

**Utah Behavioral Health
Planning and Advisory Council Meeting Minutes**
August 25, 2014 1:00-3:00 pm, MASOB, room 1020,
Multi-Agency State Office Building (MASOB)
195 N 1950 W, Salt Lake City

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

ATTENDEES: Julile Hardle, Lola Davis-Werner, Valerie Fritz, Margo Halladay, Mike Hoglund, Michelle Vance, Kimball Gardner, Jamie Justice, Lori Cerar, Terry Mickadio, Emily Stirling, Sam Vincent, Jill SanJule, Liz Lovell, Renee Chipman & Kevin Foote

DSAMH Staff: Jeremy Christensen, Doug Thomas, Brent Kelsey, Paul Korth, Ben Reaves, Craig Povey, Leanne Huff, Robert Snarr, Eric Tadehara, Carmen Lloyd & Susan Hardinger

1. Welcome and Introductions- Lori Cerar, UBHPAC Chairperson

An attendance roll was passed around the room and all were asked to complete all fields so we can make sure we have the most current contact information for all individuals.

The UBHPAC mission statement was read.

2. Review and requested approval of July 28, 2014 Minutes- Lori Cerar, UBHPAC Chairperson

There were no requested changes or corrections to be made.
Motion to approve July 28, 2014 meeting minutes: Valerie Fritz
Seconded: Sam Vincent
All were in favor

3. Youth MOVE Utah Update – Michelle Vance

Flyers were distributed for the NAMI Walk which is Saturday September 6. Registration is at 8:30 am with the walk at 10:00 am. There will be a photo booth, bounce house and food for sale.

Youth MOVE will also be supporting the USARA Recovery Night on September 13.

4. Medicaid update – Karen Fork
Tabled, as Karen is not in attendance.

5. Monitoring Reports Request – Update

The Council requested a copy of the monitoring reports last month. Jeremy Christensen directed the Council to the DSAMH website. It takes three mouse clicks to get to the reports online. On the right side of the home page click “data link”. Then on the left side there are “tabs”, click monitoring reports. All reports can be found there. Redactions are marked with black when there is patient identifying or individual identifying information. The new-year the reports will be written differently so there will be no redactions needed. Anyone can access the monitoring reports.

6. DSAMH Announcements-brief reports

- DSAMH Leadership—Programming updates, employment announcements

A Mental Health Block Grant Audit was held two weeks ago. There is a financial and clinical piece. However they only did the clinical piece. DSAMH was part of a pilot program for the federal government to do a virtual visit for four days. They met with all of our adult teams for mental health, children's teams, with the Council, consumers, data people and Davis Behavioral Health. Information was sent out to them ahead of time to review then throughout the process.

There was a list of Planning Council recommendations:

- 1) The Bylaws didn't reflect the federal statute list of required participants on the Council.
- 2) Each year this Counsel must review the State Plan and have it documented. They found references to the Plan in some meeting minutes, so aware it had been reviewed.
- 3) Handouts should be sent out one week in advance of the UBHPAC meetings
- 4) DSAMH should give regular updates of the State Plan to the Council – track in minutes
- 5) Review reimbursement stipend for more access to attend the meetings for folks who live further away and are not paid to attend. This will be discussed tomorrow in DSAMH Leadership Meeting. Clarify how to access stipend.
- 6) Provide technical assistance on the Council's role
- 7) Form a data sub-committee and any other sub-committee to help council be more successful
- 8) Have Peer Support Specialists on the Council in that role

Other feedback

- Adult – Involve Veteran's Affairs in rural coordination
- Child- They appreciate all the collaboration we do, the high level staffing we do for children's services, the Utah State Hospital Continuity of Care coordination, Youth MOVE, FRF, school based early intervention, child crisis teams. Recommend continuing working with co-occurring SA, helping local authorities combine SA and MH treatment, coordinate with DSPD to shorten waiting list for services, involve families more with the local authorities and work on increasing the Medicaid rate for Peer Support Services with the Department of Health.
- Use those LMHA doing well in one area to cross train other areas.
- Adult- More consumer component in monitoring visits with our local authorities. Recommend someone who is not a State employee.
- Use remote UTN for more statewide training
- More oversight on the PRTF- Psychiatric Residential Treatment Facilities (for youth).

We will focus on the Planning Council recommendations over the next year.

We expect to receive a formal report in 3-5 weeks. At that time the report will be available to UBHPAC.

Michelle Vance would like updates on the stipend policy as it moves along.

Doug Thomas asked for specific recommendations on a stipend policy and what an adequate amount would be to cover hotel, per diem, etc. While we do have a stipend policy, we have not had anyone access it. We will have the information readily available. There is an approval process so we will make that information know; the steps necessary to receive a stipend. The stipend is for those who attend the council who are not getting paid to be here, not just those from rural areas. The current amount is \$25 per meeting attended.

We can add the policy under information and forms on the DSAMH website so it is easily accessible. We can also add the stipend application online. It was suggested to embed the application on the website so it can be accessible on electronic devices.

6. Council Response to Recommendations

Lori Cerar said we as a Council need to be more proactive on the State Plan rather than reactive. We need to give more input to the development of the plan rather than what has already been developed.

In the future the UBHPAC agenda will list recommendations and have six months before starting on the new plan to address issues in the new plan. We first need to know what is in the old year plan so we as the Council can see what we need to work on putting in the new plan.

It is recommended to work one month in subcommittees then the next month meet all together and share feedback from those subcommittees. Currently there is a Peer Support subcommittee and Executive committee. Other possible subcommittees would be data, children, adult and budget.

Michelle Vance would like to get more peers out to the UBHPAC meetings before setting up more committees.

The Executive committee will come up with a tentative agenda for the entire year. This way the Council will be informed and we can make sure we are not skipping important topics which should be covered by the council. They also will be inviting Charlie Smith from SAMHSA will come from Colorado to provide TA to the Executive Committee within the next two weeks to help us formulate what the structure could look like. We can then share with the Council at the next meeting.

We will put recommendations in the meeting minutes and make sure everyone get a copy. We are always looking for ways to improve and make the Council better.

Outreach to other communities: Lori Cerar asked if there were any recommendations for the questionnaire regarding the UBHPAC. Jeremy Christensen said it was done well and very comprehensive.

The Utah Family Coalition goes out and does a focus group with families on the children's side when Jamie and Tracy do monitoring. An example was given of Southwest Behavior Health; they do charting from year to year which shows areas of improvements and areas which have not improved so they can see where they need to focus.

Lori would like to ask those in the community about access to services, not just those already in services. Some people may feel they need services but don't qualify for Medicaid and don't know how to go about getting services. Julie Hardle would like to see how long it takes to find services for those needing them.

Michelle Vance mentioned those who have had bad or negative experiences trying to receive, or actually receiving treatment and have no desire to return for treatment because of those experiences. There was much discussion on why individuals may not seek or know how to find services.

Brent Kelsey said strides have been made with substance use disorder being recognized as a necessary part of health care. Public insurance and many personal insurance plans have to cover the treatment. 85% of those we see in treatment are under 135% of poverty level.

Doug Thomas asked the Council to prioritize needs and let the Division know what they need to focus on to make a difference. He mentioned the letter the Council drafted and sent to the Governor and the Division in support of the Governor's Affordable Care Act. He mentioned that the Council could draft a letter in support of Peer Support Services and the benefits of having PSS.

Brent Kelsey said there is a need for the Council to push for transparency. There is a need for online measures of the effectiveness of treatment programs so that individuals and families can gather information on where to send their loved ones for the best treatment.

Doug Thomas said that the local authority area plans and monitoring reports will be posted on the Division's website. The Council may underestimate its power and ability to make change by making motions. Peers go out on monitoring. Michael Newman represents you for the adults every time he goes out throughout the state. We may need more peers to go out with Michael when he goes out. Feedback to the Division pushes us to make change. Doug said that there needs to be motions made in this meeting rather than just sharing information if there is going to be positive change made. There must be enough information for the Division to understand the issues.

Julie Hardle agrees that there has to be a shift in the culture. People with mental illness can recover. When agencies are held to a higher standard, care will get better. When there is professional conduct problem consumers should be able to feel empowered to do something about it.

Sam Vincent said this Council needs to come up with concrete actions.

8. Consumer, Public and Council Member Comments

- Organization updates

Valerie Fritz said the House of Hope is struggling with early intervention funding. Medicaid is set up for adults not children. There is nothing for children from birth to 8 years of age. She has discussed her concerns and issues with Brent Kelsey.

Mary Jo McMillen wanted to remind everyone about the statewide Recovery Day events:

Davis- Sept 6 Provo- Sept 6, 4-9 pm SLC- Sept 13 at the Gallivan Center

Weber- Sept 12 and 13 St George- Sept 24 and 25

myusara.com

If anyone has information they wish to share, please have it to Lori Cerar so she can get the information out at least one week prior to the monthly UBHPAC meeting.

Allies with Families will have a fund raiser on October 18. There will be activities at a Bounce House in Salt Lake; it is called "Kids Bounce Back. More information will be forthcoming from Lori Cerar.
allieswithfamilies.org

7. Comments Evaluations

Julie Hardle made the motion to go over the Mental Health Block Grant FY15 next month. Valerie Fritz seconded the motion.

Janida Emerson informed the Council that the budget that is being looked at right now is due September first. She suggested that if that budget is going to be looked at, it should be done today during the rest of this meeting.

Peer Support Specialist was discussed. Julie Hardle said that trainings are no good if there are no PSS jobs to work. There needs to be more advocacy so more providers get on board with hiring PSS.

Julie Hardle made the motion to advocate using peer support with LMHA. Michelle Vance seconded the motion. Kimball Gardner abstained as he does not have enough information to vote.

Michelle Vance made the motion to write a letter from UBHPAC to the Division to pay more for Peer Support; a higher billable rate. Julie Hardle seconded the motion. Lori Cerar will write the letter of support.

(Due to a severe hail/rain storm, it was very difficult to hear what was being said during the last part of today's UBHPAC meeting.

Next Meeting: Monday, September 29.

Thank you for your support of the UBHPAC!

The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.