

Behavioral Health Advisory Council
Meeting Minutes
September 3, 2014

Mission Statement:

The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State

Present	Eleanor Owen, Phillip Gonzales, Heather Maxwell, Jo Ellen Woodrow, Susan Kydd, Becky Bates, Mary O'Brien, Beth Dannhardt, Annabelle Payne, Carrie Huie-Pascua, Steve Kutz, Pamala Sacks-Lawlar, Tory Henderson, Ron Hertel, Kristen West, Vanessa Lewis
Not Present	Mark Freedman, Dan Halpin, Shelli Young, Armando Herrera, Sandy Gregoire, Barb Putnam
Members Excused	Dawn Maloney, Marci Arthur, Kathleen Arnold, Marilee Fosbre, Rae Simpson, Cathy Simpson
DBHR Staff	Chris Imhoff, Kara Panek, Melodie Pazolt, Margaret Tully, Sandra Mena-Tyree
Minutes taken by	Donlisa Scott
Call to Order	Meeting was called to order at 9:07 by Susan Kydd
Director's update <ul style="list-style-type: none"> • Integration • Boarding 	<p>Chris shared headlines and news coverage about the WA State Supreme Court's ruling on psychiatric boarding and lack of treatment beds in our systems. You will hear it referred to as DK versus DSHS. 10 individuals were joined by the Franciscan and Multicare System and they sued DSHS and Pierce County. Pierce County was named because the original boarding cases were being held in Pierce County courts. The case went through the courts and got to WA State Supreme Court who had a little more technical ruling than lower courts. The Supreme Court ruled very swiftly and their decision was 9 to 0. They said we violated our own WAC because patients were not given evaluation and treatment they were detained for. The Supreme Court decision does not create capacity. It doesn't solve the problem but puts a burden on State, regional networks and hospitals. When we got the ruling we worked quickly with the Governor's office. He made a swift decision and allowed us to develop some capacity for treatment. There are several things going on with the decision. The case itself was decided, but the state and several community organizations appealed it for a 120 stay which was filed a week ago. The Supreme Court is going to discuss that on Thursday 9/4. They could issue a decision tomorrow regarding the 120 stay. Several plaintiffs opposed the stay and said their detention should be overturned. We are trying to avoid an emergency. At the state level we hope they grant us the stay. We have been talking with a couple of community psychiatric facilities that are expanding their bed capacity. Cascade and Fairfax are the facilities. Immediately we are looking at these facilities and asking how fast they can open beds. Our concern is that we won't be granted the stay and will have emergencies tomorrow 9/4.</p> <p>Enhanced Service facilities come on in 2015 (SB5732). We hope that will make a difference with long term care for older adults. 5% set aside that we are required to make of our block grant to do prevention and early intervention activities. That deals with</p>

	<p>first episode psychosis.</p> <p>INTEGRATION – Mental Health and Substance Abuse. We still have statutory day of 4/2016. Our work is around actuary to set chemical dependency rates. It is not a simple actuarial process. We have to look at what is a really adequate penetration rate and overall rate. An issue with integration is residential beds.</p> <p>Carrie thanked Chris and asked what she would like to know what she would like to hear from council so that BHAC is effective. Chris shared that because BHAC is comprised of both communities and systems, the non-clinical stuff was important to hear. We need to build early intervention and transition support. What helps a person not get to acute state, or if you have an acute episode and a transition that lasts.</p>
<p>Welcome, Introduction of new members</p>	<p>Vanessa Lewis – Department of Vocational Rehabilitation DVR Governor’s Advisor Council. Works with PAVES.</p>
<p>Review of agenda and previous meeting minutes</p>	<p>TA Needs Assessment – Jo raised a concern regarding the answer provided in the minutes to the workgroups and subcommittees question. The notations in the minutes indicated a response of No. However, Jo had concerns that Council had responded Yes. After a short discussion Steve Kutz indicated that his notations also reflected a No response. Carrie said that we want minutes to reflect what council responded to during our meeting.</p> <p>Motions to accept minutes with were approved by council.</p>
<p>Performance Measures</p>	<p>Kara Panek – Provided handouts and discussed the Performance Measure developed under SB 5732 and GHB 1519. 2013 two bills that were passed during the legislative session. Both required DSHS and HCA include specific performance measures. SB 5732 was about improving mental and behavioral health/adult health care system. 1519 was broader long term services and results.</p> <p>Performance Measures include children and youth. More of a focus on adult, but, measure does include youth.</p> <p>Kara.panek@dshs.wa.gov</p>
<p>PORCH / Housing</p>	<p>Melodie Pazolt provided handouts and gave an overview of the Housing, Employment, activities that DBHR is doing, and SB6312. Whatever BHOs look like we have included housing and employment as part of the package. We are relying on grants and opportunities to bring resources to state to start piloting. We have a number of demonstration projects happening about housing services.</p> <p>DBHR has been embarking on policy academies. State agencies, individuals, stakeholders, and other systems to bring together and develop strategic plan to address a particular issue. We have been bringing stakeholders to develop strategic plan to address chronic homelessness. Melodie will provide strategic plan to BHAC council.</p> <p>Permanent Options for Recovery Centered Housing (PORCH) is about to enter its 5th year. Certified peers provide supportive housing services. Housing is getting more attention.</p> <p>We introduced a project called Photo Voice to get feedback on impact of the services. Using this national model, we gave individuals cameras and asked them to record their intervention through PORCH project. We then took their picture and quotes and created a PowerPoint presentation to inform and educate</p>

	<p>people on the PORCH projects.</p> <p>Access to Recovery is another grant that we have been working on but is ending.</p> <p>PATH – Goal of PATH is to go out identify, connect, and reach homeless people onto housing, benefits and recovery.</p> <p>14 outreach teams in WA to help homeless</p> <p>Building on success of PORCH project we received another grant in September called BRIDGES, Bringing Recovery Into Diverse Groups through Engagement and Support. Marge Tully is the Project Manager for the BRIDGES program.</p> <p>BRIDGES funds outreach teams in three parts of state to people that are chronically homeless and have issues with substance abuse. The team is made of three staff, employment, housing specialist and peer navigator. They connect with people chronically homeless and help them get housing, employment and benefits.</p> <p>Located in Spokane, Snohomish county and the state department of Veterans Affairs. We just received supplemental grant to expand and will work with state department of Veteran’s Affairs and put veteran benefit specialist as part of outreach team.</p> <p>BEST – Becoming Employed Starts Today. Supported employment. Enhancing strategic plan, will hire state wide supported employment trainer. This is the newest grant we are launching in October.</p>
<p>Peer Reviews</p>	<p>CD Peer Reviews – Info on CD Peer review is delayed. We asked for volunteer chemical dependency professionals to do peer reviews and volunteer treatment agencies to also volunteer. We had to do a random draw, all providers put in computer system (except those who reviewed last year) we selected 12. We have to do 5% of providers that receive block grant funding. They were identified last week and will be sent the formal letter on September 4th. This is not an audit, it is a review. We will be done by September 30th.</p> <p>Training and orientation for peer review will take place on September 9th.</p> <p>The 2015 Peer Review Report meeting scheduled for October 15, 9am-3pm. All provider names, addresses, and peer reviewers names will be redacted. BHAC will review this Peer Review report during the November 5th BHAC meeting. Sandra Mena-Tyree will send reviews to BHAC prior to council meeting in October. Sandra Mena-Tyree needs final report from BHAC by December 1, to forward to SAMHSA.</p>
<p>Block Grant</p>	<p>BLOCK GRANT - Application moved from September 1 to April 1. The state applies as a combined block grant. Statewide plan covers both programs. However funding is still separate, for mental health and chemical dependency.</p> <p>Audits July 2015 from SAMHSA; one for mental health block grant and one for chemical dependency. Each one has requested four pages of documents of information prior to send to them.</p> <p>5% set aside plan has been approved and includes – We can only use on transitional age youth, 18-25 year olds. A care coordinator position will be created which will be to review and evaluate programs. They will review and evaluate programs, meeting with stakeholders and groups. We have two years to</p>

	<p>spend funds that have been set aside for new requirement. It is an instruction from congress to the states.</p>
<p>Council Business Recruitment</p>	<p>Applications were reviewed. There are fifteen open positions and as of today there are nine recommendations. Two applicants of children with substance and mental health issues under 18 years old. Jennifer Bliss is working to recruit youth. Eleanor has agreed to represent the elderly. A primary care health provider was identified by Eleanor Owen and recommended for membership. There was discussion about priorities for membership recruitment and the need to fill required slots first. We haven't received any applications from employer's that deal with hiring people with mental or substance abuse issues. Six of the recommendations are on the chemical dependency side. Chris has to approve the membership and send letters to new members. BHAC will need to determine how to provide orientation to nine new members. SAMHSA has certain categories for membership. Chris Imhoff does not want a council bigger than 35. Jo proposed that in six months we look at adding categories to ones we aren't currently filling. She mentioned that Eleanor's role on the committee is currently family member of mental health and would like to be older adults/elderly. They would like to ask Jeanette Barnes to be family member of a mental health person. We may be asking other council members to help with orienting new members. Eleven names have been given to committee for membership approval and then will go up to Chris Imhoff for her approval.</p>
<p>Bylaws</p>	<p>Name, Authority and Purpose - Jo Woodrow – said Section 1 fine, 2 fine, Section 3 – all fine – would like to see one other sentence. ADD – ‘Statement G’ – We advocate for populations with substance use disorders, mental health and co-occurring disorders, and problem gambling, including children.</p> <p>Page 2 – Responsibilities page 2 under A ADD - We reviewed the federal block grant in compliance with federal guidelines.</p> <p>Substance Abuse Disorder to replace Chemical Dependency throughout document.</p> <p>Page 2 NEW MEMBERS SECTION – Adding another step – After goes to Executive Committee then to full council for vote then to Director of DBHR for approval.</p> <p>Page 3 – Composition at top B, - We will be in compliance Section 5 – Term of Membership – 3 year term (then take a year off) Take planning off (not a planning council)</p> <p>Page 3 B – leave out chair , and (add an ‘s’ to co-chair) Alternates – State agency and council member - Remove Council Member. (Council Member alternate can't vote and won't be reimbursed)</p> <p>Page 4 – Meetings Item A – Agenda items are not decided at close of meeting (remove this sentence) – revise lettering in this section on Page 4 QUORUM stays the same</p> <p>Page 6, Section 4 Nominating Committees – ADD ‘chair will appoint? 3 months/90 days prior to elections’. <u>Planning/Programing name to Executive Committee</u></p>

	<p>throughout document.</p> <p>Grievances should go to Executive Committee (vs. Ad-hoc) if not resolved with go to DBHR</p> <p>Cut out last sentence on 1st paragraph 'Council chair/co-chair Adhoc xxx/ ADD – The executive committee will establish a Grievance Committee.</p> <p>Bylaws were voted on and were unanimously passed by committee.</p>
<p>Strategic Planning</p>	<p>The Strategic Plan will be added to agenda for next meeting</p> <p>Pam made a motion that the Chairs send a letter within 30 days to SAMHSA for technical assistance for strategic planning.</p> <p>It's was moved and 2nd by Phil that Council will send a request to SAMHSA for technical assistance for strategic planning. Pam amended the motion and Susan 2nd it that letter goes out to SAMHSA from chairs within 30 days.</p> <p>The motion passed that chairs will send letter to SAMHSA</p>
<p>Review Action Items – July 2014</p>	<p>Council recommended that integration with primary care be added as a standing agenda item.</p> <p>Carrie asked if membership committee could contact Tamara Johnson – Youth in Action</p> <p>Susan will send most recent revision of the Bylaws to council with markup and a clean one for everyone. Eleanor recommended that we include a definition of 'behavioral health'.</p> <p>It was agreed that we would conduct a strategic planning session at the next meeting to determine priorities, goals, and action plans and that Sandra agreed to find help for this from SAMHSA.</p> <p>Workgroups and subcommittees – Sandra mentioned that we add this as an Action Item. How do we ensure that there is an integrated discussion as part and don't weigh heavily on one side or the other?</p>
<p>Meeting adjourned</p>	<p>2:58 pm</p>