

**Behavioral Health Advisory Council
Meeting Minutes
July 11, 2018 – Blake West 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:	<p>Attending in person: Jeff Aldrich, Connie Batin, Trish Benshoof, Jennifer Bliss, Cathy Callahan-Clem, Melissa Clarey, Jacqueline Cobbs, Beth Dannhardt, Phillip Gonzales, Dan Halpin, Ron Hertel, Chris Imhoff, Susan Kydd, Jim Leingang, Vanessa Lewis, Mary O’Brien, Jenny Olmstead, Annabelle Payne, Myra Paull, Michael Reading, Cary Retlin, Kristina Sawycky, Josh Wallace</p> <p>By Phone: Linda Kehoe, Becky Bates</p> <p>Visitors: Janet Fraatz, DCYF; Beatriz Carlini, ADAI-UW</p>
Members Excused:	Tory Henderson, Steve Kutz, Pamala Sacks-Lawler, Marci Arthur, Carolyn Cox, Dakota Foxx, Annabelle Payne, Teesha Krischbaum, Ruth Leonard, Katie Mirkovich, Kimberly Miller, Moira O’Crotty, Melodie Pazolt, Michael Reding, Cary Brim Reid, Dawn Williams, Shelli Young,
Minutes taken by:	Lois Williams
Call to Order	The meeting was called to order at 9:10 a.m.
Welcome, Introductions, Review of agenda, Review May meeting minutes, amendments, and approval of minutes	<p>A quorum was not found at the start of the meeting so the informational items were presented first. However, by 10:15, enough additional members had joined the meeting to provide a quorum. Susan asked that the May minutes be reviewed. It was moved and seconded to approve the minutes as corrected by Kristina Sawycky. The May minutes will need to be revised to show Kristina as an excused absence. The motion passed to approve the May meeting minutes.</p> <p>There were no agenda modifications from members.</p> <p>Annabelle asked the group to discuss quorum expectations. She wanted suggestions on how to ensure a quorum and whether the meeting should be cancelled if it appeared that a quorum would not be achieved. The decision was to hold meetings as scheduled because there is important information shared. It was suggested that when the agenda is emailed out prior to the meeting that an RSVP should be requested and group needs to be committed to their response. State agencies should send proxy so their agencies are represented. Since several visitors are committed attendees, perhaps they should become members.</p>
Strategic Plan – Form Teams	<p>Susan Kydd reviewed the two areas of focus for the BHAC strategic plan; 1) Integration and its impact on BHAC, and 2) Increase BHAC Visibility. Susan shared the format to be used to formulate and track strategic plan progress. Jennifer reminded the group that strategic goals need to be clearly defined and measurable. Two teams were formed and will be meeting outside of the council meetings. Susan is available to provide any assistance needed and will follow up with each team on their progress. Team leads will be required to report on their progress at the September meeting. Volunteers were assigned to these teams:</p> <p style="padding-left: 40px;">INTEGRATION TEAM: Beth, Mary Michael Christina VISIBILITY TEAM: Jim, Phillip, Jennifer, Kristina (informal), Annabelle?</p> <p>ACTION ITEM: Send email to stakeholders for volunteers for strategic planning teams. ACTION ITEM: Teams need to select their team leads and make plans to meet before the next BHAC meeting.</p>
DBHR Update -	Chris Imhoff welcomed staff from the Department of Children, Youth, and Families

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<p>WSH Integration New Grants Other updates</p>	<p>(DCYF) and commented on how young their department is.</p> <p>Chris noted that Washington State Hospital (WSH) lost its federal funding as of Monday. It will continue to operate and there are detailed plans for making improvements to regain federal funding. Many of the challenges are due to the building being 100 years old. The Governors’ office is working on solutions. Over the long term, civil commitment needs to be moved to communities. Treatment in smaller facilities and closer to home is better for recovery. WSH should only be doing forensics and working with court-ordered commitments. Hopefully this will be in the governor’s budget request. The council members are encouraged to comment to the legislature about funding for WSH. The revenue forecast is higher than expected, so hopefully there will be funds available for hospital construction and updating. A change to the 16-bed rule would be beneficial.</p> <p>DBHR is now a part of the Healthcare Authority (HCA). We are still adapting to the change, and it has gone fairly smoothly. We will benefit because HCA has more support services available. Chris reports to the director of HCA, Sue Birch, DBHR should continue to have a high profile. Chris hopes hope to bring the HCA director to a BHAC meeting. There was a request for the DBHR org chart to be provided to the membership.</p> <p>Chris updated the group on grants that DHBR is applying for. The most important is the SOR grant for \$21 million, which is the second step to the grant that we currently have. The application is due by mid-august. It will help statewide with similar priorities to the MAT and Access to Treatment grants. It will emphasize reducing access to multiple prescriptions by increasing the monitoring of prescription drugs by the Department of Health.</p> <p>Questions and comments to Chris included:</p> <ul style="list-style-type: none"> Will there be more Peer Bridgers? Need to show the results, before more can be added. Fears and rumors among the patients at WSH need to be calmed. Staff don’t always know how the patients are feeling. Bring in agency representatives to answer questions and relieve stress. Accountable communities of health, will the effort continue? Efforts to reduce the stigma of mental health and substance abuse. Brain disease is not well accepted. Criteria for prescribing opioids. Provide support for kinship providers who are providing care for the children whose parents cannot care for them. Support groups for kinship providers. Children are kept out of foster care, but caretakers cannot get more than 80% of foster care reimbursements. Substance use disorder waiver - to hear quickly. Medicaid doesn’t match, so use block grant. Will look at freeing up, and where it should go. Technical resources and behavioral health services for affordable housing options. Provide consultants to bring services to the communities. Most agencies don’t work with providing housing. <p>Chris shared upcoming DBHR staff changes... Melissa is moving to the HCA Finance</p>
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	<p>Section. Chris is retiring in August. The council expressed their appreciation for Chris’s years with BHAC. She was easy to talk to, inclusive, and educatable.</p> <p>The group also expressed their appreciation to the grant writers.</p> <p>ACTION ITEMS: Send out the org chart to the group. Invite Sue Birch, HCA Director to a meeting. Invite SOR Grant representative to next meeting. Update from Melodie Pazolt about housing status.</p>
<p>Block Grant – BHAC Response feedback</p>	<p>Melissa says this year it is just an update, called a “mini” application. She has sent out the suggested changes and asked for the group for a response.</p> <p>The group would like Melissa to begin building these items into federal funding requests: There is a trend to increase critical care beds, but we should be looking at how to prevent people from needing that level of care. PACT is a good peer respite program and PACT teams can eliminate need for frequent inpatient. Admissions can decrease by 20 percent so emergency rooms do not need to be flooded. The vision overall is see the state hospital closed by bringing intensive services to the community. Appropriate housing and medication will keep people out of the hospital. Peer bridges made a clear difference in hospital rates. Becky added that the Peer bridges program was highly effective but needs more funding. When funding was cut, more people went to hospital or jail. Also there needs to be respect for people doing the work. Provide funds to retain workforce by providing a livable wage and a career ladder. Robust recovery system is just the start, there need to be basic requirements for sober houses. The Washington Recovery Alliance at WAQRR.org is addressing requirements to certifying the sober houses. Providing funding to keep the patient’s current housing while in treatment. PCAP program for families with children. Tribes would like to see more community cultural needs. (Melissa commented that a tribal consultation is done to add the tribal voice.) Have received a lot of input from tribes. Providing treatment to veterans.</p> <p>Town halls and integration forums were held in five locations. There was good attendance and good feedback. The notes where shared with the NOCs and HCA and we are looking for a letter back. We are working on more town halls. The turnout is provider heavy at the forums. At the town halls, there were lots of angry parents and their comments went to HCA. There are six more forums planned.</p> <p>We are finding support of CDP training and competitive salaries, a need for college classes and alternative programs (the Department of Health is working with colleges through a grant), criminal background issues with licenses, need to reduce stigma, use of peer support vs. professionals, providing more support and trainings for rural areas to get evidence-based practices, and use same curriculum for consistent training.</p> <p>Melissa said that this format can be used for next year’s review for the full grant application. The council thanked her for opportunity to contribute before submission</p>

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	<p>ACTION ITEM: Can consumer testimonies be added? Melissa will see if it is possible. Submit testimonies to Annabelle by July 20, for submittal to Melissa.</p> <p>Add bullet points on stigma for BHAC’s response.</p> <p>Do we want to put housing needs and sense of community in the grant? Does someone want to write it?</p> <p>Ask Department of Health to come to speak.</p>
<p>Membership Update</p>	<p>Phillip Gonzales passed out an updated membership roster. Letters went out to four new members, but they were not invited to this meeting. Chris approved the new members. There are still two open slots He explained that there are two types of memberships: state agencies and community representatives. The state memberships are automatically filled slots to represent the agency and are provided from the agency. Community members need to go through an application process. Community representatives are currently needed. They are in the process of identifying potential members and would like a youth and a physician. All meetings are open, but only members can vote. There are formal votes and advisory votes.</p> <p>ACTION ITEM: Sort out how slots, memberships are distributed and advertised. Discuss expanding membership and changing descriptions.</p>
<p>Marijuana Legalization and the Need for More Research Presentation?</p>	<p>Beatriz Carlini shared the research that is being done by ADAI at the University of Washington. They do not have as many results as they would like because they have not received the funds that they expected. Research has not yet shown the answers. They can observe, but need controlled experiences, which are difficult to obtain. Only two labs have permission to do controlled studies. The federal guideline make it illegal to use marijuana from the open market. Only marijuana from the University of Mississippi farm can be used for controlled studies. When using self-reported data it is hard to control dosages.</p> <p>DUI and breathalyzer research is still in its early stages. Blood tests can detect presence, but don’t know yet if it will be detectable in breath, saliva, urine. For-profit companies are looking at developing tests.</p> <p>ADAI has been looking at the changes since legalization. The medical market is being overshadowed. Rather than being small businesses, it has become a big industry with a need to expand the demand. According to their industry reports, the adult market is increasing because they have increased potency and changed delivery methods. They are making the product available at higher potencies. Flowers are giving way to concentrates with increasing (up to 79%) THC and a stable shelf life. Use of dabbing (to get all TSH in one hit) is increasing, and there are now E-Dabs. They are using advertising, the research found 307 ads. The ads emphasize that marijuana fits into everyday life and everyone’s doing it and that it should be a part of well-being and self care. To see where marijuana is going, we need to pay attention to the marketing, not the plant. Big marijuana will be dominating in 10 years.</p> <p>There is some research on medicinal cannabis and chronic pain. A synopsis can be found at the National ATTC Network Addiction Technology Transfer Center website and Laura</p>

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	Cooley is the contact.
Community Update/House Keeping	ACTION ITEM Volunteer needed to edit bylaws. Connie volunteered
Topics for September	DOH – Workforce development/criminal background questions Suicide prevention – Tory and Camille Goldie from OSPI Hot line – local agency on eastside. Housing – Melodie Pazolt Team leads updates Members to be recognized
Adjourn	The meeting adjourned at 2:10.

Remaining 2018 Meetings:

- September 5, 2018 – Blake West, Roosevelt/Chelan Rooms
- November 7, 2018 - TBD

Draft