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CLARK COUNTY  
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DEPARTMENT OF COMMUNITY SERVICES

Mental Health Advisory Board Minutes  
September 28, 2011

**Board Members:** Dana Baker; Armando Herrera, Christyna Hengstler, Kathy McNicholas, Nahid Razzaghy, Phinthang Yeang, Veronica Mo, James Mead, *Chair*; Christie Kratovil, Cassandra Sellards-Reck

**Members Present:** Christyna Hengstler, Kathy McNicholas, Phinthang Yeang, Armando Herrera, Cassandra Sellards-Reck

**Members Absent:** Nahid Razzaghy, Veronica Mo, James Mead, Dana L. Baker, Christie Kratovil

**Staff Present:** Melodie Pazolt, Sela Barker

**Guests:** Brandy Whitney LLC, Laura Osborn FS, Pat Beckett CC, Melanie Maiorino MHO, Erica Hunt CRMHS, Kris Henriksen TT, Craig Pridemore CRMHS, Brad Berry CVAB

Agenda Item	Discussion	Discussion Leaders	Decisions, Actions, Assignments
<b>Welcome and Introductions</b>	The Vice Chair welcomed all and asked the Board members present and audience to introduce themselves.	Armando Herrera	
<b>Meeting Minutes Approval</b>	Minutes for July were reviewed based on a 50% board quorum.	Armando Herrera	<b>Decision:</b> The Board unanimously agreed to approve July meeting minutes
<b>Service Integration Update</b>	<p>Service Integration update. Steve Maynard provided a brief overview of the history of integrated services project. Steve brought on as project position to set up processes / system to focus on moving forward integrating substance abuse services and mental health services. His first month has been focused on going to providers to hear concerns, barriers. He spent September getting to know programs better such as Comet, SOAR, PACT etc. He has begun to extract data on co-occurring diagnoses within the tracking system and what kind of services individuals are receiving.</p> <p>Providers Seem enthusiastic about moving forward.</p> <p>Dr. Cline &amp; Minkoff were here in July to begin the process. The concerns are focused on the time it will take to do this and it will require agencies to dig into their own systems to create continuous quality improvement otherwise known as -C-Q I. Another concern is focused on how things will get paid for. How to fit services into the Medicaid system.</p> <p>- Developing a workforce that has the skills. Different systems have different Workforce requirements.</p>	Steve Maynard	

	<p>- RSN and Providers have developed a steering committee.  - Steve will also be leading the process within Communities Services on how internally we address the integration.</p> <p>Armando stated that some questions arose from the Substance Abuse Advisory Board regarding the integration around Lifeline Connections residential program and how it fits into the integration. Brandy W from LLC stated that Lifeline has initiated moving part of their residential inpatient program to private pay. The RSN has also contracted with LLC to access some beds on an as needed basis for individuals who have co-occurring issues.</p> <p>It was also stated that housing has come up as a huge issue for the co-occurring population.</p>		
<p><b>RSN Manager's Report</b></p>	<p><b>Announcements:</b></p> <ul style="list-style-type: none"> <li>• Disability Lifeline will end in October. Two new programs will start in November: Aged, Blind or Disabled (ABD) Assistance and Housing and Essential Needs Program (HEN). Handout which provided an overview of these programs was shared with MHAB members.</li> <li>• Three-Visit Emergency Room Limit – Health Care Authority informed stakeholders of their plan to limit individuals to three <u>non-emergency</u> visits to the emergency room in the course of a year. This limitation is a requirement in the 2011-2013 budget. The state will continue to pay for all Medicaid emergencies. The goal is to improve care by making sure that non-emergencies and chronic care are treated appropriately by primary care providers.</li> </ul> <p><b>Budget Update</b> - Health Care Authority has submitted proposed 5% and 10% budget cuts to the Office of Financial Management on 9/22. Proposal included termination of the Basic Health plan, an Apple Health for Kids program that covers immigrant children, and the Disability Lifeline program, which covers temporarily disabled people who cannot qualify for Medicaid. The trim list consisted of a combination of state-only-funded programs and optional Medicaid programs. The 10% target totals \$446 million; the 5% totals \$223 million. Memo from Doug Porter was distributed to MHAB members.</p> <p>Governor's has also released her <i>2011-13 Supplemental Functional Area Recommendation Summary</i> which calls for but limited to reduction of community services for the Offender Reentry Community Safety Program, Medicaid capitation rates, the number of existing RSNs from 13 to between four and six, and closure of two decertified wards at Western State Hospital. The Summary was distributed to MHAB members.</p> <p><b>Children's Mental Health Redesign</b> – A draft report was released for input to</p>	<p>Melodie Pazolt for Connie Mom-Chhing</p>	

	<p>TriWest by mid August 2011. The work group met at the end of August where they provided additional input into the draft. RSNs are represented by Masson/Thurston and Greater Columbia RSNs. There will be opportunity to provide input on the revised draft by Sept. 26. Connie shared the draft plan with providers, MHAB, and internal DCS staff via email.</p> <p><b>Block Grant/MH Planning Council</b> – There was an introduction presentation hosted by Mental Health America on Sept. 6<sup>th</sup>. Highlights of policy changes to block grant: integration of services for MH/SA, improving accountability for quality and performance of services, parity law, and cost effectiveness of service delivery system. The presentation also addressed block grant application, allowable and unallowable services via block grant, and composition of the Planning Council. DBHR informed RSNs to anticipate a 20% reduction for block grant for the next year.</p> <p><b>Law and Justice Council Presentation (9/8/11)</b> – Dept. of Community Services was asked to present at this meeting to address services for individuals in custody. An overview of MH/SA/Housing was provided by Vanessa Gaston, Harold Rains, Connie Mom-Chhing, and John Cox. The Dept. also addressed budget reduction in the areas of MH/SA/Housing. Jail Transition Services and Mental Health Court overview was delivered. RSN also addressed diversion services such as PACT, COMET, and WAPACT.</p>		
<b>FBG Report</b>	<p>Melodie presented changes to the Block Grant through a PowerPoint presentation provided by DBHR. As the FBG plan at the state integrates D&amp;A and MH, tracking and reporting individual services will be challenging for the mental health providers. D&amp;A FBG funds are used primarily for treatment whereas MH FBG is used for prevention, anti-stigma services that are not easily measured or tracked. DBHR’s perception of integrating block grants will allow us to look at behavioral health as a whole and to better identify communities with significant need and what services are lacking in other areas. DBHR’s next steps are to identify what will be impacted programmatically and fiscally; develop a plan on how to change and when can we make the change; and to partner with each stakeholder/constituency group to develop a state plan that addresses the true need in each community.</p> <p>Melodie also provided an overview of the year-end implementation report for FBG. Programs that are currently funded by FBG are Community Services Northwest—Wellness Project; Consumer Voices are Born—Self-Help Recovery Center; Clark County Youth House—Teen Talk; NAMI Clark County; Consumer Voices are Born—Val Ogden Recovery Center; Scholarships; and Children’s Home Society—Triple Point.</p> <p>Melodie called out the great work by all the FBG providers.</p>	Melodie Pazolt	
<b>Quality</b>	The Evaluation report of the Quality Management Plan has been distributed to		

<b>Manager's Report</b>	<p>providers and MHAB members. The QMC team will be cutting back on meetings to participate in integration meetings. The QMC will be issuing report cards to highlight the different initiatives in a easy to read format.</p> <p>The RSN is required to have two Performance Improvement Projects (PIP) at any one time. The non-clinical PIP will focus on improving the connection of inpatient services to outpatient services. The implementation date of the plan is scheduled for January 2012.</p> <p>The RSN QM manager and some of the RSN staff will be attending PIP training by Accumentra the Medicaid required External Quality Review Organization. They are also planning on attending training on how to complete Encounter validation audits. Encounter validation is the process of matching services to what is written in the chart.</p> <p>The Level of Care Implementation Protect- LOCUS-authorization process and utilization process is full process with our two pilot agencies. Two agencies (CSNW and FS) are utilizing the tool (LOCUS) to identify a level of care that the individual should be receiving. The care managers then review the completed tool (Score) and authorize based on information provided in the LOCUS.</p> <p>The QM manager has also been in meetings to discuss the new state initiative of reducing the use of E. R.'s- She met with Peace Health Southwest to begin discussing the matter. The state is planning to initiate restricting the use of emergency room visits to 3 non-emergent visits.</p> <p>The QM manager has also been very involved in compliance responsibilities as she and a team from the RSN has been reviewing agencies after a pattern of high utilization of services spiked in the area of respite services.</p> <p>The second PIP is focused on improving the employment rate. Melodie highlighted that the employment rate saw a slight uptick during the last quarter. A copy of the employment rate tracking was distributed.</p>		
<b>Ombuds Report</b>	<p>Melanie provided a summary of 2011. She highlighted improvements in reporting complaints and grievances. She made a correction to the PowerPoint Presentation that was distributed. The adjusted # of consumers served 176. Melanie made comments about concerns that she has observed through the complaints and grievance process. As the systems focus on blended resources, how complaints and grievances are addressed is a concern. Melanie discussed the process and outlets for different resolutions. She also updated the committee on the various activities, committees, trainings and events that she participates in. for the full report, please see the PowerPoint Presentation.</p>		
<b>MHAB Subcommittee Reports</b>	<p>SAAB meeting—Notes from the substance abuse meeting were provided.</p> <ul style="list-style-type: none"> <li>• Sondra Storm mentioned Prevent received the Mentorship Grant which is \$75,000 a year for two years.</li> <li>• She mentioned Prevent was going to help CDAT apply for a grant that would provide \$125,000 a year for five years.</li> </ul>	<p>Board Members</p>	<p><b>Decision:</b> The Board unanimously agreed to approve Judy Borchers to the QRT..</p>

	<ul style="list-style-type: none"> <li>• The Vancouver City Council extended the moratorium on Medical Marijuana dispensaries for 12 months.</li> <li>• Drug take back program is at the Fisher's Landing Transit Center on SE 164<sup>th</sup> on Saturday, October 29<sup>th</sup> between 10 a.m. and 2 p.m.</li> <li>• Arrianna Ozan from Lifeline who works with Jail and co-occurring outpatient clients talked about the having to return a \$150K grant to the City of Vancouver due to stipulations regarding housing.</li> <li>• The co-occurring facility will be opening soon. Clients will be insurance, private pay and people from other counties. Two of the beds will be reserved for the RSN and would require Medicaid clients with a mental illness. (48 beds for CD and 8 beds for co-occurring)</li> <li>• Barbara Gerrior said funding for detox was going away but other funding sources such as sales tax and criminal justice funding will be considered to keep it operational.</li> <li>• Nov 1<sup>st</sup> disability lifeline is going away. (GAU and PLX=Aged Blind &amp; Disabled/SSI &amp; SSDI funding)</li> </ul> <p>QRT--The QRT had a Speak-Out at NAMI on 9/13/11. It was very well attended. A report will follow. The QRT also has an applicant for the open position. Judy Borchers has applied. Judy has a long history of involvement on the QRT and MHAB. MHAB members voted to approve the application.</p>		
<b>Adjourn - Next Meeting</b>	The next meeting is <b>Wednesday, October 26, 5:30 p.m. to 7:00 p.m.</b> Clark County Center For Community Health, 1601 E. Fourth Plain Blvd., Conference Room C210-B & C.		