Behavioral Health Advisory Council
Meeting Minutes
November 16, 2018 – Blake East Building

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:	**Attending in person**: Becky Bates, Beth Dannhardt, Cathy Callahan Clem, Dennis Swennumson, Haley Tibbits, Jeff Aldrich, Jorden Rosa, Kristina Sawyckyj, Linda Kehoe, Nelson Rascon, Phillip Gonzales, Richelle Madigan, Susan Kydd, Trish Benshoof, Emily Boniface, Tory Henderson, Karen Huber, Sandra Mena-Tyree, Janet Cornell, Lois Williams **By Phone**: Carolyn Cox, Mary O'Brien, Paul Neilson, Vanessa Lewis **V*isitors*:** Stu Parker, Janet Fraatz, Josh Wallace, Shelby Satko, Mallory Peak, Cindy Olejar
Members Excused:	Myra Paull, Lim Leingang, Katie Mirkovich, Michael Reading, Jenni Olmstead
Not Present:	Annabelle Payne, Cary Brim Reid, Connie Batin, Kimberly Miller, Moira O'Crotty, Sharon McKellery, Shelli Young, Bryan Smith, Cary Retlin, Teesha Kirschbaum, Michael Langer, Pamala Sacks-Lawlar, Ron Hertel, Ruth Leonard, Steve Kutz, Marci Arthur, Jennifer Bliss, Kara Panek
Minutes taken by:	Lois Williams
Call to Order	The meeting was called to order at 9:00 a.m.
Welcome, Introductions, Review of agenda, Review September minutes, amendments proposed, and approval of September minutes	A quorum was reached. Everyone introduced themselves and shared a brief history. Phillip asked for contact information for everyone and he will send an updated list out to the group. Becky asked Phillip to update on Council openings. He will be talking with Janet about the current openings. It was noted that the Department of Commerce will need a new representative. Becky asked the group to review the agenda. A review of the September minutes was tabled for the next meeting. Sandra reminded everyone of the reimbursement requirements and how to get travel booked by DBHR.
Community Hospitals/Free-Standing E&Ts for Long-Term Mental Health Inpatient Beds	Margo made her presentation over the phone. She has been working for 8 months to enact the Section 204Q of the enacted 2018 Budget. She wants to purchase 38 beds in the next fiscal year for court ordered admissions to reduce the state hospital waiting list. The goal is smaller facilities that are closer to their communities. Currently have 20 beds on line and expecting 12 more in December. These are for 90 to 120 day court ordered treatment, but must be clinically appropriate for that facility to get the care needed and then be discharged into community. Will be filled first with 14-day holds and then others. 90-180 can be filed at any time during the ITA. It can be 14 or up to 90 days. There are different standard practices among the courts. The date begins on the date of court order or bed date. There is only one place for medically compromised individuals. Authorization process, billing and discharge will be tracked. Instructions are on HCA website. There needs to be lots of planning for smooth discharges. Contact information was shared. Phillip asked if there are special security plans. Margo said based on clinical appropriateness; if not good fit, then will go to state hospital. Question about Yakima, there are 13 beds there. Goal is to try not to transfer if getting appropriate treatment, so long-term treatment is at initial intake facility. Becky asked about staffing. Margo said everything

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	should remain the same, just the location of the beds has changed. Working to add additional peer bridgers.
Peer Review Team Outcomes	Becky shared that she needs to present before the break, since the meeting is running ahead. Becky asked Sandra to explain the peer review process. Sandra said it is a requirement of the Block Grant to review 5% of the agencies every year. This is not an audit, but a chance to talk about what is good and bad and to share and grow by looking at strengths and challenges. Becky said it is professional to professional (a different definition of peer). There are east and west teams each year. The west side team has turned in their reviews and some of the east side reviews are in. Becky is reviewing what she has received. She will add the rest and get it to DBHR and the council. She said that some reviews get too clinical, but she looks at the macro themes. Are there a range of services being offered? There is a robust culture of practices around cultural competency. Rural areas are traditionally limited so are there satellite offices available? She sees same day services and evidence-based practices increasing along with on-site dental and community outreach. Effective electronic recordkeeping is a challenge. Funding is needed for IT staff. Needing flexible funds to cover what Medicaid does not. Outcomes added without increasing staff load. A few report the use of certified peers and some report person centered discharge planning. Agencies are moving to outcomes and value based services. Good research in managed care. Robust discharge planning is not frequent. Jorden asked if it was a review of both the children and adult treatment. Sandra said they try to do a diverse selection. Sandra said the questions should be reviewed by BHAC. Richelle said would be beneficial if there is a differential between children and adults in accessing services. Substance use disorder treatment showed great work flow but struggling in electronic records. Serving those who are otherwise turned away. Lot of feedback from the employees. Facilities were clean and welcoming. There was thorough discharge planning. Clear goals and measurable objectives. Challenges are workforce, bilingual, transportation, detox for youth, housing issues, struggling to find mental health services. No use of the golden thread process was found. More trainings in DSM and medical necessity is needed. Childcare is needed. SUD providers feel they need more training. Agencies feel need to grow and diversify. Completion of treatment plans slow the work, and should be determined by client. Susan said SUD intake is too long and are losing their clients. Kristina said blend the intake process so there isn't a duplication of work. Maybe providing kiosks. Becky said big changes on January 1. The intake guidelines are changing. Becky attended webinar and saw that it has been simplified.

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	Managed Care has deep pockets to provide changes. Sandra said the difference between MH and SUD is the difference in block grant dollars for each system. SUD has more than MH and so MH has very little for extras. Jorden says BHOs are holding onto payments and it is negatively impacting the providers. Josh said he hears that the goal is to fulfil the treatment plan, not do what is best for the client. Phillip said recommendations should be sent to the panel. Becky said the golden thread is supposed to be implemented. Josh said the golden thread needs to come from the top down, not depend on the counties. Too much emphasis on what can be billed for. Person-centered care does not have dedicated funds. Too much emphasis on using peers because they are less expensive. Becky said the recovery model is being lost by the managed care systems, they are looking at patients not persons with lived experience. Need to have a single voice. Tory said the medical field is changing. Linda said difficulty with placing children with people in treatment. She wants to know how it affects keeping families together. Beth said it used to be that moms were placed with kids for treatment, child care was provided and moms were taught child development. Not very many agencies have joined in, so not enough room for those with multiple children. Kathy said she has a family member in Evergreen Manor and will have her new baby there for six months. She said she is doing well because this treatment is being required for six months. Beth said good example of system working, but hard to get it paid for. Substance abuse block grant dollars can be used for child care options. 5% of the dollars need to go to women's programs. Becky says the counties vary in how they use the block grant dollars. Becky said not used to fund the innovative projects as originally planned. Sandra said counties are required to submit their plans for the dollars and we are doing more monitoring of the actual spending. Becky said counties are not having meetings to get community input. Carolyn said the regions are not giving enough direction on how to get the dollars and need to continue to have regional advisory boards with more input from the communities. Sandra said there are knowledge transfer meetings being held. Phillip said more voice is needed. Jorden says the BHOs need more accountability on dispersing funds. Sandra says the state has less control than before, so they can't dictate to the BHOs. Managed care is all new and learning is still going on. EQROs are helping with quality management. There needs to be more data collected so the state and the feds can see where we are going. There are BH regional boards and maybe we need to have representatives come to this meeting. Susan asked for contact information for the county councils. Becky said to check with the counties. Annabelle said BHAC needs to connect with other groups to be a pipeline for information. Mary said the integration team is continuing to work on this. Phillips asked for the email addresses, and Sandra said she will check and it is on the websites.

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	Richelle said everyone should be responsible to connect in their areas.
Strategic Planning Project – BHAC Visibility on HCA Web page and Brochures	Susan shared the information that will be shared on the new website. This is just the information, the actual changes will be done by HCA. HCA is the overseer and will have final say. There will be wording changes. Should the word 'Consumer" go away? The page showing what the council does needs more updating as it shows the first year's work and it is in year six, so are working on a look-back and a look-forward. There will be a links and partners page. Tory asked about a council calendar to show tasks. There will be regular updates and a meetings calendar. The agendas will be posted and also the minutes. We want people to know the meetings are open to the public. It was suggested to add contact information on the main page and every page. Needs ADA information for accommodations. Who should be the contact? There is a contact email address for BHAC that doesn't show an individual's name. Provide links to what we are discussing for more information. How to provide feedback. Do we have the capacity to respond to feedback? Should it be input feedback only? The executive team should hear about any feedback submitted. Make a BHAC history page, as well as including how BHAC functions.
Strategic Planning Project – BHAC Visibility on Social Media	Jeff has contacted HCA and learned that there are already social communications set up on Facebook and Twitter. Who should be our contact for adding information? Should it be the BHAC executive committee's secretary? HCA will provide stats as to who visits the page. Tori said it would be good to put links out for additional information. Do we need to coordinate with DBHR? Can we put the calendar up? Annabelle said the BHAC executive team is overwhelmed and Kristina said she has time to help Phillip with it. Jeff will talk with HCA again about updating and responding to comments.
Anti-Stigma Campaign	Susan said that the state is giving $40,000 to do an anti-stigma campaign. Sandra said that the MH block grant had extra funds and decided to give those to BHAC. The BHAC members were very enthusiastic. DBHR will need a detailed plan from BHAC. Pamela asked about the timeline. Sandra said June 30, 2019. It was recommended to use social media to reach the youth. Josh said to aim at general population, not just our own group. Tory recommended the United Kingdom's Heads Together Campaign as an example. Pam, Kathy, Jordan, Nelson, Emily, Susan, and Dennis volunteered. Susan wants better information on addiction as a disease and that recovery is possible. Kristina wants to get input from youth. Kathy is working with youth. Sandra is excited about the ideas presented and volunteers. She asks for a plan of action at the next meeting.
Director's Update • Background checks and effect on employment • General update • Legislative issues/budget	Melody, as acting deputy director, gave the update for Michael. She reported that there has been the first round of interviews for the Director's position. There will be a meet and great with the candidates for BHAC. There have been lots of changes to the DBHR organization. Licensing and certification went to DOH. The research section went to RDA. David Reed's group went to other HCA sections and OSPI. Michael was the only original office chief left and he moved to acting director. Teesha

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	Kirschbaum and Diana Cockrell are new office chiefs. Three new grants were received and there are new grant positions. Added $22 million from the SOR grant and $5 million from Legislature. The grants have different reporting requirements and still waiting to see if the SOR grant is increased to add STR. The child and family team is increasing because of the grants received. BHO is becoming fully integrated for behavioral health care. Managed care is taking over the health care systems. ASOs as BHASO will manage the block grant. MCOs are for Medicaid. Five regions are being integrated. Managed care will contract directly with agencies to provide services. Melody will provide a map of the new regions and coverage. Needs to be integrated by 2020. Families moving through the new systems shouldn't see the differences, as this is how provider's bills get paid. There won't be a helpline for families as information is on the website regarding how to deal with problems. Western State Hospital lost funding so will become a center of excellence for forensic medicine. Need to develop resources for those who need treatment and are not part of the criminal system. There will be a opioid conversation. The leg session will be long and a lot will be regarding DBHR. There will be conversation about covering more treatment in the community. There will be more for peer services and Medicaid match. The opioid bill may include some of those. The club house report will go to the leg on Dec 1. Four decision packages were submitted to the Governor's budget. OFM has all budget requests on their website. Need to look at all the administrative effects to each proposal. Also need to try to match the available federal funds. Want to expand homeless outreach. There are 14 PATH outreach teams. Need to match the needed funding with state funding so not a burden on the providers. The process is long to predict what will be needed to be requested in the budget. Melody said there is a decision package for respite and for the gun background checks (400,000 a year). The addition of rifles and assault weapons will increase the workload. Amended the 11-14 to pay for facilities over 16 beds. The states were caught off guard because the over 16 beds cannot use Medicaid funds. We are requesting a change. Need to report back to CMS regularly. We applied for an IMD waiver. The administration has authorized all states to do the same. We got the waiver and will determine the best option. IMDs will be allowed with Medicaid. Josh wanted to know more about the respite opportunities. Asked for an update from Diana about Children's team activities.
Peer Respite presentation	Cindy shared that peer respite originated from peer support because it was needed. There are 33 respite homes in different states. Oregon has started one and Washington may be next. They are an overnight place to stay for a limited amount of nights, six homes are proposed for Washington. It is staffed by peer counselors and located in residential neighborhoods. It is voluntary and the resident must be 18 years or older. They can come and go and then return at night. Peer worker will help them to work through current problems and make good decisions. They will feel empowered to figure out wellness.

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	A video of Afiya House in Massachusetts was shared. There are important aspects of building community, support, and skills. Research show less hospital use, fewer hours of treatment, increased social skills, healing, and satisfaction, while costs were less. About a 2/3 savings. Peer support prevents trauma from hospitalization and provides community support. Heals the whole person. Peer worker training is required with some classes mandatory and others optional. Yearly trainings are required. The director has regular team meetings. Need wide range of skills and experience. Proved alternative to other treatments. Those with lived experience shared their stories. Ginger said that she was told that she would never have employment, but now is working. She has been working as a peer. However, she had a crisis and should have gone to respite but went to hospital. It affected her job security and did not get any support. Hospitalization totally throws everything off. David said that he was not supported by traditional methods, but found his path to recovery through peer support. Christine said hospitals are scary places and there is chance of overmedication. As a nurse, she saw that patients needed hospitalization or an alternative that wasn't there. She founded a healing home for peer supported treatment. Tim in mental health since 1968 became involved in the consumer support and then peer support systems. He said in treatment you can't have belt, pencil, or pens and are left to own devices while staff is busy. Got more help talking with other patients. Judy said in recovery since 2012 and is a peer support specialist, working with the courts. Was treated for depression, got addicted to Vicodin. Would have done better with peer support. Her family was not supportive and she needed support from those who understood. She is now supported by peer support and has become a peer supporter. Michael said he is calling from work, but seven years ago a problem came up and he was supported by work and family and had a good recovery. The hospital looked at as a medical emergency and gives medication. The hospital's suggestions seem to make things worse. He wonders what could have happened if he had done as he was told. Support made the difference. He is glad that respite homes are being considered. __________ said that it is an individual wellness plan for each participant. It gives direction and they can change as they go. Daily support to have someone to talk to. The state block grants provided funding and data shows that people appreciate the support more than hospitalization. She was thankful for the support from groups that she has received. Josh says there are a lot of roadblocks to setting up and needs advocacy to support the change. Jennifer said the homes are associated with a peer recovery group and they are overseen by the group. Josh was asked if recovery coaches should be brought up to peer and why it's not authorized. Josh said it was part of the mental health program and he thinks that mental health and substance abuse treatment should be

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	combined. Jennifer said that King County funding is flexible. Josh said they are writing a white paper to clarify the funding. Open dialogue will have training on how to support people. It is on YouTube. Richelle shared her family's challenges and asked about screening and security. Cindy said there is an entrance interview and they evaluate and try to make a good fit. They ask what the client wants to do if things deteriorate. Their policy is 'nothing about you without you', so would the client would be a part of the conversation. David said that respite would be a tier of treatment. Hoping to make the King County start go statewide. He said that people come up to the expectations of their environment. There are polices to when they can return. Is there homes for transitional age youth? Susan brought up sober/recovery houses. Do the programs overlap and might they some day merge? Josh says they are pointing to oxford house as a model for developing on the mental health side. There are also harm reduction models.
HCA Media Services	Mallory was not able to attend but sent out the template for communications with HCA. This format is designed to help map out what is needed.
Membership Update	Member reported coordinated care started covering the foster care children. Emily reported that Everett Enhanced Health is opening. Nelson with Dad's Move received a SAMSHA grant for office in Okanogan County. Carolyn reported her new job at a school working with youth. Working to reset room to help kids with problem areas. Working with community fairs. Member reported back on Clark County working with managed care. It is working well except for having five authorizations. BHO wanted to know what started first, managed care just wants to fix the problem. Supportive of peer support and providing best care. Josh added peer support, finishing Access to Recovery grant, about to move a bigger location and doing consulting work. Tory works for the Department of Health and is working on the grant for early intervention and now adding mental health for children. Working with teachers to promote mental health in the classroom. Also working with adverse childhood experiences. Beth appreciates how hard people are working to solve problems. Beth is retired and staying involved with homelessness and is the chair of the Yakima Valley Homeless Network. She is working with homelessness for youth and has opened a cold weather shelter for young adults. Accountable Community Initiative to start four anchor programs to have no homeless youth by 2025. Linda notices more young people involved in politics. Kristine is involved with classes. Dan, from the Office of the Insurance Commissioner, asked Karen to fill in. She is glad to be here and learning. Jordan has been on the oral panel for certified peer counselors. Dennis is at his first meeting. He is a peer bridger and trying to keep clients

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	out of the hospital. There is a December 1 training on how to lobby the legislators. Cathy working with grandparents raising children.
Block Grant Report	Annual report by Sandra every two years is set for the block grant. What is happening in all funding sources? In December, a progress report is due with the first year goals' status. There are 11 goals for first year and more goals for the second year. Janet talked about the priorities and the impact of underreporting. #2- increased youth by 100. Decreased to number served. Hoping new data program will capture more. #3- number of adults. Increase not achieved. Working with SAMHSA for better data collections. #4- Goal was achieved. Medicaid is being counted. #5- Tribal to achieve same numbers. Not achieved. Single service counts are up. More collaboration. #6- Employment and housing services. 5% not final, but think achieved. Medicaid is paying so increased access. #7- Peer support program 28 FTEs. #8- Increase outpatient youth mental health - not achieved, decrease due to date and restructure of system. #9- Pregnant and parenting women - increase to services. 5% looks like achieved. #10- Tuberculosis treatment. Put in contracts. Achieved and verified. Info in patient's files. #11- Injecting drugs have priority in contracts. Achieved. Has there been a lessons learned? SAMSHA did technical review. Need to make sure all agencies can report the data. Block grant can't be used for treatment in corrections. Every year this is reported. Janet will be doing the progress reports.
Topics for January	Announced January 9, 2019 date for next meeting, at the Lacey Ramada Inn Council suggested focusing on the following subjects for July: Testing strips for determining drug – Tom Fuchs (Fridays are Tom's Flex Days)

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