



West Virginia Behavioral Health Planning Council (WBHPC)
October 20, 2016
Holiday Inn Charleston West • 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)*

Executive Committee Meeting (*Executive Committee Members only*)

Attendees

Tom Kimm	Frank Armstead	Angie Ferrari
Patrick Tenney	Cathy Reed	Linda Pauley
Nancy Schmitt	Phil Reed	Ardella Cottrill
David Sanders	Joyce Floyd	Jason Cook
Rebecca Roth	Vanessa VanGilder	Cynthia Parsons
Ted Johnson	Melissa Southall	
Laura Barno	Melissa Duncan	STAFF:
Bob McConnell	Louann Petts	Martha Minter
Ginger Carr	Nancy Deming	Jenny Lancaster
James Ruckle	Elliott Birckhead	

Welcome, Introductions and Review of Agenda

- Tom Kimm, Chair, opened the meeting and participants introduced themselves

Review of Notes from July 2016 meeting, discussion, and vote on approval

- Participants reviewed July 2016 meeting minutes
- Motion to accept July 2016 meeting minutes – Cathy Reed; second – Phil Reed; all approved

Reports and Announcements from Committees and Agencies

Membership Committee

- Ardella reported that committee is reviewing membership; several need to be removed due to lack of participation; committee will present indicators to full council in January
- Elliott – need a point of contact for the WV Department of Education; required seat by SAMHSA

2016 SAMHSA National Block Grant Conference (Arlington, VA / August 9-11, 2016)

- Linda Pauley and Ted Johnson attended the 2016 SAMHSA National Block Grant Conference
- Attendees were from US, Guam, US Virgin Islands, Micronesia, Mariana Islands, and representatives from federal government
- Attended workshops on SAMHSA process of grant funding and procedures used to determine that the money is being spent in accordance with the grant requirements.

- Grantee should stay in contact with their grant management officer for guidance during the funding period.
- Presenters provided info on the timeline for grantees report on the progress of their program and use of money; help is always available from the project officer over the grant
- Session provided info on complying with the steps necessary to fulfill the requirements of the grant
- Also sessions of the best and emerging practices in peer services
- Several states were offered as examples of how the recovery community is being used to expand the workforce; peer supports are included into programs to help people as they work on their recovery
- Linda participated in a workshop lead by head of Advocates for Human Potential; representatives from three states spoke about the relationships with their state bureaus; each had a unique spot in the process used to develop the block grants and perform the required evaluation of services.
- Plenary was given on the federal programs centering on children's services
- Waiting on access to website to download conference presentations – Linda will share with members of the council when available.

Adult Services Committee

- Discussion about minimum wage/competitive wages
- Difficulties recruiting/retaining staff in Eastern Panhandle
- Issue of locality
- ACT Team was suspended (Assertive Community Treatment) in Eastern Panhandle
- Workforce issue vs funding issues
- Crisis worker at Berkeley Medical Center – who is on the Adult Services Committee, said many of the folks ended up in the hospital
- Housing Issues
- Targeted case management has been limited/restrictive
- Case management is an issue
- Comprehensives – eliminated case management because it is so difficult; Presteria has picked it back up
- UniCare – does offer case management (would like to eliminate the “targeted”)
- EastRidge has well-functioning Community Engagement Team; issue with case management because of targeted case management

Discussion of Services

- Discussion of respite care; educational issues; community based services; children's crisis unit; mobile crisis unit
- Bureau offers the service, but must be signed over to the state (?)
- BBHFF (Beth Morrison) is working with BCF on kids level services; increased attention on wraparound services and family peer services; both bureaus are working on this; contact Beth Morrison
- Would like to see more discussion/participation between the WVBHPC and the WVDHHR-BBHHF regarding services/issues
- Purpose of the committees (child services) is to actively talk about individual cases
- Safe at Home program
- Children's Crisis Center
- Discussion of school system services for students with issues/disabilities; how can parents advocate on behalf of their child
- Project Aware / School Based Mental Health

Monitoring and Evaluating Behavioral Health Services in West Virginia - *Rebecca Roth*

- Rebecca Roth introduced herself and provided background

- Reorganization of the bureau – focus on block grant – SUD and mental health are integrated is also a focus at the bureau – 3 offices:
 - Children, youth, and families – Nikki Tennis
 - Adult Services – Beth Morrison
 - Planning, Policy, and Compliance – Rebecca Roth
- Policy – must be informed by voices of West Virginians; work of the WVBHPC is so important
- A lot of Rebecca’s focus is on the block grant as well as to hear issues and take them back to her office
- Policy and planning is to hear the story; story must be both about people and numbers; make sure the research/planning function includes both; how do we make the system work better for the people of WV
- Rebecca started in mid-August
- Integrated Behavioral Health Conference – October 16-19, 2017
- Another project – workforce through the Governor’s Advisory Council on Substance Abuse – has a workforce committee and is researching substance use disorders and the workforce
- Elliott – has been working with FEMA on disaster response to the floods in WV in June and making sure the behavioral health component is well covered;
- Compliance – Rebecca has been in conversations on how to make that process work in an integrated way
- Technical assistance is also a focus; want to make sure that those who are reporting have the assistance they need
- Community voice – make sure voices are heard in addition to this council, there is also the regional substance abuse task forces; as well as the WV Interagency Council on Homeless
- Question – is there a consumer track on for the conference and will there be scholarships available?

Brief Discussion of the Federal Block Grant Funding – Jason Cook

- Jason Cook has been with the bureau for 5 years
- WV will be applying for block grant next year – it is a formula funding grant (vs discretionary)
- How is the formula determined? SAMHSA/federal formula – part of WV funding amount is determined by population; data on behavioral health; prevalence in the state; data is pulled from TEDS data; APS data, various departments, etc.
- Last full fiscal year – SAPT \$8,378,000 / MH – \$2,646,000
- SAMHSA – now integrates block grant application; now submitted online
- Bi-annual application; last application was in 2015; brief update in 2016; next year is another full application – due date not yet available
- Council has input on the preparation of the application; review of the application; etc.
- How funds are distributed once state receives them?
- Some funding goes to comprehensive centers, but not much
- Primarily fund community based organizations for peer centers, drop in centers, WV coalition to end homelessness; planning council funding; WV leadership academy; peer centers/peer coaches take up a large amount; legal aid FAST program; statewide suicide prevention call line (integrated w/ HELP4WV)
- Block grant application requires discussion and writing on the state system
- SAPT – comprehensive centers; prevention services; 6 regional prevention providers; regional youth services centers; SA peer services/recovery homes
- For comps - Block grant is a small amount of money – much of funds for comprehensive centers is through state funds; comps may have fed funds
- How do we determine providers – some are historic providers; majority go through AFA process – app/proposal; grant/review committee; unsolicited proposals
- Question – 5% set-aside for first episode psychosis - what has been done with that money? Youth Service Systems in Wheeling received the grant

- Question – regional task forces provide info on SA side; what efforts are taken on needs assessment for BH side? Bureau did listening sessions a few years ago, may do so again; a lot of work has been done with WV Interagency Council on Homelessness; Call line resulted from early listening sessions;

Medicaid SUD Waiver Proposal – Presentation and Discussion - *Cynthia Parsons*

- Creating a Continuum of Care for Substance Use Disorder Treatment of West Virginia: A Medicaid Section 1115 Waiver Proposal - [http://www.dhhr.wv.gov/bms/Public%20Notices/Pages/Draft-Substance-Use-Disorder-\(SUD\)-Waiver.aspx](http://www.dhhr.wv.gov/bms/Public%20Notices/Pages/Draft-Substance-Use-Disorder-(SUD)-Waiver.aspx)
- WV has highest rate of drug overdose deaths in the country (39.5 deaths per 100,000 residents), more than double the national average.
- Between 2012 and 2015, death count increased by 29%
- 31 of every 1,000 births in the state involve babies born with NAS
- Trend in Deaths Chart
- Fed government is encouraging states to use their Medicaid programs to promote access to SUD treatment and prevention services
 - Medicaid “Section 1115 wavier” allows states to make system-wide changes to their programs that are not normally permitted
 - Detailed guidance about the SUD waiver opportunity provided in a July 2015 letter to State Medical Directors
 - DHHR has prepared a draft section 1115 waiver applications that describes an approach to addressing the SUD epidemic for Medicaid enrollees in WV
- The waiver opportunity will able our state to access additional federal funding to build a stronger continuum of care for SUD treatment and prevention
- Draft waiver application developed and circulated for public comment across the state
 - 30 day public comment period open until October 20, 2016
- DHHR will incorporate and respond to public comments received before finalizing the application for submission the Centers for Medicare & Medicaid Services (CMS)
- CMS will provide a second public comment opportunity online at www.Medicaid.gov
- Formal negotiation with CMS will begin after the federal comment period closes
- **Goal:** to build a comprehensive continuum of care across the state to more effectively prevent and treat SUD in WV by:
 - Providing additional Medicaid services to promote SUD treatment
 - Further integrating efforts currently underway through the BHFF
 - Looking across all state agencies to ensure resources are being leveraged wisely and efficiently;
 - Accessing additional federal Medicaid funding to supplement existing state funding

Objectives:

- Improve health outcomes for Medicaid enrollees with SUD issues and reduce the overdose death rate in WV
- Increase access to SUD treatment services, included expanded residential treatment, coverage of Methadone, and offer a robust set of community based supports to promote and sustain recovery
- Reduce utilization of high-cost emergency department and hospital care in favor of less-costly measures
- Improve care coordination across the SUD treatment and ensure that transitions between treatment levels are executed appropriately
- All Medicaid members enrolled in managed care will be eligible for enhanced set of substance use disorder treatment services under the waiver
 - By the end of 2016, approximately 80% of our Medicaid members will be serviced through managed care.
- Waiver will include strategies focused on SUD prevention and treatment among adolescents

- At-risk families will be eligible for SUD treatment services to allow for community based treatment and supports to prevent the child being placed out of home
 - Foster care youth will be able to receive SUD treatment services EPSDT benefit
- We will build on existing efforts to raise awareness and address the prevalence of babies born with exposure to substance abuse (31 out of every 1,000 births)
- The small number of Medicaid members not enrolled in managed care will continue to access SUD services through Medicaid fee for service.
- Medicaid benefit expansions under the waiver:
 - Statewide adoption of SBIRT method to ensure a consistent and effective diagnosis and enrollment process for the waiver
 - Expanded coverage of withdrawal management in regionally identified settings
 - Short term, residential substance abuse treatment for Medicaid managed care enrollees
 - Enhanced access to outpatient SUD treatment as appropriate when residential treatment is not required
 - Coverage of methadone and methadone administration as part of the state's Opioid Treatment Program
 - A comprehensive initiative for distributing Naloxone and cross-training staff on administration of Naloxone as part of the effort to reduce overdose deaths.
 - Coverage of a set of clinical and peer recovery support services and recovery housing supports designed to promote and sustain long-term recovery.
- BMS has begun the planning process with the four participating Medicaid managed care plans and the provider community
- Managed care plans will play a critical role in building the provider network needed to achieve waiver goals
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- BMS will work with plans and the Medicaid provider community to ensure they are trained
- September 20, 2016 – Draft 1115 Waiver application released
- September 28-29, 2016 – public hearings
- October 20, 2016 – Public comment period closes
- November 1, 2016 – Submit formal Medicaid SUD waiver application to the Centers for Medicare and Medicaid Services
- Submit comments by email – bms.comments@wv.gov
- Comments must be received by October 20, 2016 to be considered

Discussion of Planning Council Committees and Activities

- Executive
 - Tom Kimm-Chair
 - Cathy Reed-Vice-Chair
 - Ardella Cottrill-Secretary
 - Joe Cunningham – Treasurer
 - Joyce Floyd – At Large
 - Patrick Tenney – At Large
 - Vanessa VanGilder – At Large
 - Linda Pauley – At large (past chair)
- Monitoring & Evaluation
- Membership
- Adult Services
- Children's Services
- Olmstead

- Housing(?)
- Tom wants 1 state position to serve as co-chair; BBHFF think state agencies should serve as resource, not co-chair
- Ground rules – when you have gov't participant, they are not a conduit for frustration
- Need to send out a description of each committee and let people select
- Suggestion to have some type of orientation for new membership
- Discussion re: WVBHPC budget and 2-day meetings
- Alternatives – conference calls and online meetings; Patrick Tenney offered GoToMeeting
- Patrick Tenney and Tom Kimm will coordinate to offer GoToMeeting
- Evaluation - Online survey to be hosted on wvbhpc.org; concerns about privacy

Closing Announcements

- Save the Date – Fair Shake Network Annual Training Day and Disability Advocacy Day – March 7 & 8, 2017 – Dunbar Recreation Center and State Capitol
- #KeepThemSafe – prescription bags
- Next meeting January 19, 2017 – Flatwoods, WV

Check-out and Evaluation

Adjourn