

Utah Behavioral Health Planning and Advisory Council
Meeting Minutes--Draft

October 29, 2-330 pm, MASOB, Room 1020A and B,
Multi-Agency State Office Building (MASOB)
195 N 1950 W, Salt Lake City
Conference Room 1020 A and B

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

Present: Lori Cerar, Jenn Oxborrow, Valerie Fritz, Carol Anderson, Dan Braun, Delia Rochon, Eileen Maloney, Eliot Sykes, Ginger Phillips, Kent Palmer, Kim Myers, Lola Davis-Werner, Lynda Krause, Ron Bruno, Scott Boyle, Vanessa Tuckett, Robert Mills, Doug Thomas, Rick Hendy, Amy Buehler, Dave Felt, Paul Korth, Roy Castelli, Robert Snarr, Susan Hardinger, Carmen Lloyd

Connected to meeting with NEFSIS: Brandon Hatch, Jenifer Lloyd, Rebecca Glathar

AGENDA

1. Welcome and Introductions- Lori Cerar, UBHPAC Chairperson

UBHPAC Orientation Folders (101) were available for attendees to take for those who may be interested in joining our council. They explain what we do and why.

The Mission Statement was read.

2. Review and requested approval of August Minutes- Lori Cerar, UBHPAC Chairperson

There were no corrections to the minutes. Ron Bruno's name was listed twice on the attendees so one was removed. Dan Braun made the motion to approve September's meeting minutes. Valerie Fritz seconded the motion. All in attendance were in favor.

3. Council Transformation Committee Update-Eileen Maloney

The discussion focused on transitioning the transformation committee to an executive committee. The membership committee has been established, proposed committees include budget, advocacy and outreach. Formal membership is being established; all UBHPAC applications are being reviewed by the membership committee and formal appointments will be made in December. The UBHPAC and DSAMH are moving away from using the terms client/patient and are increasingly using peer, provider and community/partner instead. The UBHPAC requested technical assistance from DSAMH in the following priority areas: prevention/treatment, mental health/substance abuse disorders, block grant budget, aware of policy changes including Medicare, Medicaid and Affordable Health Care Act.

UBHPAC Membership Committee update: Eileen Maloney

The membership committee has finalized the UBHPAC membership application and distributed paper copies; the applications are also available online at <http://www.dsamh.utah.gov/ubhpac.htm> . Those interested can mail completed applications to the address on the form, fax or email it to joxborrow@utah.gov. Directors of the local authorities and club houses from the ICCD list were emailed a UBHPAC fact sheet and a UBHPAC membership application. The Disability Law Center will distribute applications to their advisory council on November 1. Dan Braun (Valley mental Health, Clubhouse) asked to be copied on the email. The membership committee requested that applications are returned for consideration by November 30 in order to establish UBHPAC membership by January 1, 2013.

4. Consumer, Public and Council Member Announcements/Requests

Kim Myers, NAMI Utah announced their state conference on November 2 at the U of U Union Building. There will be great speakers, which include Dr. Fred Frese who will present on Schizophrenia, sharing his lived experience and extensive research. Doug Thomas will also present. Presentations will include suicide prevention, early intervention, family support systems, a peer panel and youth leadership training. CEU's will be available. Scholarships are still available if there is a financial need. The cost is \$5 or 5 hours community service. \$25 is the student price.

USH broke ground for their new building, the youth center which will be named after Mark Payne who started as a Tech at age 18 and eventually became the Superintendent. Ginger Phillips was given a shovel to break ground and was a speaker at the event. It is scheduled to be completed in 2014.

5. DSAMH Announcements-brief reports

Block Grant:

DSAMH is currently working on the report for fiscal year 2012, required to submit to SAMHSA by December 1 describing the utilization of the FY12 award. The block grant application for FY14-15 is due April 1, 2013. DSAMH is committed to ensuring the UBHPAC has more access and involvement in the block grant application, including the development of priorities. DSAMH is required to provide SAMHSA with a formal letter of support from the UBHPAC, indicating they are supporting of the application and the priorities specified within the application. DSAMH now submits one combined application for the mental health and substance abuse prevention and treatment block grants, with shared priorities

Lori read the mental health block grant list of priorities. The documents were distributed to the UBHPAC as follows:

Mental Health Block Grant Priorities

Immediacy of need and severity of the mental illness are the two primary variables considered in developing the following priorities. It is to be understood that emphasis upon certain under-served age groups may be given as appropriately demonstrated through needs studies.

1. *Effective and responsive crisis intervention assessment, direct care, and referral program(s) available to all citizens.*
2. *Provision of the least restrictive and most appropriate treatment, services and settings for:*
 - a. *severely mentally ill children, youth, and adults;*
 - b. *acutely mentally ill children, youth, and adults.*
3. *Provisions of services to emotionally disabled children, youth and aged citizens who are neither acutely nor severely mentally ill, but whose adjustment is critical for their future as well as for society in general.*
4. *Provision of services to emotionally disabled adults who are neither acutely nor severely mentally ill, but whose adjustment is critical to their personal quality of life as well as for society in general.*
5. *Provision of consultation, education and preventive mental health services targeted at high risk groups in particular.*

Within the priorities identified above, the following populations and services are prioritized to be eligible for Block Grant Funding

1. *Treatment and Recovery Services for Adults with SMI and Children with SED who do not have Medicaid or Mental Health benefits.*
2. *Mental Health Promotion and Mental Illness Prevention (in particular with children).*
3. *Suicide Prevention.*
4. *Peer Support for Adults, Children, Youth and Families.*
5. *Supported Employment/Supported Education.*
6. *Integrated Services (School Based, Home Based, Community Based, Physical Health Based, etc.).*

SAPT Block Grant Priorities

- * *Use at least 30 percent of the SAPT Block Grant on primary prevention activities.*
- * *Maintain a calculated base of expenditures for special treatment services for pregnant women and women with dependent children (5% of 1993 award amount).*
- * *Maintain a capacity management system for programs that treat intravenous drug abuse.*
- * *Ensure that programs that use SAPT Block Grant funds to treat intravenous substance abuse conduct scientifically sound outreach activities to encourage individuals in need of such services to undergo treatment.*
- * *Require SAPT Block Grant-funded treatment programs to routinely make TB services available to each substance abuse treatment client.*
- * *Submit an assessment of statewide and locality-specific need for authorized [Block Grant] activities.*

- * Have an independent peer review system that assesses the quality, appropriateness, and efficacy of SAPT Block Grant-funded treatment services.*
- * Require SAPT Block Grant-funded programs to make continuing education available to their staffs.*
- * Coordinate with other appropriate services (health, mental health, criminal justice, etc.).*
- * Have a system to protect patient records from inappropriate disclosure.*
- * Restrict the use of the SAPT Block Grant to expenditures that are authorized by the grant.*

Doug Thomas stated that it is the UBHPAC's obligation and right to give DSAMH feedback and input on these priorities.

DSAMH will email these priorities to the UBHPAC; DSAMH encouraged the UBHPAC to provide feedback to Lori Cerar, UBHPAC Chair or Jenn Oxborrow, DSAMH staff to the UBHPAC. DSAMH is seeking a temporary subcommittee of 3-5 people from the UBHPAC to support the initial phases of grant writing for the block grant application for 2014-15 which is due April 1, 2013.

Lori Cerar encouraged the UBHPAC to take the opportunity to get involved in the application, and indicated she would include the block grant application as a standing agenda through the grant submission deadline (April 2013).

Jenn Oxborrow reported that SAMHSA is considering issuing another RFP to support the integration efforts of planning and advisory councils throughout the nation. Comparatively, Utah's planning and advisory council is well-established in transformation and integration efforts, and regional SAMHSA leaders feel Utah could be a good contender for the RFP.

DSAMH Leadership—Monitoring efforts, Fall Conference, legislative update

Lori Cerar reported that the Family coalition reported to the Social Services Subcommittee on Medicaid expansion. Last year, in Utah, there were only 17 part time FRF's, serving 710 families. This year, in the first quarter of the year, we have 33 FRF's and have served 602 families.

6. Comments

The next UBHPAC meeting: Monday, November 26, 2-330 pm, MASOB, room 1020A and B