

**BOARD OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES
Department of Mental Health
and Substance Abuse Services
Oklahoma City Oklahoma**

Board members present:

Courtney Knoblock, MPA, Chair
Kim Holland, APRN-CNP
Hossein Moini
Shannon O'Doherty
Kari Stomprud, M.Ed.
Carisa Wilsie, Ph.D.
Tayyaba Ali, M.D.
Gina Pazzaglia, Ph.D.
Craig Henderson, LCSW, MDIV

Others present:

Dewayne Moore, ODMHSAS
Rich Edwards, ODMHSAS
Kris Acree, OU Health
Tandi Dunkle, ODMHSAS
Joey Micky, ODMHSAS
Kimberly Cox, CRO
Seth McDevitt, Red Rock
Christina Green, ODMHSAS
Jo-Ann Richardson, Narconon
Nisha Wilson, ODMHSAS
Michael Lacy, CRO
Wendy Larsen-Bond, ODMHSAS
McKenna Perrin, Governor's Office
Jess Lewallen, ODMHSAS

Carrie Slatton-Hodges, Commissioner
Durand Crosby, ODMHSAS
Krystal Murer, OU Health
Carol Ladd, ODMHSAS
Kelli Reid, ODMHSAS
Shay Orange, Perceptions
Kelsie Shay, Red Rock
Cindy Perkins, McCoys
Todd Palmer, Inward Bound Health
Misty Capps, ODMHSAS
Dustin Robins, ODMHSAS
Lissa James, Grand Mental Health
Ryan Berry, ODMHSAS
Whitney Cipolla, Healthy Minds

CALL TO ORDER

Ms. O'Doherty called the meeting to order and stated that a quorum was present.

APPROVAL OF MINUTES OF THE June 29, 2023, BOARD MEETING

Mr. Moini moved to approve the June 29, 2023, minutes. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING APPROVAL OF PROGRAM CERTIFICATION RECOMMENDATIONS

Kelli Reid, Director of Provider Compliance and Assistance, presented the programs recommended for approval listed on Attachment A as follows:

Alcohol and Drug Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: CREOKS Mental Health Services, Inc., Eufaula [OP: Adol., Adult]; Oklahoma Integrated Care, P.L.C., Ardmore [OP: Adol., Adult]; and Tabor Behavioral Health, L.L.C., Ardmore [OP: Adol., Adult].

Dr. Pazzaglia moved to approve permit for temporary operation for the above-referenced programs. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

B. Certification with Special Distinction

Certification with special distinction was recommended for: Country Road Operations, L.L.C., Tecumseh [OP, Res, Co-Occ Res: Adult]; Deep Thoughts and Wellness Center, L.L.C., Del City and Spencer [OP: Adol., Adult]; Latino Community Development Agency, Inc., Oklahoma City [OP: Adol., Adult]; Marie Detty Youth & Family Services Center, Inc., Duncan [OP: Adol., Adult]; Osage Nation Counseling Center, Pawhuska [OP: Adol., Adult]; Valliant House, L.L.C., Konawa and Valliant [OP, Res, Co-Occ Res: Adult].

Ms. Stomprud moved to approve certification with special distinction for the above-referenced programs. Mr. Henderson seconded the motion.

Ms. O'Doherty recognized Country Road Operations, Deep Thoughts and Wellness Center, and Latino Community Development Agency. She said they were 100% compliant and will get a refund for their certification fees.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

C. Certification with Distinction

Certification with distinction was recommended for: Counseling Services, Miami [OP: Adult]; Quest MHSA, L.L.C., Antlers [OP: Adol., Adult]; The Sequoyah Group, L.L.C., Oklahoma City [OP: Adol., Adult].

Mr. Moini moved to approve certification with distinction for the above-referenced programs. Mr. Henderson seconded the motion.

Ms. O'Doherty stated Quest MHSA was 100% compliant and will receive a refund of their certification fees.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

D. Two-Year Certification

Two-year certification was recommended for: CREOKS Mental Health Services, Inc., Muskogee, Oklahoma City, Pawnee, Shawnee, and Stillwater [OP: Adol., Adult].

Ms. Stomprud moved to approve two-year certification for the above-referenced programs. Dr. Pazzaglia seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

E. One-Year-Certification

One-year certification was recommended for: CREOKS Mental Health Services, Inc., Tulsa [OP: Adult]; Narconon of Oklahoma, Inc., dba Narconon Arrowhead, Canadian [Res: Adult].

Ms. Stomprud moved to approve one-year certification for the above-referenced programs. Ms. Dr. Wilsie seconded the motion.

Ms. O'Doherty recognized CREOKS Mental Health Services for being 100% compliant and will receive a refund of their certification fees.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

Comprehensive Community Addiction Recovery Center Programs

A. Certification with Special Distinction

Certification with special distinction was recommended for: Grand Lake Mental Health Center, Inc., Grand Addiction Recovery Center, Tulsa [Res, Co-Occ Res, Halfway House, Medically Supervised Withdrawal Management: Adult].

Mr. Moini moved to approve certification with special distinction for the above-referenced programs. Ms. Stomprud seconded the motion.

Ms. O'Doherty recognized them for being 100% compliant as well and will get a refund of their certification fees.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

Opioid Substitution Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Southern Oklahoma Treatment Services, Inc., dba OK Behavioral Health Services, Anadarko.

Mr. Stomprud moved to approve permit for temporary operation for the above-referenced programs. Dr. Wilsie seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

Outpatient Mental Health Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Creoks Mental Health Services, Inc., Eufaula; Oklahoma Integrated Care, P.L.C., Ardmore; OU Medicine, Inc., Oklahoma City and Edmond; Premium Behavioral Health

Solutions, L.L.C. dba Vertical Behavioral Health, Tulsa; Tabor Behavioral Health, L.L.C., Ardmore; TESS Counseling, P.L.L.C., Edmond.

Ms. Stomprud moved to approve permit for temporary operation for the above-referenced programs. Dr. Pazzaglia seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Ms. Stomprud	Yes	Dr. Wilsie	Yes
Mr. Henderson	Yes		

B. Certification with Special Distinction

Certification with special distinction was recommended for: CREOKS Mental Health Services, Inc., McAlester, Pawnee, and Stillwater.

Ms. Stomprud moved to approve certification with special distinction for the above-referenced program. Ms. Holland seconded the motion.

Ms. O'Doherty recognized them for being 100% compliant.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

C. Certification with Distinction

Certification with distinction was recommended for: Abundant Life Today Services, L.L.C., Guthrie; Anchor Behavioral Health Consulting, L.L.C, Tulsa; Caring Hearts Professional Counseling Services, L.L.C., Tulsa; Inward Bound Health Solutions, L.L.C., Oklahoma City; LeQuita J. Joyce, Inc. dba Roland Family Counseling Center, Roland; Muskogee County Council of Youth Services, Inc., Muskogee; Perceptions Counseling and Consulting, L.L.C., Oklahoma City; Selby Counseling Solutions, L.L.C., Enid; Therapeutic Life Choices, Tulsa; Tri County Behavioral Health, L.L.C., Hugo.

Ms. Stomprud moved to approve certification with distinction for the above-referenced programs. Mr. Moini seconded the motion.

Ms. O'Doherty stated we have some more 100% compliant, Inward Bound Health Solutions, LeQuita J. Joyce, Inc. dba Roland Family Counseling Center, and Therapeutic Life Choices.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

D. Two-Year Certification

Two-year certification was recommended for: Grand Lake Mental Health Center, Inc., Grand Addiction and Recovery Center, Tulsa; Pinnacle Counseling Services, P.L.L.C., Del City.

Ms. Stomprud moved to approve two-year certification for the above-referenced program. Dr. Wilsie seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

Programs of Assertive Treatment

A. Certification with Special Distinction

Certification with special distinction was recommended for: Central Oklahoma Community Mental Health Center, Norman.

Ms. Stomprud moved to approve certification with special distinction for the above-referenced program. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

Community-Based Structured Crisis Center Programs

A. Certification with Special Distinction

Certification with special distinction was recommended for: Grand Lake Mental Health Center., Inc., Jay, Pryor, Stillwater, and Vinita.

Ms. Stomprud moved to approve certification with special distinction for the above-referenced programs. Mr. Moini seconded the motion.

Ms. O'Doherty congratulated Grand Lake MHC for being 100% compliant.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

B. Two-Year Certification

Two-year certification was recommended for: Central Oklahoma Community Mental Health Center, Norman.

Ms. Stomprud moved to approve two-year certification for the above-referenced programs. Dr. Wilsie seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

Community Mental Health Center Programs

A. Certification with Special Distinction

Certification with special distinction was recommended for: Grand Lake Mental Health Center, Inc., Afton, Bartlesville, Blackwell, Chouteau, Claremore, Cleveland, Grove, Jay, Kansas (OK), Miami, Nowata, Pawhuska, Perry, Ponca City, Pryor, Stillwater, Vinita, and West Siloam Springs.

Ms. Stomprud moved to approve certification with special distinction for the above-referenced program. Dr. Wilsie seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

Community Residential Mental Health Center Programs

A. Certification with Distinction

Certification with distinction was recommended for: Hav-Tap II, L.L.C. dba The Harbor, Oklahoma City and Miller's Residential Care, L.L.C., Miami.

Ms. Stomprud moved to approve certification with distinction for the above-referenced programs. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Mr. Moini	Yes
Dr. Pazzaglia	Yes	Ms. O'Doherty	Yes
Dr. Ali	Yes	Ms. Stomprud	Yes
Dr. Wilsie	Yes	Mr. Henderson	Yes

DISCUSSION REGARDING REPORT FROM COMMISSIONER SLATTON-HODGES

Commissioner Slatton-Hodges presented her report as follows:

Commissioner Slatton-Hodges gave her thanks for allowing her to join remotely today from Washington DC where she is participating in the National Council for Mental Wellbeing. She stated that she's starting meetings with legislators at the Capitol to plan for next fiscal year's budget. She stated she spoke at the grand opening for the Shawnee Crisis Unit and Urgent Recovery Center. She stated the Agency is continuing to work towards opening Crisis Units and Urgent Recovery Centers across the state.

Ms. O'Doherty thanked the Commissioner.

DISCUSSION REGARDING REPORT FROM ADMINISTRATIVE RULES COMMITTEE

Dr. Wilsie presented her report as follows:

The Administrative Rules Subcommittee met Tuesday, September 12, 2023.

Ms. Melissa Miller, our Senior Director of Behavioral Health and Policy Planning, presented the rules changes to Chapter 1, and this chapter is included in your Board book.

- These emergency rules are being promulgated in accordance with HB2175 regarding the Behavioral Health Workforce Development Fund, which has an effective date of November 1, 2023.
- The new language in Chapter 1 outlines the criteria and procedures for the disbursement of funds from the Behavioral Health Workforce Development Fund for student loan repayment and tuition assistance programs, including eligibility, application requirements, and procedures for payment.
- These emergency rules will go through the permanent rulemaking process in 2024, including a formal 30-day public comment period.

The Administrative Rules Subcommittee recommends that the Board accept the changes to Chapter 1.

Ms. Miller is available to answer any questions the Board may have.

CHAPTER 1: ADMINISTRATION

Ms. Miller stated these emergency rules are being promulgated in accordance with House Bill 2175 which modifies the Behavioral Health Workforce Development Fund with an effective date of November 1, 2023.

SUMMARY: The proposed rule revisions to Chapter 1, add new language to establish criteria, guidelines, and procedures for the disbursement of funds from the Behavioral Health Workforce Development Fund.

Ms. Knoblock thanked Ms. Miller.

Dr. Wilsie moved to approve Chapter 1 rule change. Dr. Pazzaglia seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION REGARDING THE REPORT FROM CORPORATE ACCOUNTABILITY SUBCOMMITTEE

Mr. Henderson gave the report for Corporate Accountability.

The Corporate Accountability Subcommittee met Wednesday, September 20th.

DISCUSSION AND POSSIBLE ACTION REGARDING THE INTERNAL AUDITOR'S REPORT

Dr. Crosby presented the Internal Audit report and updated the committee on the status of ongoing audits being conducted by the division. This is in your Board book.

There were no questions regarding the Internal Audit report.

Ms. Misty Capps is present and available to answer any questions regarding her report.

Mr. Henderson moved to approve the Internal Auditor's report. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING THE ADVOCATE GENERAL'S REPORT

Mr. Joey Mickey presented the Advocate General's report to the subcommittee and has updated the committee on the work being conducted by his division, and this is also in your Board book.

There were no questions regarding the Advocate General's report.

Mr. Mickey is present and available to answer any questions regarding his report.

Mr. Henderson moved to approve the Advocate General's report. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING THE INSPECTOR GENERAL'S REPORT

Mr. Dewayne Moore presented the Inspector General's report to the subcommittee. The Inspector General's report was reviewed by the subcommittee and is in your Board book.

There were a few questions regarding the Inspector General's report that Mr. Moore addressed.

Dr. Crosby is present and available to answer any questions regarding Mr. Moore's report.

Mr. Henderson moved to approve the Inspector General's report. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING THE LEGAL REPORT

Dr. Crosby presented the Legal report, and it is in your Board book.

There were a few questions for Dr. Crosby which he addressed. He is present and available to answer any questions regarding his report.

There were no questions regarding the Legal report.

Mr. Henderson moved to approve the Legal report. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION REGARDING THE REPORT FROM THE PERFORMANCE IMPROVEMENT COMMITTEE

Dr. Wilsie provided the Performance Improvement (PI) Committee report as follows:

The Performance Improvement Committee met on September 19th, via Zoom, and there were two presentations for our September meeting.

Jennifer Benefiel, Senior Director of Clinical Center of Excellence, presented on our Training Array and Access Enhancements.

A summary of the presentation is as follows:

The Training Array and Access Enhancements began implementation in June 2022. The goals of the enhancements were to develop a centralized resource for training to increase the use of evidence-based care, to improve consistency in the provision of clinical services across the behavioral health network, to ultimately improve client outcomes. The focus of the initial improvement efforts was assessing the current state of the Agency's training infrastructure;

developing a training needs assessment; and developing and implementing an enhanced training, planning, and delivery process.

The assessment phase included interviews with key personnel and stakeholders; a document review of current training schedules and processes; and review of training-related policy, contracts, and provider manuals. Key improvements that were implemented because of the initial assessment were the development and implementation of a 90-day training development and planning process, development of core Agency trainings, a replicable training needs assessment, and the migration to a new LMS system. Initial results of the improvement efforts include a new Agency course catalog that allows consumers and providers to access and enroll in training offerings 90 days in advance of training dates, a new user friendly LMS system, expanded conference offerings and early registration, expanded data driven training offerings, and implementation of a training QA process.

For our second presentation, Henry Hartsell, the Executive Director of Griffin Memorial Hospital, presented on GMH Performance Improvement Program for 2023.

A summary of their presentation is as follows:

Griffin Memorial Hospital (GMH) uses multidisciplinary committees to collect and analyze data and promote change in Environment of Care, Consumer Safety, Pharmacy and Therapeutics, Inspection Prevention, and other areas. The working committees provide regular reports to the Medical Staff Committee, Executive Management Team, and Governing Body. GMH's 2023 annual priorities include Workplace Violence Reduction, Culture of Safety, Medication Safety, and Suicide Prevention. Key efforts include:

- The Workplace Violence Reduction project is developing and disseminating training videos to improve staff readiness against violence.
- The Culture of Safety team is focusing on increased staffing levels at GMH. From 2022 to 2023, GMH experienced a reduction in its staff vacancy rate and an increase in the total numbers of staff in contract positions.
- The Medication Safety project in 2023 reports a downward trend in medication errors reaching consumers.
- The Suicide Prevention project conducts monthly inspections to remove environmental risks. Since 2022, GMH has installed ligature-resistant toilets for consumers and replaced over 5,000 screws with tamper-resistant hardware.

GMH is adjusting to make dramatic changes in lengths of stay. In September 2022, 32 consumers that had lengths of stay over 1 year including four with stays over 10 years. In September 2023, just one consumer had a stay of more than 1 year. Consumers with stays under three months increased by 50% from 2022 to

2023. Changes in the consumer population promoted three new process-improvement teams: Admissions, Benefits Eligibility, and Discharge. GMH is working with OCCIC and OCRU to improve the timeliness of transfers of consumers to GMH. In September, GMH implemented a Discharge Hospitality Center to serve consumers at discharge times. The work of the new process teams is ongoing.

DISCUSSION AND POSSIBLE ACTION REGARDING THE CRITICAL INCIDENTS REPORT

Dr. Durand Crosby reviewed the Critical Incidents report summaries and circumstances surrounding these events.

The Performance Improvement Subcommittee recommends that the Board accept the Critical Incidents report.

Dr. Wilsie moved to approve the Critical Incidents report. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION REGARDING THE REPORT FROM THE FINANCE COMMITTEE

Mr. Henderson stated that the Finance Committee met via Zoom September 20, 2023.

DISCUSSION AND POSSIBLE ACTION REGARDING THE FY-2023 MONTHLY FINANCIAL REPORT

Mr. Henderson stated on the FY-2023 finance report, Rich Edwards presented the finance report for the month ending August 2023. He presented the budget to actual comparison report as follows:

For FY-2023, revenue collections are trending below projections by 4.2% or 25.4 million, some underspending in federal grants led to lower than projected revenue. Expenditures are trending under budget by 4% or 23 million due to fiscal year close out process not yet being completed. The year-to-date net variance for the agency is -0.4% or 2.3 million.

The Finance Committee recommends approval of the FY-2023 August financial report.

Mr. Henderson moved to approve FY-2023 August financial report. Dr. Pazzaglia seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING FY-2023 BUDGET REVISIONS

Mr. Henderson continued to present report as follows:

As far as FY-2023 budget revisions, we did have a couple and Mr. Edwards presented revision #14 and 15 to the FY-2023 budget work program. Revision #14 added an additional 4,790,000 to the budget for some additional insurance billing collections from the state-operated facilities. Revision #15 reduced the budget by \$134,504,990. This revision included reductions to grant budgets to realign the budgets with their federal grant awards. The revision also removed the ARPA funds and Long-Range Capital Planning Commission Funds so they could be carried over into the next fiscal year.

Mr. Edwards is here if there are any questions in regards those revisions.

Ms. Knoblock asked if Mr. Edwards is tracking the ARPA and all the Long-Range Planning funds in a separate line item now.

Mr. Edwards answered yes, each fund is in their own separate division and because these capital funds is going to go into multiple fiscal years, the department must move those funds from fiscal year to fiscal year. He stated the department budgets the funds into multiple fiscal years at the same time, so they have to remove them from one fiscal year and then budget it into the next fiscal year.

Ms. Knoblock then asked if the department has drawn down all those funds from OMES.

Mr. Edwards answered yes, and they are all budgeted.

Ms. Knoblock then clarified that they still show up at OMES when OMES gives their report.

Mr. Edwards answered yes.

Mr. Henderson moved to approve FY-2023 budget revisions. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING FY-2024 MONTHLY FINANCIAL REPORT

Mr. Henderson continued to present report as follows:

Mr. Rich Edwards presented FY-2024 finance report for the month ending August 2023. He presented the budget to actual comparison report as follows:

The FY-2024 revenue collections are trending below projections by 0.6% or 3.5 million, some underspending in federal grants led to lower than projected revenues. Expenditures are trending under budget by 15% or 90 million due to a delay in setting up contracts for the new fiscal year. The year-to-date net variance for the agency is a positive 16% or 94 million.

Mr. Edwards is present for any questions.

Mr. Henderson moved to approve the FY-2024 August financial report. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING FY-2024 BUDGET REVISIONS

Mr. Henderson continued to present report as follows:

He stated there were also a couple of budget revisions for the FY-2024, and these were presented, #1 and 2, to the FY-2024 budget work program. Revision #1 added an additional \$126,089,377 to the budget to recognize revenue from additional insurance collections, new grant awards, and FY-2023 carryover from ARPA awards and LRCPC awards. Revision #2 added \$19,587,146 to the budget for newly awarded grant awards, newly awarded LRCPC projects, and the additional ARPA funds that were awarded for the new Oklahoma Psychiatric Care Center in Tulsa.

Mr. Moini asked if the additional \$126 million are because of the insurance.

Mr. Edwards answered no, they are not new dollars; they are just dollars that the Agency had carried over from the previous fiscal year and added to this year to the ARPA funds for the new Oklahoma City Hospital.

Ms. Knoblock asked Mr. Edwards for a quick update on the insurance funds.

Mr. Edwards stated the \$120 million was the ARPA fund; \$1.9 million was new grant awards; \$3.3 million was the Long-Range Capital Planning Commission projects; and then the \$180,000 was the insurance.

Mr. Henderson moved to approve FY-2024 budget revisions. Ms. Pazzaglia seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		

PRESENTATION

Ms. Nisha Wilson, Chief Clinical Officer for ODMHSAS, gave a presentation on the CCBHC model. She explained CCBHC stands for Certified Community Behavioral Health Clinic. The model was designed to provide a comprehensive range of services, including mental health and addiction services, not only to those most in need, but to the entire community. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their costs of expanding services to meet the needs of these complex populations. They are flexible to allow providers to design and build services based on the needs of their communities. CCBHCs are the safety net provider network for a community.

Highlights from Ms. Wilson's presentation include:

The key differences between a CCBHC and traditional care community mental health centers:

- Access to care: CCBHCs are required to serve everyone in the community and have significant increases in staffing.
- Wait time: CCBHCs are required to provide access to care within 10 days, but most CCBHCs can offer same-day access to care.
- Crisis services: CCBHCs are required to provide 24/7 crisis care, including mobile crisis teams.
- Medication-assisted treatment: It is a minimum requirement for the CCBHC to provide MAT, which is an evidence-based practice for individuals with opioid addiction and dramatically decreases the risk of overdose and death by overdose.

- Quality Measures: CCBHCs have standardized measures across providers and nationally.
- Require Evidence-Based Practices: Examples include Collaborative Assessment & Management of Suicidality (CAMS), Motivational Interviewing, and Trauma Focused CBT.

As of 2022, 13 CCBHCs are operating statewide. Interdisciplinary teams of clinical staff work together on treatment with clear roles, mutual trust, and open communication. The Prospective Payment System (PPS) model is specific to CCBHCs. Some of the outcomes from CCBHCs have been increases in clients served, growth in clinical staff, reductions in use of higher levels of care, and improved outcomes in outpatient care.

NEW BUSINESS

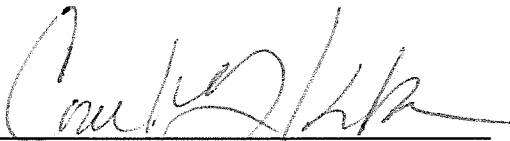
There was no new business discussed.

ADJOURNMENT


Mr. Moini moved to adjourn the meeting. Ms. O'Doherty seconded the motion.

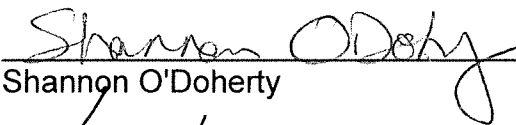
ROLL CALL VOTE


Ms. Holland	Yes	Dr. Ali	Yes
Ms. Knoblock	Yes	Ms. Stomprud	Yes
Mr. Moini	Yes	Dr. Wilsie	Yes
Dr. Pazzaglia	Yes	Mr. Henderson	Yes
Ms. O'Doherty	Yes		


 Courtney Latta Knoblock, MPA

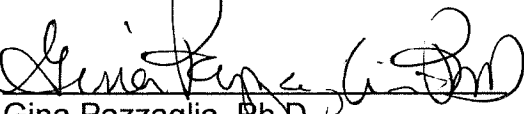

 Kim Holland, APRN-CNP

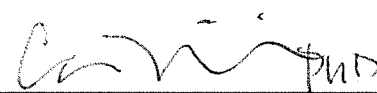

 Hossein Moini


 Shannon O'Doherty


 Tayyaba Ali, M.D.


 Kari Stomprud, MEd.


 Gina Pazzaglia, Ph.D.


 Carisa Wilsie, Ph.D.


 Craig Henderson, LCSW, MDIV

