

OKLAHOMA OLDER ADULT BEHAVIORAL HEALTH STATE PLAN

INTRODUCTION

Oklahoma's *Older Adult Behavioral Health State Plan* (BHSP) is the direct result of the 2011 Policy Academy held in Dallas, Texas and co-sponsored by the Administration on Aging and the Substance and Mental Health Services Administration. The Regional Academies focused on older adult behavioral health and encouraged States to develop and strengthen partnerships and collaborate in the preparation of a State Plan. The Oklahoma invitees included the Oklahoma Health Care Authority, Oklahoma Department of Mental Health and Substance Abuse Services and the Department of Human Services, Aging Services Division.

OKLAHOMA INITIATIVE

In July 2013, the Executive Director of the Oklahoma Department of Human Services Aging Services Division contracted with the Director of the Oklahoma Mental Health and Aging Coalition to develop an Older Adult Behavioral Health Plan (BHSP). The challenge was to develop a BHSP with no funding allocated for older adult behavioral health. The initial step in drafting a plan was the development of a Behavioral Health State Plan Advisory Council. Invitations were extended to numerous agencies and networks that have contact with, or provide services to older adults. The intent was to be inclusive of networks that represent segments of the older adult population who are outside of the aging network.

The following lists participating Agencies, Organizations or Programs (please refer to [Attachment B](#) for a complete list of individual Council members and their representation)

Area Agency on Aging
Department of Corrections
Excell Home Care Agency
Indian Health Services
NorthCare Community Mental Health Center
Oklahoma Department of Health
Oklahoma Department of Human Services *Aging Services Division*
Oklahoma Department of Human Services *Developmental Disabilities Services Division*
Oklahoma Department of Mental Health and Substance Abuse Services *Long Term Care*
Oklahoma Department of Mental Health and Substance Abuse Services *Prevention Services*
Oklahoma Department of Mental Health and Substance Abuse Services *Suicide Prevention*
Oklahoma Healthy Aging Initiative
Oklahoma Health Care Authority
Oklahoma Mental Health and Aging Coalition
Oklahoma University Health Sciences Center
St. Anthony Hospital
State Council on Aging
Veteran's Administration

Over a period of 10 months, a series of 6 meetings were scheduled in Oklahoma City and available through conference calls. An *Introductory Meeting* was followed by meetings that focused on mental health disorders, substance use and medication misuse, suicide, gambling addiction and prevention. Council members received information about evidenced based programs, screening tools and possible interventions. Availability and accessibility of services were discussed, as well as their cultural appropriateness and affordability. Numerous educational handouts were provided, to include the entire series of *Older Americans Behavioral Health Issue Briefs* from the Older Americans Behavioral Health Technical Assistance Center.

Council members evaluated the meeting information and developed a plan to insert behavioral health into their interactions with older adults. They were asked to identify where behavioral health tools could be incorporated into their organizations, and assistance was offered to develop supportive partnerships. Council members were requested to be older adult behavioral health champions and obtain support from their organization's leadership.

SUMMARY

As evidenced by the creation and submission of this Older Adult Behavioral Health State Plan, leadership in Oklahoma recognizes that older adult behavioral health is a health care problem and that mental illness, substance abuse and suicide are public health problems.

Behavioral health is defined as a state of mental and emotional well-being and/or choices and actions affecting wellness. Problems such as depression, substance abuse, medication misuse, addictions and suicidal thoughts are not a normal part of aging and may result in a loss of independence, the worsening of chronic disease symptoms, social isolation and premature death. An underlying principle of the BHSP is that disability, chronic disease, environment, physical health, addiction, mental health, medication and supports are equal contributors, or detractors, to wellness.

Older Oklahomans are not a homogeneous group, but include those with serious mental illness who are aging; those diagnosed with dementia and experiencing a mental health disorder; those suffering with severe anxiety, depression or paranoia; some experiencing less severe depression and anxiety; those abusing alcohol, illegal drugs or prescription drugs; some with lifelong addiction issues; and some experiencing a mental health issue for the very first time.

To address the challenge of developing a plan without designated funding for geriatric mental health, key components were identified: to develop and support partnerships, especially the primary Oklahoma agencies of ODMHSAS, OHCA and DHS-AS; to raise awareness of behavioral health; and to provide tools to integrate behavioral health into any system interacting with older adults. Practices that address behavioral health issues were identified and actions were designed to insert these practices into networks that work with older adults. Partnerships between agencies and stakeholder groups are deemed essential to address the behavioral health needs of older adults through networking and the sharing of resources and information. Strategies such as new models of service delivery, the development of pilot programs or implementation of evidence based programs cannot be included without designated funding. While the BHSP

cannot implement additional evidence based programs for older adults, strategies are developed that will utilize some elements of these programs, such as SBIRT information. While Healthy IDEAS was implemented in Oklahoma in 2011, it has not expanded Statewide.

The Council agreed to use the definition of an older adult to be a person age 60 and older. Council membership also agreed that the BHSP is not a vehicle for addressing dementias and/or their treatments. However, it is inclusive of older adults with a dementia diagnosis who are also struggling with a mental health or addictive disorder.

In Oklahoma, specifically designed behavioral health services for older adults are very limited and the majority of services are available through established adult programs. Older adults are typically excluded from behavioral health planning as a special population with specific needs.

The goal of this Behavioral Health State Plan is an improvement in behavioral health and a reduction in the negative impact of mental illness and substance abuse in Oklahoma. It is a Prevention plan seeking to prevent the development or worsening of disorders through early identification and intervention of those at-risk, the referral to treatment and support in recovery.

The development of Oklahoma's Plan is based on SAMHSA's principles that *behavioral health is essential for health; prevention works; treatment is effective and people recover.*

The Plan reflects the 6 goals of the Oklahoma New Freedom Commission:

- *Oklahomans understand that having good mental health and being free from addictions is essential to overall health* - efforts to educate older adults, caregivers, family members, the community, service providers and networks
- *Care is consumer and family driven* - the deliverance and support of the recovery message and process; integrating behavioral health questions and tools into the network and services they are receiving
- *Disparities in services are eliminated* – improving linkage and access to services and expanding senior services
- *Early screening, assessment and referral to services are common practice* – integrating behavioral health screenings and referrals in senior networks and other networks that are in contact with older adults; raising awareness about geriatric mental health, educating various networks and providing tools for identification and referral
- *Excellent care is delivered and research is accelerated* - utilizing evidence based tools; supportive partnerships are available for consultation
- *Technology is used to access care and information* - expanding the ODMHSAS website, OMHAC's website, the ADRC, and linkage with other networks

Oklahoma's Plan is closely aligned with the 6 health priorities of the National Behavioral Health Quality Framework:

- *Evidence-based practices* – utilizing practices specific to older adults, such as Healthy IDEAS, and incorporating practices that have been successful with other age groups, for example SBIRT
- *Person-centered care* – screenings and education are integrated with senior center and nutrition site attendance, OAA assessments, caregiver and family education

- *Coordinated care* - integrating senior services with disability, behavioral health and physical health. Older adults will be referred to mental health professional as the primary objective; however it is acknowledged that older adults utilize primary care for their treatment needs. Older adults will be strongly encouraged to share behavioral health issues with their primary care physician
- *Healthy living for communities* – raising the awareness of geriatric behavioral health and the need for treatment allows older adults to remain in the community, supports recovery for all age groups, and reduces the strain on caregivers and family members. Older adult wellness includes both physical and mental health
- *Reduction of adverse events* – appropriate assessment and referral to treatment can decrease medication misuse, substance abuse, suicide, unnecessary medications, tests, office visits, emergency room use, hospitalizations and dangerous self-medication
- *Cost reductions* – physical healthcare costs for older adults are reduced if appropriate behavioral health treatment is obtained; service delivery costs for the provider can be reduced when behavioral health needs are addressed and will no longer impede the individual’s ability to age with grace, comfort and in health

The Oklahoma Plan addresses elements of the 6 strategic initiatives of SAMHSA’s *Leading Change 2.0: Advancing the Behavioral Health of the Nation, 2015-2018*

- *Prevention of Substance Abuse and Mental Illness* - prevent the development of serious behavioral health disorders through the early identification and intervention of those at-risk, referral to treatment and support in recovery
- *Health Care and Health Systems Integration* – raising awareness of the increased risk for older adults in the development of chronic diseases and behavioral health disorders, and supporting the message of network integration to achieve older adult wellness
- *Trauma and Justice* – supporting trauma informed care in older adult services and raising awareness of the devastating and long term effects of trauma on treatment and recovery, as well as the negative impact on an older adult’s wellness plan. There are numerous events in Oklahoma that interfere with or diminish coping mechanisms and may serve to trigger fears and anxiety, such as tornados, earthquakes and the Murrah Building bombing. Disasters and events outside Oklahoma’s border can also have a detrimental impact on older Oklahomans
- *Recovery Support* – developing consensus among older adults and stakeholders that recovery is expected and recovery is not age-limited. Actions supporting recovery include the decrease of stigma and ageism
- *Health Information Technology* – ODMHSAS has the capacity to provide statewide tele-health that can benefit rural areas. It has yet to be determined if older adults can be identified as a target population to benefit from this system. BHSP addresses technology by identifying sites for the dispersion of behavioral health information and the consequences of untreated behavioral health. Another partner, the Oklahoma Healthy Aging Initiative, has a statewide tele-health network offering access to geriatricians
- *Workforce Development* – Oklahoma has a severe shortage of both physical health and behavioral health providers. Geriatricians and geriatric psychiatrists are also

lacking. BHSP advocates for the cross-training of professionals, the development of behavioral health training for case managers and the use of peer support specialists

OVERVIEW

The long term goal of Oklahoma's BHSP is to make geriatric mental health a priority. The strategies selected are initial action steps in the development of an adequate response to the mental health needs of the elder generation. As the BHSP evolves, changes in mental health practice and policy needed to improve current mental and addiction services for older adults will be identified and will frame advocacy efforts.

The population of Oklahomans over 60 is growing while the proportion under 60 is shrinking. (U.S. Census Bureau). Approximately 33 percent of Oklahoma's population are over the age 50; 20 percent are over age 60; 10 percent are over age 70; and 4 percent are over age 80.

Older Oklahomans reported frequent mental distress at rates higher than both regional and national rates. More than 17 percent of the 50-64 years old reported frequent mental distress, and frequent mental distress was reported by more than 8 percent of the 65 and older age group. (Behavioral risk Factor Surveillance System, 2011)

Between 700,000 and 950,000 Oklahomans reported experiencing a mental illness or substance use disorder in 2013 (Oklahoma Coalition of Advocates). In SAMHSA's 2014 Annual Report, Oklahoma ranks 2nd nationally in both serious mental illness and any mental illness among adults; nationally, Oklahoma ranks 46th in per capita spending on mental illness.

According to *America's Health Rankings* (United Health Foundation), Oklahoma ranks 49th in the overall health of Oklahoma seniors age 65 and over; ranks 46th in diabetes; 46th in smoking; 33rd in obesity; 30th in multiple chronic conditions; and 47th in depression.

While Oklahoma is an aging state in an aging country, behavioral health services for older adults have been largely neglected. *Healthy Aging* and *Wellness* are both popular concepts stressing self-management of chronic disease, but despite the research showing the interconnectedness of mind and body, mental health and addiction issues often remain unrecognized as important pieces of the puzzle.

In a September 2014 Announcement, Kathy Greenlee, the Assistant Secretary for Aging and Administrator of ACL, states that AoA-Funded Chronic Disease Self-Management Empowers Healthy Aging. "Chronic health conditions are, unfortunately, often a part of the aging process. Ninety-two percent of people over age 65 live with at least one chronic health condition, such as diabetes, heart disease, arthritis, or cancer. Seventy-seven percent live with two or more such conditions. Chronic health conditions can create challenges that affect every aspect of a person's life. However, learning to manage those conditions enables people to stay healthy, active, and engaged in their communities." Because of the interconnection of the brain and the rest of the body, a chronic disease diagnosis increases the risk of the developing mental disorders; and individuals with serious mental illness die approximately 25 years sooner than mentally healthy people. Considering the rates of chronic disease in older adults and the medications prescribed

for their treatment, the numbers of older adults at risk of developing a mental disorder are staggering. Like many other states, older Oklahomans choose to receive treatment from a primary care physician, the vast majority of which are not geriatricians. Additionally, they are not trained in the diagnosis or treatment of mental illness, and do not necessarily initiate a conversation about mental disorders, symptoms or addictive behavior.

Using the gatekeeper model, this plan focuses on training the community and the providers of various levels and types of older adult services to recognize at risk older adults. Also to educate caregivers and older Oklahomans about behavioral health and that treatment and recovery are not age-limited. Since older adults seek primary care treatment and do not utilize mental health professionals, specific data reflecting behavioral health is not available.

Oklahoma has one of the highest rates of adult mental illness in the Nation; Oklahoma is home to an increasing number of older adults; Oklahoma is one of the most unhealthy States in the Country; while physical health literacy has improved somewhat, mental health literacy has not followed course; older Oklahomans who are primarily preoccupied with chronic disease, may not even be aware of Medicare benefits available for behavioral health; older Oklahomans, caregivers and families have not experienced successful treatments for mental health disorders, nor are they familiar with the concept of recovery. There is no reason to assume that Oklahoma has numbers lower than the national statistics of one in five (20%) experiencing a mental disorder, or that less than 40% get treatment and most seek treatment by primary care physicians.

While the stigma surrounding mental illness and substance use may have diminished slightly, ageism is rampant. Older adults with behavioral health issues face double jeopardy.

Integration is beginning at several levels, but much of Oklahoma's current service delivery remains fragmented. Older adult behavioral health is extremely limited, and serious workforce issues exist. Oklahoma lacks geriatricians, geriatric psychiatrists and psychologists, and geriatric mental health professionals. Many professionals do not accept Medicare and providers may not be knowledgeable about the various services that can be reimbursed through Medicare.

Currently, Oklahoma is ranked 46th per capita in the nation for the funding of mental health and addiction disorder treatment. In the absence of adequate funding, the BHSP addresses strategies to integrate prevention tools into the aging and other networks, increase awareness of behavioral health treatment and recovery and provide interventions in the lives of older Oklahomans. The BHSP identifies where behavioral health interventions, such as screenings, SBIRT information or suicide prevention can be inserted into other interactions, such as conferences, nutrition sites, staff meetings, chronic disease self-management programs, wellness programs, caregiver supports and grandparents support. The objective is to engage older adults through multiple networks.

SCOPE OF THE PLAN – A PREVENTION PLAN

Oklahoma's BHSP is a Prevention Plan with the goals of preventing the development or the worsening of disorders through early identification and intervention of those at-risk, the referral to treatment and support in recovery. Mental health disorders include depression, anxiety and serious mental illnesses such as schizophrenia, major depression and bi-polar disorder. Substance use and addictions include alcohol, illegal drugs, medication misuse or abuse and gambling. Mental health disorders and addictions are known to increase the risk of suicide.

Prevention is defined as a set of steps along a continuum to promote health, prevent mental health and addiction disorders, support resilience and recovery, and prevent relapse. It supports activities that reduce the likelihood of developing a disorder, delaying the onset of a disorder and reducing the severity of a disorder.

BHSP is a roadmap to begin a process of transformation and integration of older adult services, and initiates activities to develop a comprehensive system of care for older Oklahomans with behavioral health needs, as well as their families and caregivers.

It is a 2 year plan to increase capacity to address behavioral health issues by building on strengths and identifying and removing barriers. Year one targets the general population of older adults; year two targets specific subgroups.

The first year's goal is to integrate behavioral health prevention strategies into current systems. To achieve this goal, partnerships will be formed to facilitate the insertion of behavioral health tools in networks serving the older adult population and the appropriate follow up activity of education, resource or referral.

The second year will focus on increasing capacity by identifying and engaging cultural and ethnic diversity networks and developing and supporting partnerships that will assist in the integration of behavioral health prevention strategies into their system. Additionally, strategies to address gambling addictions will be formulated.

COMMITMENTS TO ACTION

The Older Adult Plan for Behavioral Health focuses on prevention, early identification, intervention, referral to treatment and support in recovery. The following commitments to action are strategies that Oklahoma will use. Partnerships have been developed to support the facilitation of the actions:

Screenings –

- Introduce behavioral health screenings to other networks and provide referral information to those networks; support the use of the 15 question older adult self-screening tool for depressive symptoms and provide scoring and referral information

- Incorporate 2 question depression screening and, if appropriate, 2 question suicide screen to other networks; provide scoring and referral information to those networks
- Support the development of partnerships to provide behavioral health screening and referral information between DHS Aging Services, ODMHSAS, OHCA and other networks, agencies that have contact with older adults
- Create a program of screenings and resources for older adult offenders

Suicide – Question, Persuade and Refer suicide prevention training to the networks

- To train staff having contact with older adults in suicide prevention
- Provide QPR suicide prevention training to older adult service providers, to include information and referral staff and any agency or organization staff who comes in contact with older adults
- To raise suicide prevention awareness in the older adult population, utilizing their resiliency to initiate the conversation about suicide and provide QPR suicide prevention training to older adults
- Use conference workshops (behavioral health, aging, Indian Health Services, addiction) to provide QPR suicide prevention training
- Promote the inclusion of the Suicide Prevention Lifeline toll-free phone number in older adult programs and materials
- Partner with the Oklahoma Suicide Prevention Council to distribute prevention materials and specific planning regarding older adult suicide prevention

Evidence based

- To train various aging network staff in SBIRT and encourage and assist the distribution of SBIRT information to older adults and their families
- To secure sources of sustainable funding to expand Healthy IDEAS to case managers throughout the State

Education – identify opportunities to educate about behavioral health issues, parity, Medicare Benefits and consequences of inaction

- Development of a mental health and addictions track to be available at the annual State Aging Conference
- Provision of aging behavioral health workshop at Prevention and Recovery Conference
- To raise awareness in the aging network about older adult substance abuse
- To address medication misuse and abuse as well as Oklahoma’s overall high rate of prescription drug abuse
- Gambling addiction – work with Casinos and Tribes to provide prevention education
- Caregiver support – educate about mental health and addiction issues and resources
- Develop opportunities to provide education in National Alliance on Mental Illness (NAMI)
- Develop opportunities to provide education through Mental Health Association - Oklahoma

Integration

- Mapping behavioral health resources for distribution to various networks working with older adults – determine methodology for collecting the resources and updating the referral resources
- Support and participate in inter-agency meetings to improve access to mental health treatment and recovery services to residents of nursing facilities
- Promote Oklahoma’s Aging and Disability Resource Consortium
- Increase membership in Oklahoma Mental Health and Aging Coalition

Cross training and Workforce

- Provide behavioral health training and referral information to case management staff
- Provide behavioral health training and referral information to Ombudsman program
- Older adult peer support specialty – certification to increase the workforce
- Provide older adult training to physical health and mental health providers

Comprehensive system of care

- MAPS Senior Wellness Centers – NorthCare Mental Health Center will develop and operate one of the Senior Wellness Centers; OMHAC operates out of NorthCare; this is an opportunity to structure a truly integrative system to address older adult wellness to include physical health, mental health, substance use and addictions, caregiver support, socialization, exercise, nutrition, wellness programs, chronic disease self-management, education, creative expression and recommendations from participants
- Oklahoma Healthy Aging Initiative – a statewide initiative offering senior health care with telemedicine capacity to connect with OU geriatricians. While OHAI is a physical health initiative, it provides a future planning opportunity for access to behavioral health information statewide

Examples of specific strategies that will be developed and the partnerships established

- OHAI – inclusion of behavioral health information in OHAI’s Caregiver webinars and telephone support of caregivers
- OHAI, in partnership with OMHAC and ODMHSAS will sponsor cross-training opportunities – provide geriatric and cognitive education for mental health professionals and behavioral health education for physical health providers
- DOC-currently operates a re-entry program for offenders and uses recovery support specialists. In partnership with ASD, ODMHSAS and OMHAC, behavioral health screenings for older offenders will be implemented; disability, aging services and behavioral health information and resources will be compiled for that population; following the development of an older adult peer support specialty, placement in the DOC program
- Indian Health Services – expand behavioral health screenings in various chronic disease self-management programs

- ODMHSAS – Suicide- strengthen partnership with OMHAC to provide suicide prevention trainings and seminars and identify groups to be targeted, to include RN's, case managers and personal care assistants; contribute to the development of older adult prevention strategies through the Zero Suicide Initiative
- DHS-DD –distribute behavioral health resources through intake system and incorporate into on-line trainings
- OHCA – share behavioral health screening tools; compiles a Focus on Excellence nursing home rating system – explore inclusion of mental health in the rating system
- DHS-AS – in partnership with ODMHSAS and OMHAC, develop a behavioral health track in annual State Conference on Aging; inclusion of behavioral health information in ADRC and 211 information system; with ODMHSAS and OMHAC, develop and provide behavioral health training to case managers and Advantage program; inclusion of mental health and addiction in Aging Academy curriculum
- ODMHSAS – Long Term Care – collaborate with state agencies (OHCA, ODMHSAS, DHS-DDSD and OSDH) responsible for PASRR to ensure that resident with behavioral health issues are receiving appropriate services
- ODMHSAS-Long Term Care and OMHAC – develop Older Adult Specialty Certification for Recovery Support Specialist program; consider the development of older adult specialty certification for case management training, substance abuse treatment and gambling addiction treatment
- ODMHSAS-Long Term Care – expand the Aging Services section on the ODMHSAS website and provide education for consumers and providers; development of a comprehensive Resource Guide for older adults with behavioral health issues with links to all state agencies, services and programs available to older Oklahomans
- OMHAC – strengthen and expand membership and provide technical assistance to develop affiliates; conduct regular meetings to integrate networks, share information and promote resources; provide QPR trainings and arrange SBIRT trainings; provide trainings, workshops and consultation; develop and provide behavioral health training to various levels of service providers; expansion of the OMHAC website
- DHS-AS and OMHAC - to locate funding to allow the expansion of Healthy IDEAS to case management agencies using Oklahoma's certified Healthy IDEAS trainer and to contain costs
- OMHAC – partner with OID to distribute information to older Oklahomans concerning Medicare behavioral health benefits, promote treatment, resources and recovery
- OMHAC and DHS-AS – distribute behavioral health information through activities designed to support Grandparents Raising Grandchildren

ATTACHMENT A -GLOSSARY

OAA – Older Americans Act

ACL – Administration for Community Living

ADRC – Aging and Disability Resource Consortium

AoA – Administration on Aging

BHSP – Oklahoma Older Adult Behavioral Health State Plan

COEDD – Central Oklahoma Economic Development District (Area Agency on Aging)

Healthy IDEAS – Identifying Depression, Empowering Activities for Seniors (Evidence-based program)

MAPS Senior Wellness Centers – Metropolitan Area Projects - Oklahoma City’s capitol Improvement program funded by sales tax. Four Health and Wellness Centers to be developed and operated by independent contractors

MHA-OK – Mental Health Association Oklahoma

NAMI – National Alliance on Mental Illness

ODMHSAS – Oklahoma Department of Mental Health and Substance Abuse Services

OHAI – Oklahoma Healthy Aging Initiative – Senior health initiative at OUHSC – three Centers of Healthy Aging throughout the State; offering access to geriatricians through telemedicine; caregiver support; and education to medical school students, physicians and residents

OHCA – Oklahoma Health Care Authority (Medicaid Agency)

OID – Oklahoma Insurance Department

OMHAC – Oklahoma Mental Health and Aging Coalition

OKDHS – Oklahoma Department of Human Services

OKDHS-AS – Oklahoma Department of Human Services – Aging Services

OKDHS-DDSD – Oklahoma Department of Human Services -Developmental Disabilities Service Division

OSDH – Oklahoma State Department of Health

OU – University of Oklahoma

OUHSC – University of Oklahoma Health Sciences Center

PASRR – Pre-Admission Screening and Resident Review

SAMHSA – Substance Abuse and Mental Health Services Administration

ATTACHMENT B – BEHAVIORAL HEALTH ADVISORY COUNCIL MEMBERSHIP

NAME	REPRESENTING
Lance Robertson	Executive Director, DHS-AS
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Helen Brookman	Excell Home Care
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ATTACHMENT C - CONTRIBUTORS

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