



West Virginia Behavioral Health Planning Council (WBHPC)  
October 15, 2015  
Holiday Inn & Suites • Charleston WV  
**Meeting Notes**

**WBHPC Vision:** *The West Virginia Behavioral Health Planning Council is a unified voice that promotes wellness, recovery, and resiliency for all West Virginians. (2012)*

**WBHPC Mission:** *to improve the mental health system and function as a catalyst of change in that system. (2008)*

Participants

Ardella Cottrill	Vanessa VanGilder	Pete Minter
Aaron Morris	Marian Steele	Rhonda Cooper
Brandon Whitehouse	Joyce Floyd	Heather Julian
Kathy Paxton	Linda Pauley	Tom Kim
Peg Moss	Angie Ferrari	Bob McConnell
Richard Ward	Cathy Reed	Ted Johnson
Louann Petts	Phil Reed	
Elliott Birckhead	James Ruckle	Martha Minter, Staff
J.K. McAtee	Nancy Deming	Jenny Lancaster, Staff
	Jane McCallister	

**Welcome, Introductions and Review of Agenda – Linda Pauley, Chair**

- Linda Pauley opened the meeting and participants introduced themselves.
- Linda reviewed discussion from executive committee meeting.
- Pursuant to federal block grant review – mental health planning council needs to increase its membership; Executive Committee suggested that a flyer be developed/disseminated around the state.
- Cathy Reed made a motion to follow through on executive committee suggestion and develop/distribute flyer around the state; second – Aaron Morris; all approved; Motion Passed.
- Mentorship program – as we develop new members, need to develop a membership program and orientation manual. Older members have prior relationship with each other; new members, they don't have that connectivity. Orientation manual outline has been sent to consultants

**Meeting Minutes**

- Participants reviewed July 23, 2015 Meeting Minutes
- Motion to approve minutes – Cathy Reed; second – Phil Reed; all in favor; motion passed.

**BBHFF Presentation: 2016 Block Grant Priorities**

*Kathy Paxton, WVDHHR Bureau for Behavioral Health and Health Facilities*

*Peg Moss, WVDHHR Bureau for Behavioral Health and Health Facilities*

- Presentation slides attached
- Discussion Points:
  - Block Grant Public Comment
  - Current Project Officer Comments

- Review & Discuss Council Related Block Grant Goals
- Discuss Role of Community Access
- Comments that came back from the program officer were regarding vacancies; question about how the council will fill the vacancies (response attached)
- It would be good to have some type of protocol in place to address/increase membership
- Feds are also interested in how the council reviews the block grant;
- Need to have a process in place for how it was reviewed and what was the result
- Feds are very interested in what you are doing, what you are seeing in the state

Priority 1: Promote emotional health and wellness, prevent or delay the onset of complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues

Objective 1: Prevent and reduce attempted suicides and death by suicide among populations at risk

Strategy 1: Create safe and supportive environments through anti-stigma awareness and education.

Discussion:

- Suicide Grant (expanded work of Barri Faucett and others)
- MH First Aid Training - 11 WVBHPC members have completed training:
  - (9 Adult Training / 5 Children Training / 3 Both)
- Trainers – Linda Pauley, Angie Ferrari, Patrick Tenney
- Suicide Prevention – Patrick Tenney, Ardella Cottrill
- CONSIDER: WVBHPC additional members taking the MH First Aid Training
- How do you do positive messaging for anti-stigma when you are being “anti-“?
- Positive Messages
  - Quit calling it “stigma” it’s discrimination
  - Faces of Recovery
  - Dan Fishers Group – National Empowerment Center (stories of recovery online)
  - Law enforcement needs alternative options for placement
  - Decriminalize
  - Mental Health Court
  - Awareness for others who are not aware
  - Understand/educate rather than criticize
  - “System” Education – higher education, judicial, 4 yr. and associate/certification programs
  - Integrate behavioral health among various disciplines, social work, medical, teacher education..
  - Benefit of reaching young people
  - Not a moral failing, rather a health concern - Training of primary doctors
- Ways to get the message out?
  - Facebook, social media, etc.; track statistics
  - Raise awareness / Word of mouth
  - Listservs

Objective 2: Integrate Prevention and Promotion efforts statewide to reduce substance use and promote good mental and physical health

Strategy 1: Strengthen community mobilization efforts by promoting inclusion of additional sectors in existing coalitions (councils) and marketing services

Discussion:

- MH First Aid Training
- Increased participation on the council
- Round 18 of the Substance Abuse Regional Task Force Meetings

- Outreach event – local BHPC members assist, greet, and facilitate/recruit

Success Indicators\*

- # tweets for anti –stigma messages
- # trainings
- # suicide rates
- # evidence based trainings and practices implemented
- # coalition (council) meetings and memberships

Priority 2: Support coordinated care and services across systems

Objective 1: Promote a recovery-oriented service system that includes coordinated clinical treatment and recovery support services

Strategy 1: Increase the number of trained peer/recovery support specialists, peer run drop in centers and recovery residences/facilities

Discussion:

- Advocacy
- Increased Voice Statewide
- Recovery Support Specialists – 5 trained / 2 Drop-In Center
  - Bomar
  - Charleston – PAAC
  - Com Outreach MH = Fairmont
- Connect with other Drop-In Centers
- WV Advocates – Sponsor trainings w/ Drop-In Centers
- WVLA Statewide

Objective 2: Reduce the impact of disasters on the behavioral health of individuals, families, and communities

Strategy 1: Provide training with all behavioral health providers particularly new peer/recovery support staff on best practices for response and recovery

Discussion:

- How might you help?
- Comprehensive Centers currently have disaster teams
  - No tx, service referral instead
  - Present and aware
- Role of WVBHPC Peers – training needed
- Example – Buckhannon Drop in Center became a station during El Nino crisis
- Joining emergency services people with peers prior to emergencies
- Medical reserve corps?
- Red Cross – locally has peer support specialists
- Connect with Joann Fleming and VOADD Emergency Planning
- Each county has emergency planning council

Strategy 2: Provide a greater role for peers in quality assurance through developing standards and reviewing provider agencies

Discussion:

- Council Role vs. BBHMF Role
- Bureau looking at fiscal, SOW, etc. – fiscal responsibility

- Council’s perspective is access, availability, and navigation. – quality, report cards, satisfaction
- WV Behavioral Health Call Line (1x per mo)
  - Develop script for reviewers to use
  - Warm line, referrals to 911
- Comprehensive Behavioral Health Centers (13)
  - Determine protocols / logistics
  - Access, availability, navigation

Objective 3: Foster the implementation of quality indicators to advance behavioral health outcomes in alignment with State and National Quality Measures

Strategy 1: Improve data measures for measuring consumer engagement, services and satisfaction

Strategy 2: Develop and publish quality report cards for service providers

Block Grant Funded Program - Consumer Report Indicators

WV Behavioral Health Call Line (1x per month by different person)

Call Report Indicators: 1) Live person answering the call, 2) Is someone there available to talk to you that has “been there”?, 3) What kind of information can they provide you with as an individual who needs help but not ready to go treatment?, 4) How long before you can get an assessment for your problem?

13 Comprehensive Behavioral Health Centers (Call and Site Visits to All 1 x per year)

Call Report Indicators: 1) Live person answering the call, 2) How long to get an appointment of any kind? 3) How long to get in to see a doctor, 4) Do they offer medication assisted treatment? 5) What insurance do they take, have a sliding fee scale or if you have no money?

On-Site Review Report Indicators: 1) Do they employ peers/recovery coaches, if yes, how many?, 2) Do they have peers serve on their board of directors?, 3) Do they have a Client’s Rights Committee, if so how many and can you obtain a copy of their last meeting minutes, 4) Do you administer a consumer satisfaction survey?, if so, how and when, and can you have a copy. General Impression Indicators for On-Site Report: On a scale of 1-10 rate the following: 1) Cleanliness, 2) Friendliness 3) Wait time to talk to someone without an appointment

Questions/Comments:

- Structuring phone calls; develop a script; setup a training so everyone is acceptable with the script, and approved by state;
- Secret Shopper rather than identifying as council member for the CALLS
- For the on-site review – schedule the meeting and professionally identify yourself; this is not a “gotcha”; this is a partnership re: technical assistance feedback
- ALL Providers – look at accessibility

Recovery Residences (Call all sites 1x per year)

Call Report Indicators: 1) Live person answering the call, 2) Do you have any open beds? 3) Do you accept individuals with a co-occurring disorder, 3) How many days do I have to be sober if I have a substance abuse problem?, 4) Will you take me if I’m on Suboxone or other medications that are helping me with my treatment?, 5) Will you accept me if I’m taking Xanax?

Questions/Comments:

- Will you accept me if I’m pregnant?
- Add women
- Physical disabilities

### Drop-In Centers-(On-Site Visits 1x per year):

1) Do they employ peers/recovery coaches, if yes, how many?, 2) What training does the staff receive? 3) Do you administer a consumer satisfaction survey?, if so, how and when, and can you have a copy, 4) What are your hours of operation?, 5) Can anyone come? 5) What services did you visibly see during the visit? \_\_\_ Classes, \_\_\_ Computer Availability, \_\_\_ Food, \_\_\_ Social Activities \_\_\_ General Impression Indicators for On-Site Report : On a scale of 1-10 rate the following: 1) Cleanliness, 2) Friendliness 3) Wait time to talk to someone without an appointment

### Questions/Comments

- Drop in Centers are transitioning to Peer Centers – accepting both SA and MH;
- What type of training have they had – CISM, MH First Aid, etc?
- Do they have access to connect to individuals who are deaf
- Physical disabilities
- Interpreters?
- Accessing resources
- Obtain list of training available for centers to access
- 87% there “to be”

### Success Indicators\*:

- # of individuals in peer support programs residences connected to education/employment/no trouble with law
- # recovery coaches trained
- # peer/community support individuals certified
- # standards developed by and programs reviewed by peers
- # prevention, peer and community support specialist certified
- # workforce trainings provided and continuing education offered
- # individuals enrolled in Medicaid and other insurances
- # data measures developed and implemented statewide to improve quality to include a provider report card

### Community Access Roles and Responsibilities

- Facilitate Implementation of SA/MH Block Grant Deliverables
- Provide logistical support for regional peer/recovery outreach meetings in conjunction with Round 18 Governor’s Regional Task Force Meetings to recruit new members
- Product Development
  - Scripts (phone calls)
  - Reporting Templates (phone and site visits)
  - Stamped/Mailing Envelopes (site visit and phone materials upon completion)
  - Business Cards (for individuals making site visits)
  - Flyers
- Summarize results of planning council outcomes based on strategic plan in alignment with SA/MH block grant and compilation of consumer obtained data to develop consumer reporting scores

### DISCUSSION & UPDATES

- Need to develop a strategic plan around getting this done.
- Consider updating membership (affiliate); consider regional meetings lead by leads;
- Discuss Round 18 – when will that happen? Waiting to hear back on travel?

- Cathy Reed provided information about a Training on Voter's Rights – WV Advocates has a poster re: voting for individuals with disabilities
- Motion to provide training at upcoming WVBHPC meeting – Bob McConnell; second – James Ruckle
- Fair Shake Network Family Feud Game night – Nov. 13, 2015 at St. Albans, WV

### **MEMBERSHIP**

- 2 applications received since last meeting
- Membership – lacking in Families with Children and Youth
- Application from Katie Heller – Motion to approve for membership – Cathy Reed; second – Bob McConnell; all approve
- Application from Ginger Carr – not at this time, more information is needed
- Core membership vs affiliate membership
- Family – transportation/childcare issues
- Skype participation
- Regional Meetings?
- Council member other affiliations list [SEE ATTACHED]
- Current members – Region 1 (1), Region 2 (2), Region 3 (2), Region 4 (8), Region 5 (10), Region 6 (2)
- Membership recruiting strategies
  - WVLA
  - Member “travels” – e.g. participation in other councils and networks/organizations
  - Roles/expectations
- Membership categories
  - Individuals in recovery
  - Families of individuals in recovery
  - Others Youth
  - Parents of Children with SED
  - Substance Abuse Providers

### **Planning for the Block Grant Priorities and Annual Report**

- WVBHPC reviewed block grant priorities
- Send out BBHFF PowerPoint to everyone on council
- Solicit feedback within 2 weeks
- January Meeting – train interviewers?
- Establish “Question Committee” to develop response to presentation

#### **Question Committee:**

- Linda Pauley
- Ardella Cottrill
- Rhonda Cooper
- Tom Kimm
- Joyce Floyd
- Ted Johnson
- James Ruckle

### **Check-out, Evaluations, Adjourn**

## WVBHPC Membership Affiliations:

### Tom Kimm

- Eastern Panhandle Health and Human Services Collaborative (HHSC)
- Chair, Behavioral Health Work Group (BHWG) of the HHSC
- Drug Free Berkeley (SA Prevention Coalition)
- Recovery West Virginia
- Drug Free West Virginia (Program of Recovery WV)
- Region 2 Substance Abuse Task Force

### Ardella Cottrill

- WV Behavioral Health Planning Council
- WV Advocate
- PAIMI
- Community Outreach for Mental Health
- Communities of Shalom
- Circle of Parents – Facilitator
- Leadership Academy
- Marion County Tobacco Prevention

### Cathy Reed

- WVA – President
- PAIMI – Chair (Protection and Advocacy for Individuals with Mental Illness Program)
- FRN of Marion county
- Marion County Tobacco Prevention Coalition
- Member of DAC (Disability Action Center)
- WV Behavioral Health Planning Council Member
- Marion County Homeless Coalition
- Substance Abuse Task Force – Region 4
- National Disability Rights Network (NDRD) PAC Committee (Program Advisory Committee)
- Marion County Council of Churches
- RSVP – Retired Senior Volunteer Program (Marion Co.)
- Sharing & Caring
- ADRCC Council Members (State – Aging & Disability Resource Center)
- PAIMI Drop in Conference
- Marion County Circle of Parents

### Joyce Floyd

- North Central WV Head Start/Early Head Start Policy Council
- North Central WV Community Action
- Randolph County Family Resource Network
- Partners in Policy Making
- Randolph County Women’s Aid in Crisis
- Step By Step

### Linda Pauley

- Substance Abuse Regional Task Force – Region 5
- Recovery Point Charleston

- WV Advocates Drop in Center Meeting
- WV Leadership Academy
- Recovery Coach Trainer
- Mental Health First Aid Trainer
- Peer Training for First Steps Call Center Staff

#### Nancy Deming

- Attend the Governor's Substance Abuse Regional Task Force – Region 4
- West Virginia Behavioral Health Provider's Association – Chair of the Substance Abuse Committee
- Tx team for Mon Cty Drug Court
- Advisory Council – Mon Cty Drug Court
- State Board of WV League of Women's Voter – Health (+ BH) Portfolio
- Trained in Adult + Adolescent + MH First Aid
- Attended and Member – NAADAC; Association Addiction Professionals

#### Jane McCallister

- WVFAM – Advisory Group – Children in FC
- Residential Providers – Children's Alliance (staff attend)
- Local Collaboratives
- FRN's – Family Resource Networks
- DHHR – CPS/APS YS Staff

#### Phil Reed

- FRN of Marion County
- Marion County Anti-Drug Task Force
- Marion County Anti-Tobacco Coalition
- Region 4 Substance Abuse Task Force
- Marion County Council of Churches (observer)
- Mental Health First Aid – Child
- Retired Senior Volunteer Program
- ADRC
- WVBHPC Members
- Sharing & Caring
- Marion County Circle of Parents
- Marion County Homeless Coalition

#### Ted Johnson

- National Association of Mental Health Planning & Advisory Councils
- Advocates for Human Potential
- SILC
- Bridge Valley Community and Technical College

#### James Ruckle

- People First of West Virginia
- Fair Shake Network
- Substance Abuse Task Force
- Integrated Behavioral Health Conference Planning
- Facebook groups – CBHT Family, Leadership Academy



- Prevention Recovery and Wellness Center
- Take Me Home West Virginia – Housing, Advisory, Quality
- Consumer Affairs Committee
- West Virginia Council of Churches
- Review Block Grant
- Waiver Rallies
- Recovery events – Out of the Darkness, Veterans
- Attending Legislative Committee Meetings
- Organizing Housing Project
- Kanawha Communities that Care
- HUD Capacity Roundtable
- West Virginia Public Broadcasting (Friend Of)
- Monitor Hartley Hearings
- BRSS TACS
- Attend Goodwill Resource Fair
- Appalachian Center for Independent Living Support Group

#### Brandon Whitehouse

- Bo Mar Club / Bo Mar Drop In Center
- DBSA
- WVLA
- Westbrook
- WVBHPC
- Student at WVUP
- WV-A

#### Richard Ward

- Division of Rehabilitation Services – statewide
- Olmstead Council
- Substance Abuse Regional Task Force Meetings

#### Louann Petts

- WV Association of Professional Psychologists
- Dunbar Library Advisory Board

#### Bob McConnell

- MSPCAN
- Step by Step
- WV Advocates
- WVBHPC

#### Heather Julian

- WV National Guard
- Prevent Suicide WV
- WV Suicide Prevention Council
- AFSP WV Chapter (American Foundation for Suicide Prevention)