BOARD OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

March 25, 2022
Department of Mental Health and Substance Abuse Services
Oklahoma City Oklahoma

Board members present:
Courtney Knoblock, MPA, Chair
Kim Holland, APRN-CNP
Hossein Moini
Shannon O'Doherty
Gina Pazzaglia, Ph.D.
Kristin Stacy, J.D.
Kari Stomprud, M.Ed.
Carisa Wilsie, Ph.D.

Others present:
Carrie Slatton-Hodges, Commissioner ODMHSAS
Durand Crosby, Ph.D., ODMHSAS
Carol Ladd, ODMHSAS
Joey Mickey, ODMHSAS
Missy Riddles, Oklahoma Counseling Group by M&M, L.L.C.,
Sam Pierce, Oklahoma Counseling Group by M&M, L.L.C.,
Matt Pierce, Oklahoma Counseling Group by M&M, L.L.C.,
S. Siras, ODMHSAS
Will, Comprehensive Treatment Center
M. Lane, ODMHSAS
Dewayne Moore, ODMHSAS
Kelli Reid, ODMHSAS
Melissa Miller, ODMHSAS
Stacy and Walter Gibbs, Choose Courage Counseling Services
Misty Capps, ODMHSAS
Dustin Robins, ODMHSAS
Lyndsie Stremlow, ODMHSAS
Tiffany Nguyen, NGO, Mission OKC
Wendy Larson, ODMHSAS
Dunni OK, Compassionate Hands
Tammie Smith, White Horse Ranch
Hope Smith, White Horse Ranch
Mirlande Campbell, Compassionate Hands
Donna Lisle, ODMHSAS

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Lamont Malcom, Valley Hope
Ashley Showalter, Artist
Christopher Graham, CACMHC
Jessica Lewallen, ODMHSAS

CALL TO ORDER
Chair Knoblock called the meeting to order at 9:01 a.m. and stated that a quorum was present.

APPROVAL OF MINUTES OF THE JANUARY 28, 2022, BOARD MEETING
Ms. Stomprud moved to approve the January 28, 2022, minutes. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

DISCUSSION AND POSSIBLE ACTION REGARDING APPROVAL OF PROGRAM CERTIFICATION RECOMMENDATIONS
Kelli Reid, Director of Provider Compliance and Assistance, presented the programs recommended for approval listed on Attachment A as follows:

Alcohol and Drug Treatment Programs
A. Certification with Special Distinction
Certification with special distinction was recommended for: Pivot, Inc., Oklahoma City [OP: Adol., Adult], Valley Hope Association dba Oklahoma City Valley Hope [OP: Adult], White Horse Ranch, Inc., Mooreland [Res'l: Adol.]

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

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Chair Knoblock acknowledged the provider at White Horse Ranch had 100% compliance on all standards which is a big deal and is eligible to receive a refund of their certification fees.

B. Certification with Distinction
Certification with distinction was recommended for: Center for Psychological Development, Inc., Atoka, Durant, McAlester [OP: Adol., Adult]

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

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

C. Two-Year Certification

Two-year certification was recommended for: Able Recovery 1, L.L.C., Oklahoma City [OP: Adult], Alliance Mental Health Community Partnership, Inc., Claremore [OP: Adol., Adult], Phoenix Counseling and Assessment Center, Inc., McAlester [OP: Adol., Adult], Resonance Center for Women, Inc., Tulsa [OP: Adult].

Mr. Moini moved to approve two-year certification for the above-referenced programs. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

D. One-Year-Certification

One-year certification was recommended for: Oklahoma Counseling and Intervention Center, L.L.C., Oklahoma City [OP: Adol., Adult], Payne County Youth Services, Inc., Stillwater [OP: Adol.].

Ms. O'Doherty moved to approve one-year certification for the above-referenced programs. Ms. Stacy seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Opioid Substitution Treatment Programs

A. Certification with Special Distinction

Certification with special distinction was recommended for: Oklahoma Treatment Services, L.L.C., Bartlesville, Southern Oklahoma Treatment Services, Inc. dba OK Behavioral Health Services, Lawton

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Dr. Gina moved to approve certification with special distinction for the above-referenced program. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

B. Two-Year Certification

Two-year certification was recommended for: Mission Treatment Centers, Inc., Oklahoma City, Oklahoma Treatment Services, L.L.C., Roland, Southern Oklahoma Treatment Services, Inc. dba OK Behavioral Health Services, Mead, Ardmore.

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

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Outpatient Mental Health Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Apogee Integrated Health Services, L.L.C., Oklahoma City, Choose Courage Counseling Services, P.L.L.C., Broken Arrow, Compassionate Hands Counseling Services, Inc., Oklahoma City, Counseling Care Services, L.L.C., Tulsa, Oklahoma Counseling Group by M&M, L.L.C., Yukon

Mr. Moini moved to approve permit for temporary operation for the above-referenced programs. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

B. Certification with Distinction

Certification with distinction was recommended for: Amayesing Skillz, L.L.C., Tulsa, Biofeedback Solutions, L.L.C., Ada, Byte & Associates, L.L.C., Chickasha, Looking Up Counseling, L.L.C., Madill, Renegade Counseling, P.L.L.C., Muldrow

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Ms. O'Doherty moved to approve certification with distinction for the above-referenced programs. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

D. Two-Year Certification

Two-year certification was recommended for: Courage Counseling Center, L.L.C., Oklahoma City, New Hope Counseling and Guidance Center, L.L.C., Poteau, Oklahoma Counseling and Intervention Center, L.L.C., Oklahoma City, Phoenix Counseling and Assessment Center, Inc., McAlester, Second Chance and Reentry Services, Inc., Mustang, The Sequoyah Group, L.L.C., Oklahoma City, Waypoint Mental Health Counseling, L.L.C., Prague, Youth and Family Services of Washington County, Inc., Bartlesville

Dr. Gina moved to approve two-year certification for the above-referenced program. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

E. One-Year-Certification

One-year certification was recommended for: Alliance Mental Health Community Partnership, Inc., Claremore, New Life Interventions, L.L.C., Tulsa

Mr. Moini moved to approve one-year certification for the above-referenced programs. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Community Mental Health Center Programs

A. Certification with Special Distinction

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Certification with special distinction was recommended for: Carl Albert Community Mental Health Center, McAlester, Atoka, Heavener, Holdenville, Hugo, Idabel, Stigler

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

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Chair Knoblock mentioned that this provider, Carl Albert Community Mental Health Center is 100% compliant also on all standards and the fee was not paid so they will not get a refund but they should get the acknowledgement of work well done.

B. Two-Year Certification

Two-year certification was recommended for: Carl Albert Community Mental Health Center[CCBHC], McAlester, Atoka, Heavener, Holdenville, Hugo, Idabel, Stigler, Jim Taliaferro Community Mental Health Center [CCBHC], Lawton, Duncan, Altus

Ms. Holland moved to approve two-year certification for the above-referenced programs. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Chair Knoblock thanked Kelli for the tremendous amount of work. She also thanked the Board members who review these candidates.

Chair Knoblock asked Commissioner Slatton-Hodges to give the difference between a Community Mental Health Center and a CCBHC.

Commissioner Slatton-Hodges stated Community Mental Health Centers historically have focused on mental health. She stated CCBHCs are required to have a full array of both addiction and mental health services. In addition to that their crisis requirements are broader and more comprehensive. They are required to see anybody who comes for care and treatment, regardless of insurance coverage. Another difference is the way they are paid; CCBHCs are on a cost reporting-based type of model instead of a fee-based model.

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DISCUSSION REGARDING THE REPORT FROM ADMINISTRATIVE RULES SUBCOMMITTEE

The Administrative Rules Subcommittee met Friday, February 25, 2022.

Ms. Melissa Miller, Director, Medicaid Behavioral Health & Policy Planning, presented the rules changes to Chapters 1 through 75. (The Chapters have been included in your Board book.)

This year's changes to administrative rules build upon revisions made last year. The focus of these changes is streamlining provider certification processes and removing specifics from provider standards that are duplicative to payer requirements.

- Chapter 1. Administration: Revisions are made to simplify and clarify provider certification processes and to update the compliance rating system.
  - Changes include adding the Commissioner or designee as approving authority for certain certification actions, with subsequent Board approval.
- Chapter 15. Consumer Rights: Minor revisions are made to clarify consumer grievance and notification procedures.
- Provider specific chapters: Chapter 17, 18, 21, 23, 24, 27, 55, 60, 65, and 70.
  - Detailed requirements regarding clinical documentation (e.g., specific elements of progress notes, service plans) and service provision are removed.
  - General cleanup/clarification is also made.
  - Chapter 17, Standards and Criteria for Community Mental Health Centers: New requirements regarding service locations and required services are made.
- Chapter 53. Standards and Criteria for Certified Peer Recovery Support Specialists: Revisions are made regarding education and criminal history requirements.
- Chapter 75. Standards and Criteria for Certified Problem Gambling Treatment Counselors: Rules are permanent version of emergency rules that were previously adopted pursuant to HB 2006.
- Next steps:
  - Board approval.
  - Submission of rules to legislature, Joint Committee, and Governor.
  - Legislative/gubernatorial approval.
  - Effective date is September 15, 2022.

The Administrative Rules Subcommittee recommends that the Board accept the changes to Chapters 1, 15, 17, 18, 21, 23, 24, 27, 55, 60, 65, 70, and 75.

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Ms. Miller will now explain each Chapter Rule change and answer any questions the Board may have.

CHAPTER 1: ADMINISTRATION.

SUMMARY: The proposed rule revisions to Chapter 1 make changes and clarifications to provider certification processes and criteria, including Commissioner approval scope, definitions of and thresholds for critical and necessary standards, clarifications to certain general program standards, and procedures for Permits for Temporary Operations, Probationary Certification, and the addition of new programs. Revisions also add new references to rule language newly added through HB 2006 and other clean-up language.

Dr. Wilsie moved to approve Chapter 1 Rule change. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 15: CONSUMER RIGHTS

SUMMARY: The proposed rule revisions to Chapter 15 make clarifications regarding consumer grievance and notification procedures.

Dr. Wilsie moved to approve Chapter 15 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 17: STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS.

SUMMARY: The proposed rule revisions to Chapter 17 remove language that duplicates rules in Chapter 1, remove language regarding compliance with open meetings laws, and revise language regarding documentation requirements and medication clinic services. Language regarding specific housing programs is removed. Revisions also add language regarding required CCBHC and CMHC services and new requirements regarding CCBHC service locations.

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Dr. Wilsie moved to approve Chapter 17 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 18: STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND ADDICTIVE DISORDER TREATMENT SERVICES.

SUMMARY: The proposed rule revisions to Chapter 18 remove language that is addressed elsewhere or is otherwise unnecessary, including discharge and admission criteria, outreach requirements, weekly required treatment hours, group size limitations, and timeframes for assessments and service plans. Language regarding intensive levels of care are removed and standards are simplified to address American Society of Addiction Medicine (ASAM) level of care and population-specific standards.

Dr. Wilsie moved to approve Chapter 18 Rule change. Mr. Moini seconded the motion.

Chair Knoblock asked Commissioner Slatton-Hodges if ASAM is the standard across the board that is currently implemented, and this just brings this section up to standard.

Commissioner Slatton-Hodges stated that is correct.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 21: ALCOHOL AND DRUG SUBSTANCE ABUSE COURSES (ADSAC) AND ASSESSMENTS

SUMMARY: The proposed rule revisions to Chapter 21 clarify and amend requirements for photograph and background check submissions, participant data entry, assessments, and evaluation instruments.

Dr. Wilsie moved to approve Chapter 21 Rule change. Ms. Stomprud seconded the motion.

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ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 23: STANDARDS AND CRITERIA FOR COMMUNITY-BASED STRUCTURED CRISIS CENTERS.

SUMMARY: The proposed rule revisions to Chapter 23 remove language regarding documentation requirements, clarify assessment requirements, and include other clean up language.

Dr. Wilsie moved to approve Chapter 23 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 24: STANDARDS AND CRITERIA FOR COMPREHENSIVE COMMUNITY ADDICTION RECOVERY CENTERS.

SUMMARY: The proposed rule revisions to Chapter 24 remove language regarding documentation requirements for assessments, progress notes, and discharge plans. Other clean up language is also included.

Dr. Wilsie moved to approve Chapter 24 Rule change. Dr. Gina seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 27: STANDARDS AND CRITERIA FOR MENTAL ILLNESS SERVICE PROGRAMS.

SUMMARY: The proposed rule revisions to Chapter 27 remove language regarding hygiene and sanitation, clinical documentation, assessments, progress notes, and service plans that is addressed elsewhere or is otherwise unnecessary. Other clean up language is also included.

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Dr. Wilsie moved to approve Chapter 27 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 53: STANDARDS AND CRITERIA FOR CERTIFIED PEER RECOVERY SUPPORT SPECIALISTS.

SUMMARY: The proposed rule revisions to Chapter 53 clarify employment documentation requirements, change language regarding education requirements, and add language which requires criminal history reports to be submitted. Language addressing criteria for criminal convictions is also added.

Dr. Wilsie moved to approve Chapter 53 Rule change. Ms. O'Doherty seconded the motion.

Chair Knoblock asked Commissioner Slatton-Hodges for clarification since the PRSS program is really growing in Oklahoma that noting this criminal history does not mean that you are going to be excluded from the PRSS participation as a recovery support specialist.

Commissioner Slatton-Hodges stated that is correct. The clarification is that you need to submit information around your criminal background, which is then verified and then that is taken into consideration including length of time in recovery, treatment that has gone on in between those times so an educated well informed decision can be made.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 55: STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT.

SUMMARY: The proposed rule revisions to Chapter 55 remove language regarding consumer records, progress notes, assessments, and service plans that is addressed elsewhere or is otherwise unnecessary. Other clean up language is also included.

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Dr. Wilsie moved to approve Chapter 55 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 60: STANDARDS AND CRITERIA FOR CERTIFIED EATING DISORDER TREATMENT PROGRAMS.

SUMMARY: The proposed rule revisions to Chapter 60 clarify and remove language regarding consumer records, progress notes, assessments, and service plans that is addressed elsewhere or is otherwise unnecessary. Other clean up language is also included.

Dr. Wilsie moved to approve Chapter 60 Rule change. Dr. Gina seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 65: STANDARDS AND CRITERIA FOR GAMBLING TREATMENT PROGRAMS.

SUMMARY: The proposed rule revisions to Chapter 65 amend language regarding service plans, case management services, and continuing care plans. Language regarding consumer records and outreach that is addressed elsewhere or is otherwise unnecessary is removed. Language regarding requirements for progress notes is also added. Other clean up language is also included.

Dr. Wilsie moved to approve Chapter 65 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

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CHAPTER 70: STANDARDS AND CRITERIA FOR OPIOID TREATMENT PROGRAMS.

SUMMARY: The proposed rule revisions to Chapter 70 removes language regarding patient records, service planning, progress notes, and outreach that is addressed elsewhere or is otherwise unnecessary. Requirements regarding treatment hours and services for each phase of treatment are amended. Other clarifying and clean up language is also included.

Dr. Wilsie moved to approve Chapter 70 Rule change. Dr. Gina seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

CHAPTER 75: STANDARDS AND CRITERIA FOR CERTIFIED PROBLEM GAMBLING TREATMENT COUNSELORS.

SUMMARY: The proposed rule revisions for Chapter 75 establish standards and procedures for certification of Problem Gambling Treatment Counselors, including criteria for certification and renewal fees, application requirements, education and training requirements, continuing education requirements, and rules of professional conduct.

Dr. Wilsie moved to approve Chapter 75 Rule change. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

There was no further business discussed.

DISCUSSION REGARDING REPORT FROM INTERIM COMMISSIONER
Commissioner Slatton-Hodges presented her report as follows:

Commissioner Slatton-Hodges and Deputy Directory of Medicaid Traylor Rains of the Oklahoma Healthcare Authority met with a group of psychiatric hospital directors. This is an ongoing meeting to talk about their concerns, changes that would be helpful, directions the Department is moving. The meeting included the following participants: Nolan Harrison, Director, SSM Health Care; Katherine

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Leidy, Chief Executive Officer, Red River Youth Academy; Shari Murphree, Chief Executive Officer, Willowcrest Hospital.

Commissioner Slatton-Hodges stated she had the pleasure of meeting with Amy Curtis, Commissioner, Hawaii Department of Mental Health; John Oliver, Maui County CMHC Branch Director. This meeting was around several of the initiatives that ODMHSAS is doing in Oklahoma that they would like to gain information on. She volunteered that ODMHSAS would be happy to go in person to provide information, but so far they have not reached out for that.

Commissioner Slatton-Hodges also met with Traci Bartley, LCSW, Director of Ambulatory Social Work, University of Oklahoma Health. She stated they spoke about ongoing partnerships, ways they could include more behavioral health throughout all their clinics at the University of Oklahoma and ways the Department can assist them with that.

Commissioner Slatton-Hodges met with Senator Paul Rosino and Anthony Hassan, Cohen Veterans Network. This is part of a legislative request this session.

Commissioner Slatton-Hodges also met with Karen Orsi of Northcare, the Director of the Oklahoma Coalition on aging. She is a huge aging advocate both on the mental health and addiction side. Commissioner Slatton-Hodges stated she met with Ms. Orsi to talk about the Department being prepared to make some huge leaps forward in terms of the services and outreach that is being done for the aging population and have worked with her to develop a blueprint for that over the next couple of years.

Commissioner Slatton-Hodges met Verna Foust, Robert Lacy-Maus, Toni Higgins, and Kile Kuykendall of Red Rock to go through very specific questions around billing, authorization, their delivery model and making sure that they are doing that in the best way possible. Ms. Wendy Larson assisted with that as well; Wendy is ODMHSAS's first line for provider questions and can usually explain anything from a billing, contract source issue with folks and really help them with their business models as well.

Commissioner Slatton-Hodges presented to the OU College of Nursing Contemporary Professional Nursing Conference to speak about mental health and addiction, things ongoing with the Department and how that affects nursing and how nursing affects that.

Commissioner Slatton-Hodges also met with the Dean and the Executive Director of Clinical Operations at the OU Fran & Earl Ziegler College of Nursing; they are starting a much needed Psych APRN Certificate this fall at Oklahoma University. Currently APRN's who wish to do the psychiatric route usually have to go out of state to accomplish that; now they will have an option in-state. But, since a huge percentage of Psych APRNs in the state work for ODMHSAS, they held a meeting

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subsequent to that to get together and talk about how ODMHSAS staff can assist by being adjunct faculty and also for ODMHSAS to have supervised sites for those persons that go through this program.

Commissioner Slatton-Hodges stated that herself and Rachel Holt, Director, Office of Juvenile Affairs; Samantha Galloway, Chief of Staff, Dr. Deb Shropshire, Director of Child Welfare, Department of Human Services; Heath Hayes, Chief Communications Officer, ODMHSAS all went to Biloxi, Mississippi to tour a children's psychiatric program that they have there; Tour of Oceans Behavioral Hospital, Biloxi, MS. This was to look at ways that the Department could bring additional programming into the state for both the juvenile justice population and child welfare population and children at large.

Commissioner Slatton-Hodges stated she was the speaker at the Oklahoma Academy Town Hall Press Conference. This was to unveil their list of suggestions that came out of this year's Oklahoma Town Hall Academy which focused on mental health.

Commissioner Slatton-Hodges stated she attended the usual Health Cabinet meetings, which includes Oklahoma Department of Health, Oklahoma Healthcare Authority and Department of Mental Health to talk about strategies, things the agencies have in common and things they are working on.

Commissioner Slatton-Hodges also met with the Executive Director of Oklahoma Medical Marijuana Authority, Adria Berry. She is a very well qualified person that is also very interested in how they can work to support addiction issues in our state and there were great conversations around that.

Commissioner Slatton-Hodges also presented to the Legislative Mental Health Caucus around initiatives that are ongoing and initiatives that are forthcoming.

Commissioner Slatton-Hodges worked with Kathryn Brewer and Eric Epplin, District Attorney's Council; Director Jari Askins, Administrative Office of the Courts. The Department had been asked along with Jari Askins by Senator Thompson to look at the Drug Court statutes and make recommendations around those.

Commissioner Slatton-Hodges stated she is a member on the Oklahoma Commission on Children & Youth Board so there was a Board meeting since the last time we met.

Commissioner Slatton-Hodges had an opening conference with the Director of LOFT, which is the Legislative Office of Fiscal Transparency. They will be meeting with the Department on a regular basis and then doing a report about the work the Department of Mental Health and how that fits and make any suggestions they deem necessary.

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Commissioner Slatton-Hodges presented on a SAMHSA State Panel on 988 to talk about what we are doing in our state. There was a large audience, as everybody is getting ready for the go-live date.

Commissioner Slatton-Hodges stated that every other month there is a Department of Mental Health and Substance Abuse Services Town Hall where all employees across the state join in and submit questions ahead of time and so I update them on what is going on, things that are happening that would be of interest to all our employees and then answer any questions they have submitted.

Commissioner Slatton-Hodges stated regular meetings have been set up with Chief Wade Gourley from the Oklahoma City Police Department as we are getting closer on the 988 go-live. ODMHSAS is working closely with OKCPD around 911 and 988 and how those will work simultaneously as well as discussion and issues around transportation in Oklahoma City since it rolled out in November.

Commissioner Slatton-Hodges stated she also met with Representative Kyle Hilbert around the Department's ARPA request. This is regarding Griffin Memorial Hospital, Tulsa Center for Behavioral Health and some technology items. She went through those again with Representative Hilbert. Commissioner Slatton-Hodges also met with Senator Hall around those same issues. He is working on that on behalf of Senator Thompson during session. Commissioner Slatton-Hodges stated both of these gentlemen will be going to Griffin Memorial next week to tour and get a better understanding of why ODMHSAS needs new hospitals.

Commissioner Slatton-Hodges met with Senator Roger Thompson about our current budget requests making sure that he had in line what ODMHSAS items were and his understanding of those.

Commissioner Slatton-Hodges met with Michael Widell, Johnny Stephens, and Scott Newman from Oklahoma State University about perhaps a partnership here in Oklahoma City with the Oklahoma City OSU University.

Ms. Stomprud asked Commissioner Slatton-Hodges when the 988 will be in service.

Commissioner Slatton-Hodges stated the number 988 will be turned on July 1st. The Department had planned a big rollout communication-wise around July 1st. She stated Oklahoma is well ahead of many other states in preparation for this. It has been requested that ODMHSAS do the communications a little bit slower.

Mr. Moini asked Commissioner Slatton-Hodges what the timeline is on the decision for the ARPA funds, if it's before or after the legislative session ends.

Commissioner Slatton-Hodges stated the timeline is always a moving target, but the last information received is that the next group of proposals to be taken up will

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be ones that include the proposals on buildings and the technology. The next meeting to discuss this is March 31st.

DISCUSSION REGARDING THE REPORT FROM CORPORATE ACCOUNTABILITY SUBCOMMITTEE

The Corporate Accountability Subcommittee met on Wednesday, March 16, 2022.

DISCUSSION AND POSSIBLE ACTION REGARDING THE INTERNAL AUDITOR'S REPORT

Misty Capps presented the Internal Audit report and updated the committee on the status of ongoing audits being conducted by the division. (The report has been included in your Board book.)

There were no questions regarding the Internal Auditor's report.

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

The Corporate Accountability subcommittee recommends that the Board accept the Internal Auditor's report.

Ms. O'Doherty made a motion to approve the Internal Auditor's report. Dr. Gina seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

DISCUSSION AND POSSIBLE ACTION REGARDING THE ADVOCATE GENERAL'S REPORT

Ms. O'Doherty continued the report from the Corporate Accountability Subcommittee as follows:

The Department's Advocate General, Joey Mickey, presented the Advocate General's report to the Subcommittee and updated the committee on the work being conducted by his division. (The report has been included in your Board book.)

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

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

The Corporate Accountability subcommittee recommends that the Board accept the Advocate General's report.

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Ms. O'Doherty made a motion to approve the Advocate General's report. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

DISCUSSION AND POSSIBLE ACTION REGARDING THE INSPECTOR GENERAL'S REPORT

Ms. O'Doherty continued the report from the Corporate Accountability Subcommittee as follows:

The Department's Inspector General, Dewayne Moore, presented the Inspector General's report to the Subcommittee. The Inspector General's report was reviewed by the Subcommittee. (The report has been included in your Board book.)

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

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

The Corporate Accountability Subcommittee recommends that the Board accept the Inspector General's report.

Ms. O'Doherty made a motion to approve the Inspector General's report. Ms. Holland seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

DISCUSSION AND POSSIBLE ACTION REGARDING THE LEGAL REPORT

Ms. O'Doherty continued the report from the Corporate Accountability Subcommittee as follows:

Dr. Crosby presented the Legal report. (The report has been included in your Board book.)

There were a few questions regarding the Legal report that Dr. Crosby addressed.

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Dr. Crosby is present and available to answer any questions regarding his report.

The Corporate Accountability subcommittee recommends that the Board accept the Legal report.

Ms. O'Doherty made a motion to approve the Legal report. Dr. Gina seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

There was no further business discussed.

DISCUSSION REGARDING THE REPORT FROM THE PERFORMANCE IMPROVEMENT COMMITTEE

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

The Performance Improvement Committee met on March 17, 2022 via Zoom.

There were two presentations for the March meeting.

Melissa Miller, Senior Director of Behavioral Health Policy and Planning presented on Provider Certification Process Improvement.

A summary of her presentation is as follows:

- Based on pain points identified by providers and other stakeholders, the Department is implementing policy and procedure changes to improve the provider experience and the effectiveness of certification reviews.
- Policy changes include removing specifics in certification rules that are more aligned with payer/contractual requirements and revamping the compliance rating system.
- Procedural changes include increased flexibility for approvals and streamlining add on certifications.
- Future improvements include the development of a public Provider Certification Manual, increased provider training, and the use of technology to increase efficiency.

Terri Lee, Executive Director at Jim Taliaferro Community Mental Health Center, presented Looking Back, Being Present, Moving Forward.

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A summary of her presentation is as follows:

Access to care is an important aspect of recovery. Over 1/5 of the population served by Jim Taliaferro CMHC lives below the poverty line and many lack basic transportation. Therefore, access to care is one of the main difficulties for the population that is served. On top of that, COVID-19 exacerbated the problem due to having to greatly decrease the number of individuals in our centers. Through two grants in 2020, they were able to obtain iPads through My Care. With the first grant, iPads were provided to First Responders in southwest Oklahoma. They were also able to provide to hospitals, schools, local rehab facility and shelters. The second grant allowed them to begin providing iPads to consumers which has shown to be beneficial in many ways beyond difficulties with transportation. In the first three quarters of 2021, JTCMHC provided over 190 hours of crisis intervention services and over 1100 hours of remote outpatient services.

To date, JTCMHC has deployed nearly 800 devices and are expecting 100 more to arrive soon. They have increased the number of First Responder iPads deployed and now have coverage in all the counties in their area. In October, they fielded 179 crisis calls and 968 direct calls. In the last 30 days, JTCMHC has fielded 103 crisis calls and 912 direct calls. The decrease in crisis calls may have something to do with the opening of the triage unit in preparation for the URC and law enforcement resuming transportation of consumers. With this opportunity and opportunities to come, JTCMHC plans to increase accessibility, which leads to better care and outcomes for those served. This will also help move toward goals surrounding the crisis continuum of care.

DISCUSSION AND POSSIBLE ACTION REGARDING THE CRITICAL INCIDENT REPORT

Tracy Leeper reviewed the Critical Incidents Report Summaries and circumstances surrounding these incidents.

The Performance Improvement Committee recommended approval of the Critical Incidents Report.

Dr. Wilsie moved to approve the Critical Incident Report. Ms. O'Doherty seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

There was no further business discussed.

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There is no further action required from the Board.

DISCUSSION REGARDING THE REPORT FROM THE FINANCE COMMITTEE
Ms. O'Doherty stated that the Finance Committee met on March 16, 2022.

DISCUSSION AND POSSIBLE ACTION REGARDING THE MONTHLY FINANCIAL REPORT
Rich Edwards presented the FY-22 finance report for the month ending February 2022. He presented the budget to actual comparison report as follows:

Rich Edwards presented the FY-22 finance report for the month ending February 2022. He presented the budget to actual comparison report as follows:

For FY-22 revenue collections are trending below projections by 8% or $44 Million, some under spending in newly awarded grants led to lower than projected revenues. Expenditures are trending under budget by 8% or $46 million due to a delay in encumbering funds for newly awarded grants. The year-to-date net variance for the agency is a positive 0.4% or $2.5 M.

The Finance Committee recommended approval of the FY-22 February Financial Reports.

Ms. O'Doherty moved to approved the Financial Report. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

DISCUSSION AND POSSIBLE ACTION REGARDING BUDGET REVISIONS
Ms. O'Doherty continued the report from the Finance Subcommittee as follows:

SFY 2022 Budget Revisions
Mr. Edwards presented revisions #7 and 8 to the FY-22 budget work program. The revisions added additional budget to recognize revenues from new federal grants, interagency revenue, and additional Medicaid revenue. In total the revisions added $5,477,267 to the FY-22 budget work program.

The Finance Committee recommended approval of revisions #7 and #8 to the FY-22 budget work program.

Ms. O'Doherty moved to approve budget revisions #7 and #8 for the FY-22 budget work program. Dr. Gina seconded the motion.

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ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Declaration of Emergency

To forgo the provisions of the Public Competitive Bidding Act of 1974, Title 64, section 103 of the Oklahoma Statutes allows the governing body of a public agency to declare that an emergency exists by a two-thirds (2/3) majority vote of all the members of the governing body.

Ms. O'Doherty moved to declare an emergency for the procurement of goods and services for the Oklahoma Forensic Center, 24800 S. 4420 Rd Vinita, OK 74301. Mr. Moini seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Commissioner Slatton-Hodges stated the Department has a crisis in a waitlist of over 100 people to get into the Oklahoma Forensics Center. She stated that since the beginning of COVID to today, it has continued to escalate, and a number of things have been done to try and alleviate the problem. She states that what happens when waiting to go to the Forensics Center, you are a person that has been evaluated and it is determined that you are not competent to stand trial. So, it was discussed that not many are able to be diverted on the civil perspective because of the lack of civil hospital beds, but there is also a challenge with the forensic bed. She stated the person will wait in jail until it is time for them on that list to come up; they are spending longer in jail waiting for that. She stated that jails are required to provide treatment for persons with any medical condition, including mental health conditions, while they are in jail; sometimes it could be argued that the Department does a better job of that. She stated a few things that have been done in order to move forward to make this a better situation. OFC was a 200-bed hospital, and now it's up to 216 beds by changing laundry rooms and other spaces into beds. In addition, Rose Rock Recovery Center was changed into a transitional location for the Forensics Center. Any persons who have been approved by the Forensics Review Board to make a next step which allows a little more freedom in their day-to-day activity, will add 56 beds to that location. Commissioner Slatton-Hodges stated the transition was started but they're waiting to get a fence secured around that location; the current wait for metal or steel fencing is immense. In addition to this, it was proposed to add on 80 additional beds to the Oklahoma Forensics Center. The proposed way to do that is there were 2 extra quarters of enhanced FMAP this year. The enhanced FMAPs were

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not expected. That will be revenue to the Department this year that was not expected nor was it budgeted. With that there is a budget request for $3.5 million to the legislature. The Department will add that to the enhanced FMAP to get the building built. Commissioner Slatton-Hodges stated this is why from a humanity and treatment perspective this is an emergency; Mr. Edwards will give some additional information why it is an emergency.

Mr. Edwards stated the Board would be declaring an emergency so the Department can forego the competitive bidding process for this project; this would allow to dramatically speed up the timeline so the beds can be built as quickly as possible. He also explained when the hospital was originally designed, it was designed with a third additional wing that was never actually built, which is the basis for this project. He stated this design was done by Dewberry; by declaring this an emergency, it allows the Department to contract directly with those folks who are most familiar with the Forensics Center, the original architects, and move the project along as quickly as possible. Mr. Edwards that the Department will contract with a general contractor, Crossland, who will subcontract with Dewberry and other subcontractors throughout the project until completion. He again stated this would allow the Department to expedite the process and move along quite a bit faster.

Mr. Moini asked what the timeline would be by speeding it up.

Mr. Edwards stated that if the Department was to bid all the different pieces, the Department would not be breaking ground until late fall; with the declaration of emergency, the Department could start dirt work possibly this spring, weather permitting. He stated it is a tremendous time advantage, because there are so many steps in the competitive bidding process for a project like; the Department would have to bid out the architectural piece as well as the general contracting piece.

Mr. Moini asked if the Department only has one center for this type of consumer.

Commissioner Slatton-Hodges stated that because of the level of safety and security at the Forensics Center, it was decided originally that it would be best to invest in one location, rather than try and have that level at numerous locations.

Ms. O'Doherty moved to declare an emergency for the procurement of goods and services for the Oklahoma Forensic Center, 24800 S. 4420 Rd Vinita, OK 74301. Mr. Moini seconded the motion.

<u>ROLL CALL VOTE</u>

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

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PRESENTATION
Commissioner Slatton-Hodges introduced Mr. Ron Sims, MA, LADC MH who serves as the Director at Oklahoma Crisis Recovery Unit and Oklahoma County Crisis Intervention Center. He oversees those 2 programs as well as the Director of all Crisis Services. He consults on the rules. He goes out and does presentations and technical assistance to other crisis units that are opening and operating around the state. He is the Department's crisis guy.

Mr. Sims stated he is the new Director of Oklahoma County Crisis Intervention Center and the Oklahoma County Recovery Unit and also have the honor and privilege of serving as Senior Director of Crisis and Residential Services here in Oklahoma. Mr. Sims states he is super proud to do what he does, and he feels that every time he speaks with Commissioner Slatton-Hodges he is thanking her for her fantastic leadership and guidance in this and all areas with all of addiction. He could not be more excited about where the Department is going and our leadership and who is getting us there.

Mr. Sims provided a slide presentation.

Mr. Moini asked how many URCs Oklahoma had.

Commissioner Slatton-Hodges stated at the end of next Fiscal year, Oklahoma will have 22.

PRESENTATION
Commissioner Slatton-Hodges introduced Ashley Showalter, who refers to herself as an accidental abstract artist because her artistic ability emerged unintentionally when she started taking treatment for her mental health for the first time. Her art is intuitive and without a plan and she embraces this method of creation to counterbalance her perfectionist nature. Her art is meditative and a way to clear her mind. She has a love for creating art with funky designs, bright colors and intricate patterns. The Department is grateful to Ashley as she is helping express the message of recovery through partnering with us with the Department of Mental Health and Substance Abuse Services recovering mural project. This is a community beautification plan aimed at both to highlight various recovery providers statewide as well as celebrating the beauty and the growth of the recovery process itself. Commissioner Slatton-Hodges thanked Ashley for being with us today.

Ms. Showalter thanked everyone for having her. She stated she is an artist in recovery meaning that she has a mental illness (bipolar disorder and PTSD). Ms. Showalter wanted to share a little about her recovery story and then talk about the project she helps the Department with. Ms. Showalter stated that when she was a junior at OU, she was planning a large event. She was a student leader of a sorority recruitment at OU. It was a big job and she did not sleep for three days. She was really excited for the event and pulling all-nighters to work really hard,

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and her supervisor told her she was concerned and wanted her to go talk to someone at the OU Counseling Center. From there, she was suggested to go to the ER because she thought I had a bipolar episode for the first time. She was transported to Red Rock in Norman. In Red Rock she was very scared as anyone would be who is admitted to a facility for the first time. There was another client who saw her really distressed who asked her to sit down and asked if I wanted to draw her a picture. She said "I don't know how to draw", no I do not want to draw. The other client stated everyone can draw, just try. She sat down and grabbed some crayons and a pen and she drew a giraffe. She said to draw what she know. Ms. Showalter then put shapes and symbols and put it into the shape of a giraffe. They both looked at each other afterwards and were like wow that is pretty good. Good job. From there, art became her most biggest coping skill. It was something that kept her sane. Ms. Showalter stated that it is the one time her brain is quite. She draws and she kind of build shapes off one another. She never intended to be an artist. It was something that just happened in the hospital and now am basically a full-time artist. Ms. Showalter states that because she had an episode of psychosis last year and had to leave her full-time employment. She is only working part-time right now focusing on art. After her mental health, there were a few different episodes and there were periods where she had to lose her employment because of her psychosis. There was one period where I joined a mental health nonprofit. They helped get my confidence back up and helped her get a job and I got to work for the Department of Mental Health at the Children's Health program. I was a case manager and recovery support specialist at COCMHC and got to work as a peer. I then also got to work at Thunderbird Clubhouse as well and was one of the few people who had been clients that also got to provide services.

Ms. Showalter was on a meeting for Oklahoma Recovery Alliance they were wanting to do recovery murals. Hope Community Services wanted a mural that could be removable from the wall, so she was able to work, drawing her design and then had it blown up on a large sign to be installed onto the building. Describing her mural, Ms. Showalter stated she has a challenge of living in a gray area in her recovery. She stated it has been difficult for her to learn that not all things in life are all negative or all positive. The clouds represent clouded thinking and how our perspective can be out of balance sometimes. There are also multiple perspectives to consider. The black and white stripes remind us to consider a mindset encouraging balance and compassion. Lastly, the sun in the middle represents people in recovery when they embrace themselves and are confident in expressing who they are despite their challenges. I view the sun as the moment of healing when you recognize your value, worth, and importance. Recovery is not linear, and everyone goes through many seasons. She stated her goal for this mural is to serve as a reminder that hope is always present even though we do not think it is possible. Thank you for working with me.

NEW BUSINESS

There was no further business discussed.

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ADJOURNMENT
Ms. Holland moved to adjourn the meeting. Ms. Stacy seconded the motion.

ROLL CALL VOTE

Ms. Holland	Yes	Ms. O'Doherty	Yes
Ms. Knoblock	Yes	Ms. Stacy	Yes
Mr. Moini	Yes	Ms. Stomprud	Yes
Dr. Gina	Yes	Dr. Wilsie	Yes

Courtney Latta Knoblock, MPA	Kim Holland, APRN-CNP
Gina Pazzaglia, Ph.D.	Kristin Stacy, J.D.
Hossein Moini	Kari Stomprud, M.Ed.
Shannon O'Doherty	Carisa Wilsie, Ph.D.

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