

Behavioral Health Advisory Council Special Meeting Minutes May 3, 2017

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: Michael Langer, Melissa Clarey, Becky Bates, Steve Kutz, Taku Mineshita, Mary O’Brien, Kristina Sawyckyj-Moreland, Jeff Aldrich, Myra Paull, Dan Halpin, Vanessa Lewis, <i>Brad Finegood</i>, Pam Saks-Lawler, Ruth Leonard</p> <p>Attending by telephone: Linda Kehoe, Cathy Callahan-Clem, Annabelle Payne, <i>Paul Neilson</i></p> <p>Visitors: <i>Paula Wilson, Danny Howard, Rachel Dreon, Shannon Wallace, Eric Osborne, Mark McGovern, Jay Ford and Mehret Assefa</i></p>
Members Excused:	Jenni Olmstead, Tory Henderson, Connie Batin, Cary Brim Reid, Carolyn Cox, Shelli Young, Kimberly Miller, Phillip Gonzales, Chris Imhoff
Not Present:	Beth Dannhardt, Dakota Foxx, Heather Maxwell, Moira O’Crotty, Kathy Morgan, Kathy Bishop, Mark Freedman, Melodie Pazolt, Ron Hertel, Tory Henderson, Mario Williams Sweet, Marci Arthur,
Minutes taken by:	Martha Williams
Call to Order	The meeting was called to order at 9:15 a.m.
Welcome; Introductions;	Members introduced themselves. Because there was not a quorum, the March meeting minutes could not be approved. Approval of the March minutes and May 3 Special Meeting minutes will need to be done at the July meeting.
Special Emergency Meeting	Because Quorum was not met, the question was raised if there was a provision in Robert’s Rules of Order to address. Linda Kehoe provided that such is allowed under special circumstances per Article VI. 39 where a Special Meeting is allowed and under what conditions. She cited, the Council may ratify emergency action taken at a meeting when no quorum was present, even though the quorum is provided for in a by-law (<i>source: Robert’s Rules of Order newly revised (1990) 9th Edition, Section VI Subsidiary Motions: Motion to Adopt and Motion to Ratify, page 121</i>).
Emergency Meeting Rational	<p>A Special Emergency Meeting was required even thou no Quorum was met, to address the issue of Executive Team Members positions to expire May 31, 2017, so noted in the November 2016 meeting. Historical clarification provided that term lengths had been extended to allow formation of an Ad Hoc committee charged to review bylaws and offer recommendations, specific to Executive Committee positions, term issues and etcetera.</p> <p>As bylaw revision work has not been completed in full, the current Executive Committee members were asked if willing to serve to the end of the year; said members indicated agreement. It was moved and seconded that an emergency vote be taken to extend the current executive committee terms to December 31, 2017. Motion passed</p> <p>It was asked if an email vote was required, but again Linda Kehoe provided</p>

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	<p>it was not in this case. Ad Hoc Bylaws Committee was asked to look into when email votes could take place.</p>
<p>Director's Update</p> <ul style="list-style-type: none"> • Legislative Update • Budget Update • Opioid Grant • Transition Update with HCA • NIATx Update • Input 	<p>Michael gave an update on the DSHS leadership changes.</p> <p>Legislative update: We are currently in the middle of special session; Shannon Wallace updated the Council on the current work of the Legislature. BHA integration bill will mostly not be passed until the end of the session because it is tied to the budget. Bills related to release of health information and another bill related to behavioral health information are still being debated by the legislators. Another bill, Senate Bill 5894 concerns behavioral health system reform. This bill sets the stage to reform the state behavioral health system over upcoming biennia concerning provision of long-term psychiatric care. It calls for: the state to transition purchasing of long-term involuntary psychiatric care to a regionally based system under a managed care framework; state hospital practices to be modernized and state hospital resources focused on service to forensic and higher acuity civil patients; treatment of patients under long-term civil commitment to be transitioned into a managed care framework over a timeframe coinciding with the integration of physical and behavioral health care, after which the state hospitals must provide civil commitment services as part of a network of geographically diverse facilities certified to provide long-term involuntary civil treatment. Status: This bill did not pass during the regular session or 1st Special Session, but was reintroduced for consideration and possible action for the 2nd Special Session. Members discussed several bills such as Opioid treatments, Marijuana, and more.</p> <p>Budget Update: Rachel Dreon presented the Mental Health (MH) and Alcohol/Substance Use Disorder (SUD) budgets, explaining the two spreadsheets that were available for those in the meeting. Members asked specific questions about the verbiage and budget numbers. If you have questions about the budget sheets, please contact Rachel Dreon by email at Rachel.dreon@dshs.wa.gov.</p> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="text-align: center;">  Mental Health Budget 5 3 17.pdf </div> <div style="text-align: center;">  Alcohol Substance Abuse Budget 5 3 17.pdf </div> </div> <p>State Targeted Response (STR) Opioid Grant: Michael Langer led the discussion regarding the STR Grant and provided a handout that had been provided at the March meeting. Michael will provide the handout electronically to the Council. Members were concerned that legitimate opioid prescriptions will not be available for those who are suicidal because of the level of pain. Members were interested in having Dr.</p>

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	<p>Fotinos speak on the opioid prescription issue and having DOH speak on the suicide issue.</p> <p>Transition Update with Health Care Authority (HCA): Michael Langer provided a high over view of the current progress with the integration which includes teams looking at various elements of the transition to build a “plan B” for each of those elements in the event that the bills covering this process do or don’t pass, or have unrealistic transition dates. Work is progressing; we realize the uncertainty trickles down to the providers. Concerning MH/SUD integration, letters will be going out concerning being mid-adopters. If counties/BHOs do not opt to be mid-adapters, the fully integrated date is January 2020. Melissa has reached out to HCA for a representative for this Council and will touch base with them again.</p> <p>NIATx Update: Michael Langer gave a brief history of the DDCAT/NIATx project; Eric Osborne introduced Mark McGovern (Stanford). DDCAT/NIATx has been focused on integrated health care. The program has been developing the process of integrated services, looking at how to do those services. The program is in the second year of a five-year grant. Currently there are two cohorts of 25 providers who are participating in the study. NIADA has been interested in the work. Current participants are from a wide-range of providers. Jay Ford Reviewed the history of the NIATx pre-study and study. The goal is to engrain the processes on the provider level that will prove to be sustainable. Analysis of data will begin in August 2017. At that time, the differences, measures, and implementation strategies will be available for dissemination. Members had several questions and comments regarding the use of the research and the parameters of the research and requested that when the analysis of the date is complete that the results be shared at the September or November BHAC meeting.</p>
<ul style="list-style-type: none"> • Peer Review • Behavioral Health Conference Scholarships 	<p>Peer Review: Melissa Clarey provided an update on the Peer Review process and progress. Currently, the reviewers are scheduling with providers at this time; results will be available at the September meeting.</p> <p>Behavioral Healthcare Conference Scholarships: Ronnie San Nicholas came to talk about the Behavioral Healthcare Conference, June 14-16, 2017 in Vancouver, WA. Ronnie advised members that there are additional scholarships for consumers. Ronnie will send Martha the links and forms to send out to Members who are not physically at this meeting. The scholarships cover the registration, lodging and travel.</p>

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Stigma Reduction	Susan Kydd began the presentation. The PowerPoint file was sent previously to Members. Jennifer Bliss joined the group to talk about the Mental Health side of the Stigma Reduction. Members reviewed the pre-page for the DBHR website concerning Stigma Reduction (https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/recovery-support-services). More links will be added to the page with more information to help reduce stigma. Members discussed anti-stigma language and how to start discussions with friends and family. Members were asked to send any suggestions for additions to the webpage to Jennifer Bliss at Jennifer.bliss@dshs.wa.gov .
Block Grant: Update and Priorities	At the March meeting, Members shared what priorities were important to the Council. Those priorities were presented to DBHR. The 18-19 Block Grant Priorities were shared. Members discussed the priorities and how the integration process will affect the distribution of the grant dollars.
Member Updates	Dan Halpin reported that his group is working on non-qualitative treatment issues. JoEllen Woodrow reported on the Performance Measures Committee: https://www.dshs.wa.gov/sesa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid-0 . Members were encouraged to go to the website to review the analysis. Pam Sacks-Lawlar reported on several program currently happening with youth in the JRA system. Taku Mineshita addressed the programs Children’s Administration is currently managing. Susan Kydd related that as heroin strength is increasing more heroin deaths are occurring. Naloxone is being administered several times in order to negate the effects of heroin. Vanessa Lewis has returned to work and has been working with students regarding mental health status. Steve Kutz reported on the programs his group has been working on. Linda Kehoe is currently working programs related to advocacy. Becky Bates reported that the Youth in Action program in Spokane County that involves texting if in crisis. The work around awareness is stellar. Becky informed Members about the OSPI report about student expulsions and the resulting actions being taken by various groups.
Nominating Committee: Appointment of three members	Co-Chair Becky asked for 3 volunteers - Linda Kehoe, Mary O-Brien, and Vanessa Lewis volunteered and will pursue Nomination Committee work prior to the November 2017 elections. Open positions will be: CD Co-Chair, MH Vice Co-chair, CD Vice Co-chair, & Secretary
Topics for July	July: <ul style="list-style-type: none"> • ByLaws amendments re: the executive committee terms, voting by email, simple quorum • JRA/BHO Assessments and vetting, CDP assessment

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	<ul style="list-style-type: none">• Draft application for the 18-19 Block Grant.• Coordinated Care presentation – Taku Mineshita can help with this• Marijuana update and trends – Tim Gates• Marijuana and first episode psychosis contact Pam Sacks-Lawlar
Adjourn	The meeting was adjourned at 2:56 pm.