

**Behavioral Health Advisory Council
Meeting Minutes
May 4, 2016**

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

1 Present:	<p>In Lacey: Myra Paull, Monica Reeves, Mary O'Brien, Tory Henderson, Linda Kehoe, Kimberly Miller, JoEllen Woodrow, Annabelle Payne, Vanessa Lewis, Beth Dannhardt, Becky Bates, Jeff Aldrich, Mark Freedman, Susan Kydd, Taku Mineshita, Pamala Sacks-Lawlar, Dan Halpern, Carolyn Cox, Ruth Leonard</p> <p>By Phone: Kristina Sawyckyj-Moreland</p> <p>Visitors: <i>Ronnie San Nicholas, Heather Spielvogel (Seattle Children's), Ahney King, Tom Fuchs, Jessica Shook, Sarah Mariani, Jessica Bayne, Carrie Hui-Pascua, Paul Davis</i></p>
Members Excused:	Heather Maxwell, Phillip Gonzales, Ann Gray, Shelli Young, Moira O'Crotty, Mario Williams Sweet
Not Present:	Kathy Morgan, Melodie Pazolt, Ron Hertel, Steve Kutz, Jennifer Bliss
DBHR Staff:	Sandra Mena Tyree, Michael Langer, Chris Imhoff
Minutes taken by:	Martha Williams
Call to Order	Meeting was called to order at 9:15 a.m.
Welcome; Introductions; Review of agenda; review of, amendments to, and approval of previous meeting minutes	Introductions were made; agenda changes were made. It was moved and seconded to approve the March meeting minutes with member initiated amendments. Motion passed.
Tiny Report	Tory reported that she is starting an email list that identify individual and groups interested in ACES Resiliency resources lists. Contact her if you would like to be included on this list.
<p>WA Behavioral Healthcare Conference Scholarships</p> <ul style="list-style-type: none"> • Costs covered • Deadline for applicants • Contact person for scholarship applications 	<p>Ronnie encouraged members to apply for scholarships (16 available) which covers the conference registration only. Return to Alison Avery who will enter the scholarship recipients for registration. Ronnie expanded on the conference presenters. Sandra offered BHAC members travel and lodging expenses. Members were encouraged to fill out the Registration Form; Martha Williams collected forms. Website: http://www.thewashingtoncouncil.org/2016-washington-behavioral-healthcare-conference/</p>
BHAC Calendar and deadlines	Sandra provided handouts regarding general MHBG events, BHAC events, and Peer reviewer events. Regarding Peer Reviewers, BHOs and early adopters will be asked to send two MH and two SUD reviewers per organization. 5% of the local agencies need to be reviewed; BHOs will be choosing the locations to be reviewed. Members suggested added elections, meetings, strategic plan, conferences, new member orientation, budget report, as well as the BG events to the BHAC event calendar. Members suggested color coding to make it easier to read.

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<p>Membership Nominating Ad Hoc Committee</p>	<p>Carolyn presented the process that the membership committee went through to make the recommendations. Members were provided the recommended and backup applicant list. Members were concerned with ethnicity, area of expertise, physical location, etc. Beth recommended that the non-chosen applicants be contacted. When Chris makes her final decision, letters will go out to successful and non-successful applicants.</p>
<p>Strategic Plan</p>	<p>Copies of the approved Strategic Plan were provided to members finalized after the March meeting.</p> <p>Prevention:</p> <p>Strategic Objective 1 (page 3), the measures of success have a budget impact. Funding issues are complex and will need to be figured out at a later time. Jessica Shook provided information on 1713 and how it will work within the system. Tom Fuchs and Ahney King provided information along the lines related to their work areas: corrections and drug courts, etc. Members recommended that Shelli Young (absent) contact JTA to fine tune the Measures of Success and report back to the Executive Committee, make suggestions to changes to the Strategic plan, then to Chris and Michael. Chris and Michael found many areas of the Plan that are closely related to what DBHR has identified as an item of focus; they will put together a report that relates DBHR focuses to the BHAC strategic plan and will forward the document to the Executive Committee who will review and send out to the team leads. This will allow the council to see relationships and make it easier to make adjustments to the Plan.</p> <p>Strategic Object 2 (page 3), importance of prevention work – Michael provided background to CPWI (Community Prevention and Wellness Initiative), statewide focus is also important. DMA (Dedicated Marijuana Account) dollars have allowed prevention (SUD and MH) in other communities as well. During the SAMHSA visit it was suggested that prevention be across the life-span rather than focused on youth; this fits in with the BHAC Strategic Plan. Members were concerned with veteran suicide prevention. The state-wide suicide prevention plan will be sent out to BHAC members. Website: http://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf ; also to address this subject, DBHR points to the Prevention 5-year plan and the CPWI brochure. Copies of the Prevention 5-year plan and brochure were provided. Members suggested that the BHAC Strategic Plan needs to agree with the goals of DBHR.</p> <p>Strategic Object 3 (page 4), BHAC may want to put this objective on hold because there is a legislative task force on children’s mental health issues.</p>

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	<p>The taskforce is organizing quickly.</p> <p>Stigma Reduction Strategic Object 1 has been completed.</p> <p>Strategic Object 2: DBHR will work with Deb Schnellman to add more information or feature more prominently information on addiction as a brain disease to the website if possible.</p> <p>Strategic Object 3: Members requested that someone come from Children’s to report on how the measurement of goals TR and other grants, etc. that affect children, system of care, wrap around services, etc. Members requested the Executive Team be contacted when there is an event of interest to be shared.</p> <p>WorkForce: Strategic Objective 1 – “Advise DBHR and allied State stakeholders of behavioral health workforce needs” (page 9) – This has been an ongoing problem for years. However, making things easier to get certified is not the solution. College students for the most part are already working in the field. Some colleges are looking to streamline the MH certification process if the student meets certain criteria. Some agencies are “growing their own” to get employees certified. Some eastern states have created a path to connect CD/SUD/MH certifications. Perhaps WA should look at those models. Development Council has created a workforce taskforce to create a state-wide solution plan. Members suggested that that taskforce be tapped to glean information from and provide information to. Members suggested that as many ideas as possible be collected on recruitment and retention. Then helpful recommendations could be made with references to a WAC or other regulations. Changes to those WACs or regulations could be the message BHAC. Unfortunately, DBHR does not have the funds to create a taskforce. DBHR can, however, ask to send representatives to other taskforces looking at these issues. Those representatives could keep the council informed regarding the many different groups looking at the workforce issue. When reviewing the work of those different groups, a BHAC team could create a white paper using the information from those several groups providing recommendations to those original groups. Taskforce meeting dates will be provided to members when known.</p>
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<p>Directors Update</p>	<p>Western State Hospital: WSH has received an extension concerning federal funding requirements and must create a corrective action plan to keep federal funding. Current challenges have been the recruitment issue, and the shock-value news stories. WSH is moving forward with staff training and a new director has been appointed, funding for peer support has been approved and training is in the process of being created.</p> <p>Involuntary Outpatient: The only change this year is the way the system deals with changes in treatment plans.</p> <p>AI/AN Carve Out: An AI/AN Waiver has been created with BHOs. Tribes require another layer of discussion regarding consultation. When the waiver was renewed, part of DSHS and part of HCA protocol was followed and that layer of discussion was inadvertently missed. Since then, meetings between the state and the tribes have occurred. The result was that tribes would not move in to the BHO contract. Competitive rates have created; this is an access issue. The waiver has to be submitted again in July for a fall roll out. Tribes will need to decide if this is the way they want to handle the issue.</p> <p>MAT Training: Dr. Fotinos is passionate about the subject area. Members were told to expect to see more training or involvement.</p> <p>Recovery Coaches/Peer Support: Curriculum has been created and training has been scheduled. Chris suggested this body discuss the difference between Recovery Coaches and Peer Support in a future meeting.</p>
<p>Wrap up</p>	<ul style="list-style-type: none"> • BHAC members to rep at BHO • New member orientation • Discussion Item: Prevention Strategic Plan • Discussion on the difference between Recovery Coaches and Peer Support • Feedback from Michael regarding the BHAC Strategic Plan will be provided to teams; teams will apply Michael’s document to the BHAC plan, the updated action items will be brought back to the council for discussion. • BHAC living calendar will be presented at the July meeting by Exec Committee. • SAMHSA July Plan Review, sent out prior for review • Presentation on Children’s Mental Health in September, Executive Team will need to be contacted one month prior to put this item on

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	the agenda <ul style="list-style-type: none">• New members discussed and forwarded to Chris• JoEllen and Susan to provide a Performance Indicator report; Executive Team will need to be contacted one month prior to put this item on the agenda
Adjourned	Meeting adjourned at 2:57 pm.