed capacity of existing programs has been enhanced through staff training for caregivers and administrators who have the opportunity to participate in Systematic Training to Assist in Recovery from Trauma (START) trainings. Other evidenced-based program models are as follows:
 - 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 next meeting is set for November, 2010. A Change Leader Academy, a training designed to help participants implement change, will be conducted in September 2010.
 - The Positive Behavioral Intervention Strategies (PBIS) model ended the 2009-2010 school year with 9 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 goal of PBIS is to expand to 60 sites across the state. Current sites are as follows:
 - Cohort 1 implemented in the Fall of 2008, 7 sites,
 - Cohort 2 implemented in Fall of 2009, 20 sites,
 - Cohort 3 implementation began in Spring 2010 and is in progress, anticipated 9 sites
 - Cohort 4 (tentative) will begin in FY11 and anticipated to add 8 sites.
 - Peer Recovery Support Specialist training sessions continue, and are being hosted in more rural locations around the state. An additional thirty-one (31) PRSS have been trained in the community PRSS model. 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/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 four hundred (400) credentialed Peer Recovery Support Specialists are trained to work as peer mentors to persons receiving mental health and substance abuse services.
 - 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. 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 are now being circulated for public comment. Staff from the Mental Health Recovery Division will continue reviewing the curriculum and related continuing education requirements for this certification.
- The Systems of Care (SOC) program model continues, with the intent of enhancing the skills of direct care staff in the areas of providing culturally competent, recovery focused, consumer driven, and trauma informed services. 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 to 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 for staff there, and when training is complete will be the third Sanctuary certified inpatient unit in Oklahoma.
- 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 persons impacted by the 2010 rule changes. This was to assist all persons with an opportunity to enroll in trainings in a timely matter and accommodate increased requests for training. Monthly sessions were increased to 2-3 times monthly, with total attendance ranging from sixty to seventy professionals.
- All currently funded programs- START, NIATx, PBIS, SOC, PRSS, WRAP and the number of case managers trained in strengths-based, trauma-informed care, continue 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.

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 will occur in November 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. Because previous Requests for Proposals (RFP) were not awarded, another RFP was announced and closed in early July, 2010. The review process has taken place, and the RFP has been awarded to the Mental Health Association of Tulsa. The qualifying agency has expressed the intent of implementing the program in the fall of 2010.

- 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 standards are within rural and urban provider agencies. Pilot sites collected data regarding provider and individual consumer's perception of the infrastructure.
- 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. Additional information about "Common Ground" may be found at www.patdeegan.com.

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 and 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 are now in the initial transition phase. The pilot sites are providing 90 days of transition to permanent supported housing. Transformation funding was established to incentivize sites to acquire the skills and knowledge necessary for long-term success. The residents who initially transitioned from the residential care facilities in the spring of 2010 continue to reside independently in the local community.

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 summary 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 difference gaps that frequently occur in the behavioral health field. CultureVision provides easily accessible information about consumers of diverse cultural backgrounds. The data base provides information about forty seven (47) different cultural groups on topics such as communication, family patterns, nutrition, treatment protocols, and ethno-pharmacological issues. For more information about CultureVision go to www.crculturevision.com.
 - 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.
- Members of the Oklahoma Tribal State Relations Workgroup (OTSRW) are currently examining processes that jointly impact state funded and tribal groups. In the last several months, the group has drafted principles for developing contracts 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. A cross cultural learning collaborative sponsored event is planned to begin in the fall as an educational series.
- 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. MHACO is developing a Veterans & Family Resource Guide, which should be finalized in late September. Both agencies are completing a Needs Assessment that catalogs existing services and resources. The Needs Assessment will inform and recommend service needs that are unique to returning veterans and their families.

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 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. Current activities include the development of a host agency 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.

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 conducted to address the significance and progress of the statewide strategic plan.
- The Infant and Early Childhood Screening project has responded to inquiries from 161 physicians and their practices regarding infant and early childhood mental health. In their inquiries, physicians may request screening tools or obtain consultation about infant and early childhood mental health 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 \(DSI\)](http://www.ok.gov/health/Child%20and%20Family%20Services/Child%20Guidance/Developmental%20Screening%20Initiative%20(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 for each respective site.
- 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 being tested during this project to determine how to eliminate obstacles for continued care for mothers upon returning home or to their local community.

- Project staff will continue in FY11 to provide on-site support to mothers and connect the families with resources upon their return to the community. A large percentage of the mothers with infants in the NICU are from non-urban areas, or are outside the Oklahoma City metropolitan area, and split time between the NICU and their family homes. The NICU staff members at Children's Hospital have expressed the intent to provide "a compassionate healing experience" for each family, and are reputed to have the highest level of neo-natal care in Oklahoma. NICU staff also provides linkage to mental health services for the infants and their families as they return to their local communities. The program also plans to expand their screening protocol to three (3) other NICUs in Oklahoma.
- 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 has taken place 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. 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 outcomes in May of 2010 at the "Science to Service" summit. Projects presented were as follows:
 - **Patricia Byrd** - "Interpersonal Trauma and Future Violent Behavioral 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. Follow-up is also being conducted to compare eligible families who participated in the study with eligible families who declined participation to measure their respective levels of care.
 - 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.
- 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). The CCRT

training will continue with probation and parole and prison staff throughout fiscal year 2011 and examine outcomes within those facilities.

- 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 is being 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.
- 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 will develop and improve higher education and its preparation of students obtaining advanced degrees in mental health. Participating universities and departments are:
 - Oklahoma City University- Applied Behavioral Studies;
 - Oklahoma State University- Clinical Psychology and Counseling Psychology;
 - University of Oklahoma- Counseling Psychology and School of Social Work,
 - University of Tulsa- Clinical 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. During fiscal year 2010, eight (8) students participated in the internships at DOC facilities. 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 year 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. The final report and recommendations will be presented to the Governor's Transformation Advisory Board (GTAB) in March 2011. 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 their 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 final report, and Statewide Consumer Involvement Standards development.
- The Oklahoma Association of Chiefs of Police (OACP) hosted a one-day conference to enhance the skills of local law enforcement in the areas of criminal justice and mental health. The OACP discussed follow 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 VIA

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 operated by ODMHSAS and a survey of substance abuse facilities is underway that assesses the capacity of providers to begin using tele-conferencing for service delivery is underway. All facilities who become members of the tele-health network will contribute to sustain the statewide telehealth network post TSIG.
- The ODMHSAS tele-health 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 131 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. The state's initial cost for infrastructure development and startup was little more than \$600,000. It is estimated that cost savings from the program have already exceeded this amount, and is providing a significant return on the original investment. Utilization of this technology is saving the state in excess of \$350,000 every quarter.

- 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.