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COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT  
DIRECTOR

## MINUTES

### SUBSTANCE ABUSE ADVISORY BOARD (SAAB)

August 25, 2014, 4:00 – 5:30 p.m.

**Attendance - Board:** Yvonne Holland, Darrell Larsen, Angela Mello, Kurtis Robinson, Bob Putnam, Kim Taylor **Staff:** Charisse Pope, Becky Swan **Guest:** David Crump

**Excused:** Dr. Michael Mainer, Lynda Fralich

1. **Welcome and Introductions:** Kim Taylor called the meeting to order, welcomed attendees, and initiated introductions.
2. **Additions or Changes to the Agenda:** No changes were made to the agenda. **Approval of Minutes:** The May and July meeting minutes were approved as written.
3. **County Reports**

Prevention Report: Becky Swan reported the Prevention budget has been approved. Becky shared and reviewed a summary of a handout on the Spokane County Risk and Protection Profile. This data looks at those things that put kids and communities at risk of alcohol and substance use, and things that protect kids and communities to create resilience.

The Family of Faith Church has a room that is called the Room for Recovery. This room is shared by the entire community. The Walk for Recovery will be held on September 13 at Franklin Park. People are encouraged to attend and walk in this. Registration begins at 9:00 a.m.

In Vancouver, on September 14, the Hands Across the Bridge event will be held. They hope to get enough people to span across the bridge between Vancouver and Portland.

Prevention will have a booth at the Spokane County Fair (Sept. 5-14) again this year, and it covers prevention, treatment, and recovery. Becky is looking for volunteers, especially for the evening shifts.

County Coordinator Report – SSB6312 Update: Charisse Pope reported part of SSB6312 included the creation of the Adult Behavioral Health Taskforce. This taskforce includes representatives from the legislature, county commissioners, and tribal members. The Spokane County Regional Service Area (RSA) will remain the same as the RSN. Across the state, most of the RSAs are consistent with the RSN areas. The exceptions to this are that Cowlitz County split off from Southwest Behavioral Health RSN and will become part of the Timberlands RSN. Clark, Cowlitz, and ?? Counties will not become a Behavioral Health Organization (BHO) and will become early adopters. As early adopters, King County and these three counties will merge chemical dependency (CD), mental health (MH), and physical health. Because Chelan/Douglas Counties did not have 65,000 Medicaid-covered lives, they have put in a formal request to integrate into the Greater Columbia RSN. The Greater Columbia RSN has 30 days to review and either, accept or deny Chelan/Douglas Counties. If they are denied, they will request to be integrated into Spokane County RSN.

Three workgroups were established from the taskforce. Charisse is a member of the CD Integration Workgroup. One of their tasks is to recommend the CD service continuum for what a BHO would either have to provide or pay for if an individual had to go out of their county for services. The recommended CD services include outreach & engagement, pre-



treatment & interim services, withdrawal management, outpatient treatment, intensive outpatient treatment, residential treatment, integrated crisis response services, case management & care transitions, peer services, and recovery supports.

The Early Adopter Workgroup is working specifically with those counties that will merge physical health as well. Charisse also participates on this workgroup. It has representation from health plans, counties, RSNs, consumer groups, etc. The workgroup began with a focus on principles of clinical integration. They want local areas to have flexibility into their clinical design. Charisse reviewed the principles that will be shared with the taskforce. (see handout)

Charisse explained HIPAA was updated within the last two years, while the 42 Code of Federal Regulations (CFR), on confidentiality, has not been updated since 1983. Washington State is currently working on a draft 42CFR.

The Crisis Services/ITA Workgroup is recommending that CD ITA have as much “teeth” to it as the MH ITA. In the MH ITA, if an individual is gravely disabled and a danger to themselves or others, they can be involuntarily detained. With CD ITAs, an individual is encouraged to go to treatment services, but there is no “teeth” to detain involuntarily.

The next Adult Behavioral Health Taskforce meeting is September 19, 2014. They will be looking at what is included and paid for under Medicaid, and what the state can request waivers for in order to provide for Medicaid individuals. They will also discuss tribes and how tribes either become their own BHOs, or how to incorporate and support them if they fall within the BHO region. A question was asked if there are any states that have CD ITAs. Charisse will research this.

*BHO Planning:* In preparation to apply as a BHO, CSHCD staff are actively involved in the following:

- County MH and CD Divisions are integrated and work in tandem with DD and Housing Divisions.
- Educating MH and CD providers about the BHO and of each other’s continuum of care.
- The RSN is sponsoring professional trainings for CD and MH agency staff.
- Supporting and furthering a Recovery Oriented System of Care, both internally and externally with trainings and chart reviews.
- Analyzing the needs, risks, and liability of becoming a BHO for a leadership decision.
- Developing Quality Plan, Utilization Management Plan, and Authorization structures for the BHO.
- Integrating past and future MH and CD data structures.

What CSHCD hopes to accomplish as a BHO in 2016:

- Adequate funding from DSHS and HCA so provider agencies are stable and solvent.
- Have adequate system data to track outcomes.
- Adequate number of CD inpatient beds to eliminate waitlists.
- Broaden access to care and reduce barriers through integration.
- Ensure quality services to all individuals seeking services.

Charisse explained when an individual must wait to get into inpatient treatment, the agencies provide some interim services and some treatment until they can go to inpatient treatment. Most CD inpatient beds in Washington are not Medicaid reimbursable because the agencies are too large. The funding for CD inpatient beds comes from state dollars, which are very limited. So the state only contracts for those beds they have funding for, and in Spokane there are approximately 100 beds that are empty due to lack of funding. CSHCD is advocating for funding for these beds.

Over the last ten years, the Access to Recovery (ATR) grant provided family supports, such as housing assistance, utilities, clothing, transportation, etc. This grant ends September 30, 2014. One of the services presented to the task force includes recovery supports. Charisse will share the ATR data at the next meeting.

4. **Provider Presentation, Spokane Public Schools, David Crump:** David explained Spokane Public Schools is unique in that it is a licensed mental health center and a licensed chemical treatment facility. There are no other schools in Washington that do this.

The MAP Program occurs at a small high school, and serves students countywide who are chronically mentally ill or emotionally fragile. This program has three teachers, two assistants, and two full-time mental health therapists. Spokane County partners with the Developmental Disabilities Administration to begin a pilot program to help students to prepare, get, and hold a job.

The Spokane Public Schools also has 23 family mental health therapists, who are funded by Medicaid in different schools. These are separate from traditional school counselors. Individual therapy is provided for youth who are Medicaid eligible. This is conveniently done in the school with little disruption to their school schedule. Some of the therapists are full time and some are part time, and provide long term services.

Spokane County has recently provided funding to Spokane Public Schools to begin doing chemical dependency treatment. The schools are beginning by emphasizing assessments at Rogers and Lewis & Clark High Schools. They will then focus on outreach and referral. For a few youth who cannot or will not go to treatment, the school provides treatment at the school.

The Spokane Public Schools also has a partnership with Mead School District, where their therapists go to Shiloh Hill and Mountainside Schools.

5. **Old and New Business:**
6. **Board Comments:** Opportunity was given for board comments.
7. **Audience Comments:** Opportunity was given for public comments.
8. **Next meeting:** Monday, **September 22, 2014** at 4:00 p.m.  
Spokane County Community Services,  
Housing, and Community Development Department  
5<sup>th</sup> Floor Conference Room
9. The meeting adjourned.

**Action Items:**

- Charisse      Research if there are other states with CD ITA programs  
  
                  Bring ATR data to September meeting