

Behavioral Health Advisory Council
Meeting Minutes
July 9, 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, Becky Bates, Carrie Huie-Pascua, Annabelle Payne, Heather Maxwell, Pamala Sacks-Lawlar, Susan Kydd, Mary O'Brien, Philip Gonzales, Jo Ellen Woodrow, Stephen Kutz, Kristen West, Shelli Young, Tory Henderson, Mark Freedman,
Not Present:	Dorothy Flaherty, Stokely Leggett, Glen Ludwig, Kathy Morgan, Barb Putnam, Alison Robbins, Ken Ryan, Rae Simpson, Tim Smith, Bianca Stoner, Cassie Undlin, Dan Halpin, Monica Reeves, Dawn Maloney, Ron Hertel, Cindy Robison
Members Excused:	Beth Dannhardt, Sandy Gregoire, Armando Herrera
New Members	Kristen West, Evergreen Council of Problem Gambling, and Shelli Young, Snohomish County Association of Human Services
DBHR Staff:	Chris Imhoff, Sandra Mena-Tyree, Scott McCarty, Jeanette Barnes
Minutes taken by:	Donlisa Scott
Welcome, Review of agenda and previous meeting minutes:	Meeting called to order at 9:15 a.m. Minutes from May 7, 2014 meeting were approved by council. Melodie Pazolt was unavailable to provide an update on PORCH/Housing. Jennifer Bliss was added to the agenda to share information about the Leadership and Advocacy Training and Peer Support Training. LaRessa Fourre was on holiday and not available to present on the CD Peer Review.
Council Business	<p>PIWG/QRT – Jo Woodrow provided a summary of what they are doing. 2 groups are looking at getting data uniformed, boundary lines changed for RSNs. Lot of changes and involuntary treatment. They are trying to put something together for the legislature.</p> <p>Behavioral Healthcare Conference – Held in Yakima annually. Every year council offers stipends for council members to participate and pay for costs of attending. Susan Kydd provided an update. There were many to sessions about integration with primary care and how to go about it.</p> <p>Membership Committee – BHAC is currently down by 15 members. The main gap is parent of children with chemical dependency issues. There are about 30 applications that are outstanding and the membership committee will contact the applicants. There was a robust discussion about the need for new members. Recommendation for members were for physicians (nurse practitioner or someone in primary care), older adults, caregivers, youth, children under 18, Faith-based organizations that have youth groups interested in chemical dependency, someone with co-occurring disorder from a consumer perspective, rural communities, parents with children under 18 that are in the system, caregivers of individuals with dementia. Sandra said there was no representation for problem gambling, large employers, or child welfare. Shelli Young mentioned a sub-committee could be created to could give recommendations on how to engage youth. Phillip shared that the YMCA has mentors in their 20s that have are no longer gang members. If we have a problem getting youth, we can get in touch with the YMCA and the folks that mentor young gang members that can give perspective from poverty or minority community and deeply involved with drugs and alcohol.</p> <p>If anyone has any strong recommendation for specific expertise for the council please share the information with the Membership Committee. Susan Kydd recommended developing a timeline and allow for Tamara Johnson of Youth in Action to provide information on how to engage with youth at a future meeting.</p> <p>Location Recommendation – The council will continue with alternating locations in the Sea-Tac and Olympia area.</p>
Bylaws	Bylaws – Will be discussed during next the meeting.
Director's Update Chris Imhoff	Org Changes – We have not completed the organizational changes. We will keep you posted of any other changes. The biggest change is to combine children mental health with the same structural unit as chemical dependency/prevention team so we can start. We hope there is an opportunity to integrate services across the board. Mental

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	<p>health and chemical dependency services for children should be together. As time goes on we will look at function vs. programs.</p> <p>BHO Transition – Chris provided an update. There is an early adopter option in the bill that allows regions to go to full integration early. Bulk of work is being done through HCA. The law talks about building incentives to get better outcomes for integration. Someone asked if there were incentives. Chris said she would like BHAC to think about what is important to talk about as we envision a new contract. If incentives are important let us know what you want to incentivize. Cara Pannick was recommended to come to a future meeting to discuss how we measure contracts in the future. We are receiving questions and we will post answers on the website where people can search for information on the bill.</p>
Block Grant	<p>CD Peer Review, MHBG 5% Set Aside for FEP- Letters requesting volunteers to be peer reviewers went out to chemical dependency treatment providers for the peer reviews. 2 people have contacted Sandra and want to be reviewers, and 1 facility has offered to be reviewed. She needs 16 reviewers and 8 agencies. One facility has offered their facility to be reviewed. Sandra will send forms that peer reviewers will use to BHAC and will need BHAC to look at them quickly. In August the Peer Reviews will take place. Reviews have to be completed by September. Mental health has already started their peer review process and is nearly complete. 5% of community mental health agencies get reviewed, 5% peer support individuals as well. Reports will come in shortly.</p> <p>New requirement from SAMHSA – We have now been required to use 5% of mental health block grant dollars to develop systems regarding transitional age use with first episode psychosis. Every state is required to tackle this issue. It is an early intervention focus for 15 – 25 year olds. First year will be used for planning about \$500,000 to work toward direction of what to do to support effort. We are doing a lot of planning on EBPs and a program that congress is looking at called RAISE and PIER. When SAMHSA accepts the plan Sandra will share it with BHAC. LaRessa Fourre will be lead on this project LaRessa was on vacation and unable to provide an update. She will provide an update at the next meeting.</p>
Leadership and Advocacy Training, Peer Support Training	<p>Jennifer Bliss from the Office of Consumer Partnerships provided an update and handout. They have an ad-hoc group studying peer support. Support for integration runs at 91%. Barriers to integration – people wanted curriculum integrated, pretty strongly that it be put together and be Behavioral Health. It is a priority next year to make curriculum integrated. Peer support is really important to consumers.</p>
Marijuana Update Scott McCarty	<p>Emergency rules with WSLC on retail licenses were issued and some stores opened on Tuesday. There are still moratoriums and zoning restrictions. Some lawsuit will be filed against jurisdiction because they are not allowed to open a licensed business. The AG put out an opinion that state could force local jurisdictions to allow license retail business to open. Edibles – every product that is an edible has to go to WSLC and they will review product and packaging to determine if they will allow it to be sold in retail stores. This is only for recreational marijuana. They will look at things that appeal to youth, i.e. fruit products.</p> <p>In August some ads will run and some PSAs are being sponsored by DOH. DSHS developed an Underage Marijuana Use Prevention Toolkit. Toolkit is available online at dshs.wa.gov/dbhr</p>
TA Needs Assessment	<p>SAMHSA sent paperwork regarding council and Sandra shared with BHAC and they discussed the needs assessment.</p>

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	<p>TA Needs Assessment – BHAC council reviewed questions and answered as follows:</p> <p><i>Does the name reflect 'integration'? Yes</i></p> <p><i>Council charge – Are groups charged to work on mental health? Yes</i></p> <p><i>Mission Statement – Yes</i></p> <p><i>Bylaws – Yes (still a draft in progress)</i></p> <p><i>Membership – No</i></p> <p><i>Staffing – Yes</i></p> <p><i>Agendas – Yes (Recommended adding another column to the agenda that includes action items and who is responsible).</i></p> <p><i>Workgroups and subcommittees – No</i></p> <p><i>Block grant application – Yes, Yes – Reporting sides are separate and money that comes in is separate. The plan is combined chemical dependency, mental health, and problem gambling.</i></p> <p><i>Fiscal information – Yes. We have requested and received info on where money goes.</i></p> <p><i>Service – Data? – Yes</i></p> <p><i>Familiar with mental health requirements – Yes, Sandra said there should be reoccurring presentations on the block grant and how it goes in plan. To remind them of what is in block grant, purpose, etc.</i></p> <p><i>Substance abuse requirements – No</i></p> <p><i>Special projects – No</i></p> <p><i>Block grant review process – We chose to do integrated – YES</i></p> <p><i>Substance abuse council – No</i></p> <p><i>Greatest challenges – Good relations with 1st one. We did not think our "integration" gap assessment and strategic planning was adequate. Specifically that we needed to prioritize what our focus/goals will be and create action plans accordingly, and then ensure there is follow through.</i></p>
<p>Action Items</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 copy of 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 our next meeting to determine our 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>Adjourned</p>	<p>Meeting adjourned at 3:35 pm</p>