



## **Tulsa Women's Commission**

Regular Meeting | April 4, 2025 | 12:00 – 1:00 pm

City Hall at One Technology Center | Room 411

### **Meeting Minutes**

Commissioners Present: Premadonna Braddick, Mary Quinn Cooper, Susan Crenshaw, Dezeray Edwards, Ashleigh Frohrip, Betsy Jackson, Charisa Jacobs, Deidra Kirtley, Laura Latta, Meg Myers Morgan, Kate Neary

Commissioners Absent: Janet Levitt, Amy Mariska, Maria Carlota Palacios

#### **I. Call to Order**

- a. Chairwoman Latta called the meeting to order at 12:02 pm.

#### **II. Approval of Meeting Minutes**

- a. Chairwoman Latta entertained a motion to approve the March meeting minutes.
  - i. Commissioner Myers Morgan made a motion, Commissioner Edwards seconded.
    1. Aye: 10, Nay: 0
      - a. Commissioner Braddick was not yet present in the meeting.
  - ii. Motion carried, March meeting minutes approved.

#### **III. Guest Speaker: Suzann Stewart, CEO of Family Safety Center**

- a. Chairwoman Latta turned the meeting over to Suzann Stewart, who began with a content warning for the content of her presentation.
- b. Suzann shared 2023 Tulsa data for domestic violence (DV) and intimate partner violence (IPV). Oklahoma is ranked #2 in the country for rates of DV/IPV.
  - i. Commissioner Quinn Cooper asked why that is, Suzann shared it is difficult to pinpoint one thing. Access to weapons, low education attainment, lack of awareness for services, and more are all factors.
  - ii. Rates have decreased since 2022.
  - iii. Numbers are sometimes higher because more individuals are reaching out for help than before.
- c. Violence is a public health, safety, and economic issue.
- d. Family Safety Center (FSC) services include emergency protective orders, client assistance with the legal system, forensic nurse exams, self-sufficiency for clients, and more. Center survivor-driven decision making.



CITY EXPERIENCE  
Mayor's Office of Resilience and Equity

- e. FSC has 13 on-site partners to deliver services. Law enforcement is embedded in the organization, increases trust with clients because they are meeting people where they are.
  - f. Polyvictimization: the collective experiences of multiple types of violence, usually in multiple settings, and at the hands of multiple perpetrators. Has a dramatic effect on individuals (mental, physical, emotional, etc.). Will affect people more deeply and for a longer amount of time.
    - i. Deteriorates mental health, changes behavior, decreases physical well being, increases life adversities, increases potential for future victimization.
    - ii. Oklahoma has a trauma-laden population. Need to figure out a way to address this complex trauma.
    - iii. Surveyed 3,000 clients over several years to determine frequency of 26+ traumatic events.
      - 1. Self-harm and suicidal ideation were high.
      - 2. 80% of clients are polyvictims.
  - g. Commission Discussion:
    - i. Commissioner Quinn Cooper: With federal grants in limbo, what is your biggest challenge?
      - 1. Suzann: Uncertainty, several federal grants FSC should be applying for that haven't been released due to DOJ review of all grants, so we can't reapply for that funding. Funding will go away September 30.
    - ii. Vice Chair Neary: Can you currently still serve everyone, regardless of immigration status?
      - 1. Suzann: Yes, always have and always will. Have not seen a decline in immigrant populations seeking services with FSC, they are a trusted safe place.
    - iii. Chairwoman Latta: What is the greatest need you have?
      - 1. Suzann: Additional funds, will have to survive what is coming from a federal level. All nonprofits are having these conversations with funders. Awareness is also important. DV/IPV is a topic people don't want to talk about. Do a lot of community resource fairs, take opportunities to engage with community.
- IV. Guest Speaker: Dr. Rebecca Hubbard, Chief Mental Health Officer at City of Tulsa**
- a. Dr. Hubbard shared a handout that outlines the scope of her work. (Appendix A)
  - b. Mental health focus in the City of Tulsa came from a need for city-wide collaboration across service providers.



CITY EXPERIENCE  
Mayor's Office of Resilience and Equity

- c. Seven areas supported by mental health team: youth, substance use recovery, suicide prevention, crisis response, culture responsive support, trauma healing and community resilience, unhoused stabilization.
- d. Commission Discussion:
  - i. Chairwoman Latta: What does your work look like in practice, with such a large scope?
    - 1. Dr. Hubbard: Attending and facilitating meetings, providing mental health expertise, hiring coordinators to deliver work, and more.
  - ii. Commissioner Crenshaw: In the face of budget cuts, what are the strategies to overcome this?
    - 1. Dr. Hubbard: Multiple funding streams are in consideration, including legislative advocacy and other sources. Creating a safe space and reinforcing commitment to the work is important.
  - iii. Commissioner Edwards: Love that City of Tulsa has a Chief Mental Health Officer. What are other cities doing and how do you find best practices?
    - 1. Dr. Hubbard: There are not many other cities that have this role. Have connect with San Antonio's but their local government is structured very differently than Tulsa's. In many ways, Tulsa is setting best practices.
  - iv. Chairwoman Latta: How do we get in touch with you?
    - 1. Email: [rhubbard@cityoftulsa.org](mailto:rhubbard@cityoftulsa.org) or Lexi can connect.

#### **V. Chair / Vice Chair Report**

- a. Chairwoman Latta shared excitement for Pinnacle Awards tonight.
- b. TWC tabled and Chairwoman Latta presented at Atlas Schools's Equal Pay Day event in March.

#### **VI. Old Business**

- a. Commissioner Myers Morgan: Childcare facility state rating requirements coming up, deadline is September. Very costly and rigorous, multi-month to go through rating process.
  - i. Commissioner Braddick: Is there something we can do to stop this?
  - ii. Vice Chair Neary: Is there a community champion speaking about this?
  - iii. Commissioner Crenshaw offered to talk to Representative Schreiber about this and report back.

#### **VII. New Business – no new business**

#### **VIII. Announcements / Public Comments – no announcements or public comments**

#### **IX. Adjournment**

- a. Chairwoman Latta entertained a motion to adjourn.
  - i. Vice Chair Neary made a motion, Commissioner Crenshaw seconded.
    - 1. Aye: 11, Nay: 0
  - ii. Motion carried, meeting adjourned at 1:04 pm.

## Appendix A

City of Tulsa Mental Health  
Executive Summary  
Rebecca Hubbard, PhD, LPC, CFLE  
Chief Mental Health Officer

### **City of Tulsa Mental Health History**

The City of Tulsa's mental health work, originally forged in community-led initiatives, focused on improving the way mental health is viewed, treated, and supported in Tulsa. Many convenings of partners occurred across the community for decades with the pure intent of improving mental health services and resources in Tulsa. In recent City-community partnerships, such as the Commission on Youth Mental Health and Family Resilience and the 3H Housing, Homelessness, and Mental Health Task Force, community partners and government officials initiated a collective effort to improve response to mental health in Tulsa. Through these community initiatives, civic engagement opportunities, and coordinated efforts, the City of Tulsa determined a singular point of collaboration to oversee sustainable positive change in Tulsa mental health was necessary.

### **City of Tulsa Chief Mental Health Officer**

The City of Tulsa Chief Mental Health Officer, a city-wide role in the Department of Resilience and Equity, provides an overarching mental health lens to the city's work. The job functions to increase collaboration among mental health programs, crisis response systems, and related services to achieve positive outcomes for Tulsans. This role implements city-wide mental health related strategies and projects, facilitates city-wide multi-sector planning and working groups, and collaborates across mental health related community partnerships establishing contractual agreements when needed. The Chief Mental Health Officer also utilizes community participatory practices, quality improvement protocols, and research-based assessments to improve mental health care in Tulsa. Further, this role provides regular reports to City leaders and residents and makes recommendations to City leadership about system resource needs, budgetary needs, and funding opportunities and/or proposals. Finally, the Chief Mental Health Officer provides leadership and oversight in developing and implementing a comprehensive mental health strategic plan for Tulsa with both immediate and long-term strategies to support mental health across all demographics in Tulsa.

### **City of Tulsa Mental Health Office**

In year one, the Children's Mental Health Initiative and Community-Engagement Genealogy Project were launched including hiring two grant coordinators to facilitate the work and the execution of six community partner contracts. Grant deliverables were met, staff received professional development training and support, and funding was continued for each of these projects into the subsequent fiscal year. Two additional grants were awarded in year one. The Opioid Abatement Response and Community-Based Violence Intervention Initiative grants are currently being launched in partnership with internal and external partners. An Opioid Abatement Response Coordinator has been hired and interviews for a Community Youth Resilience Coordinator is currently underway. Most recently, we launched a city-wide suicide prevention strategic planning effort with key leaders and decision makers across sectors and systems.



## City of Tulsa Mental Health Vision, Mission, Ethical Principles, and Core Values

Vision	<ul style="list-style-type: none"><li>• Tulsa will be a community that supports mental health and wellness for all.</li></ul>
Mission	<ul style="list-style-type: none"><li>• We will build support, services, and resources for good mental health in Tulsa.</li></ul>
Guiding Principles	<ul style="list-style-type: none"><li>• Respect – we will be guided by mutual respect in all our efforts.</li><li>• Compassion – we will be guided by compassion in every decision and every interaction.</li></ul>
Core Values	<ul style="list-style-type: none"><li>• Partnership – we value working together toward good mental health for all.</li><li>• Excellence – we expect excellence from ourselves and our partners in all our efforts.</li></ul>

## City of Tulsa Mental Health Goals

Youth and Young Adult	<ul style="list-style-type: none"><li>• All Tulsa youth and families receive what they need for good mental health and resilience.</li></ul>
Substance Use Recovery	<ul style="list-style-type: none"><li>• All Tulsans value and celebrate substance use recovery and healthy connection in Tulsa.</li></ul>
Suicide Prevention	<ul style="list-style-type: none"><li>• All Tulsans normalize asking for help and are educated, equipped, and empowered to provide help related to suicide.</li></ul>
Crisis Response	<ul style="list-style-type: none"><li>• All Tulsa mental health crisis calls receive appropriate mental health support and full access to the continuum of care.</li></ul>
Culture Responsive Support	<ul style="list-style-type: none"><li>• All represented races and ethnicities in Tulsa receive mental health services and supports responsive to their unique culture.</li></ul>
Trauma Healing and Community Resilience	<ul style="list-style-type: none"><li>• All Tulsans trust and build connection with all other Tulsans.</li></ul>
Unhoused Stabilization	<ul style="list-style-type: none"><li>• All unhoused Tulsans receive individualized, wholistic care during housing stabilization.</li></ul>



City of Tulsa Mental Health  
Work Overview  
Rebecca Hubbard, PhD, LPC, CFLE  
Chief Mental Health Officer

**Commonly Used Acronyms**

SUD/ODU – Substance Use/Opioid Use Disorder  
SI/SA – Suicide Ideation/Suicide Attempt  
IDD – Intellectual and Developmental Disabilities  
EBP – Evidence Based Practices vetted and identified by SAMHSA  
SAMHSA – Substance Abuse and Mental Health Services Administration  
SOC – System of Care  
SED/SMI – Serious Emotional Disturbance/Severe Mental Illness  
DOJ – Department of Justice  
TPS – Tulsa Public Schools  
HMPI – Healthy Minds Policy Initiative  
TPD – Tulsa Police Department  
TFD – Tulsa Fire Department  
CRT – Co-Response Team  
IRT – Integrated Response Team  
ART – Alternative Response Team  
ORT – Opioid Response Team  
CARES – Community Assistance Referral and Education Services  
OAG – Oklahoma Attorney General

**Youth and Young Adult Mental Health and Resilience**

**Children's Mental Health Initiative (CMHI; SAMHSA 2023-2027 \$4M grant, can reapply for multiple grant cycles)**

The Children's Mental Health Initiative is a Systems of Care (SOC) effort to adapt the way we approach children's mental health in Tulsa. The philosophy of SOC is to provide care in an effective, compassionate, individual/family-centric manner. The intent is to increase capacity in Tulsa to serve children in need, increase coordination among different providers and organizations, and gain a better understanding of gaps in the system of care for children and families.

***Current CMHI Goals:***

- Establish the Tulsa Children's Mental Health Initiative (CHMI) Governance Team, a sustainable infrastructure that will support the SOC for children, youth, and families in Tulsa at risk for or with SED/SMI.
- Decrease mental health related youth admissions to emergency departments and unnecessary inpatient admissions for children/youth with SED/SMI.
- Increase access to an array of evidence based and culturally relevant crisis stabilization, intensive home and community-based (IHCB), and targeted and intensive case management services.
- Increase youth and family voice, leadership, and support services in the City of Tulsa.
- Increase the number of pediatric primary care and ER providers to address youth suicide prevention and mental health crisis.

***Current Sub-Awardees:***

- Family and Children's Services
- Counseling and Recovery Services
- Oklahoma Family Network
- Healthy Minds Policy Initiative

**Community-Based Violence Intervention Initiative (CVI; DOJ 2024-2027 \$2M grant)**

The Tulsa Community Violence Intervention Initiative (CVI) is a Bureau of Justice Community-Based Violence Intervention and Prevention effort meant to interrupt violent crimes by 12–34 year-old boys/men and assist them with redirecting their path toward resilience. This initiative leverages a successful, nationally recognized, evidence-based model, integrating law enforcement, grassroots organizations, outreach workers, credible messengers, and behavioral and social service providers, to reduce violence in neighborhoods. Through a public health approach, with community partners, the intent is to lower violent crimes, build neighborhood safety, and foster youth and young adult resilience.

***Current CVI Goals:***

- Decrease violent crimes (e.g., homicides and non-fatal shootings) for youth and young adults (age 12-34) in Tulsa.
- Improve neighborhood safety and community resilience.

**Opioid Abatement Response (OAR)**

As part of the Tulsa Opioid Abatement Response (OAR) discussed below, TPS is providing comprehensive substance use prevention training and education to students and staff.

***Current OAR Goals:***

- Increase TPS staff knowledge and skills related to overdose prevention, Botvin Life Skills training, substance use prevention, and opioid use prevention.
- Increase TPS students' and families' knowledge and skills related to substance use and opioid use prevention and Botvin Life Skills.

**Children's Mental Health and Family Resilience Coalition (CMFRC)**

Statewide collaboration of leaders from various sectors (education, medicine, government, justice, higher education, nonprofit, faith-based, community-based) across Oklahoma communities meet monthly to support each other in an effort to promote mental wellness and resilience in children and families through systems level changes improving children's mental health and resilience in Oklahoma.

***Current CMHFRC Goals:***

- Validate each other in our respective fields as we engage with families and children with a mental health and resilience lens.
- Facilitate the efforts and work our partners and others are doing to support children's mental health and resilience.
- Communicate with one another about current struggles/adversities and new-found solutions, important policy considerations, and other events, activities, programs, etc. relating to our work with children's mental health and resilience.
- Innovate potential solutions to current real-world challenges, working together in real time to share ideas and support effective change for children's mental health and resilience in our respective communities and across Oklahoma.



## **Substance Use Recovery**

### **Opioid Abatement Response (OAR; OAG 2024-2026 \$700,000 grant, reapplying for expansion, 15 more years of funding)**

The Tulsa Opioid Abatement Response (OAR) is intended to be the first step in a comprehensive city-wide approach to addressing opioid and substance use disorder (OUD/SUD) in Tulsa and supporting sustained recovery for our community members. In partnership with the Tulsa Fire Department (TFD), Tulsa Public Schools (TPS), and Healthy Minds Policy Initiative (HMPI), the Mayor's Office of Resilience and Equity (MORE) are implementing a foundational step to a multiphase, multi-partnered, multitiered City-wide substance use prevention, early intervention, and sustained recovery infrastructure for the City of Tulsa.

#### ***Current OAR/SUDR Goals:***

- Decrease adult overdoses and near overdoses.
- Decrease youth overdoses and near overdoses.
- Increase funding to support City-Wide Substance Use Recovery strategic plan and related goals, objectives and action steps.

## **Suicide Prevention**

### **City-wide Suicide Prevention Strategic Plan (SPSP)**

A collaboration of leaders from various sectors (mental health, education, medicine, government, justice, higher education, nonprofit, faith-based, community-based) across Tulsa convened to develop and implement a city-wide suicide prevention strategic plan. Development of strategies, goals, objectives, and implementation plan are in process. Center for Disease Control's Suicide Prevention Resources for Action, Zero Suicide Framework's Core Components of Safe Care, Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework, U.S. Department of Health and Human Services' National Suicide Prevention Strategy, Suicide Prevention Resource Center's Local Suicide Prevention Infrastructure, and Education Development Center's Seven Elements of Effective Community-led Suicide Prevention serve as the foundation and guiding documents for the development of this strategic plan and subsequent work.

#### ***Current SPSP Goals:***

- Decrease adult suicide attempts and completions across demographics in Tulsa.
- Decrease youth suicide ideation, attempts, and completions across demographics in Tulsa.
- Increase access to suicide ideation treatment and support.
- Increase access to suicide completion postvention support within the community.

## **Mental Health Crisis Response**

### **First Responders Advisory Council (FRAC)**

The First Responders Advisory Council (FRAC) is a collaborative effort to redesign mental health crisis response in Tulsa. FRAC currently consists of TPD, TFD, 911, City of Tulsa, and Family and Children's Services/COPES (Community Outreach Psychiatric Emergency Services: mobile response). FRAC is piloting a new call triage for mental health crisis calls. There are 5 co-response models who respond to mental health crisis calls – CARES, CRT, IRT, ART, ORT.

#### ***Current FRAC Goals:***



- Decrease TPD response to non-public safety mental health calls.
- Increase mobile integration health response to mental health calls.
- Increase crisis mental health response access to continuum of care.
- Decrease high utilizers of 911 and emergency departments.
- Increase and improve access to services and resources for unhoused and all Tulsans as needed.

## **Culture Responsive Support**

### **Culture Responsive Access to Care (CRAC)**

This is an initiative to attenuate the gap between culture and mental health services. Leaders in specific populations will be trained in mental health and related topics to assist as a frontline support to individuals and families within that demographic. Community liaisons will also be identified and trained to assist individuals and families of that demographic in accessing mental health services, when needed.

#### ***Current CRAC Goals:***

- Increase mental health awareness and decrease mental health stigma in culturally diverse populations in Tulsa.
- Increase access to mental health care, when needed, for residents from diverse backgrounds.
- Increase diverse representation in mental health care workforce.

## **Trauma Healing and Community Resilience**

### **Community Engaged Genealogy Project (CEGP; DOJ 2022-2025 \$1M grant)**

The Community Engaged Genealogy Project is intended to help facilitate identification of descendants of the Tulsa Race Massacre, connect them with their history and ancestry, and facilitate community education about the Tulsa Race Massacre (TRM). This is a three-year grant from 10/01/2022-09/30/2025, with total award of \$1,075,000.00.

#### ***Current CEGP Goals:***

- Increase engagement in genetic genealogy and family ancestry tracing with the North Tulsa/Greenwood residents.
- Increase trauma-responsive, culturally relevant support to descendants of the Tulsa Race Massacre.

## **Homelessness**

### **Unhoused Individualized Care Plans (UICP)**

This is an initiative to provide whole person support to unhoused individuals and families as part of a housing stabilization process. Social determinants of health will be assessed and provision of support services will be coordinated across community partners to facilitate comprehensive support during and after obtaining housing.

#### ***Current UICP Goals:***

- Provide assessment-based individualized care during housing to unhoused individuals in Tulsa.
- Provide coordination services management for individualized care and stabilization to unhoused individuals.