



West Virginia Behavioral Health Planning Council (WBHPC)
January 25, 2017
Four Points by Sheraton • 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:

Patrick Tenney
Jorge Cortina
Melissa Duncan
Diana Whitlock
Mark Drennan
James Ruckle
Frank Armstead
Phil Reed
Cathy Reed
Ted Johnson
Vanessa VanGilder
J.K. McAtee
Joyce Floyd
Marian Steele
Linda Pauley
Aaron Morris

Donna Moss
Bob McConnell
Lou Ann Petts
Richard Ward
Tom Kimm
Lee Cottrill
Ardella Cottrill
Debby McCoy (for Elliot)
Joe Cunningham
Heather Hoelscher Garcia
SAMHSA Representatives

Staff

Martha Minter
Jenny Lancaster
Gabe Pullin

Meeting with SAMHSA Representatives

- *Opening comments by Margie-* It is the law to have BHP in place. We are monitoring to see if the state is compliant. We want to get your perspective on the support of the state, persistent issues, things you like, things that work well, your concerns, etc. All of this is confidential, and if taken back to the state, it will be anonymous. [Responses were removed from meeting notes].
- What is the most critical mental health related issue in the state?
- Is the state doing anything to help and bridge the gap?
- Would you agree transportation is an issue?
- Is telehealth being used?
- Do you think law enforcement is receptive?
- Do you think it's a stigma issue?
- What has the state done well?
- Do you feel you have a positive influence on policy?
- Funding through the state for these meetings?
- Does the council get together multiple times during the year to monitor or review mental health?
- How does the council evaluate mental health services?

- Does the state provide data to the planning council to help in this process?
- What is the process for public comment regarding the state plan? Does this process appear successful?
- Do you think you need more than 4 meetings per year?
- How are council members recruited and trained?
- Are there pockets of ethnic groups that aren't in the council or being provided services?
- Are there current training needs?
- Is there a mechanism for self-evaluation?
- To what degree is the council meaningfully involved in the state budget process?
- *SAMHSA comments*
- *WVBHPC comments*

Review of SAMHSA Discussion

Moving Forward – A Discussion of the Planning Council's Agenda for 2017

Planning Council 101 Presentation – *Ted Johnson*

- Overview and Objectives
 - Completed by Advocates for Human Potential (AHP)
- Terminology
 - Interchangeable terms: planning councils, planning and advisory councils, mental health and substance abuse advisory councils, etc.
- Block Grants Overview
 - Grants administrated by SAMHSA
 - Annually awards to states/jurisdictions based on allotments calculated by legislated formula
 - Planning council involvement required
 - Annual applications and reports submitted by the states and jurisdictions
- Block grants and council involvement
 - Review and comment on applications
 - Monitor progress on goals and indicators: mental health, SA prevention treatment, and recovery
 - Review and comment on reports: implementation reports (annual progress reports); "Synar Report" (sales of tobacco to minors)
 - State files report in Dec.; council should review
 - SAMHSA's web block grant application and reporting system
 - Online portal to block grant applications and reporting systems
 - Supports citizen comments via <https://bgas.samhsa.gov/> (username: citizenWV; password: citizen)
- Mental Health Services Block Grant
 - Focuses on serious mental illnesses and emotional disturbances
- SA Prevention and Treatment Block Grant
- Purposes of Block grants
 - Fund priority treatment and support services
 - Grants require performance and outcome data
- Mental Health Planning Councils, History and Purpose
 - Public Law 99-669 established federal requirements for planning councils in 1986
 - Involves specific requirement
 - SAMHSA encourages BHPC
 - Councils must still meet requirement
 - TA resources provided

- Membership Composition
 - Representative from state agencies
 - Public and private entities
 - Adults with serious mental illness
 - Family members of adults and children with serious emotional disturbance
 - Cannot be state/jurisdictional employees
 - At least 50% should have first-hand experience
 - Parents of children with mental illness must be sufficient to present adequate and accurate information
- Required state agency reps
 - Education, vocational rehabilitation, criminal justice, housing, social services, health
- **Statutory Duties**
 - Review recommendations; advocate; monitor, review, and evaluate
 - Duty 1: Reviewing block grant
 - States: application and reports were shared with the council; make proposals available for public comment
 - Council: submit comments and recommendations to SAMHSA
 - Planning and review should be year-long
 - Work with state planner
 - Be strategic
 - Utilize subcommittees
 - Provide training for council on the block grant structure and requirements
 - Best Practices: NJ, GA, KY
 - Duty 2: Serve as an Advocate
 - Highlight changes needed in service, access to care, and public knowledge
 - Council can advocate where and when state employees cannot
 - Educate members on issues
 - Use various formats and approaching
 - Speak with one voice
 - Use data and illustrate
 - Legislative advocacy as information and education
 - Best practices: LA, CO, Marshall Islands, ND, FL
 - Duty 3: Monitor, Review, and Evaluate
 - Focus on allocation and adequacy of services
 - Numerous strategies fulfill requirement
 - Recruit members with data and evaluation expertise
 - Consider a liaison from the state data staff
 - Access the state epidemiology outcomes workgroup
 - Best practices: TN, RI, NV, OK
- How will your council connect?
 - Focus on current and evolving factors
 - Increase members knowledge of public policy, funding, systems, and emerging practices
 - Focus on the council vision and roles
 - Examples of Policy and Practice Changes, Impacting Planning Council Duties:
 - ACA, MHPAEA, and Medicaid Expansion
 - BH/PC integration and health homes

- Prevention and wellness focus
 - Certified community behavioral health centers
 - Emphasis on recovery
 - Expansion of peer services
 - Resiliency and early interventions for children and youth
- Strategic:
 - <http://beta.samhsa.gov/about-us/strategic-initiatives>
- Additional Resources:
 - www.BHTalk.org
 - <http://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>
 - <http://www.samhsa.gov/capt/tools-learning-resources/data-prevention-planning-seow>
- Comments
 - Emergency Services and how costly they are
 - Looking to start a pilot on addiction; want to partner with providers to see about MAT (Suboxone); would pay them by case rate
- SAMHSA initiative resources and challenges for councils
- SAMHSA State TA project

Community Inclusion Presentation – J.K. McAtee

Organizing a Stateside Peer Network

- System Barriers
 - Knowledge of PS
 - Funding
 - Peer-provider buy in
 - Regional accessibility
- Program/Policy Barriers
 - Reimbursement
 - Infrastructure
 - Skill sets
 - Funding
 - Transportation
- ID Goals: Create Statewide Peer Network

Strengths & Resources	Action Steps	Time Frame
6+ Drop-in centers	ID Family Network; Grantee/Collaboration	January 10, 2017
Recovery Coaches		
WVDAAC	Utilize BHPC/WVLA as an organizing tool	April 2017
WV BBHFF	Hold webinar	June 2017
Provider Assn.		
Recovery Residences	Organize Meeting at IBH Conference	October 2017
WV BHPC	Develop Advisory Board	December 2017
Advocacy groups	Produce Business Plan	
LA Graduates		February 2018
Family Groups/Peer	Develop Proposal	May 2018
Groups/NAMI/Person	Secure BBHFF Contract	July 2018
First of WV, DBSA, etc.	Implement Collaboration	October 2018

- WV has proud history of peer support and leadership.
- Efforts by Bureau for BHHF to provide peer funding has been restructured.
- Community Access provides a secure and well-managed financial organization.
- Peer-run Recovery Coaches have been awarded
- Advantages of having a statewide network are many
- Using the rough draft and the resources above (full review will be attached), an effort will be developed to form a Peer Network in WV. A grant offer to form a family network in WV will be a basis of future funding awards to collaborate with this organization.
- Will work to identify this funded agency by Jan. 10, 2017
- By April 2017 meeting, the work will have been set to utilize WVLA and BHPC as a springboard for collaborative outreach
- WVLA will host webinar in June with interested parties joining for updates and further plans
- From the WV IBH Conference in October, we will identify and form an advisory board
- This will promote community inclusion by removing barriers and finding common ground.
- *Comments*
 - Proposing that if money comes down the pipe, we should think about organizing
 - Family Network Grant through DHHR?
 - Don't know how related the two are
 - Great to have local autonomy, but if there is the possibility of another grant, the group could find common ground to work together, instead of creating a whole new group
 - Get people aware, assisted by Planning Council
 - Motion made by Cathy to support and collaborate with the group forming it
 - In thinking stage so tabling that for now
 - Peer support is a great tool for those with disability and mental health issues
 - We have more diversity where we are
 - Local control is good in some ways

Closing Announcements

- Nancy Schmitt resigned to the executive committee due to health issues
- WV Advocates has changed name; now 'Disability Rights WV'
- FRN doing assessments of their county's needs (*Donna Moss*)
- Jorge Cortina, interest indicator received; tabled as he is an out of state resident; can attend meetings and work on committees.
- Regional task force meetings: over 4,800 people participated in those meetings
- Legacy Report should be available soon

Review of the WVBHPC October 2016 Meeting Notes

- Participants reviewed the notes from the October 20, 2016 Meeting
- Ardella Cottrill made motion to approve minutes; Aaron Morris second; all approved.

Next Meeting – April 20, 2017 in Flatwoods, WV

Check Out and Evaluations

Adjourn