

Behavioral Health Advisory Council

General Membership Attendees:		
<input type="checkbox"/>	Annabelle Payne (phone)	<input type="checkbox"/>
<input type="checkbox"/>	Becky Hammill	<input type="checkbox"/>
<input type="checkbox"/>	Beth Dannhardt	<input type="checkbox"/>
<input type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>
<input type="checkbox"/>	Dennis Swennumson (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Haley Tibbits (phone)	<input type="checkbox"/>
<input type="checkbox"/>	Jeff Aldrich	<input type="checkbox"/>
<input type="checkbox"/>	Jorden Rosa	<input type="checkbox"/>
<input type="checkbox"/>	Josh Wallace	<input type="checkbox"/>
<input type="checkbox"/>	Kristina Sawyckyj	<input type="checkbox"/>
<input type="checkbox"/>	Linda Kehoe, Ed.D (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Marcia Mongrain-Finkas	<input type="checkbox"/>
<input type="checkbox"/>	Maria Nunez	<input type="checkbox"/>
<input type="checkbox"/>	Mary O'Brien (phone)	<input type="checkbox"/>
<input type="checkbox"/>	Nelson Rascon (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Payton Bordley (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Phillip Gonzales	<input type="checkbox"/>
<input type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>
<input type="checkbox"/>	Sharon McKellery (phone)	<input type="checkbox"/>
<input type="checkbox"/>	Shelli Young (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Susan Kydd	<input type="checkbox"/>
<input type="checkbox"/>	Vanessa Lewis (phone)	<input type="checkbox"/>
<input type="checkbox"/>	Guest: Ahney King	<input type="checkbox"/>
<input type="checkbox"/>	Guest: Naomi Herrera	<input type="checkbox"/>
<input type="checkbox"/>	Guest: Brian Briggs	<input type="checkbox"/>
<input type="checkbox"/>	Guest:	<input type="checkbox"/>
<input type="checkbox"/>	Guest:	<input type="checkbox"/>

Main Outcome: *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*

Agency representative Attendees:		
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>
<input type="checkbox"/>	Janet Fraatz	<input type="checkbox"/>
<input type="checkbox"/>	Jeff Green	<input type="checkbox"/>
<input type="checkbox"/>	Jeff Spring	<input type="checkbox"/>
<input type="checkbox"/>	Jenni Olmstead (excused)	<input type="checkbox"/>
<input type="checkbox"/>	Jismy Chorath	<input type="checkbox"/>
<input type="checkbox"/>	John Tuttle-Gates	<input type="checkbox"/>
<input type="checkbox"/>	Karen Huber	<input type="checkbox"/>
<input type="checkbox"/>	Kathleen Murphy	<input type="checkbox"/>
<input type="checkbox"/>	Katie Mirkovich	<input type="checkbox"/>
<input type="checkbox"/>	Pamala Sacks-Lawlar	<input type="checkbox"/>
<input type="checkbox"/>	Taku Mineshita	<input type="checkbox"/>
<input type="checkbox"/>	Tana Russell	<input type="checkbox"/>
<input type="checkbox"/>	Trish Benschopf	<input type="checkbox"/>
<input type="checkbox"/>	Michael Langer	<input type="checkbox"/>
<input type="checkbox"/>	Louise Nieto	<input type="checkbox"/>
<input type="checkbox"/>	Ruth Leonard	<input type="checkbox"/>
<input type="checkbox"/>	Block Grant Facilitator: Janet Cornell	<input type="checkbox"/>
<input type="checkbox"/>	Block Grant Staff/Minutes: Ryan Keith	<input type="checkbox"/>
<input type="checkbox"/>	Guest/presenter: Steve Perry	<input type="checkbox"/>
<input type="checkbox"/>	Guest/presenter: Jennifer Bliss	<input type="checkbox"/>

No	Agenda Items	Time	Lead	Summary Meeting Notes
1.	CALL TO ORDER	9:00 a.m.	Becky Hammill Annabelle Payne	
2.	Welcome, Introductions, Review of agenda, Review and approval of September minutes	9:05 a.m.	Becky Hammill Annabelle Payne	September minutes approved without amendments. No suggestions made to add new items to the agenda.
3.	Executive Committee update (Membership changes, Nominating Committee, Peer Review status update, and other council business)	9:15 a.m.	Executive Committee Members	<p>Three <u>new members</u> have recently been approved: Payton Bordley, Maria Nunez, and Marcia Mongrain-Finkas.</p> <p>Josh presented on the work of the <u>nominating committee</u>, and current members of the executive team spoke to their experiences and the time investment involved.</p> <p>Annabelle nominated Josh as co-chair (MH), and Richelle as vice chair (MH). Susan nominated Kristina for vice-chair (SUD) based on a previous conversation (she was not present to accept but can be considered). Richelle nominated Marcia for secretary. Becky addressed geographic representation and being fully cognizant of the needs for all of Washington, and during a recap, Mary was also nominated for secretary.</p> <p>Becky highlighted the importance of integrity in the process, and opened the floor for the nominated individuals to discuss their background in more detail. The nominees then stepped out of the room so that a verbal vote could be taken for the</p>

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				<p>record (HCA staff accompanied them to complete a written ballot). After consolidating the count and going over the responsibilities, the nominees were invited back into the room to discuss the results:</p> <p>Susan Kydd (Co-Chair, SUD) Joshua Wallace (Co-Chair, MH) Kristina Sawyckyj (Vice Co-Chair, SUD) Richelle Madigan (Vice Co-Chair, MH) Mary O'Brien (Secretary)</p> <p>Regarding <u>peer review feedback</u>, Susan and Becky discussed their regional teams, draft response status, and the first look at what they were seeing as common responses, including:</p> <ul style="list-style-type: none"> • EHR for smaller agencies and the expenses involved • Legislative demands for integrated care and the ability to communicate across systems • Innovative programs in smaller agencies • Under-utilization of peer supports • Gaps in how the reviews were completed • Challenges faced by agencies in not feeling prepared for the review process • The deficit in not getting paid (individual or facility) while participating in the review process • Lack of understanding in possible training opportunities mentioned in the review <p>Discussion touched on challenges with EHR provision, “new and innovative” as a desired (but not required) outcome, and how Medicaid rates are utilized for supporting regional services while asking for more investment and expanding supports. For EHR, expertise and training can present the biggest challenge to implementation, both in transition and in an ongoing capacity. Becky discussed the viability of smaller organizations as larger orgs. buy up smaller providers, questioning if the choices for consumers are going down and what HCA can do in response.</p>
4.	Break	10:45 a.m.		
5.	Director's update	11:00 a.m.	Michael Langer	<p>Michael thanked the departing exec. team members and welcomed those newly elected. He discussed the work of the 35th Prevention Summit currently wrapping up in Yakima and the Ending Homelessness conference going on in Spokane, also extended Keri's regrets she could not attend in person as a result of the competing obligations.</p> <p>Issues that DBHR is looking at for 2020 include reporting and data collection changes, MAT/MOUD provision, the impact of Trueblood and other work going on from discussions that have been topics in prior meetings.</p>

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				<p>DBHR was recently awarded an 18-month, \$3.8m planning grant from the Center for Medicaid/Medicare Services (CMS), to look at the environment of services and assess how to build capacity to serve Medicaid clients with SUD needs. It does not cover service provision, but will ask questions such as “How many people are being served in ER or jails” or what are the “Treatment Deserts” around the state.</p> <p>Josh asked about SOR and addressing Methamphetamine, Michael discussed operationalization but that it has not yet formally changed, the possibility around congressional actions needed to make it a larger change, and a chance for more news in January about continuing past 2020. In response to a follow-up question about Poly-using individuals and other possible plans/opportunities for expanding wrap-around care, Michael mentioned how the flexibility of the block grant has been impacted by recent mandates from the legislature, and went over a brief outline of the funding waves and possible issues in future years based on current projections.</p> <p>Richelle asked about more long-term options for children, outside of the scope of CLIP. Relayed her personal experience and the gaps in services available locally that result in out-of-state placement, with the concern that a child could shift into the criminal justice system if there is an element of harm. Michael relayed that the “health cabinet” agencies are aware of the issues around multi-systemic children, exploring what currently exists and the opportunities to address them, citing desires to help but no concrete plans currently. The CMS planning grant is primarily focused on SUD and so may not be the best fit; Ahney relayed that DCYF had recently received a grant to explore a similar service delivery gap, and will pass along a contact there to discuss further.</p> <p>Michael also discussed results from a recent annual RDA survey on service delivery. Positive feedback on consumer experience for both MH and SUD indicates that services are improving and trending upwards. Acknowledging challenges exist but recognizing the areas of success.</p>
6.	Workforce Discussion	11:30 a.m.	Executive Committee Members	<p>Becky opened the discussion, acknowledging the need for increased focus on Workforce improvements and changes in CDP/SUD. Competitive hiring processes put smaller agencies at a disadvantage in offering amenities, and as MCO’s expand services they target experienced professionals from smaller providers, shifting the burden to new graduates/hires in many regions (not just WA). Basing wages on Medicaid rates is a huge issue, and the impact of BH individuals needing comprehensive care and their high utilization of resources through ED/ER carries a higher cost (monetarily and emotionally). Michael</p>

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				<p>agreed that the challenge isn't as much in knowing what to do, just in needing more people to do it.</p> <p>Items coming out of the governors workgroup (reciprocity, licensing, etc) and new opportunities such as dual credentials, run into challenges around the ability of working professionals to participate compared to past educational components and tuition reimbursement opportunities. Other challenges include burnout and supervision capacity, with rural providers presenting a pipeline challenge and not being able to expand or improve service quality. Intensive MH caseloads don't allow providers to get the 1500-2000 hours needed for the CD dual credentials within the 3-year timeframe that's mandated, and this also impacts the ability to participate in the feedback process without taking time away from clients.</p> <p>Pamala asked whether the International Certification & Reciprocity Consortium (ICRC) credentialing body could be used as an entry vector for supporting workforce development. Michael responded that further research would be required, and that it's a good idea to explore but there are some surface differences in the WAC that would need to be addressed.</p> <p>There's a need to backfill after promoting providers into supervisor roles or expanding skills, as well as in exploring how Peer Support provider hours can possibly be translated into college credits. Support was expressed for reviewing supervision hours and requirements for long-term individuals who don't quite match up the requirements but otherwise function in the supervisory role.</p> <p>Root causes of payment concerns based on Medicaid rates present a parallel issue for private insurance; OIC seeks parity among carriers across networks so it is very helpful to know that it's out there. One concern was raised involving public providers who end up going private to cut back on paperwork, and the impact of that imbalance in administrative burden.</p>
7.	Council Member Updates	12:00 p.m.	All Members	<p>Topics included:</p> <ul style="list-style-type: none"> • New hiring and possible expansion to SW king county • Expanding facilities for WSH/ESH hospital discharge • SPARK expansion out of Pasco, expanding peer counseling opportunities within the school • Connecting individuals in recovery with legislators • Incorporating trauma screening, expanding MAT/MOUD programs, incorporating navigators • Upcoming ethics training for recovery coaches, May 2020 conference in Portland (Focus on the Future) • Ending Homelessness conference, now in Spokane • Possible conversion of a jail into a resource center for unhoused individuals.

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				<ul style="list-style-type: none"> • Open enrollment period! • Future of Work task force tomorrow at SBCTC
8.	SWOT workshop follow-up	1:00 p.m.	Susan Kydd	<p>Discussed the low number of responses to the online survey from 10/23 and the need to re-vote on priorities. The goal is to reintroduce subcommittees to address the topics identified in the SWOT analysis. Members were asked to select their top three choices (non-ranked) from a list of five options:</p> <ol style="list-style-type: none"> 1. Improve and clarify Council advocacy 2. Improve Council utilization of technology 3. Increase Council visibility (effectiveness) 4. Improve relationship with DBHR 5. Better define and document Council processes <p>Options 1, 3, and 5 were the top choices (#1 – 14, #2 – 7, #3 – 18, #4 – 15, #5 – 7)</p> <p>Suggestions included putting together a charter for each subcommittee once formed, to help outline the expectations and structure, as well as determining how many would be appropriate based on the size of the group (consensus was 4-5 max). Having a designated lead for each subcommittee would help coordinate points of contact with DBHR, and a suggestion was made to avoid using the word “Charter” in establishing the structure and goals of the different subcommittees identified.</p> <p>Discussion revolved around clarity of communication with DBHR resting with the executive team and retaining a higher-level view of services rather than advocating for a small slice of the population. One potential trap exists in going general and splintering focus among committee members as people get polarized around the population they are most interested in, thus failing to maximize what BHAC is positioned to achieve. Becky gave an overview of how the prior MH-only council operated and how subcommittees were used. Annabelle mentioned the possibility of bringing in outside SMEs to speak to the subcommittees as well. Five areas of focus were identified and volunteers were assigned:</p> <p><u>Empowerment & DBHR Relationship</u> – Executive Team</p> <p><u>Federal Block Grant</u> – Pamala, Marcia, Karen H.</p> <p><u>Advocacy</u> – Jennifer Bliss, Vanessa, Tana, Sharon, Richelle, Dennis</p> <p><u>Visibility</u> – Katie, Jismy, Maria</p> <p><u>Membership</u> – Philip, Beth, Kristina</p>

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9.	Topics for January - Meeting: 1/8/20, location TBD	2:30 p.m.	Becky Hammill Annabelle Payne	<p>Suggestions for topics to discuss in January include:</p> <ul style="list-style-type: none"> • Exploring workforce and dual certification • Forming subcommittees • HCA update on Legislative agenda • Trueblood presentation (standing offer from DBHR) • Peer Review report <p>Discussion was held around the expected time investment for subcommittee work and the possibility of adjusting the larger meeting schedule to include both the work and the report-back aspect. Having a separate location for the groups to meet could be a logistical challenge but it's convenient to have everyone in the same location. Coordinating a conference call before January could be challenging for many, and might need 60-90 minutes whether one-time or re-occurring.</p> <p>Pamala called for a vote on confirming time as part of the January meeting, and Becky suggested possibly tabling the discussion while working through some of the possible challenges to identify what needs to be adjusted. Discussion ensued and voting proceeded, with the motion passing. Per a quick poll/estimate of time requested by Susan, general agreement is that one hour would be sufficient, so this will be incorporated into the agenda planning for January.</p>
10.	Adjourn	3:00 p.m.	Becky Hammill Annabelle Payne	

#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status

