The Oklahoma Academy

THE 2021 TOWN HALL

Findings Report & Key Recommendations

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

Tips on How to Successfully Talk with Your Legislator and Help the Oklahoma Academy Move Ideas Into Action

The stronger your relationship is with a legislator, the more the legislator will respect and listen to you. Advocating is all about building relationships. As a citizen, you hold a powerful position; you are a voting constituent who is aware and informed of the issues facing this great state.

- Remember that legislators are human beings. Share your story.
- Be positive. Always make your case without being critical of others' personalities or motives.
- Be respectful. Allow the legislator a chance to respond, listen carefully to their advice and don't interrupt.
- Be prepared to listen and speak. Give them an opportunity to voice their concerns and ask questions.
- Don't be intimidated.
- Be honest. If you don't know the answer to something, admit it and try to get the information later. Be credible, honest and trustworthy.
- Avoid party politics.
- Maintain a positive relationship.
- Find common ground. Build a bond, not a gap.
- Don't apologize. Never apologize for your position.
- Thank you notes.

Be sure to check The Oklahoma Academy website for the complete Library for information on all Town Hall Resource Documents, Issues Briefs and Full Reports. The link to the Library is https://okacademy.org/online-library/

Building Awareness, Developing Policies, Inspiring Oklahomans to Move Ideas Into Action!

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History of The Oklahoma Academy

Founded by Governor Henry Bellmon

Founded 1967 • Revitalization 1985 • Town Hall Process 2001

The Oklahoma Academy for State Goals was founded in 1967 by one of Oklahoma's greatest statesmen, Henry Louis Bellmon. As the first Republican Governor of Oklahoma, top officials, who were Democrats, surrounded Bellmon. In order to achieve a mark of success in office, Bellmon relied on factual information and rational decision making to work with both the state's lawmakers and the citizenry.

Henry Bellmon

As a politician, Bellmon believed in doing what was in the best interest of the public even if it cost him the next election. Still, he knew the people were an important part of the equation for a successful state. Not only did he seek to engage them in the development of public policy, he understood the connection between a sound quality of life for the citizens and the promise of a prosperous state. Dedicated to fiscal responsibility, Bellmon increased government efficiency and invested in critical government services.

Bellmon's humble upbringing in a farming family and his service in WWII cultivated an honest, thoughtful, nonconformist who valued education, collaboration, and integrity. His vision of The Oklahoma Academy was not unlike a farmer planting seeds in the spring in anticipation of a bountiful crop in the summer. To cultivate an informed, engaged citizenry, the people must first have an opportunity to study the issues and participate in the policy development process.

After his first term as governor, Bellmon knew there was a need for open, nonpartisan dialogue in the young state. He sought to create a public policy organization that was independent, nonpartisan, and inclusive. The purpose of which was to provide citizens the opportunity to participate in a truly democratic process designed to shape the future of Oklahoma. To this day, The Oklahoma Academy upholds Bellmon's vision and the organization's long-standing reputation as the state's premier citizen-based organization for nonpartisan public policy development.

From its inception in 1967, to its revitalization in 1985, to its adoption of the Town Hall process in 2001, The Oklahoma Academy has maintained its relevance in raising awareness and shaping public policy in Oklahoma. Despite its small staff and limited resources, The Oklahoma Academy generates and manages an impressive amount of public policy information, engages the citizens of Oklahoma in discussing and developing policy recommendations, and works ardently with the community leaders and policymakers to implement the resulting ideas through community and legislative action. To date, more than 77 pieces of legislation passed since the adoption of the Town Hall process in 2001.

In a time when politicians often hear only the keyboard warriors and dissenters, the work of The Oklahoma Academy is more important than ever. In this divisive political era, The Oklahoma Academy is dedicated to providing a safe, supportive forum where the art of listening, debating, and collaborating are not only valued but also protected. We've covered a wide range of topics, including education, small business development, government structure, crime, technology and the future, and the state's constitution. We've achieved many milestones and accomplishments, and thanks to citizens like you, we continue to grow in numbers, reach and influence.

It is our sincere hope that you will continue to support us in this endeavor to unite the public in working toward creating solutions for a stronger Oklahoma and its people.

Introductions

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS
2021Oklahoma Academy Town Hall

In 2021 The Oklahoma Academy for State Goals took on a big challenge for its annual Town Hall: Addressing Mental Health…Improving Mental Wellness. In November, 2021, over 125 Oklahomans met at the River Spirit Casino in Tulsa to spend three days discussing this important and difficult topic.

The participants represented a diverse group from professionals in the field of mental health to legislators to interested citizens. Having reviewed a 150 page resource document, the participants engaged in lively debate and made many findings about the mental health of Oklahomans and how we are doing in treating mental health issues. From these findings came various recommendations for improving how we deal with these vulnerable citizens from treatment to prevention.

This Town Hall Report describes the process these participants went through, much of the richness of their discussions and, finally, the specific findings and recommendations. This is offered for all policymakers in Oklahoma to consider where legislative or regulatory responses can appropriately address some of the concerns. Additionally, this is offered to all Oklahomans to both learn about the state of mental health issues in our state and to suggest to you some things that can be done outside the formal legal actions to deal with many of the problems of mental health facing our citizens, particularly children.

We hope that you will read this Report carefully and that you will choose to help The Academy to take action where needed. The Academy's tagline is "Moving ideas into action" and we will be working in the coming years to see the necessary actions taken as outlined in this Report.

Howard Barnett, Town Hall Chairman

About the Town Hall

The Oklahoma Academy defines leadership as the ability to get people moving in a single direction. One of the most effective ways of achieving that goal is utilizing a process like the Town Hall. The Town Hall incorporates all the elements of a successful consensus-driven process by emphasizing collaboration, cooperation, egalitarianism, inclusivity, and participation. Each must be in place to arrive at the destination improving the overall business climate and quality of life for Oklahoma. The Oklahoma Academy's Town Hall process is successful in implementing recommendations unlike any other because strong group relationships have been developed through the process that results in greater trust amongst the attendees. By "leading" a diverse group of Oklahomans through the Town Hall process, the Oklahoma Academy provides a value-added service unlike any other.

Priority Recommendations

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

2021Oklahoma Academy Town Hall **Priority Recommendations**

The Oklahoma Academy chose to address the issue of mental health and improving mental wellness in the 2021 Town Hall. A thorough research document was compiled by the Academy and distributed to the Town Hall participants in advance to allow them to read and help give them a comprehensive understanding of the issues at hand.

The Town Hall focused on four specific areas of mental health: children and youth, community response, state level engagement, and resource management. In addition, experts in the field of behavioral health policy, special populations, and state regulation were invited to provide information and insight during the plenary sessions.

The full report, drafted from the single consensus of all the Town Hall participants in the panel groups, gives insight into the attitudes and thoughts of the participants. From the full report (located on pages 18 through 42 of this document) the key recommendations and Town Hall findings report were constructed. The Town Hall participants advanced 30 recommendations for addressing mental health and improving mental wellness. Following the Town Hall, the participants were provided the list of the recommendations they developed and were asked to prioritize the recommendations indicating the top five recommendations they want The Oklahoma Academy to emphasize first in the 2022 year and to indicate what their first priority, second priority and so on would include. All of the consensus recommendations are published, but the primary emphasis during 2022 is placed on the priority recommendations selected by the Town Hall participants. The priority and key consensus recommendations on how Oklahoma should address mental health and improve mental wellness are as follows.

Consensus Town Hall Key Recommendations

Recommendation= Proposal as to the best course of action

(The recommendations are in bold print in each of the following areas. Page numbers refer to where the recommendation is found within the full report.)

Top Priority Recommendation

- Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). ACEs can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. Importantly however, ACEs can be prevented. There are five overarching strategies and approaches that research has identified as effective in preventing ACEs. While all strategies are important, **the Town Hall recommends strengthening economic supports for families as the most effective strategy for preventing ACEs. The Town Hall believes poverty and financial insecurity are the primary contributors to the prevalence of ACEs in Oklahoma. Strengthening the process of securing Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) benefits are a must for Oklahoma families. The Town Hall also supports family friendly policies and the programs of employers to better inform and educate the private sector about their role in preventing and mitigating ACEs (e.g., utilization of Employee Assistance Programs). Research shows that ensuring a strong start for children is one of the best ways to address early prevention and decrease the number of childhood adversities. If emphasized and funded, ensuring a strong start for children will eventually decrease the expense of all other mental health services. The Town Hall emphasizes the importance of community-based involvement and action as key to preventing ACEs.** Pages 22-23

Second Priority Recommendation

- **The Town Hall recommends implementing a multi-tiered system of support (MTSS) statewide as a way to prevent and/or reduce mental health issues in the K-12 system. To achieve this goal, school administrators at certain levels must receive training to attain the trauma-informed designation. Additionally, the Town Hall supports House Bill 1886. This proposed piece of legislation focuses on mental health education for K-12 students, a minimum competency requirement related to mental health training for school staff. Adopting HB 1886 would ensure our school personnel, inclusive of administration and support staff, are better prepared for student interactions. A firm minimum competency requirement related to mental health training for teachers and administrators would ensure our teaching workforce are better prepared for classroom interactions.** Access to the services offered by Certified Community Behavioral Health Centers, which offer a wide range of mental health and substance use disorder services, are an effective way to address these issues. Other examples of policy changes that would help prevent and reduce mental health issues in our K-12 system are as follows:
  - ◊ Reduce the ratio of students to school counselors in our K-12 system to at least the national average and add mental health counseling to the mix;
  - ◊ Fully fund Oklahoma State Department of Education's Oklahoma School Counselor Corps initiative;
  - ◊ Development of policies and programs, that are evidence-based, to reduce bullying in schools;
  - ◊ Every public, private, and home school be provided access to a mental health toolkit, covering every student in Oklahoma;
  - ◊ Support the State Department of Education's Counseling and School Based Mental Health Integration program;
  - ◊ Fund professional development and curriculum to ensure a school climate focused on mental wellness and social and emotional learning. Page 26

Third Priority Recommendation

- **The Town Hall recommends the greater utilization of technology, as well as the support for greater and expanded use of Drug Courts, Mental Health Courts, and other diversionary programs, to end the negative consequences of untreated mental illness that are intertwined in the criminal and civil justice systems of Oklahoma. This should include support for statewide mobile crisis response teams to be a part of the 988 crisis response system that will begin July 1, 2022. Including these teams as part of the crisis response system would further separate mental illness response and the civil and criminal justice system to "triage systems with iPads everywhere," and the concept of "therapeutic transport."** Other examples of policy changes that would help prevent and reduce mental health issues in our criminal justice system are as follows:
  - ◊ Implement a Crisis Assistance Helping Out On The Streets style program (*CAHOOTS is a mobile crisis-intervention program*), which fully replaces the traditional first responders;
  - ◊ Use technologies utilized by the Oklahoma Department of Mental Health and Substance Abuse Services in partnership with Community Mental Health Centers and Certified Community Behavioral Health Centers to create greater collaboration between the responding police officer and the mental health professional;
  - ◊ Create a Crisis Mental Health Center (in lieu of incarceration) with Urgent Recovery Centers, established by various entities, with enough centers to be located within 20 minutes of every Oklahoma community. Page 32

Fourth Priority Recommendation

- **The Town Hall recommends diversion programs, specialty courts, and alternative sentencing programs be utilized and expanded in Oklahoma. Tribal, municipal, and state services are overburdened in part because district attorneys, as the local gatekeepers, fail to use available services to the full capacity in programs such as drug, mental health, community sentencing, veterans, female diversion courts and other alternative sentencing programs.** A change to this process may remedy the issue by allowing other leaders in the criminal legal system, such as judges, public defenders, and defense attorneys, to also determine eligibility for alternative sentencing by using evidence-based screening tools. Pages 35-36

Fifth Priority Recommendation

- **The Town Hall recommends Crisis Intervention Training for all police officers as necessary, and included as a mandatory part of the Council on Law Enforcement Education and Training course, with local communities adding additional trainings.** This needed training for police officers is vital when dealing with mental illness, particularly in response to mental health emergencies. **The Town Hall believes there is a need to overcome the distrust between law enforcement and the mental health community as a way of expanding fundamental training of law enforcement.** Page 32

Key Recommendations

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

2021 Oklahoma Academy Town Hall **Consensus Recommendations**

CHILDREN & YOUTH

- To properly identify deficiencies in the availability and access to programs, the **Town Hall recommends the creation of a resource map and/or inventory of what services are available in various quantities and capacities across Oklahoma as being very useful. This index would assist in identifying where services overlap or are duplicated as well as identifying gaps. A statewide database, like parentPRO, also needs to be established. This database, or dashboard, must be advertised so the public is equipped with knowledge of the importance of mental health and prevention. Investment in data for the positive outcomes would provide the justification for further investing in evidence-based programs.** While many programs and data exist, there are communication barriers and trust issues that preclude the free exchange of useful information that continues to only provide pockets of success. We need to use the resources that we already have related to data collection more effectively and efficiently. The Dashboard, as a central repository for data sharing between agencies and non-profits and incentives, can be tied to outcome. Antiquated processes for data collection must be overhauled to better ensure this at the state level. Data transparency between the various statewide services is key – especially between heavy hitters in data like SSM Health and Integris Health. We must use data to make our decisions. Page 22

- There is great value to identifying trusted community members to be advocates for resources. **The Town Hall recommends the Oklahoma Department of Human Services partner with community groups to focus on high-risk families needing assistance and share collective messaging through those community touchpoints. Trust with these parents and families is key to success and is a long-term commitment for mentors so that those in need normalize asking for help and recognizing needs in a non-punitive environment**. Positive healthy relationships between children and adults are so important. Buy-in and trust must occur to overcome fear and pride. Start this with community events like fairs that associate services with normal life. **The Town Hall also recommends that Oklahoma Native American Tribes, American Indian organizations, and Indian Health Services (IHS) be considered a resource for generalized behavioral health best practices. They have long provided quality, comprehensive and cost-effective behavioral health care to their communities and play an important role in culturally appropriate positive mental health messaging.** A multidisciplinary team dedicated to behavioral health could help with a more robust and coordinated effort with higher outcomes for our great state. Oklahoma could consider a team model, including, but not limited to, tribal leadership, state agency heads, private sector and non-profit leadership, and community involvement including persons with lived experience for strategic planning for addressing mental health. To ensure that all voices are heard, leadership of this team's meetings must rotate. A "wrap around" campaign could bring together voices to share how important the first 1,000 days are utilizing Oklahoma Partnership for School Readiness (OPSR) clearing house (Oklahoma Clearing House for Early Childhood Success) to push evidence-based strategies. Page 22

- Care coordination is the result of effective collaboration. While recognizing that some level of coordination among systems currently exists in our state, **the Town Hall recommends coordinating systems throughout our state thereby requiring collaboration between state agencies and other mental health providers. Successful coordination among systems must involve changing Oklahoma from a history of repeated pilot programs to actual sustainability for specific and affordable programs. There are approximately 13 agencies that touch mental health, not including nonprofits, but central coordination has not been a priority.** Ultimately for the best care of our citizens, **the Town Hall recommends coordination between all parties to ensure silos are not an impediment to the provision of services.** Page 23-25

- Dialing 211 provides individuals and families in need with a shortcut through what can be a bewildering maze of health and human service agency phone numbers. **The Town Hall recommends the coordination of mental health and human services through the use of the 211 system which is important for information on social services for Oklahomans, and a crucial piece of the coordination of many agencies.** By simply dialing 211, those in need of assistance can be referred, and sometimes connected, to appropriate agencies and community organizations. Dialing 211 helps direct callers to services for, among others, the elderly, the disabled, those who do not speak English, those with a personal crisis, those with limited reading skills, and those who are new to their communities. Page 25

COMMUNITY RESPONSE

- Utilizing integrated care can reduce the stigma of seeking mental health care. Integrated care improves the knowledge and role of primary care workers who can then have experience in the mental health field and the ability to refer patients to the proper provider to address each individual's needs. This must be a gold-standard goal. Any advancement toward integrated care, including universal mental health screening and teleconsultation, is important. **To ensure opportunities for integrated care/consultation between primary care physicians and behavioral health providers, the Town Hall recommends a team-based holistic approach, such as a Collaborative Care model. The Collaborative Care Model, as one example, allows for bringing behavioral health to patients through their primary care physicians office and providing in-the-moment, on-site evidence-based care of mental health symptoms and/or health maintenance behaviors. It is a solution for rural Oklahoma as a model that can be performed in telehealth and teleconsultation. The Town Hall recommends the Collaborative Care Model be funded by Medicaid.** When you consider the shortage of workers in the mental health field, coordinated care becomes extremely important – especially with respect to psychiatry. Page 28

- Balancing the dis-equilibrium between the demand for mental health and substance use disorder services and the supply of qualified behavioral health professionals compels an examination of the billing and reimbursement practices and payer policies impacting behavioral health service access. A significant barrier to delivering care is that Licensed Certified Social Workers (LCSWs) are the only medical professionals in mental health care who can bill for Medicare and be reimbursed. Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT), for example, cannot currently bill for this. For integrated care to work, this should be addressed. **The Town Hall recommends licensed behavioral health professionals be reimbursed for procedures in behavioral health, especially when those services fall well within their expertise and scope of practice. Additionally, primary care consultation codes need to be turned on so primary care workers may be reimbursed for time spent treating patients rather than referring the patient to an outside provider. Oklahoma should increase incentives for licensed medical professionals to practice in Oklahoma to deliver the quality care we need to address the mental health needs of Oklahomans.** One example of how incentives could be used is by creating incentives specifically for rural areas of the state to pay-off or forgive student debt of mental health providers. Wait lists for care are a problem, and medical health providers have a major backlog. Medical health providers could work with graduate programs to mentor young professionals, so they know how to integrate and partner with primary care physicians. Page 28

- Mentally healthy children are more successful in school and life. Oklahoma schools over the years have evolved and have generated progress in responding to the children with behavioral and mental health challenges. **The Town Hall recommends Oklahoma continue the funding and training of on-site mental health professionals. The lack of sufficient staffing and divided time allocations for school counselors must also be addressed to continue the progress. The day-to-day tasks of a school counselor should not only involve administrative duties. It is imperative counselors are given more time to address the needs of children. The Town Hall also recommends the School Counselor Corps receive long-term funding for this permanent problem.** Page 31

- Whole-child wellness is a team effort. **The Town Hall recommends developing wellness teams in school systems to facilitate referrals and partner with community groups outside of the school to access the expertise and resources of the community groups. These types of community partnerships can build resiliency through embedded programs to increase belonging and support**. It is important to note that while partnering is good, there are challenges with respect to confidentiality of mental health records to consider. Parental consent to release records would be required under FERPA and HIPAA. Lack of trust could also be a barrier, as is lack of liability coverage, but the benefits that outside organizations could provide include soft skills, language services, haircuts, and job-related skills. Additional benefits from partnering with organizations would include helping parents with finding food assistance, credit counseling and other services to limit adverse childhood experiences. School leaders can build balanced relationships with the community to make sure individuals are entering schools for the right reason, and to maintain safe and secure learning environments. Page 31

STATE LEVEL ENGAGEMENT

- There is a pressing need for prevention of suicide in Oklahoma. Suicide is ravaging the state and nation, especially among Oklahomans between the ages of 18-24. **The Town Hall recommends Oklahoma strongly focus on data collection and sharing between private, public, and non-profit sectors. There is concern that the high suicide rate intersects with marijuana use, which could reflect self-treatment for underlying mental health issues such as depression and anxiety.** According to a National Institutes of Health study, "An analysis of survey data from more than 280,000 young adults ages 18-35 showed that cannabis (marijuana) use was associated with increased risks of thoughts of suicide (suicidal ideation), suicide plan, and suicide attempt." While COVID-19 may have exacerbated the problem, **the Town Hall recommends Oklahoma consider mentor and peer programs to prevent suicide among young Oklahomans.** Page 32

- One of the most pressing needs facing Oklahomans today is that individuals lack meaningful socialization and, due to the pandemic, have replaced human contact with screen-time including cell phones and social media. **The Town Hall recommends the Oklahoma Department of Mental Health and Substance Abuse Services focus on the impact digital addiction has on the brain health of Oklahomans. There is a need for prevention and intervention approaches that encourage individuals to have more control over their digital usage.** Digital addiction is a driver in mental health and has depressing tendencies leading to the need to address things like facial recognition and social cues that are missing. As dependency on technology increases, we need to make sure Oklahomans' lives do not unravel. An "Unplug Initiative" is an example of an action that would benefit the mental health and wellbeing of our people and inspire a healthy life/tech balance. The unplug initiative promotes a 24-hour respite from technology. The National Day of Unplugging, (sundown-to-sundown) is March 4-5, 2022. Page 33

- **The Town Hall recommends Oklahoma transition to a regional jail structure while appropriately retrofitting county jail buildings into mental health/wellness centers, where feasible, so they are geographically accessible. When constructing or retrofitting for regional jails, facilities must establish sight and sound separation for juveniles. These changes will safely reduce the size of our jail population and reduce our carceral footprint for those experiencing mental health and substance use conditions.** Page 33

- Insurance does not cover many mental health services in the same way that insurance covers physical health. In 2020, Oklahoma passed Senate Bill 1718, which directs the Oklahoma Department of Insurance be tasked with ensuring all in-state health plans comply with a 2008 federal law requiring parity. **The Town Hall recommends the enforcement of the 2008 federal law requiring parity be enhanced.** Currently, most employer sponsored insurance plans don't cover addiction treatment beyond 28 days, and there is a lack of network adequacy requirements. Preventative mental health treatment has additional barriers when compared to preventative physical treatment. Page 33

- One of the most pressing mental health issues in Oklahoma is addiction including: nicotine, alcohol, opioids (especially when it comes to fentanyl), and other substances. **The Town Hall recommends Oklahoma address the shortfalls in the state's response to the opioid crisis. This should be addressed by an overarching body with a bird's eye view of what gaps need to be filled. For one, Oklahoma has gaps in addiction disorder treatment facilities for children – the filling of these gaps would be a sound investment of resources.** Page 33

- **The Town Hall recommends state leaders be tasked with prioritizing early interventions, preventive measures, and more cost-effective treatment for mental health issues in Oklahoma. There must be greater involvement on the part of the business community (e.g., chambers of commerce) to play a larger role in the support of mental health services, since employee productivity is so closely tied to those services. There was also strong consensus among the panels that the state has a housing affordability problem, with one panel calling for more "low-barrier" housing options. It is imperative we expand Employee Assistance Programs (EAP) in the state, either through individual businesses or state government (Oklahoma offers an EAP through the ODMHSAS).** Page 33

- **The Town Hall recommends the Oklahoma Legislature work together to solve issues most pressing to the mental health of the state, including funding. There is a perception that there are many plans and/or reforms in the works, but nothing can get through the legislature. This inaction results in Oklahoma not helping the qualified individuals who are supposed to help our struggling citizens. The current funding for drug and alcohol centers is inadequate and in need of consideration. To comprehensively address issues affecting mental health, there must be leadership for the funding of existing programs to more appropriate levels.** An example of how the legislature could better fund services for mental health is as follows:
    - ◊ Set aside one percent of the annual state budget for "pay for success" block grants to be allocated by state agencies and awarded to non-profits/private entities to enhance successful mental health/brain health programs. It is noted that implementation should occur by August 2022 and would require a re-allocation of funding from an existing source of approximately $70 million, which is about 1% of the state's budget. There must not be a shift of existing dollars, and awarded groups should follow best practice models and be data-driven. Page 34

- There is a lack of stable and reliable funding for diversion programming in Oklahoma. This is a barrier to destigmatizing mental illness and addiction. **The Town Hall recommends that secure funding should be captured and reinvested from savings obtained by safely reducing incarceration rates. As long as evidence-based positive results are shown, successful diversion programs, such as "ReMerge" in Oklahoma County, "Run the Streets" in Bartlesville, and "Women in Recovery" in Tulsa County need to be replicated across the state.** Page 36

(ReMerge serves mothers of minor children who are facing non-violent felony charges in Oklahoma County. ReMerge is a four-phase program that first acts to stabilize moms and build a foundation for recovery. Another community diversion program is Bartlesville's "Run the Streets." Run the Streets mission is to challenge at-risk youth to experience the benefits of goal-setting, character development, adult mentoring and improved health by providing them with a truly life changing experience; the training for and competition of a half marathon.)

- **The Town Hall recommends Oklahoma support of treatment services in lieu of incarceration prior to trial and encourages the use of incarceration data collected at the county level to measure outcomes and compare more appropriately traditional incarceration to diversion rates in a direct manner. Better data collection enables more focus on outcomes and must be tempered with privacy laws and personal dignity of the offenders themselves.** Page 36

- **The Town Hall recommends Colorado's Support Team Assisted Response (STAR) program be replicated in Oklahoma. The STAR Program deploys Emergency Response Teams that include Emergency Medical Technicians and Behavioral Health Clinicians to engage individuals experiencing crises related to mental health issues, poverty, homelessness, and substance abuse. In Colorado, STAR has been wildly successful since implementation at not only avoiding law enforcement involvement, but in saving resources at the municipal, county, and state levels. The Town Hall endorses the Oklahoma Department of Mental Health and Substance Abuse Services investigate adapting a similar program in Oklahoma.** Page 36

- **The Town Hall recognizes the need for a robust, professionally run marketing campaign to stop the impacts of stigma in the mental health arena; and, therefore, recommends implementation of a comprehensive marketing and communications strategy to effectively destigmatize mental health prevalence and treatments in Oklahoma. This type of strategy would call for a statewide campaign effort —** "a significant and highly visible campaign;" "Break the Stigma;" "large, well-funded, and wide-spread"; a "wide-spread social media campaign; and a broader public relations campaign." Each individual Town Hall Panel suggested similar and unique elements to this campaign. Page 37

RESOURCE MANAGEMENT

- **The Town Hall recommends the adoption of reciprocal licensure as an important pathway for making access to the mental health profession in Oklahoma easier and faster. In doing this, we must ensure the different licensing boards for mental health professions in Oklahoma are more cooperative and streamlined. Interstate licensure is tied up in bureaucratic red tape, therefore the Town Hall recommends this be fixed through legislation and/or administrative rule changes.** Making certification for specialists easier increases the draw of specialists to our state as well. States should ensure integrity of the board of mental health to ensure professionals can be licensed. However, it is important to note that while the legislature has some controls in this area, the vast amount of control is with licensing boards and with other states to determine if they will accept our licensing. For example, licensing boards should consider creating a system to allow for reciprocity across the nation, similar to the Uniform Bar Exam recently adopted for attorneys by the Oklahoma Supreme Court. Page 38

- **The Town Hall recommends Oklahoma actively recruit mental health professionals. People are not entering the field of mental health at the rate we need, they are not staying in the state at the rate we need, and they are not locating in the rural areas at the rate we need.** A variety of ideas on how to recruit and retain mental health professionals in our state are suggested as follows:
  - ◊ Expansion of outcome-based payment models and Certified Community Behavioral Health Clinic models;
  - ◊ Increasing reimbursement rates;
  - ◊ Recruit child psychiatrists and psychologists with incentives; schools across the country are having a hard time filling positions;
  - ◊ Provide incentives to enter the field of mental health care;
  - ◊ Outcome-based payments;
  - ◊ Improving quality of life;
  - ◊ Create additional residency slots;
  - ◊ Create psychiatric residency programs and other post- doctoral programs;
  - ◊ Partner with foundations, Department of Commerce, and the legislature to collaborate on workforce incentives for recruitment and retention. Keep in mind that health care is a component of economic development;
  - ◊ Reach out to school-age youth to expose them to mental health professions;
  - ◊ Harness the momentum in STEM programs to recruit Oklahoma students into mental health professions;
  - ◊ Expand Individual Career Academic Plan (ICAP) to expose children to the different kinds of mental health professions from case management to psychiatry and provide candid information about the profession's requirements, pay, and realistic day-to-day duties. Pages 38-39

- **The Town Hall recommends utilizing a "collaborative care model" or a "co-location care" model to more efficiently meet Oklahoma's health care demands and individual patient needs. These models would include the provision of mental health, behavioral health, and substance use services in a primary care provider setting.** Given the supply-demand imbalances of mental health specialists, physical co-locations are problematic, however, this could be solved with exploration into the use of Advanced Practical Registered Nurses or even Physician Assistants to help remedy the workforce issue. There might be a technological solution to this problem. Regardless, to maximize the existing workforce of primary care providers while growing the number of mental health providers must be a goal for the State of Oklahoma. Page 38

- **The Town Hall recommends the state increase Medicaid reimbursement rates for mental health care. The state must also work to ensure parity with respect to reimbursements for mental health services to be the same as those for physical health providers. The current disparity seems to illustrate a lack of priority for mental health needs. The Town Hall recommends Oklahoma policymakers enforce existing parity laws with specific regulations to ensure insurance network adequacy, including requiring equitable access to in-network behavioral health specialty practitioners.** Practitioners are different than teachers because the legislature has direct control of funding for teachers, but mental health professionals' revenue comes from multiple sources which is why raising Medicaid reimbursement is so important. Page 40

Key Recommendations

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

2021 Oklahoma Academy Town Hall **Consensus Recommendations**

- **The Town Hall recommends all behavioral health professionals, including Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Behavioral Practitioners, Licensed Alcohol and Drug Counselors, etc., be reimbursed at a rate that is competitive with surrounding states for their profession.** Page 40

- To create healthier communities, and to better serve the needs of all Oklahomans, we must be sure to include the mental health treatment needs of all special populations --- races, ethnic groups, veterans, the homeless, rural residents/farmers, the aged/older adults, LGBTQ +, to name a few. To increase the awareness of racial and ethnic diversity, **the Town Hall recommends that to reduce the racial and ethnic barriers to the care so many Oklahomans need, it is important to implement training and workshops on (1) implicit bias, (2) diversity, equity, and inclusion, and (3) cultural awareness training. These training and workshop sessions should be run for all organizations --- the legislature, nonprofit and for-profit service providers, faith-based groups, and the business community/chambers of commerce. There are many entities that have skills and knowledge is this type of training. Organizations must be encouraged to reach out to them to provide this training.** Page 42

Town Hall Sponsors

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ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

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Town Hall Final Report

INTRODUCTION

In 2008, the Oklahoma Academy Town Hall first focused on behavioral health challenges through the lens of criminal justice. While Oklahoma has made incredible progress since that time, it is important to acknowledge that there is more to accomplish. As Commissioner Carrie Slatton-Hodges said, "We have a tremendous opportunity right now to create the most advanced approaches to prevent, treat, and help Oklahomans recover from mental health and addiction challenges. Oklahoma is fast becoming the model that other states will measure against and we will be a Top Ten state for mental health. That is the goal, and it will take continued effort and collaboration among multiple partners to get us there."

Addressing mental health and improving mental wellness is now more important than ever to guide our path into the future. That is why the Oklahoma Academy dedicated the 2021 Town Hall on how best to achieve and build on our current accomplishments to help set a successful vision for the future.

In the pages that follow, the dedicated Town Hall participants studied the issues and participated in the policy creating process on how to better develop our resources for the future. Moreover, the education that was obtained on this topic from this Town Hall and the discussions were beneficial to not only the participants but will be beneficial to our general conversation as a state.

Operating through five Panels, each led by a Panel facilitator with discussions captured by a Panel reporter, all five Panels followed the same discussion question outline. This report includes the deliberative discussion of the Town Hall participants in answer to the discussion question outline all five Panels followed.

This Town Hall Report is written to convey the essential discourse of those who participated in two days of panel deliberations and their recommendations from the final plenary session. We believe the Report reflects accurately on the scope, tenor, thoughts, and conclusions of those participants.

REPORT

Addressing Mental Health ... Improving Mental Wellness

The Oklahoma Academy has identified the topic of Mental Health/Brain Health as a critical area which needs attention in our state.

The Centers for Disease Control and Prevention reminds us that there is a difference between mental illness and mental health and, although the terms are often used interchangeably, poor mental health and mental illness are not the same. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social wellbeing due to the appropriate treatment options available.

Those attending the 2021 Town Hall at the River Spirit Casino Resort in Tulsa from November 7-10, addressed topics like this in an effort to develop public policy recommendations that seek to improve the low mental health rankings (41st) the state has consistently garnered (Mental Health America, 2020). Attendees addressed a number of subtopics under the major topic areas of: Children and Youth, Community Response, State Level Engagement, and Resource Management.

A clear distinction is often made between the "mind" and the "body," but when considering mental and physical health, the two should not be separated. Poor physical health can lead to an increased risk of developing mental health problems . . . and vice-a-versa.

People with the highest levels of self-rated stress were 32% more likely to have died from cancer. Depression has been found to be associated with increased risk of coronary heart disease. The brain is an organ, just like the heart, liver, and pancreas. The body and its organs should be treated as one in terms of diagnosis, payment coverage parity, and treatment. That might suggest the Town Hall take a more integrated approach with primary care and behavioral health and how we cover both.

While we have made progress in many areas, the most recent state health rankings by the United Health Foundation, America's Health Rankings (2021), revealed that Oklahoma's overall health ranking was 46th, where 1st is best. Sadly, in 1990 we ranked 32nd.

The report provided a number of "depressing" findings and outcomes and at least one major conundrum. Oklahoma ranked 9th from the top in the "number of mental health providers/100,000 population" yet ranked 44th in the "frequency of mental distress." That might suggest the Town Hall look at the demographic and geographic imbalances in terms of prevalence and access to mental health services.

The United Health Foundation also recently released The Health of Women and Children Report rankings (2021), where Oklahoma ranked 47th. A major contributor to this low ranking was the prevalence of Adverse Childhood Experiences (ACEs) in children 0-17. Oklahoma ranked 37th in this metric, revealing that childhood neglect, abuse, and family dysfunction are highly prevalent in our state. That might suggest the Town Hall look at policies and strategies that reduce the level of trauma and adversity in our homes and schools and do so with a sense of urgency to help reverse these trends.

As Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Commissioner Carrie Slatton-Hodges stated in her introductory piece in the background resource document, "while we are making incredible progress, it is important to acknowledge that there is still so much more for us to do. We have a tremendous opportunity right now to create the most advanced approaches that prevent, treat, and help Oklahomans recover from mental health and addiction problems."

More than 110 Oklahomans participated in this Town Hall to address these and other critical issues facing our state. What follows is a summary of their deliberations and the recommendations for improvement.

Day 1, Question 1

While stress, anxiety, and trauma impact all of us, having safe environments (home, neighbors, schools) and reliably caring and competent relationships between children and adults are essential to mitigating and preventing such adversities. A number of articles in the Children and Youth section of the Town Hall Background Resource Document address those adversities and suggest that Oklahoma's support of evidence-based home visiting programs has been inconsistent and inadequately funded. What specific strategies can Oklahoma take – public, private, nonprofit – to better promote, deliver, and expand these programs to all Oklahoma families and children who could benefit?

Town Hall panelists discussed approaches to better promote, deliver, and expand programs designed to mitigate and prevent the impact of stress, anxiety and trauma in children and adults. The panelists identified a wide variety of evidence-based home visiting programs and acknowledged that we must make a concerted effort to increase awareness of programs which begins with the familial unit but also has the capacity to reach children falling through the cracks. Programs designed to provide evidence-based services must be adequately funded to ensure viability in the long term to avoid programs shrinking or closing due to lack of financial support. Programs serving smaller populations in rural areas must also be adequately funded. Concern was noted that rural Oklahoma should not be left behind in either technology nor funding, and one panel cautioned that too much emphasis on technology-based promotion will ignore the needs or rural communities. Additionally, rural and urban schools alike lack resources to address disparities.

Mentoring with adults and children can be relational opportunities that could bridge rural and urban disparities. Collaboration between mental health professionals, faith-based communities, and schools in a holistic approach can result in positive relationships moving forward. School districts must partner with evidence-based home visiting programs to reach and serve more families. Working alongside home-based service providers would help show what results are beneficial. Training workers we intend to send into homes looks out for their safety and overall effectiveness in achieving positive outcomes. These strategies require collaboration between public, private, and non-profit industries who need to expand outside their silos to seriously engage in early intervention and prevention of childhood mental health issues.

While better equipping our child services programs with extensive training in evidence-based home visits, we need to be brave and identify programs that have proven unworkable and aren't giving intended results. Ensuring fidelity and meaningful impacts to our existing and novel programs is essential to ensure the financial, social, emotional and physical health of our communities.

For evidence-based home visiting programs to be more effectively implemented, a more specific structural solution would include a multi-disciplinary approach wherein a balance is struck between primary prevention and risk assessment in specific cases. Casting a

wide net in this way ensures both prongs are being fully addressed which will benefit both children and their parents.

Promotion of awareness of programs can be achieved through the dissemination of information at many levels including labor and delivery, pediatric visits, in school and nursery programs, existing programs such as the HealthySteps programs currently implemented in Stillwater and OU Children's Hospital and others. (*HealthySteps is a nationally recognized program based in a pediatrician's office that works with doctors and staff to help families identify, understand and manage parenting challenges like feeding, behavior, sleep, development and adapting to life with a young child.*) The general public, including law enforcement, do not have adequate awareness of the services that are available to those Oklahomans in need. Faith based institutions can be utilized as allies to increase awareness. Medical screeners could be utilized to educate parents about Adverse Childhood Experiences (ACEs) and to catalyze multidiscipline early interventions. Broader reach may be gained through utilization of local workforce boards if mental health services are not available which may assist in addressing employment by helping those adults in need raising children in need. Another potential partner for mental health home visits is existing traditional home health care providers who are already in homes and have broad geographic distribution. Oklahoma could expand the use of emergency dispatch services to expand the ODMHSAS Youth Mobile Crisis Response which provides de-escalation services which are not widely adopted and largely under utilized in rural communities.

Schools have an important role in communicating with families and reinforcing resource connections. Expanding Oklahoma Department of Human Services (OKDHS) services in public schools could provide a positive contact to reach parents before OKDHS services are mandatory. Caregivers would be engaged with the representative who is providing prevention services. Additionally, building preventive services through primary care providers and faith-based organizations would be helpful.

State level funding is extremely important, but in seeking funding, it is important for policy makers to be specific in what the funding is to be used for with a multi-year approach (like the infrastructure bill). With inconsistency of funding with state budget shortfalls, often preventive care is the first to be cut. We need to prioritize these efforts in the budget. Decision makers need to look at long term savings if investment was made in preventive care.

A collective approach should be developed to educate the public with a media campaign using radio, television, and social media to provide information about Oklahoma programs. A media campaign should be developed through collaboration between multiple agencies and organization, and perhaps led by a designated agency-head. The launch of a marketing and communications plan that will connect with communities is necessary because people who need access don't always have awareness. All messaging should be inclusive to all target populations with consideration to language, culture, and access to media channels. Information needs to be repeatable because often, word-of-mouth between recipients is how awareness spreads.

Messaging should include information that destigmatizes ACEs and provides a broader communication that markets resources that care providers, including state agencies and non-profits, could use collectively to expand services and align resources. This information can lead to collaboration with other programs such as Women, Infants, and Children (WIC), etc. that have continuity and stay

with families. An added benefit is this could help identify duplicative services.

Collaboration between various Oklahoma services should be emphasized as it is vital that the general public has knowledge of mental health programs. To properly identify deficiencies in the availability and access to programs, the creation of a resource map and/or inventory of what services are available in various quantities and capacities across Oklahoma would be useful. This index could assist in identifying where services overlap or are duplicated as well as identifying gaps. A statewide database should be established, like parentPRO. (parentPRO promotes Oklahoma families with young children by linking you with programs that best fit your family.) This database, or dashboard, must be advertised so the public is equipped with knowledge of the importance of mental health and prevention. Investment in data for the positive outcomes would provide the justification for further investing in evidence-based programs. While many programs and data exist, there are communication barriers and trust issues that preclude the free exchange of useful information that continues to only provide pockets of success. We need to use the resources that we already have related to data collection more effectively and efficiently. A dashboard as a central repository for data sharing between agencies and non-profits and incentives can be tied to outcome. Antiquated processes for data collection can be overhauled to better ensure this at the state level. Data transparency between the various statewide services is key – especially between heavy hitters in data like SSM Health and Integris Health. We must use data to make our decisions.

One panel urged streamlining the processes even outside of data sharing which goes back to the overall casting of a wide net. Proper implementation at the primary level leads to more effective work at the individual level and community response softens the burden on the frontlines and leads to a more efficient way to attack the issues.

One panel discussed there is an identifiable need for the "normalization" of wellness checks for children on mental health in the same way there are for physical wellness – with metrics on environmental factors in the home and other universal metric-based assessments to avoid stigma. The utilization of "universal screening" for behavioral health can reduce fear in parents regarding seeking or receiving services.

It is extremely important for state government officials to promote the prevention of mental health issues because of the need for state-wide funding. The system is stacked against long-term planning by one-year budgets with recognition that only the Oklahoma Department of Transportation (ODOT) has an eight-year plan.

The focus of state-level officials and agency employers must shift to early-childhood mental health. For example, a cabinet-level leader could help guide state agency leaders to push for preventive programing.

One panel advocated that funding be targeted for Parents as Teachers and similar programs to equip parents for success. Caregivers play an essential role in the health and wellbeing of their children, and it is imperative to have access to programs that include caregiver involvement. (*Parents as Teachers builds strong communities, thriving families and children who are healthy, safe and ready to learn by matching parents and caregivers with trained professionals who make regular personal home visits during a child's earliest years in life, from prenatal through kindergarten.*)

There is great value to identifying trusted community members to be advocates for resources. OKDHS can partner with groups to focus on high-risk families needing assistance and share collective messaging through those touchpoints. Trust with these parents and families is key to success and is a long-term commitment for mentors so that those in need normalize asking for help and recognizing needs in a non-punitive environment. Positive healthy relationships between children and adults are so important. Buy-in and trust must occur to overcome fear and pride. Start this with community events like fairs that associate services with normal life. Oklahoma Native American Tribes, American Indian organizations, and Indian Health Services (IHS) should be considered a resource for generalized behavioral health best practices. They have long provided quality, comprehensive and cost-effective behavioral health care to their communities and play an important role in culturally appropriate positive mental health messaging.

Day 1, Question 2

Twenty years after the Centers for Disease Control and Prevention (CDC)-Kaiser ACE Study was released, the CDC released a technical document entitled Preventing Adverse Childhood Experiences (ACE): Leveraging the Best Available Evidence. There are

five overarching strategies and approaches that their research has identified as effective in preventing ACEs and a sixth that focuses on mitigating the immediate and long-term physical, mental, and behavioral consequences of ACEs. While all strategies are important, how would you prioritize the implementation of all six strategies and provide your rationale for the sequencing order? What specific public, private, and nonprofit entities would need to be a part of this collaboration, and how would you envision this process for statewide implementation be managed (e.g., state agency, statewide commission/task force, public private partnership, etc.)?

The panels reviewed the five major strategies for preventing ACEs and there was strong support across all panels for Strengthening Economic Supports for Families, followed closely by Promoting Social Norms that Protect Against Violence and Adversity. Teaching Skills, Ensuring a Strong Start for Children, and Connecting Youth to Caring Adults followed in the list of importance. On the first strategy, nearly all panels referenced the issues related to poverty and financial insecurity as primary contributors to the prevalence of ACEs. Several panels mentioned strengthening the process of securing Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) benefits (accessibility), and two mentioned the importance of housing vouchers. There was also strong support for "family friendly policies" and celebrating the programs of employers to better inform and educate the private sector about their role in preventing mitigating ACEs (e.g., utilization of Employee Assistance Programs). Research shows that Ensuring a Strong Start for children is one of the best ways to address early prevention and decrease the number of childhood adversities. If emphasized and funded, ensuring a strong start for children will eventually decrease the expense of all other mental health services. Although it might be challenging to implement each of the strategies to their fullest and most developed extent, some participants strongly emphasized the "holistic implementation" of all these strategies. The rationale theme revolved around strengthening the supports/constructs of family units, which would ultimately reduce the growth in ACEs and the need for future mitigation.

There was no clear consensus on which entities might be included in a statewide collaboration to manage the collaborative efforts. One suggested an even stronger collaboration between ODMHSAS and Oklahoma State Department of Education (OSDE); another suggested OKDHS and the OSDH "quarterbacking this effort." A public-private statewide working group was mentioned, as well as the need that each strategy may need a "champion entity to lead the charge." Another panel suggested greater involvement of the nonprofit sectors, since so much of their work is community-based and where the problems exist. Another panel identified TSET as a logical entity to lead in educational awareness in this ACE-prevention effort. Finally, one of the panels suggested a stronger presence on what the Legislature could do, especially in collaboration with local schools and community organizations. Specifically, they discussed such programs as the Child Tax Credit and the Family Medical Leave Act. The latter programs take us full circle back to the importance of strengthening economic support for families. Finally, most panels seemed to emphasize the importance of community-based involvement and action and to agree about the importance of focusing on preventive strategies to preventing ACEs. Panels did agree that this organizing body should be equipped with the resources including personnel, authority, and funding to support the collaborative efforts.

Day 1, Question 3

In the article in the Town Hall Background Resource Document (page 23) by Tessa Chesher, D.O., she states, "By taking a Bird's eye view together, a system could be created that looked at topics such as whether Oklahoma maximizes federal dollars for families or whether Oklahoma is duplicating services. There are many systems that currently partner, but by taking it to the level of coordination the quality of services can improve." What are some ways to successfully coordinate among the systems in Oklahoma to provide infant and early childhood mental health services? What do you think are the biggest barriers to Oklahoma increasing the resilience and reducing abuse and neglect of infants and young children?

While recognizing that some level of coordination among systems currently exists, there is general consensus that to successfully coordinate systems throughout Oklahoma will require collaboration between state agencies and other providers. Panelists discussed a range of ideas from collaboration of services and state and federal funding contradictions to designing coordination efforts that are sensitive to personal rights. The panels agreed, however, that coordination would be beneficial to ensure that silos are not an impediment to the provision of services. One panel suggested that funding should be allocated from the state towards ensuring collaborations between state and philanthropic foundations help provide connections between nonprofit providing services and agencies. One panel added that perhaps the more salient question is, given our existing system, how do we replicate and expand those frameworks to assist all children in Oklahoma? There is a multitude of existing frameworks that while successful, are not available statewide. Additionally, how can we increase the utilization of preexisting services?

To successfully coordinate among systems in Oklahoma to provide infant and early childhood mental health services, some groups suggested looking to examples in other states such as Colorado or Hawaii. Colorado provides a justifiable example of how to approach this consolidation, and one panel endorsed looking to the resulting data from that program to best design our own for Oklahoma. Hawaii has proven success in resilience. As support, one panel highlighted the silo problem in state and local governments which creates obstacles to communication and transparency, which are both essential to any solution to early childhood mental health issues. Some states appropriate state funds in a meaningful and intentional way rather than simply "throwing money at the problem." One panel suggested that sharing revenue sources, allocations, and outcomes could help citizens and agencies understand the landscape and how to pursue a more holistic approach to maximizing federal dollars.

At the community level, several panels recommended implementing a dashboard system maintaining data and outreach to individuals and providers that would provide each county with detailed information about the specific mental health problems in the area and give insight into what needs to be addressed.

To successfully coordinate, all parties must consider cultural stigmas tied to mental health issues, poverty, neglect and abuse. Stigmas exist at various levels and to varying degrees and cannot be ignored, or they can become a barrier to those in need of receiving services. Education and training to reduce stigmas of mental health treatment and racial biases are needed to get past the Oklahoma mentality of personal freedom. Education of parents to reduce abuse or neglect of infants and children must include and involve educational and therapeutic approaches to overcome the cyclical patterns of trauma. Overcoming those stigmas through funding, education, and training will help address labor shortages and work-force development.

One panel acknowledged that it can be difficult to maximize coordination at a state level when funding is not always coordinated at the federal level. It is important for heads of agencies to coordinate to make unified recommendations to the Governor to maximize federal dollars.

A lack of funding and parental resources at the state level is a barrier addressed by each panel. Funding ensures proper training for those identifying and addressing mental health issues, as well as getting the word out that such resources are available. One panel

pointed out that just identifying silos would make a huge difference in the state's approach to integrated care that would position mental health in parity with physical health.

A barrier to allocation of funding the state budget is that elected officials lack specific knowledge of the mental health services landscape in Oklahoma. Education of decision makers is necessary, and Oklahoma's citizens can hold elected officials accountable by becoming civically engaged.

One gap that could be filled with coordination on the state level involves connecting residential to outpatient substance abuse treatments and services through adjustment of reimbursement rates for transitional housing. The complexity of federal mandates and regulations have the effect of being an access barrier.

One model for coordination of services is the 211 systems which are important for information on social services for Oklahomans, and a crucial piece of the "coordination" of many agencies. Mental health services could be enhanced by mimicking what has already been done with housing and homelessness remedies. Oklahoma should continue to analyze gaps in the continuum with enhanced focus on the gaps.

Successful coordination among systems must involve changing Oklahoma from a history of repeated pilot programs to actual sustainability for specific and affordable programs. There are approximately 13 state agencies that touch mental health, not including nonprofits, but central coordination has not been a priority. One panel said Oklahoma should develop a centralized decision making and collaboration process. Collaboration should involve a health information exchange as opposed to being informal or assumed to permit a strategic approach to competing for grants in an efficient and non-duplicative manner. A multidisciplinary team could help with a more robust and coordinated effort with higher outcomes. One panel added that we must find ways to provide strategies and tools to families to combat poverty and substance abuse that contributes to the continued cycles of trauma and brings the "voice of lived experience" to the table.

Oklahoma could consider a team model, including, but not limited to, tribal leadership, state agency heads, private sector and non-profit leadership, and community involvement including persons with lived experience for strategic planning, advised one panel, for addressing mental health. To ensure that all voices are heard, leadership of this team's meetings could rotate. A "wrap around" campaign could bring together voices to share how important the first 1,000 days of a child's life are utilizing Oklahoma Partnership for School Readiness (OPSR) clearing house (Oklahoma Clearing House for Early Childhood Success) to push evidence-based strategies. (*OPSR was created to help Oklahoma families access the early care and education, family support, and health and mental health services they need to support their children during their most critical period of development from birth through age five. OPSR facilitates collaborative planning and decision making to increase coordination between programs, to maximize the use of public and private funding, and to pursue policies that improve learning opportunities and environments for Oklahoma's children.*)

One panel suggested that Oklahoma should utilize digital platforms to connect communities of need with providers which could include hotlines for crisis interventions before events occur. But equity must be addressed in the planning and delivery of digital or online services. It is a failing of the system to not have more preventive options for families. Respite care should be made available to improve childhood experiences and avoid ACEs. All groups agreed that parents need help to achieve their goal of raising healthy kids.

While Medicaid expansion in Oklahoma is of great benefit, one panel pointed out there is still work to be done regarding limits to what services are provided and length of coverage. Training for therapists is continuous, advanced and rigorous, and the lack of reimbursement for some services disincentivizes therapists offering the services in the first place. As a result, access to trained therapists can be cost prohibitive for many Oklahomans, so they never seek help.

One panel made a proposal for non- and for-profit mental health organizations and professions to work with Tribal Governments to be subject matter experts (or just specific feedback) to be included in Tribal Consultation with the federal government to increase Medicare/Medicaid reimbursement for mental health treating to make it viable. A potential barrier is that people refuse to talk to each other, act or consistently communicate. This should be implemented immediately and does not require funding.

Coordination should include working with all healthcare providers from birth on to educate parents in children's mental health. An example of a care provider having access and opportunity if trained to provide education on childhood mental health is lactation experts who see mothers and nurses constantly and have access to parents.

Day 1, Question 4

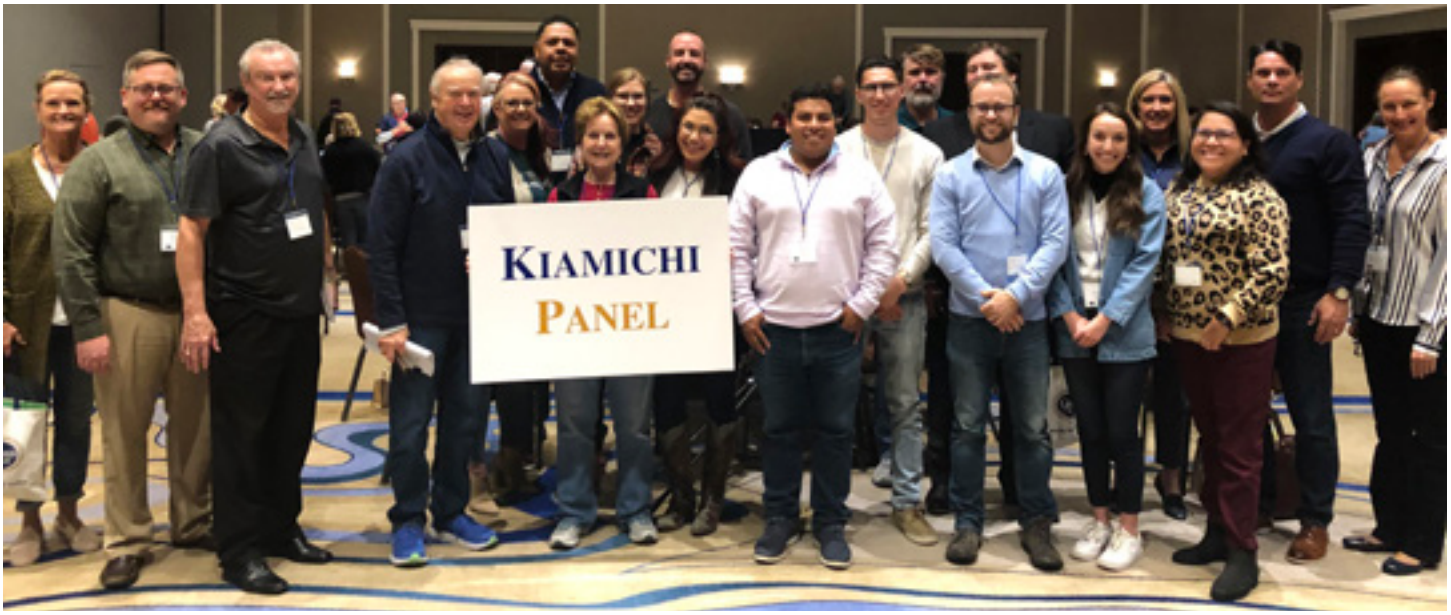
The article on page 19 of the Town Hall Background Resource Document reveals the stark pervasiveness of mental health problems among K-12 students statewide. Articles on pages 16, 18, and 21 acknowledge those concerns and provide suggested strategies. Of those — or others you may be aware of — what programs, policies, legislation show the most promise for preventing and reducing mental health issues in our K-12 system? How might those strategies be shared with private school and home school systems to better support their student populations as well?

One of the ways to prevent and/or reduce mental health issues in the K-12 system is to implement a multi-tiered system of support (MTSS) statewide, a suggestion mentioned in several of the panels. This would involve training with certain levels of administrators to attain the trauma-informed designation. Additionally, there was support expressed for the outcomes associated with House Bill 1886, which focuses on mental health education for K-12 students, a minimum competency requirement related to mental health training for school staff. Adopting HB1886, which would ensure our school personnel inclusive of administration and support staff are better prepared for student interactions; a firm minimum competency requirement related to mental health training for teachers and administrators would ensure our teaching workforce are better prepared for classroom interactions. Access to the services offered by Certified Community Behavioral Health Centers, which offer a wide range of mental health and substance use disorder services, was mentioned several times as an effective way to address these issues. Lastly, the ODMHSAS/OCPS EmbraceOKC project received support from several of the panels, including their Parent University program, focusing on increasing meaningful parental participation in the Oklahoma City Public Schools. One panel summed up their support in this manner: The standard here MUST be that all schools and children, regardless of socio-economic, racial, or cultural differences have the same access to these resources and benefits. (*EmbraceOKC is a comprehensive approach to providing a school-based system of supports for Oklahoma City Public Schools students and families that involves, community partnerships, high-quality tiered academic and behavioral strategies, and mental health services that range from prevention to treatment.*) One panel summed up their support in this manner: The standard here must be that all schools and children, regardless of socio-economic, racial, or cultural differences have the same access to these resources and benefits.

There were a number of suggestions, none of which met the criteria of a consensus recommendation, that were germane to the topic and therefore worthy of inclusion. In no particular priority order, there were suggestions to: improve student coping skills to reduce suicide ideation; greater utilization of telehealth and the Health Information Exchange; reprioritize broadband in rural Oklahoma (hard to do telehealth without high speed broadband); additional professional development for teachers; and linkages to evidence-based training curriculum for resource providers to counter room-suspensions/expulsions, and bullying; lower K-12 class sizes; and an improved data collection system on mental health case prevalence on what strategies are most effective. In areas where traditional broadband does not exist or is inaccessible, the state of Oklahoma should work with law enforcement providers and other first responders to ensure they have access to services such as FirstNet for internet access. (FirstNet is the only nationwide wireless broadband communications platform dedicated to America's first responders and public safety community.) Finally, some panels mentioned the Good Behavior Game, which was referenced several times during the Sunday evening presentations. It's an upstream prevention program, a classroom-based behavioral management strategy that has proven to be highly effective in reducing aggression and disruptive behavior.

While no consensus could be reached regarding delivery of sharing mental health support services with students within the private school home school systems, each panel agreed that sharing should be offered. On the home school system, many felt they needed more accountability and were too loosely regulated. On the private school side, one panel developed a specific endorsement which will be articulated below.

This question also generated four specific (and unique) propositions from four of the five panels. One panel endorsed the reduction in the ratio of students to school counselors in our K-12 system to at least the national average and add mental health counseling to the mix: Fully fund Oklahoma State Department of Education's (OSDE) Oklahoma School Counselor Corps initiative. Another panel advocated for the development of policies and programs, that are evidence-based, to reduce bullying in schools (ODMHSAS and OSDE). A third panel suggested every public, private, and home school be provided access to a mental health toolkit, covering every student in Oklahoma (ODMHSAS and related stakeholders). Finally, the fourth panel supported the OSDE's Counseling and School Based Mental Health Integration program, as well as funding professional development and curriculum to ensure a school climate focused on mental wellness and social and emotional learning (SEL).



Day 1, Question 5

"Integrated care" is a clinical service approach which combines health or medical care with mental health services in one setting. The article by the National Institute of Mental Health Information Resource Center (page 36 of the Background Resource Document) states that "…there are different levels of services integration: identified as "coordinated care", "co-located care", and "integrated care". Other authors in the Background Resource Document seem to advocate for, or at least address strategies to deliver mental health services within or in association with primary medical care.

- What advantages do you see to the "integrated care" model for Oklahomans in need of mental health services? In your opinion, which form of care – "coordinated", "co-located", or "integrated" – best suits the needs of Oklahomans with mental health challenges? What barriers exist in delivering "coordinated", "co-located", or "integrated" care throughout our state?

- What actions and policy solutions are needed to overcome the barriers to delivery of these forms of care (see above) in Oklahoma? Think private sector and government solutions in your responses.

- If these solutions incur cost, what estimate might you give to the cost, how would the cost be met, and by whom?

The advantages of integrated care as a clinical approach includes its inclusion of the whole body rather than treating mental and physical health as separate spheres, putting providers on the same page. Each panel listed various advantages to utilizing integrated care approaches including cost effectiveness, introduction of Certified Community Behavioral Health Centers (CCBHC's) models, mental health care accessibility, and provider coordination of care. Integrated care models minimize barriers to mental health services and allow multidisciplinary service providers to work in concert with one another. CCBHC's are uniquely situated to provide integrated care such as for cholesterol, body mass index (BMI), blood pressure and other "Big Five" screenings. (*The big five personality traits are the best accepted and most commonly used model of personality in academic psychology.*) Interestingly, integrated physical and behavioral care can help with ailments like blood pressure, BMIs, cholesterol, and others, but unfortunately there has not been the same level of integration to benefit mental care through such screening for suicide or substance abuse in the primary care setting.

The Town Hall recommends the broad use of universal screening tools, including the Patient Health Questionnaire (PHQ)-9 depression and suicide evaluation, and they should be included into all healthcare settings. According to NIMH data, 38 percent of patients made some type of healthcare visit within a week before attempting suicide. The visit came within a month before the suicide attempt in 64 percent of patients, and within a year in nearly 95 percent. All forms of evidence-based practices should be

considered including the prescribing of medication, as part of the overall therapeutic plan. (*The PHQ-9 is the nine-item depression scale of the patient health questionnaire. The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition. The PHQ-9 can function as a screening tool, an aid in diagnosis, and as a symptom tracking tool that can help track a patient's overall depression severity as well as track the improvement of specific symptoms with treatment.*)

Without integrated care, communication can be difficult, leading to patients not being treated as the care providers would prefer. Communication between two non-integrated centers is challenging due to privacy laws. Even if a primary care physician cannot integrate with mental health services in person, one panel suggested that virtual options can be explored.

Two panels supported the idea of all healthcare settings administer Screening Brief Intervention and Referral to Treatment (SBIRT) universally to all patients and to activate Medicaid billing codes for top integrated care models. (*SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.*) Support through Oklahoma Department of Mental Health & Substance Abuse Services for professional practice supports are already established. A potential barrier to implementation is that SBIRT reimbursement rates to healthcare providers for Medicaid requires a cultural shift for medical providers. This barrier can be addressed by practical support from ODMHSAS.

One panel recognized concerns about patient pushback when personal care providers suggest mental health treatment. To a counter, the panel added that education about mental health generally can combat the concerns of patient pushback. Another panel suggested that referrals by primary care physicians may be beyond the PCP's abilities (expertise and network knowledge). The panel also suggested that a potential barrier is that many Oklahomans do not have a PCP and instead utilize the services of urgent care or emergency rooms.

Utilizing integrated care can reduce the stigma of seeking mental health care. Integrated care improves the knowledge and role of primary care workers who can then have experience in the mental health field and the ability to refer patients to the proper provider to address each individual's needs.

Any advancement toward integrated care, including universal mental health screening and teleconsultation, is important. This must be a gold-standard goal. Team-based holistic approaches such as a Collaborative Care model ensures opportunities for integrated care/consultation between primary care physicians (PCP) and behavioral health providers. The Collaborative Care Model, as one example, allows for bringing behavioral health to patients through their PCP office and providing in-the-moment, on-site evidence-based care of mental health symptoms and/or health maintenance behaviors. It is a solution for rural Oklahoma, as a model that can be performed in telehealth and teleconsultation. The Town Hall recommends the Collaborative Care Model be funded by Medicaid. When you consider the shortage of workers in the mental health field, coordinated care becomes very important – especially with respect to psychiatry.

To address Oklahoma's needs comprehensively, all options should be available for communities to utilize. For existing coordinated and co-located programs, we should highlight how these programs have been successful and help encourage other centers to begin some form of collaborative care.

A significant barrier to delivering care is that Licensed Certified Social Workers (LCSWs) are the only medical professionals in mental health care who can bill for Medicare and be reimbursed. Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT), for example, cannot currently bill for this which should be addressed for integrated care to work. Additionally, primary care consultation codes need to be turned on so primary care workers may be reimbursed for time spent treating patients rather than referring the patient to an outside provider.

One panel suggested that Oklahoma utilize American Rescue Plan (ARPA) funds to address workforce shortages within an integrated care model, address gaps in geographical coverage, and ensure Oklahoma is utilizing the entire workforce to create coordinated, co-located, and integrated care models. Medical schools, health care associations, and the ODMHSAS should be responsible for implementation. The estimated cost would be $20 million and would come from ARPA funding to general revenue. It is proposed that a sustainable source of funding and/or designated entity be identified to ensure a continued provision of services, in order to avoid detriment or potential worsening of health outcomes to the population served by proposed integrated clinics. Barriers to implementation would be coordination and collaboration between various medical entities.

Actions and policy solutions necessary to overcome these barriers include more education on the issues and the problems in this area to be addressed. One barrier is that primary care physicians are not trained in integrated care and specialize late in school meaning treatment providers are not likely to seek out integrated care for their patients.

Oklahoma should acknowledge that mental health treatment may cost money in the short term but will save money in the long term. Appropriating funding to the Healthcare Authority for these systems can be seen as fiscally responsible.

Four of the five panels agreed that Oklahoma should increase incentives for licensed medical professionals to practice in Oklahoma to deliver the quality care we need to address the mental health needs of Oklahomans. Additionally, incentives should be created specifically for rural areas of the state to pay-off or forgive student debt, though one panel suggested the created fund should be restricted to mental health providers. With the exception of Community Mental Health providers, wait lists for care is a problem, and medical health providers have a major backlog. Medical health providers could work with graduate programs to mentor young professionals, so they know how to integrate and partner with primary care physicians.

Two panels suggested private/public partnerships. One panel said the private sector could grant funding to get collaboration started and then partner with the state to continue coordination. This type of Health Information Exchange recently put into action had promise for proving helpful information across health providers. Health Information Exchange allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically. There are many health care delivery scenarios driving the technology behind the different forms of health information exchanges available today. HEI's are a tool for primary care, mental health and specialty providers to utilize. However, inclusivity is necessary to ensure complete information and that tribes should be participants.

The costs of these potential solutions related to Medicare are minimal at the state level since Medicare is 100% federally funded. The reimbursement process is burdensome, but its actual cost is difficult to estimate.

Day 1, Question 6

In the interview with Dr. Kenneth Paul Rosenberg (page 38 of the Background Resource Document), he refers to serious mental illness as "…. As the greatest social crisis of our time …." Mark Davis of the Mental Health Association of Oklahoma documents the high rates and costs of untreated mental illness in Oklahoma, a finding also addressed by other authors in the Background Resource Document. When considering the local community, what do you see as the most critical economic impact of untreated mental illness? Are there populations within the community who bear the economic burden of untreated mental illness to a greater extent than others? Given the high financial human costs, what factors keep the local community from taking the necessary steps to solve the problem of untreated mental illness? If you were to address the top two (2) factors which serve as barriers to finding solutions, what actions need to take place to eliminate or reduce these barriers? If there is a cost, who pays for it?

There was strong consensus that the most critical economic impact of untreated mental illness is borne by our criminal justice system, especially state prisons and county jails. The introduction of the mentally ill into the criminal justice system impacts both the operational (employees) and capital (facilities) costs of the system, and in many cases those negative impacts extend to the families of those with untreated mental illness. Additionally, the health care system (hospitals/emergency rooms) itself is negatively impacted, as most facilities are not equipped to address those with untreated mental illness. Indirectly, the Oklahoma workforce is also impacted by a smaller and less productive labor force.

As to the populations most affected, most mentioned the homeless, the uninsured, and the impoverished. Even if access to services were available, their economic/financial plight restricts accessibility to mental health services. In addition to those populations, many veterans with post-traumatic stress disorder and/or physical disabilities continue to suffer untreated. One panel cited racial and ethnic minority groups as suffering from a higher prevalence of untreated mental illness and lack of access to services.

Factors that local communities face in addressing this issue include the lack of affordable housing, the criminalization of individuals with untreated mental illness, the lack of appropriate services, implicit bias, and stigma. One panel mentioned the disparity in parity of insurance coverage between physical and mental health, which, despite legislation, continues to be a policy issue. Another panel

stated that local communities should develop and implement a master plan for transportation to address the access-to-services issue. They also suggested that telehealth and tele-court services continue post-Covid.

As to the top two factors/barriers to finding solutions, several of the responses were used again to answer this question: stigma and resources. One panel stated that there is "difficulty in identification of individuals in need of services." A remedy might be the expansion of Employee Assistance Programs in the private and public sectors. They also mentioned the cost of receiving those services is an issue, like the lack of automatic re-enrollment in Medicaid upon release from jail or prison. In fact, a panel urged the amendment of state statute code to allow Medicaid eligibility be suspended instead of terminated. They also suggest the Town Hall should support a change in the federal law requiring Medicaid coverage eligibility to be turned on 30 days prior to release. A second panel's proposal was to utilize ARPA funds for the development of affordable housing.

Day 1, Question 7

Several authors in the Background Resource Document write about the challenges of children with behavioral health and mental health problems in schools. Megan Prather speaks to her school district as a "…mental health dessert." State Superintendent Joy Hofmeister touts the School Counselor Corps as one solution while other members of the Oklahoma State Department of Education describe additional state and federal actions designed to meet "…the mental health and emotional needs of Oklahoma students."

- Do the actions described by Hofmeister, Prather, and others sufficiently fulfill the needs of their students with behavioral and mental health needs? If yes, why? If not, what gaps need to be addressed within schools? How might these gaps be filled, and what policies are needed to facilitate positive outcomes, and at what cost to the Oklahoma taxpayer?

- Schools play a limited role with assuring that the mental needs of students are successfully met, the social environment (family and others), outside of the school, per se, is at least equally if not even more important. What role, if any, ought schools play in working in partnership with those outside of the school walls when thinking about the mental health of their students? Is there policy – and cost-related barriers to facilitating this partnership and, if so, what are the solutions that will eliminate or reduce the impact of barriers?

There was consensus from all panels that Oklahoma schools over the years have evolved and have generated progress in responding to the children with behavioral and mental health challenges in schools. The panels further agreed that while progress has been made, continued funding and training, lack of sufficient staffing, and divided time allocations for school counselors must be addressed to continue the progress. For example, one gap that needs to be filled includes the fact that much of each counselor's day-to-day tasks

involve administrative duties and less time to address the needs of children. There are also not enough counselors to meet the needs of all students. Another flaw is that the School Counselor Corps has temporary funding for a permanent problem. Additionally, one panel suggested that programs in schools could benefit from the utilization of licensed mental health professionals on-site, when possible, but that telehealth services offer promise to scaling these services to all schools. Two panels pointed to the need to recruit mental health professionals in schools. Another panel added that specific incentives to get mental health professionals into rural schools is necessary with incentives including potential stipends for housing as an option. It was suggested that determining what incentives to offer should be determined through surveys and studies so that communities and Oklahoma can incentivize mental health professionals.

One panel pointed out projects like Project AWARE, School Climate Transformation Grant, and EmbraceOKC are highly promising programs in need of expansion and replication across the state. (*Project AWARE [Advancing Wellness and Resilience in Education] is a Substance Abuse and Mental Health Services Administration funded initiative focused on the mental health of youth in schools, aged 12-17.*) (*The School Climate Transformation Grant—State Educational Agency Program provides competitive grants to State educational agencies [SEAs] to develop, enhance, or expand systems of support for, and technical assistance to, local educational agencies [LEAs] and schools implementing an evidence-based, multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students.*)

One panel added that mental health interventions may help schools avoid using exclusionary discipline, which is not a preferred discipline method as it removes the student from the learning environment.

One panel recognized that Oklahoma needs to expand upon the health care community partnerships as integrated care works best in a school setting to support the programs with each school. An interconnected systems framework encompasses prevention and intervention to meet the needs of all students within each school district.

Three panels discussed developing wellness teams in schools which could facilitate referrals and partner with community groups outside of the school to access the expertise and resources of the community groups. These types of community partnerships can build resiliency through embedded programs to increase belonging and support. However, one panel pointed out that while partnering is good, there are challenges with respect to confidentiality of mental health records to consider. Parental consent to release records would be required under FERPA and HIPAA. (*The Family Educational Rights and Privacy Act [FERPA] is a Federal law that protects the privacy of student education records. The Health Insurance Portability and Accountability Act of 1996 [HIPAA] is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.*) Lack of trust could also be a barrier, as is lack of liability coverage, but the benefits that outside organizations could provide include soft skills, language services, haircuts, and job-related skills. Additional benefits from partnering with organizations could include helping parents and help with finding food assistance, credit counseling and other services to limit adverse childhood experiences. School leaders can build balanced relationships with the community to make sure individuals are entering schools for the right reason and to maintain safe and secure learning environments.

One panel addressed culturally responsive teaching to encourage inclusion and resiliency and empathy for students among their peers and to engage cultural elements of the community. The group identified private sector resources to expand arts in poorer or rural schools that do not offer those programs.

One panel suggested that the culture at schools needs to change to incorporate social-emotional behavioral components. Community response could include restorative practices classes for kids who are suspended.

Day 1, Question 8

In the Community Response section of the Town Hall Background Resource Document, there are several articles on the roles which law enforcement plays in dealing with mental illness, particularly in response to mental health emergencies. Training of police officers and alternatives to the use of police are described in a few of these articles. In other sections of the Background Resource Document, criminal justice solutions are also mentioned including mental health/drug courts as well as challenges such as police transport of people in mental health crisis. Is mental health training for police officers necessary or should local communities enact alternative

options? What stands in the way of expanding training of law enforcement officers or creating other sustainable options for Oklahoma communities, and what solutions to these barriers would you recommend? Clearly, the negative consequences of untreated mental illness are intertwined with the criminal and civil justice systems of Oklahoma. What ought to be the top priorities which unwind these two from each other toward the betterment of Oklahoma as a whole? What policies need to be in place or strengthened by local and/or state government to accomplish this outcome, should you feel there is a need? And at what cost?

Crisis Intervention Training (CIT) for all police officers is necessary and should be included as a mandatory part of the Council on Law Enforcement Education and Training (CLEET) course with local communities adding additional trainings as desired. The majority of the panels responded that mental health training for police officers is necessary and agreed that local communities could enact alternative options should they so choose. As to what stands in the way of the training of law enforcement officers, several mentioned the need to overcome the distrust between law enforcement and individuals living with mental illness.

There were two topic areas that resonated among all the panels as potential solutions to the problems presented: the greater utilization of technology and the support for greater use of Drug Courts, Mental Health Courts, and other diversionary programs. The comments associated with a greater utilization of technology were varied from its impact on deescalating intakes for mental health crisis situations, using a Crisis Assistance Helping Out On The Streets style program (*CAHOOTS is a mobile crisis-intervention program*), which fully replaces the traditional first responders, to technology such as that used by ODMHSAS in partnership with Community Mental Health Centers and Certified Community Behavioral Health Centers, such as Grand Lake Mental Health Center MyCare, to create greater collaboration between the responding police officer and the mental health professional. (*MyCare is a Healthcare Platform that connects patients to doctors through a secure mobile phone platform.*) Other suggestions included the support by the Town Hall for statewide mobile crisis response teams to be a part of the 988 crisis response system that will begin July 1, 2022. Including these teams as part of the crisis response system would further separate mental illness response and the civil and criminal justice system to "triage systems with iPads everywhere," and the concept of "therapeutic transport." Four of five panels supported expanded use of Mental Health and/or Drug courts statewide. One unique suggestion included the creation of a Crisis Mental Health Center (in lieu of incarceration) with Urgent Recovery Centers (URCs), established by various entities, with enough centers to be located within 20 minutes of every Oklahoma community.

This question also generated two specific endorsements from one panel. The first would create Law Enforcement/Community Mental Health Liaison positions, which would be created through partnerships with local law enforcement and the ODMHSAS and funded through Community Mental Health Courts. Another panel suggested the creation of a similar hybrid position that merges CLEET and mental health or imbedding clinicians in and among first responders. The second policy solution idea would provide stable funding to diversion courts (Mental Health, Drug Courts, Community Sentencing Veterans Courts, etc.) and create accountability and additional options to increase access to diversion programming in lieu of incarceration.

Day 2, Question 1

In the best of times, there are untreated mental health and addiction issues. Now more than ever, people across the globe have experienced heightened levels of stress and uncertainty. These shared struggles have opened-up real opportunities to comprehensively address and prioritize the importance of emotional well-being. What are the most pressing mental health and addition issues facing Oklahomans today? How is Oklahoma comprehensively addressing the emotional well-being of all Oklahomans? Be specific.

There was consensus across most panels that there is a pressing need for prevention of suicide in Oklahoma. Panelists noted that suicide is ravaging the state and nation, especially among Oklahomans between the ages of 18-24. Oklahoma should strongly focus on data collection and sharing between private, public, and non-profit sectors. There is concern that the high suicide rate intersects with marijuana use, which could reflect self-treatment for underlying mental health issues such as depression and anxiety. COVID-19 may have exacerbated the problem, and we, as a state, should consider mentor and peer programs to prevent suicide among young Oklahomans.

Two panels discussed depression, anxiety, and bipolar disorders as a pressing need for treatment that has been made worse by COVID-19. This need underscores an underlying need for data access that can help us analyze what the best path for treatment would be for everyone.

One panel emphasizes the initial and cyclical adverse mental health effects of the workplace and urges the state and private sectors to implement and facilitate mental wellness programs that are evidence-based in workplaces to support mental wellness of workers and facilitate greater productivity.

There was consensus among a majority of the panels that one of the most pressing needs facing Oklahomans today is that individuals lack meaningful socialization and, due to the pandemic, have replaced human contact with screen-time including cell phones and social media. Specifically, Oklahomans have sought to interact with others through social media such as TikTok, Zoom, and Instagram for socialization and belonging. Digital addiction is a driver in mental health and has depressing tendencies leading to the need to address things like facial recognition and social cues that are missing. As dependency on technology increases, we need to make sure Oklahomans' lives do not unravel. Adopting "Unplug" initiatives would increase emotional wellness for Oklahomans.

Another area that garnered consensus among two panels was the need to tackle providing services to rural areas. One idea that received approval from the five panels was to consider transitioning to a regional jail structure while appropriately retrofitting county jail buildings into mental health/wellness centers, where feasible, so they are geographically accessible. When constructing or retrofitting for regional jails, facilities must establish sight and sound separation for juveniles. These changes are intended to safely right-size our jail population and reduce our carceral footprint for those experiencing mental health and substance use conditions. One idea is to decrease county jail inmate populations through pretrial release and diversion programs and provide greater access to mental health services for those housed within county jails.

There was consensus among most panels that insurance does not cover many mental health services in the same way that insurance covers physical health. In 2020, Oklahoma passed Senate Bill 1718, which provides that the Oklahoma Department of Insurance be tasked with ensuring all in-state health plans comply with a 2008 federal law requiring parity. Enforcement should be enhanced. Currently, most employer sponsored insurance plan don't cover addiction treatment beyond 28 days, and there is a lack of network adequacy requirements. Preventative mental health treatment has additional barriers when compared to preventative physical treatment.

There was consensus among a majority of the panels that one of the most pressing mental health issues in Oklahoma is addiction including: nicotine, alcohol, opioids (especially when it comes to fentanyl), and other substances. There are shortfalls in Oklahoma's response to the opioid crisis and a way to address it would begin with an overarching body with a bird's eye view of what gaps need to be filled. For one, Oklahoma has gaps in addiction disorder treatment facilities for children – the filling of these gaps would be a sound investment of resources. One group suggested that addictions to methamphetamine and heroin have been a form of self-treatment for depression.

Oklahoma should continue enhancing the community environment by completing various enhancements such as: requiring municipal governments, county governments, and the Oklahoma Department of Transportation (ODOT) to adopt the Complete Streets requirements and provide other environments of community enhancements like community gardens and safe walk to school. (*Complete Streets are streets, highways, and bridges that are routinely planned, designed, operated, and maintained to prioritize safety, comfort, and access to destinations for all people who use the street. This includes all road users, such as older adults, people living with disabilities, people who walk and bike for transportation, and people who do not have access to a car. Complete Streets make it easy to cross the street, walk to shops, jobs, and schools, bicycle to work, and move actively with assistive devices. They allow buses to run on time and make it safe for people to walk or move actively to and from transit hubs.*) Two panels suggested that employers could offer memberships to outdoor gathering places, parks, and wellness areas connected to nature to insulate those suffering emotional disruption.

Oklahoma schools are leading the way and investing in our kids' mental health early on. An emphasis on prevention rather than intervention is much more sustainable. Investing in children early on is also where we can begin that cultural shift to valuing every Oklahoman and understanding that change can be good especially with mental health in mind. Still there is more work to be done. Student support in schools is off to a great start, but Multi-Tiered System of Supports (MTSS) are currently only in 49 of 509 districts in Oklahoma. Furthermore, Social Emotional Learning (SEL) is stifled by our legislature. (*Social-emotional learning is an education practice that integrates social and emotional skills into school curriculum.)*

Two panels addressed the issue that Oklahoma is not comprehensively addressing the emotional well-being of all Oklahomans. Recognizing there are pockets of success, Oklahoma should evaluate all past programs and should also look to other states for models to improve.

Finally, there was a strong consensus that the Oklahoma Legislature work together to solve issues including funding. There is a perception that there are many plans and/or reforms in the works, but nothing can get through the legislature. This inaction results in Oklahoma not helping the qualified individuals who are supposed to help our struggling citizens. The panels went on to add that current funding for drug and alcohol centers is inadequate and in need of consideration. To comprehensively address issues affecting mental health, there must be leadership on the funding of existing programs to more appropriate levels. In FY2021, ODMHSAS received the largest appropriation in state history for behavioral health crisis services which is an investment being used to increase the availability of crisis and urgent recovery centers, create adult mobile crisis response teams, provide an expansion of tablets with direct behavioral health provider access for law enforcement, and provide law enforcement alternatives to transportation for individuals in crisis.

One panel made a specific proposition that Oklahoma set aside one percent of the annual state budget for "pay for success" block grants to be allocated by state agencies and awarded to non-profits/private entities to enhance successful mental health/brain health programs. It was noted that implementation should occur by August 2022 and would require a re-allocation of funding from an existing source of approximately $70 million, which is about 1% of the state's budget. Also noted was that there must not be a shift of existing dollars and that awarded groups should follow best practice models and be data driven.

Day 2, Question 2

Should state leaders be tasked with prioritizing early interventions, preventive measures, and more cost-effective treatment for mental health issues in the Oklahoma? If so, how should they go about this task? If not, what players or entities should take the lead in this endeavor? What role should the business community play, the faith-based community, the health care community, and the non-profit community?

The response from the panels to the first question was "yes," with four of the five panels answering directly and succinctly. Nearly all panels included the business community, nonprofits, faith-based entities, and the legislature. Most panels encouraged greater involvement on the part of the business community (e.g., chambers of commerce) to play a larger role in the support of mental health services, since employee productivity is so closely tied to those services. There was also strong consensus among the panels that the state has a housing affordability problem, with one panel calling for more "low-barrier" housing options. Finally, nearly every panel referenced the need for expanded Employee Assistance Programs (EAP) in the state, either through individual businesses or state government (Oklahoma offers an EAP through the ODMHSAS). One panel even suggested a community based EAP model, perhaps through Clinical Mental Health Counseling programs.

One panel had a strong focus on the need for "therapeutic day care" (TDC) services as well as Housing First, a homeless assistance program. All "state leaders" referenced in the question could and should play a role in promoting and supporting both endeavors. To better support TDCs, the panel suggests exploring a Medicaid reimbursement strategy and encouraging the private sector to play a more active role. They could also provide upfront costs for land/housing acquisition in the Housing-First initiative. Their suggestion is that the state adopt a Housing-First model and that a potential partner might be Mental Health Association of Oklahoma (MHAOK).

The remaining panels proposed different avenues to address this question. One panel took a more community-based approach, with a long and varied litany of suggestions, starting with a discussion of minimum versus living wages, calling for the repeal of the preemption clause, and allowing local communities to have greater say over local wage structures. Other community-based suggestions included free transportation to parks, libraries, treatment centers, etc., helping to reduce citizens' costs and improving mental health. Also mentioned were the need for preventive and maintenance care being reimbursable; the importance of reducing mental health stigma locally; mental health parity; the creation of a local "wellness fund"; and to work to lower insurance co-pays for mental health treatment.

Another panel took a more focused approach in answering this question, with their emphasis on Oklahomans being more engaged/proactive with the state legislature. The teacher walk-out in 2018 showed that the people do have a voice and "the squeaky wheel gets the oil." They endorsed the usage of a legislative tracking app that informs citizens about the actions of their government. They, too, mentioned the issue of insurance parity, calling it a productivity issue, and calling on K-12 schools to be "leaders on the intervention front," especially in the area of stigma reduction.

There were other ideas that align themselves with the question but lack a funding source. Examples include mandatory Mental Health First Aid training for all individuals working with children; a mental health professional designated to each child born in Oklahoma (with checkups through age 25 and an opt-out provision); mandatory mental health checkups required in all insurance offered in the state; and a statewide tax on the sale of marijuana to help fund preventive/early intervention mental health services.

Finally, this question generated six supplemental information forms from four of the five panels. The first panel submitted two, one on the repeal of the state preemption law (allowing for greater local control) and one to create a Paycheck Protection Program (Double Up Oklahoma) that would encourage/subsidize the purchase of locally grown vegetables for Supplemental Nutrition Assistance Program (SNAP) recipients. (*Double Up Oklahoma, a program of Hunger Free Oklahoma, matches the value [up to $20 per day] of SNAP dollars spent at participating farmers markets and grocery stores.*) Another panel also submitted two forms. The first dealing with insurance parity, charging the Oklahoma Insurance Department to better enforce mental health and addiction laws, with three specific charges; and the creation of a "standing council" to develop an evidence-based plan to address safe and affordable housing for low-income workers, and Oklahomans experiencing homelessness, the elderly, and those experiencing mental illness. A third panel supported the creation of a state planning office, focused on community-driven solutions for improved quality of life. Finally, the fourth panel urged a statewide advocacy group be created (by The Oklahoma Academy) to communicate more consistently and passionately with legislative leaders on evidence-based mental health-related proposals.

Day 2, Question 3

It has been said by some that substance use/abuse and mental health challenges weigh heavily on state and municipal services such as courts, law enforcement, public health, and others. What legislation and policy should the state prioritize to move more individuals from public care (law enforcement involvement, court involvement, etc.,) to patient-and health-focused care to save resources at the municipal, county, and state levels?

There was overwhelming consensus that diversion programs, specialty courts, and alternative sentencing programs are necessary and should be expanded in Oklahoma. Tribal, municipal and state services are overburdened in part because district attorneys, as the

local gatekeepers, fail to use available services to the full capacity in programs such as drug, mental health, community sentencing, veterans, female diversion courts and other alternative sentencing programs.

A change to this process may remedy this issue by allowing other leaders in the criminal legal system, such as judges, public defenders, and defense attorneys to also determine eligibility for alternative sentencing by using evidence-based screening tools.

Another barrier to destigmatizing mental illness and addiction is stable and reliable funding for diversion programing in Oklahoma. As such, secure funding should be captured and reinvested from savings obtained by safely reducing incarceration rates. Successful diversion programs such as ReMerge Oklahoma is a program in great need of expansion and replication across the state. (*ReMerge serves mothers of minor children who are facing non-violent felony charges in Oklahoma County. ReMerge is a four-phase program that first acts to stabilize moms and build a foundation for recovery.*) Another community diversion program mentioned was Bartlesville's "Run the Streets," along with housing interventions. (*Run the Streets mission is to challenge at-risk youth to experience the benefits of goal-setting, character development, adult mentoring and improved health by providing them with a truly life changing experience; the training for and competition of a half marathon.*) More resources for diversion programs are necessary if we can show evidence-based positive results, and one group offered a strategy of passing permissive, no-fund bills that can give us the results and data that we need to pass stronger legislation later successfully for diversion programs. One panel said diversion programs have already been shown to have remarkable success rates and effectively reduce criminal recidivism.

In supporting diversion programs, one panel relayed pretrial releases should be incorporated due to detrimental mental health consequences of being in jail, and that he Oklahoma County Diversion Hub is an example that connects individuals to services. (*The Diversion Hub is a comprehensive, one-stop network dedicated to assisting justice-involved individuals in Oklahoma City by harnessing the power of multiple support agencies through combined and synchronized services. Their goal is to provide life-stabilizing resources while empowering individuals to reduce their encounters with the criminal justice system through enhanced support services, including case management, data integration and coordinated communication under one roof.*) To be successful, judges need to trust the process. This panel supported expanding the Diversion Hub model to morph into something like a Family Resource Hub. That expansion could also help the homeless and impoverished before interaction with the justice system.

There was consensus in a majority of the panels that jail bonds may not be the best way to serve communities in Oklahoma. Individuals in poverty cannot afford to be bonded out of jail, and many of these individuals have mental health challenges that remain untreated. One of the panels proposed the state end cash bonds for crimes and instead screen individuals and evaluate for flight risks as an alternative to incarceration. As an alternative, conditions could be added to bonds such as receiving mental health or substance abuse evaluations or seeking out pre-existing wrap-around services (wrap-around services would need support from the state).

Some panels emphasized a need to support treatment services in lieu of incarceration prior to trial and encourage the use of incarceration data collected at the county level to measure outcomes and compare traditional incarceration to diversion rates in a direct manner more appropriately. Better data collection enables more focus on outcomes but must be tempered with privacy laws and personal dignity of the offenders themselves. There was discussion regarding the need to revise "smart on crime" initiatives that are holdovers from the 1990s such as: police in schools, zero-tolerance suspensions in schools, and others. An alternate solution included screening and mental health services where appropriate. One actionable item is to reduce or eliminate drug court fees (court user fees, drug testing fees, etc,) so that barriers to this diversionary program can be reduced and allow for treatment. Drug court relies on evidence-based practices to succeed and should not be considered a diversionary pathway for all people.

Panels additionally discussed criminal reform topics, such as the benefits of expunging criminal records, Medicaid for the incarcerated, and changing the punitive culture by setting up former criminals for success in reentering society. One panel would like to see criminal records expunged for people with mental illness, along with either removing or reducing fees for their treatment to better allow those individuals to turn their lives around. At the same time, we could seek to hold jails accountable for proving appropriate mental health care was provided including access for treatment of mental health and substance use disorders. Oklahoma should explore options for Medicaid enrollment for incarcerated people.

Town Hall panels would like to see Colorado's Support Team Assisted Response (STAR) program replicated in Oklahoma. The STAR Program deploys Emergency Response Teams that include Emergency Medical Technicians and Behavioral Health Clinicians to engage individuals experiencing crises related to mental health issues, poverty, homelessness, and substance abuse. In Colorado,

STAR has been wildly successful since implementation at not only avoiding law enforcement involvement, but in saving resources at the municipal, county, and state levels. The panels endorsed that Oklahoma investigate putting a similar program in Oklahoma.

For this section, three panels submitted supplemental information forms for a total of four specific examples of policy solutions. The first panel believed the Oklahoma State Legislature should repeal 63 O.S. § 1-880.1 et seq. the 'Psychiatric and Chemical Dependency Facility Certificate of Need Act' as an emergency measure that would be cost saving. Another panel stated that Oklahoma "Eliminate cash bail and instead offer offender screening to determine risk of flight, and require, if appropriate, wrap-around services or mental health evaluations as a condition of release." A new funding source would be needed which would likely be from the court system. One panel proposed the idea that Oklahoma should "Financially reward/incentivize counties who safely reduce jail stays and prison sentences by diverting people into alternatives to incarceration. Eliminate fines, fees, and costs associated with supervision for anyone convicted of a drug-related crime who is compliant with their treatment plan." The estimated cost of the proposal is $12 million annually which should be reallocated from money saved from incarceration to counties who fulfill this standard. The policy solution, if implemented, would require coordination between counties, district attorneys, and system leaders (diversion leaders, treatment providers, and county commissioners). The final panel advocated for a "Centralized data collection and reporting system related to county level incarceration. This allows for outcome tracking including cost savings data to be available." A potential barrier to implementation is that financial support would be required, but no new funding source was identified.

Day 2, Question 4

It has been shown most experts will cite mental health stigma as a defining factor in individuals and families struggling to seek assistance when in crisis. How should the State and communities prioritize eliminating stigma for mental health and substance use disorders to encourage earlier treatment? Would this intervention save costs and eliminate or mitigate involvement from law enforcement? Explain your answer either way?

All panels agreed that there needs to be a comprehensive marketing/communications strategy to effectively destigmatize mental health prevalence and treatments in Oklahoma. Four of the five panels called for a statewide campaign effort: "a significant and highly visible campaign;" "Break the Stigma;" "large, well-funded, and wide-spread"; and "wide-spread social media campaign and a broader PR campaign." The fifth panel offered a more community-focused campaign relying on "community education" efforts. In essence, the Town Hall recognizes the need for a robust, professionally run marketing campaign to stem the impacts of stigma in the mental health arena. Each individual panel suggested similar and unique elements to this campaign. What follows are the proposed details.

On panel addressed the term of stigma by suggesting we change our language toward "wellness," and develop holistic wellness initiatives to combat stigma. Two statements reflected the direction of the group: "We may not be able to eliminate stigma, but a special focus on the benign but pernicious varieties of stigma may be a good first step." They reviewed the seven major types of stigmas by National Alliance on Mental Illness, as well as their stigma-reduction strategies; the panel suggests implementation of these strategies. The second statement covered the importance of cross-sector collaboration: "The more that mental health and wellness can be seen as an inter-disciplinary, allied health endeavor as opposed to a specialty affliction, the faster we can erase the stigma." Their focus, like so many of the panels, emphasized the important roles that schools, and churches can play in this endeavor using a contact-based approach.

While all panels mentioned the role of education in general, several mentioned utilizing the full continuum of educational partners, messaging campaigns for K-12 through Career Tech and Higher Education. While most panels promoted a robust, professional, "no corners cut" statewide campaign, several also mentioned the use of a public service announcement campaign and the importance of collaboration among state agencies. Tobacco Settlement Endowment Trust (TSET) received praise for its past efforts and several suggested that ODMHSAS and OSDH collaborate with TSET in the development and roll-out of a statewide campaign. However, ODMHSAS and TSET currently partner to have the most successful tobacco cessation initiative for persons with mental illness and addiction in the nation and have been cited by the CDC for their work in this area.

The targets for the campaign were extensive: "all levels of education," "small businesses and manufacturers," as well as all "racial and ethnic groups." The business community was cited often, not just for financial support but, as dignitaries and pillars in the com-

munity who have also faced mental health adversities and challenges and survived, sharing their stories with the public through the campaign. They should strongly support paid family leave and parity coverage for mental health events and should consider having safe or "meditation rooms" in their facilities. One panel encouraged the use of the Oklahoma City Thunder in these efforts as well.

Several panels called for a cultural shift from "blame to support;" taking a "whole body approach," or talking about "full body wellness." Several mentioned the importance of universal screenings being promoted and accessible. There were suggestions to having a strong "data sharing" system so that we know what works and what doesn't, where services are and aren't. One panel suggested a "state app" for mental health resource locations and availability. Finally, one panel suggested that the ODMHSAS change its name to the Department of Brain Health as a means to decrease stigma.

This question generated five supplemental information forms, three from one panel, and one each from two other panels, with examples of policy solutions. The first panel's endorsement includes: a state and privately funded public service announcement campaign for battling mental health stigmas; a multi-sector education and training program to reduce stigma; and the creation of a college counseling corps to increase access by students, faculty, and staff to professional counseling services. The second panel proposed a "state-wide, multi-channel PR/Marketing campaign to reduce stigma." Finally, the third panel advocated for universal paid family leave "for all parents at the birth or adoption of a child/children."

Day 2, Question 5

The shortage of mental health professionals was identified in the Listening Sessions as being the "most important" subtopic in Resource Management. In "The 'Business' of Mental Wellness", Part 1, ODMHSAS also identifies this need, stating "Oklahoma's Leadership should work to increase, to the highest possible level, the number of trained and educated professionals and paraprofessionals…"

What strategies do you recommend addressing this shortage? Are there differences in what should be pursued locally or statewide? Are there other agencies or stakeholders that will need to be engaged? What public policy changes can The Academy Town Hall recommend with regard to these strategies?

A majority of the panels agreed that reciprocal licensure is an important pathway for making access to the mental health profession in Oklahoma easier and faster, but we must ensure the different licensing boards for mental health professions in Oklahoma are more cooperative and streamlined. Interstate licensure is tied up in bureaucratic red tape but could be fixed through legislation and/or administrative rule changes, which could be complex. Making certification for specialists easier increases the draw as well. "States should ensure integrity of the board of mental health to ensure professionals can be licensed." State reciprocity regarding mental health professionals was discussed by one panel stating that while the legislature has some controls, the vast amount of control is with licensing boards and with other states to determine if they will accept our licensing. That panel suggested that licensing boards should consider creating a system to allow for reciprocity across the nation, similar to the Uniform Bar Exam recently adopted by the Oklahoma Supreme Court for attorneys.

Every panel came to consensus that it is vitally important that Oklahoma actively recruit mental health professionals, and each panel provided a variety of ideas about how to recruit and retain mental health professionals in our state. People are not entering the field of mental health at the rate we need or staying in the state at the rate we need. Mental health professionals are also not locating in rural areas at the rate we need. One panel offered that the expansion of outcome-based payment models and Certified Community Behavioral Health Clinic models is a potential cure to these issues along with increasing reimbursement rates.

Recruitment efforts should include recruiting child psychiatrists with incentives because schools across the country are having a hard time filling position. Several panels agreed that providing incentives to enter the field of mental health care is a great option. Other options for aiding recruitment included outcome-based payments, retention efforts, improving quality of life, and creating additional residency slots. Retention efforts require funding if they are administered through incentives. We should explore the creation of psychiatric residency programs (such as Oklahoma State University with the Cherokee Nation) and other post- doctoral programs. A psychology internship is similar to residency, but the problem could still be how to keep trained people in Oklahoma. Partnering with foundations, Department of Commerce, and the legislature to collaborate on workforce incentives for recruitment and retention should

be considered. Keep in mind that health care is a component of economic development. A further consideration for recruitment is location and quality of life that we can provide in Oklahoma.

Recruitment of individuals into the mental health field should start early. There is opportunity to reach out to school-age youth to expose them to mental health professions. We should harness the momentum in STEM programs to recruit Oklahoma students into mental health professions. Individual Career Academic Plan (ICAP) should be expanded to expose children to the different kinds of mental health professions from case management to psychiatry and provide candid information about the profession's requirements, pay, and realistic day-to-day duties.

Also, to address workforce shortages in mental health, the Physician Manpower Training Commission should be utilized to encourage new professionals to mental health offering the same incentives that primary care physicians receive like loan forgiveness and internships.

A keyway to entice mental health professionals into service in Oklahoma would be to address the parity issue. Parity is just a word unless we breathe life into it. Enforcement of Oklahoma's law on parity can help with retention by providing for competitive compensation. Two panels focused on the need for parity would like to see a stronger statement by the Insurance Commissioner to protect patients, instead of siding with or protecting private insurance companies.

Finally, two panels focused on strategies for partnering with tribes and others. Fostering relationships with Tribes in our state can lead to effective teamwork because Tribes also struggle with mental health professional shortages. Partnering with tribal health care providers could address some disparity of access.

Day 2, Question 6

The need for primary care to serve as a major contributor to behavioral health treatment is a common theme in Healthy Minds' research on Oklahoma's behavioral health workforce issues. As the report states, Oklahoma's current average of 92.2 primary care physicians per 100,000 population is considerably higher than the national rate (56 per 100,000) and higher than the projected 2025 need of 76 primary care physicians per 100,000 residents – though some rural areas still experience shortages. Given our shortage of behavioral health specialty practitioners, what does this primary care work force mean for behavioral health? How ready is our current primary care provider workforce to address Oklahoma's behavioral health needs, and what barrier exist for them, and how do we maximize these providers' capabilities and reach?

The panels acknowledged the dearth of mental health professionals, the plethora of primary care physicians, and the current lack of coordination between these professional groups. The question suggests that the behavioral health function could be supplemented by primary care physicians, but there were a number of barriers suggested. First and foremost, primary care physicians would need mental health screening, assessment, and treatment training. Second, primary care physicians' patient visits are already quite short given the demand for their time and reimbursement rates. Third, Oklahoma has very few residency slots available. Fourth, there are long wait times for behavioral health specialists following a screening. While the goal might be embedding mental health professionals into primary care physicians' offices, the workforce shortage among the latter makes this option problematic. There would need to be a willingness on the part of the primary care physicians' population to supplement their training and scope of practice; one panel said we need a "PCP champion" promoting mental health to make this happen. If they agreed, there would need to be adequate reimbursement for the delivery of mental health services and agreement by the licensure boards.

Several of the panels mentioned the importance of utilizing a "collaborative care model" or a "co-location care" model. These models would include the provision of mental health, behavioral health, and substance use services in a primary care provider setting. Again, given the supply-demand imbalances of mental health specialists, physical co-locations are problematic. One panel suggested an exploration into the use of Advanced Practical Registered Nurses or even Physician Assistants to help remedy the workforce issue. There might be a technological solution to this problem (not identified). Regardless, one panel said we must have a goal to "maximize the existing workforce of primary care providers while growing the number of mental health providers." Finally, one of the panels suggested that The Oklahoma Academy "look into these healthcare shortfalls in the future."

This question generated one supplemental information form by a panel, which is to amend a state statute to include at least one hour of continuing medical education in suicide prevention. Each state medical board, along with the Legislature would be the responsible parties for implementation.

Day 2, Question 7

Median wages in Oklahoma for social workers and psychologists average around 75% of national wages, indicating that their compensation is below the national average, even considering Oklahoma's relatively lower cost of living. The state ranks last within its seven-state region in compensation for these two types of behavioral health care providers, and it ranks third for alcohol and drug counselors and fourth for psychiatrists. Compared to the high-profile issue of teacher pay, there's not a strong direct link between state spending and behavioral health practitioner earnings. So, how can Oklahoma policymakers address compensation for behavioral health practitioners?

There was an extremely strong consensus across all panels that the state must increase Medicaid reimbursement rates for mental health care. There was also strong consensus that the state must work to ensure parity with respect to reimbursements for mental health services to be the same as physical health providers. The current disparity seems to illustrate a lack of priority for mental health needs.

The panels said Oklahoma policy makers should enforce existing parity laws with specific regulations to ensure insurance network adequacy, including requiring equitable access to in-network behavioral health specialty practitioners. Practitioners are different than teachers because the legislature has direct control of funding for teachers, but mental health professionals' revenue comes from multiple sources which is why raising Medicaid reimbursement is so important.

In addition to increasing Medicaid reimbursement rates, a couple of the panels support increasing the Department of Mental Health's budget requests to increase rates for services provided by several types of behavioral health professionals. All behavioral health professionals, including Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Behavioral Practitioners, Licensed Alcohol and Drug Counselors, etc., should be reimbursed at a rate that is competitive with surrounding states for their profession.

Looking at the Certified Community Behavioral Health Clinic model as inspiration for the ability to successfully fund mental health positions, two panels highlighted the importance of developing a cost report that considers the financial need to recruit and retain high quality staff. Utilizing the CCBHC example, how do we do what they have done as a state, outside of raising rates of reimbursement. There is some risk of balancing funds due to federal matching programs.

Two panels urged legislators to review the metrics kept by the Oklahoma Department of Mental Health and Substance Abuse Services about providers who have dropped Medicaid to see how underfunding is negatively affecting behavioral health access by those Oklahomans most in need of their services. The ODMHSAS could set specific reimbursement rates to remain competitive with other states in our region and across the United States.

Other discussions covered by the panels included: the need for outcome-based reimbursements, prevention provides cost savings, taxing marijuana sales, legislative cost-benefit analysis, and lifting artificial barriers to entering the mental health field using alternative pathways.

Two specific ideas were offered by panels. One panel urged "The ODMHSAS to explore opportunities for a demonstration for adequately funded, flexible per member, per month opportunities for non-profits and other entities providing mental health services similar to the Certified Community Behavioral Health Centers." This policy solution would require a re-allocation of funding from fee for service to Per Member Per Month (PMPM) payment. The state may consider launching this as a pilot program. A second panel stated, "The Oklahoma Legislature should provide funds to ODMHSAS to raise the rates paid to behavioral health providers. At a minimum, the rates should meet or exceed the regional rates paid by our surrounding states, ultimately matching 100% of national wages paid for behavioral health services." Funding will be required to implement this idea, which could be easily calculated utilizing our rate schedule and the regional rates to find the difference. Alternatively, the panels suggested an increase in the total amount currently paid by 25%.

Day 2, Question 8

When the Academy's research team first met to address the content and scope of this document, one subtopic that resonated with nearly all was the need to address mental health prevalence by demographic, in particular race and ethnicity. That was later expanded to include veterans, the homeless, rural residents, and the aged older adult. Your Background Resource Document addresses all of these special populations with date, research, and related programs.

The article on page 114 of the Town Hall Background Resource Document addresses the research findings and perspectives from six unique public, nonprofit, and for-profit national organizations studying mental health prevalence by race and ethnicity. Nearly all point to "barriers of care," which include such factors as the lack of insurance/underinsured, language barriers, access to specialists, the lack of culturally competent providers, and mental illness stigma. What specific strategies would you recommend the state pursue, using cross-sector partnerships (the legislature, nonprofit and for-profit service providers, faith-based groups and the business community/chambers of commerce) to address and reduce the racial and ethnic barriers to the care so many Oklahomans face?

This question was the final of 16 questions presented to Town Hall and the charge of providing "specific strategies" was taken to heart by all panels. Some universal statements are relevant to begin this summary. Building trust was mentioned several times as an essential element of reaching the diverse populations mentioned in the question. Being "intentional in our recruitment" of diverse populations into the mental health profession suggests having a plan to do so. Listening to each other more and true civil discourse helps to build trust. Several of the panels suggested implicit bias; diversity, equity, and inclusion; and cultural awareness training for all organizations seeking to increase their racial and ethnic diversity/awareness. The final "universal" suggestion was that "we should begin with the end in mind, asking ourselves, what would make this a comfortable place to receive behavioral health service."

What follows is a litany of suggestions, few duplicated, of what the panels captured from attendees. They are presented with no intent of priority.

- The state needs to identify mental health services deserts and make the necessary adjustments;
- Replicate the "Sarah Stitt Act" to provide at-risk special populations with packets containing state identification, birth certificate, and other official documents;
- Adopt the Recovery Support Specialist Model, with the goal of recruiting and developing diverse populations;
- Implementation of the national Culturally and Linguistically Appropriate Services (CLAS) standards to help eliminate health care disparities by facilitating culturally and linguistically appropriate services; (*CLAS are respectful of and responsive to the health beliefs, practices and needs of diverse patients.*)
- The creation of an interagency council on aging to address interrelated issues of housing, mental health, and physical health of the senior population, in collaboration with other governmental councils, and sovereign nations and other public and private stakeholders;
- Execute listening sessions through ODMHSAS within targeted populations;
- Ensure that existing resource allocations are equitable and accessible;
- Partner with agencies that have strong relationships with special and minority populations;
- Utilize the previously suggested public service announcement campaign to effectively communicate to special population groups;
- Require cultural competency training within the foster care system;
- Diversify governing boards to more accurately reflect the communities they serve;

- Create a mobile wellness unit to reach rural areas and populations with high numbers of uninsured and underinsured;
- Supporting Clinicians of Color to provide mentoring services;
- Institute cultural trainings for foster, child welfare staff, and kinship families to better understand the needs of the children under their care. Through this enhanced outreach to families within the cultures being addressed through the trainings, including, but not limited to, race and LGBTQIA+ and families and other special populations.

There were two other policy proposals by the panel who suggested instituting cultural training. They were providing incentives for summer intergenerational feeding programs at senior nutrition sites and the creation of educational incentives to recruit, and train special populations mental health professionals and social workers.

CONCLUSION

Again, addressing mental health and improving mental wellness is now more important than ever to guide our path into the future. The work and time devoted to this Town Hall conference by the Participants has produced a report that will not only guide Oklahoma in the future, but will be used to inform, educate, and begin a discussion of open-minded dialogue and fact-based analysis.

We hope to reach the goals listed in this document and address the issues discussed throughout this report in an efficient, collaborative, successful manner. As with previous visioning processes facilitated by The Oklahoma Academy, many of the recommendations included herein will become policy recommendations, and some will become law. Ultimately, each one of us bears an obligation to implement these changes for a more prosperous, healthy, and secure Oklahoma. Moving these ideas into action will take a continued effort and collaboration but with your help we will ensure Oklahoma is the best place to work, play and live.

2022 Board of Directors

ADDRESSING MENTAL HEALTH ... IMPROVING MENTAL WELLNESS

2021 Oklahoma Academy Town Hall

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Town Hall

Creating Solutions for a Stronger Oklahoma

TOWN HALL CONFERENCES

Topics covered at the Town Hall Conference from 2001 - 2021

2001- Competing in an Innovative World

Town Hall Chair: Cliff Hudson, SONIC, America's Drive-In

2002- Oklahoma's Health

Town Hall Chair: Cliff Hudson, SONIC, America's Drive-In

2003- Oklahoma Resources: Energy and Water

Town Hall Co-Chairs: John Feaver, University of Science and Arts of Oklahoma; Howard Barnett, TSF Capital LLC; and Larry Nichols, Devon Energy Corp.

2004- Oklahoma's Environment: Pursuing A Responsible Balance

Town Hall Chair: William R. McKamey, AEP Public Service Company of Oklahoma

2005- Drugs: Legal, Illegal... Otherwise

Town Hall Chair: Howard Barnett, TSF Capital LLC

2006- Strategies for Oklahoma's Future

Town Hall Co-Chairs: John Feaver, University of Science and Arts of Oklahoma; and Larry Rice, Tulsa University

2007- Building Alliances: Tribal Governments, State & Local Governments And Private Sectors

Town Hall Chair: Douglas Branch, Phillips McFall

2008- Oklahoma's Criminal Justice System: Can We Be Just As Tough But Twice As Smart?

Town Hall Chair: Steve Turnbo, Schnake Turnbo Frank PR

2009- Getting Ready For Work: Education Systems And Future Workforce

Town Hall Chair: Howard Barnett, OSU- Tulsa

2010 May- Oklahoma Water- A Special Town Hall on Oklahoma's 50 Year Water Plan

Town Hall Chair: John Feaver, University of Science and Arts of Oklahoma

2010 November- MUNI.OK.GOV- Addressing Municipal Governance

Town Hall Chair: Tom McKeon, Tulsa Community College

2011- Developing the Oklahoma Economy

Town Hall Chair: Susan Winchester, The Winchester Group

2012- It's 2032- Where in the World is Oklahoma?

Town Hall Chair: Steve Kreidler, University of Central Oklahoma

2013- Moving Oklahoma: Improving Our Transportation Infrastructure

Town Hall Chair: Darryl Schmidt, BancFirst

2014- We Can Do Better: Improving the Health of the Oklahoma People

Town Hall Co-Chairs: Kay Goebel, PhD, Psychologist; Gerry Clancy, MD, OU-Tulsa; and Steve Prescott, MD, Oklahoma Medical Research Foundation

2015- Oklahoma Priorities: The Government & Taxes We Want

Town Hall Co-Chairs: Howard Barnett, OSU- Tulsa; and Dan Boren, Chickasaw Nation Department of Commerce

2017- Oklahoma Votes: Improving the Election Process, Voter Access & Informed Voter Engagement

Town Hall Co-Chairs: Dan Boren, Chickasaw Nation Department of Commerce; and John Harper, AEP Public Service Company of Oklahoma

2018- Aligning Oklahoma's Tax Code to Our 21st Century Economy

Town Hall Co-Chairs: Darryl Schmidt, BancFirst; and Dan Boren, Chickasaw Nation Department of Commerce

2019- OKLAHOMA ENERGY: Optimizing Our Resources for the Future

Town Hall Co-Chairs: C. Michael Ming, retired VP Baker Hughes, a GE company, and Stuart Solomon, retired President & COO of Public Service Company of Oklahoma

2021- Addressing Mental Health ~ Improving Mental Wellness

Town Hall Chair: Howard Barnett, Jr., The Barnett Family Law Firm

A complete Library of Town Hall Resource Documents, Findings & Recommendation Reports can be found at www.okacademy.org

Building Awareness, Developing Policies, Inspiring Oklahomans to Move Ideas Into Action!

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