

**Behavioral Health Advisory Council
Meeting Minutes
July 8, 2015**

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:	Annabelle Payne, Armando Herrera, Becky Bates, Beth Dannhardt, Carolyn Cox, Eleanor Owen, Jeff Aldrich, JoEllen Woodrow, Kimberly Miller, Linda Kehoe, Mary O'Brien, Myra Paull, Phillip Gonzales, Susan Kydd, Ron Hertel, Pamela Sacks-Lawlar, Tory Henderson, Shelly Young <i>Visitors: None</i>
Members Excused:	Moirra O'Crotty, Norrie Gregoire, Kathy Morgan, Barb Putnam, Heather Maxwell, Kristina Sawyckyj-Moreland, Vanessa Lewis
Not Present:	Carmen Pacheco-Jones, Dawn Maloney, Elizabeth Andrews, Sandra Koloske,
DBHR Staff:	Ken Rosario, Sandra Mena Tyree, Michael Langer, Chris Imhoff
Minutes taken by:	Martha Williams
Welcome, Review of agenda and previous meeting minutes:	Meeting began at 9:11 am. Members discussed the SAMHSA visit and expressed concern regarding the guiding of the SAMHSA conversation by DBHR. DBHR responded that the SAMHSA session with BHAC representatives and that DBHR was not invited. DBHR encouraged BHAC representatives to be completely truthful in their response to SAMHSAs questions. May Agenda adjustments were made. It was moved and seconded to accept the minutes as amended.
Strategic Planning: Environmental Scan and ID strategic Objectives	Susan Kydd: Members began discussing the trends affecting BHAC and the community. Overarching themes were: Stigma, Money, System Capacity, Prevention, Leadership, Policy concerning Trauma Informed Care/Shifting Treatment Paradigm/Systems of care, Integration, and Data/IT. Members then participated in voting to guide the council with the most important trends. Members agreed that Prevention and Resilience, System Capacity, and Paradigm Changes (which includes Recovery, Trauma Informed Care, Systems of Care) were the subject areas upon which BHAC should focus. Next steps: Strategic Planning Committee will begin working on this prior to the September meeting. Later in the meeting, members suggested to tag team with other advisory groups re: their strategic plans and focuses.
Block Grant Review: Webinar Highlights, Application and Report	Sandra Mena Tyree: Webinar highlights include Technical Assistance, how needs assessments are driving decisions, and funding agreements. The webinar leaders advised that plans include information on access to services. Council members wanted to know who the groups were who were spearheading the legislative move toward not including prevention. First Draft of the Block Grant Application was shared with Members. Members reviewed the application prior to providing input. The requirements of the Block Grant were reviewed. The application will be

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	<p>posted on the DBHR website with the opportunity for community members to provide suggestions and comments which will be directed to Sandra. Members commented on the positive aspects of the application, and recommended that the following be touched upon *outreach to employers, *skill building, *mental health wellness with targeted-innovative pilots, understanding the counties as partners. Members also suggested that review of how the grants are put together, as well as the timelines of the grant versus what is happening in the community also be included. Ron Hertel volunteered to query his school districts regarding the one-tenth of one percent of funding and what is being done in the community with those dollars.</p> <p>Application Priorities were reviewed. Members commented that some of the language regarding Mental Health and resiliency is missing, and recommended that language be reinstated. Other specific areas of the application commented on, include:</p> <p>Page 33 – members requested a key for colors. Members were concerned that the outcomes for Mental Health is mostly coded red, including Mental Health efforts on the local level, whereas Substance Abuse/Chemical Dependency is green and yellow.</p> <p>Page 43 – members suggested the grid should include other areas. A discussion followed concerning integrating services and the Block Grant requirements. Members suggested adding unmet needs data, with a new section on health care reform which is driving the changes in primary care. Members suggested “braiding” the funding to support services, but the requirements of the grant does play into the restrictions.</p> <p>Pages 7, 13 – Members requested an explanation re: data provided, separating outputs from outcomes, four vs. six conferences, (page 7) patient vs. client/enrollee or other descriptive word, WHYs long-term plan funded by Medicaid.</p> <p>Page 60 – members requested to separate the “what has been done” as well as “what is being planned post-April 2016”.</p> <p>Page 63 Residential – members suggested clarifying the transportation subject.</p> <p>Page 34 – Comment column, fifth cell down – Sandra will check concerning single-bed certification. Members requested an over-arching addition of workforce issues. Members requested language regarding the response to target trending areas (Heroin, Meth, etc.)</p>
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	<p>happening across the state is preferred and allows DBHR to make many decisions quickly.</p> <p>July 1 was the release of the questions to which RSN/BHOs need to respond considering their ability to provide. DBHR will provide technical assistance, and other options to the contracts. Medicaid/Block Grant priorities for consumers were explained. Members expressed concern with Mental Health/primary care combined access. There are a lot of other elements that will be worked on while BHOs are responding to questions. Bringing Chemical Dependency into managed care is a complicated process. Chris provided information about managed care and federal match dollars.</p> <p>Chris suggested that BHAC have someone from the early adopters present at BHAC to better educate members on the process and system.</p> <p>Budget: Some of the state dollars for Mental Health was taken away because federal money was made available. A summary document will be provided to employees and community. However, it was not finalized by this meeting. High level overview was given; the summary document will be provided to members once it is final.</p> <p>I-502: Michael Langer provided an overview of the I-502 related budget. There were some surprises, and the department is working on interpreting the law.</p> <p>True Blood Lawsuit puts a seven day limit on the time people are in jail prior to receiving a Mental Health competency evaluation and treatment.</p> <p>Joel's Law has been funded.</p> <p>The Capital Budget has several provisions for Mental Health funding along with other department supported interests.</p>
Wrap Up and Action Items	There were no action items identifies.
Recommendations	There were no recommendations.
Adjourned	Meeting adjourned at 3:05 p.m.