



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Friday, September 18, 2020

Zoom Meeting Audio:

<https://drive.google.com/file/d/14yi42wtBCq8U7DoD5nd5b6RX7WDSfTpb/view?usp=sharing>

Website is updated:

<https://sites.google.com/wyo.gov/bhac/home>

Council Members Present (online or phone):

Paul, Amanda, Andy, Ben, Brenda, Cassie, Chassity, Donna, Haley, Jessi, Kat, Rob, Sam, Sharon, Sue, Sunny, Trudy

Behavioral Health Staff (non-Member): Casey, Erica, Joy, Megan

Public Members: Doug, Kim

Excused: Jo Ann, Michaela, Sherry

Guests: Kevin Hazucha (CWCC) and Bernice Hazucha (CWCC), Lindsay Martin (WDH), Andrea “Andi” Summerville (WAMHSAC)

Meeting Minutes -

Approval of Minutes: Donna moved. Rob 2nd. Passes.

Modification to the Agenda: No additions, removals, etc.

Sam Borbely Appreciation:

Sam, you will be missed by the Council. Paul said Sam is thoughtful, intelligent, and has always brought something real to the table. Best wishes.

Updates from Chair:

Paul – Significant challenges in terms of income and finances. Effecting various players from committee, and Wyoming citizens. Perspective comes from the mental health and substance abuse world. Would like to ask Representative Wilson on how and where do we start? State of Wyoming is cutting. Multiple possible budget cuts predicted. Each Department submitted budget recommendations to the Governor’s Office. BHD-MHSA section dodge a bullet, took from quality of life funds. Quality of life helps with medication, travel, and housing. We can all agree that no one likes it. Second round of budget cuts will hit in treatment dollars, which translate to staff. Proud of WAMSAC members for hanging in there, and adjusting to the world.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Cares Act dollars. Folks received PPE dollars from the feds to set up to offset and to keep people hired. Think \$2.25 billion were given to states, given out through the WY Business Council and other ways. Due to PPE dollars, the formula offset. Governor's Office coming up with ways to distribute the Cares Act dollars directly. Deadline on the dollars is in December. It's a really short time. Ben can add or correct when he comes on. This committee's work is more important than ever in terms of being active. Encourage members to watch and bring forward to bring information as things change. Asked for Representative Wilson to give thoughts on her perspective.

Representative Wilson – Staying involved, things happening. Joint Subcommittee of Appropriation and Labor. Stood up to understand the community mental health expenditures. Next meeting Monday, September 28, 2020, can listen in [and can be found on [YouTube here](#)]. Discussion on how to prioritize the client population of the community mental health centers. Identify the priority populations. Labor Committee meeting October 5 and 6, 2020, the agenda includes MH insurance parity bill, wanting to carry forward the bill and has some dates for special sessions; MH practice Acts (two separate bills) - (1) Background checks, fingerprints, reciprocity, etc.; and (2) addiction Practitioners side and in separate bill. On Tuesday, October 6, 2020 – requested for Agencies (DFS, WDH, and WDOC) to further explain what the budget cuts have been. A Healthcare Task Force from the Governor's Office originally stood up for COVID. Since has gone away, and focusing on cost in healthcare in Wyoming. Starting up – need more information on providers recruiting, background information, etc.

“Where do I see things going?” – The budget gap is huge, \$1.5 billion, 1/3 is in education side. Folks should be more aware that some costs that end up costing more later. Really going to argue against that; such as MH/SA programming or protective services. To address the budget situation, there are going to be cuts. Rainy day funds still available. The rainy day fund could be used up in two or three years, if we don't make cuts. It's not possible to make cuts to make up the funds. Not possible without revenue increases (tax increases). Revenue and expenditure gap can't be brought together without cutting more budgets, and raising sales and property tax. Just not mathematically possible. Hard to say what the Legislator will end up doing. Reality of it.

Paul – This is the world we live in; as a realist, issues need to adjust to it. In the past primary election, we've lost longer term folks from the House, who were Committee Chairs. The make-up of the new Legislators, is more conservative from taxing and revenue stand point. Opinion: comes that much more difficult. Thank you Representative Wilson. Always appreciate the direct comments Representative.

Open discussion on “your world thoughts/concerns”:

Brenda – There isn't much to say, the budget cuts are mandated. For [my] program, implementing threshold on kids. After 30 visits, the kids will need to be prior-authorized if they're medically necessary. It's the same program as the adult program. Then moving group therapy from units (usually 15 minute units) to sessions. Cuts to the providers that do 4 hours/day of group therapy. Trying to make sure CMHC and SAC providers still have their intensive outpatient groups. That's just on the behavioral health side. The Title 25 rate is being reduced that the hospitals get paid. All Medicaid providers 2.5 reduction. Trying to make sure everybody is still getting their services with the budget reductions. Any questions, please let Brenda and Medicaid know.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Paul – Brenda really demonstrates here, and all the other folks in other agencies. All different folks come together to figure out what we need to do. Not necessary what you see in other states. Brenda and other folks are trying to get these services out there with their constraints. Anyone else have any comments or questions?

Sam – In the first round in budget reductions, originally there were cuts to the in-prison treatment programs. Believes the Governor put money back in. Really appreciate Rep. Wilson involvement and awareness regarding long term impact of potential budget cuts. Agree with people coming together, which will strengthen the ability of the State to respond and identify the critical need people have. With respects to Corrections, focus needs to be on cost avoidance, taking steps to avoid the “hidden costs”, and not just where we need to cut to get through the next few months.

Paul – Thanks Sam. Related to that, we have around the state, jail based intensive outpatient treatment for substance abuse (IOP). Instead of sending people being sent back to prison or jail (when failing parole or probation), people get picked up and sent to designated jail with collaboration with a substance abuse center treatment program. Providers actually go to jail to assist in the programs. Started around COVID, trickled down. Would be more excited for that. Anyone else?

Doug Bebout (Public Comment) – Webinar about success with lower recidivism rate suing forensic peer specialist working with people in and out of jail. Drastic cuts in people coming back.

Paul – Thanks Doug, for bringing that up. Peer Specialist changes in the last year, made easier, especially in the application. Difficulty with that, nothing ever pays for something in fully. ND or SD are utilizing more peer specialist, with good results. As we move forward, there are some possibilities especially in rural areas.

Milward – Recover Wyoming did presenting forensic peer specialist training in June. Highly successful and looking forward to doing more. We are doing trainings in a regular regiment around the state.

Paul - Would you be willing to do a quick presentation for BHAC on what is a forensic peer specialist and what is the training?

Milward – Yes, delighted to do so.

Donna – Have taken the training, and it is fantastic. Wonderful resource, if we could utilize it more.

Paul – Awesome. I think those are some things we need to do. Doug, did you have something else?

Doug– I think there is still a requirement on doing time? Is that still correct? Makes you more relatable to those in the system. Truly, what a peer specialist is.

Paul – When you say “doing time”, it could be jail or prison?



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Doug – I think prison specifically, I didn't qualify or didn't want to. One of the webinars James Carol, was a great webinar. Recommended to court for 30 day inpatient treatment, and has no place to put them in meantime. Trying to get a rehabilitation. Need to have it certified as same inpatient treatment? Forensic Peer Specialist training was good back east, drastic, and good.

Paul – Silver lining being we are doing more than. Anyone else.

Sharon (DFS): Comment: Fairly kick in. Implementation Family First Prevention Acts to reimburse State providers for mental health and substance abuse treatment. Wyoming is geared up and get started. DFS has conformed a committee, discussing what allowable costs can be considered for reimburse. Question: Is there anyone at this meeting who has information regarding particular agency, gearing up to make changes in regards to getting funding or being approved by the Feds to get this funding.

Paul – I think this is another good topic, would you be willing to do a presentation? A quick presentation, that is useful for the Council.

Sharon – Yes, if I can't do it, I will see if I could get information or if they someone else from the DFS Committee can. Interested in the Feds, the Feds wants to give reimbursement to any facility that will take on mothers and their minor children. So they can bond with their children. If they are pre-schooling, they get parenting.

Paul – We do have some programs. Residential, where little kids can go to daycare, while mom is in treatment. That would be good for those folks.

Sharron – Hopefully the older kids could go to school in the community, and go back to be with their mom. So they can continue bonding and family connection. The goal allowing kids to remain with their family, and not in State custody.

Paul – Before we move on, Milward did put in the comments, “Being in prison, or having a history, is not a requirement of being a forensic specialist”. With that, moving on to Ben Kifer, MHSA part of the Behavioral Health Division. Ben has been outstanding to work with in terms of his interaction with the WAMHSAC, and been one heck of a resource, he's available, and we're pleased to have him on board.

MHSAS Update – MHSA Staff

Updates from the Mental Health and Substance Abuse Services Section Administrator, Ben Kifer:

Ben – Thank you Paul. I appreciate it. It goes without saying I can't take credit for everything. I have a great phenomenal team. We're are small but mighty. A few quick updates. Staffing changes, a few. With budget cuts, we did lose one position. We are going to be losing one of our KMAT employees, Zack Hicks, phenomenal data analysis. The other big announcement, we weren't able to coordinate with him this time. Bill Rein recently announced his retirement from the Wyoming State Hospital. As many know, he's been around for a while, over 40 years in the industry. He will be retiring November 20th. Paul Mullenax will be heading up the Wyoming State Hospital, until a replacement is found. There has



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

been some staffing loss at the facilities, as well. To leave on a good note with staffing changes, we did gain a .5FTE. Dillion Johnson from KMAT, and Alicia Johnson from MHSA CST program, recently had their first child. We'll be a little shorthanded, but it's great to announce that.

Obviously, a lot of work with the House Bill 31, and I don't want to still Andy's thunder. Great partnership with DOC, WAMSAC, and Stakeholders. I think we're going in the right direction, and doing some really good things to help that population.

We did have our SAMHSA Site Visit, the first one in several years. Megan coordinated and ran the whole thing. It went off without a hitch. Want to personally thank Kevin and his staff at Central, thank you so much for being available and your time, answering their questions, and showing off what a great facility you really have.

I also want to send a big thank you the providers, with COVID environment, they're just doing a phenomenal job serving their communities, doing the hard work, coming together, and working to serve this State.

Last meeting, we touched on the Crisis Line. So glad to have Kevin and Bernice. Bernice is a wealth of knowledge. Can't wait to listen. Every time I get around her, her glow, makes me glow. She's just one of those type of people, who you really know cares, and cares about the people, community, and citizens of the State.

Budget cuts, we can only discuss what is publically released.

Paul: Questions for Ben? Okay. We're a little ahead. We'll move to the discussion on the Crisis Line. Been in meetings with Kevin and his folks. From day one, he has pushed to get this to happen and was able to hand-it off to Bernice. Fremont Director was giving out a thank you to Bernice. Thank you Central, Kevin and Bernice.

Suicide Crisis Line with Central Wyoming and WY Dept. of Health, Public Health Division:

The video recording did not turn out.

Central Wyoming, Kevin: Really excited to get this off the ground. Wanted to echo thoughts on Ben. He has been so supportive. Representative Wilson, do appreciate your comments.

Suicide Life Line been running up since August 11th, 2020. Thank you to all supports, stakeholders, and partners.

Central Wyoming, Bernice: Amazing experience, and has been go-go since. WAMHSAC has been a helpful. Warm-hand offs have been great. Community, support, services, are there to help. Over 170 calls at the call center since opening. All the support thank you.

Paul – Could you walk us through a generic phone call? How you identify the location, the warm hand off, and everything?



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Bernice: On the 2nd day, on the left side [of Bernice] an active rescue was in progress. An active rescue is when there is police assistance, where someone calls and is suicidal. Coaching staff, person was female, 26, loaded gun, ready to act. With coaching, staff was able to get the individual to put the gun on the passenger seat and deescalated the situation, while [Bernice] was on the phone with police. Caller was able to be coached to step out of her car, get information of vehicle information (make/model), and meet with police without no conflict contact. Gun remained in the car. They were able to get her to the hospital. In the follow up call, the individual was taken to the hospital and was evaluated. On the right hand side, deescalate another situation of active rescue with police assistance, where that individual was also able to be transferred to the hospital for an evaluation.

Paul – Bernice is saying matter of fact like – that’s good thing. These are very tense situations. Your professionalism comes through. In experience, there are hours that go by, and then in two seconds in answering a phone call you have to go into high level, intense situation, getting assistance. Applaud your efforts. The value you bring, is awesome. People do need to hear “this is what we do”. We also have Lyndsay Martin from the Injury Prevention from Public Health.

Injury Prevention Manager, Lindsay – *Shared a presentation on screen, wasn’t able to get the recording to work.* A lot people put in a lot of work into the initial prevention process. Background: The big picture, a lot of times in suicide prevention people get hung up on this number: 48,344. That number is of suicides in the US 2018 and was the 10th leading cause of death. Unreported suicides, an additional 5 – 25% on top of that number. Suicidal behavior is 40 – 100x greater than that number. 1.4 million Documented attempts in 2018, effected by death and attempts, 125 people by every death and attempt. Over 6 million have been directly impacted by suicide death, 175M people by every suicide attempt. And 16,156,356 people reported thoughts of suicide. In prevention and treatment, the 48,000 does not reflect the actual number of people in need for a crisis center.

(Screen share of video)

What is needed to become a Suicide Crisis Line? Certification and accreditation needed. Insurance - liability directors, officers, staff, and volunteers. Coverage capacity – consistently cover a geographical location. Dedication staff and guidelines. Trainings – provide training for new and active staff members. Engage in a contract with the Suicide Prevention Life Line Network. Quality assurance. Not allowed to utilize cell phones, automotive attendant, third party, or forward phone calls. Liaison contact. Offer referrals to service providers in their areas. Ask all life line callers about suicide in phone call. If answer affirm, must ask further questions in regards to life line standards. Effective in 2012, Life Line policies, which provides specific guidelines. Any questions?

Paul – Thank you Lindsay. Questions: Kevin, are you guys going to send out flyers and put out around the communities?

Bernice – Sent out and have sent out electronic or mail forms.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Paul – Please send a digital, electronic forms to Megan and she can distribute it out (please find, this is on the [BHAC web page](#)).

Bernice – Have been doing outreach and small presentations, please send Bernice an email to talk a little more about the Suicide Life Line. Please email Bernice for further information (also on BHAC web page).

Lindsay – Material can be sent out to the Community Mental Health Centers. We also have 1 – 2pm presentation today that will be recorded, and also on the [Prevention web page](#).

Paul – Great resource. Questions?

Rob – Life line in Wyoming, out of Big Horns. Is that group working with your office?

Lindsay – We only contracted with Central. They are working with the office in the loop in their efforts. They were only to start with a few counties, and has grown. Trying to shift to be only operational during the times that CWCC is not operational.

Rob – That answers my question.

Kevin – We're always looking for more funding to be open for further hours. 4pm – 12am, 4 days a week. That is because that is what the contracts cover, the goal will be to be 24/7. We're more than eager to expand those hours.

Paul – Every community, county is covered with CMHC has 24/7 crisis availability. It is a little more cumbersome, every community is covered regardless in every county.

Lindsay – The video really highlights the cost benefits of having a crisis life line. Ultimately, it will save us money, but more importantly lives.

Paul – Other folks?

Donna – In the probable hours of non-operation, NAMI Director is also assisting in suicide calls, especially on the weekend.

Lindsay – We have many local organizations and individuals out in the community assisting in the life line calls throughout Wyoming. Hopefully CWCC can get to that 24/7, to free up some time.

Paul – What's really important, we're not going to solve everything. But this has helped fill a gap. Many individuals who attempt suicide, have been to their primary care doctor. It creates community awareness. Not just about phone lines, but about awareness for community, including primary care, etc. Help is out there and literally a phone call away.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Lindsay – That also includes our efforts in Zero Suicide. Training a healthcare facility, custodian through CEO of the agency, all trained in suicide prevention in some levels. Many hospitals implementing in the Zero Suicide. Please reach out to Lindsay to facility training for the Zero Suicide.

Paul – Zero Suicide, started by a hospital treatment. We don't even want one [suicide]. This goes all the way up through the board of director in a CMHC. It's a national model and the National Council of Behavioral Health. They've pushed it, and rightfully so. It's like being trauma aware. It's a good model, and part of the work we have to do.

Doug – Would like to know more about it and resources.

Lindsay – Community Prevention Specialist in almost all counties and they can be used as an excellence resource. Contact information can be requested.

Doug – It takes a lot of guts for someone to pick up the phone.

Paul - Will let CWCC discuss this further. If the person calls the Suicide line, think they're very adaptive in what the communities can do, like warm hand off. Is that correct CWCC?

Bernice – Correct. We're here Sunday through Wednesday from 4pm to midnight. Bernice follows up the next morning, and does the warm hand-off personally. Handle the phone call personally, to which ever WAMHSAC is closest to that caller. Donna, I have a list of peer supports lines that brought from New York. Please send Bernice and email for NAMI. They're very good numbers, warm lines, peer support lines, and we utilize them. The life line is there, you can ask them for Bernice too.

Paul – Any other folks have comments, questions, or CWCC or Lindsay?

Bernice – 26 years of experience in suicide, please utilize me. I want to be busy, I want to help the community, and it's my passion and want to be of help. I want to learn from Wyoming and help Wyomingites. This is why I wanted the suicide line here.

Lindsay – Suicide Prevention work can be really frustrating, tough, and feeling lonely. People around the state, like CWCC and those in this call, who want to help. Thank you for your help, and the work you do. It's really important work.

Paul – Every community has to be committed. Links will be going out. The more we get the [flyers, cards] the more chance we have at saving someone's life. It's very directly to save people's lives. CWCC and Lindsay, you are welcome to join us. Let's take a break. When we return Megan will be regaling us on the block grant update.

CWCC – Thank you for having us.

Block Grant Updates



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Paul – Megan take it away.

Megan – (*PowerPoint, video did not work*). Ben touched on this. The SAMHSA site visit was specifically over the Substance Abuse Prevention and Treatment Block Grant, not so much on the prevention side. 2 days to 4 hours. Central was a part of the second day, again thank you for being a part of that. I'm not going to take the full hour, if that is okay with Andi.

Andi – I'm good with that.

Megan – Thank you. 1st day - Provided the State Project Officer with about 350 pages. We went through background information, introduction, and Tribal, COVID, and MAT updates – her specific requests. Budget updates, contract information, how we put the SAPT requirements in the contracts. We talked about the overview of the state, the number of providers we work with, talked about House Bill 31, SOR and PATH Grant related items, University of Wyoming WWAMI students who shadow for MAT services across the state.

We discussed budget, budget narrative, fiscal policy and procedures, Federal Finance Report, how we go through the Maintenance of Effort (MOE) and showing how budget lines are broken out, discussion on the Wyoming Online Fiscal System (WOLFS), and how the State General Funds (SGF) are put in MOE – which is made up of SGF and Tobacco Funds.

Crosswalk, has both the contract and the all attachments that go with it. Specifically on the treatment side of the Substance Abuse, fun walk through particularly on the CFRs. Wyoming Client Information System (WCIS) collects information from the providers. The Knowledge, Management, Analysis, and Technology (KMAT) unit oversees WCIS, reporting out monthly, semi-annually, and annually.

On-Site Reviews and the tools we use, we haven't had an onsite review since 2018. 2019, because of the max exodus there wasn't enough people to conduct. 2020 onsite reviews couldn't be conducted due to COVID. Hopefully next year.

Discussed how the Division and Department fiscally monitors the grants. Wrapped up for the day.

Other block grant updates – submitted the mini-application. Thank you to those who helped in the review of the mini. We completed the site review. Then SAMHSA opened up the reporting portion of the block grant – working KMAT, Divisional staff, and Public Health on the data and actual expenditures. The Reports are due December 1, 2020, must be to Divisional heads by November 6, because of Thanksgiving. No need for review on the report, will be public. Next year will need a review on the block grant. That is all.

Paul – These things are detailed. A lot of work behind the scene to pull together. The centers are required to be CARF certified. There is the cert day, but a lot of work goes into the days before. Does anyone have any questions? Okay. With that, we will be done early today. Next up is Andi, for House Bill 31. Andi is the WAMHSAC Executive Director and she is involved in many things.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

House Bill 31 with Andi Summerville, WAMHSAC

Andi – Hello again. Thank you again for having me.

An update on House Bill 31 (HB31), we discussed this last time. Reminder: mental health programming for criminal justice involve populations, primarily focused on Department of Corrections (DOC). Implementation process is a partnership with WAMHSAC, CMHC, and Departments, a great working relationship. The bill really wanted to encourage mental health and substance abuse treatment for those involved with DOC, with the goal of reducing recidivism.

Cost saving to the state, by driving down the numbers of returning to prison. This work started years ago the Council of State Government came in and started working with Judiciary Committee passed sentencing reform, and moved over to the Labor Health Committee. They put together this bill for the mental health and substance abuse treatment for DOC offenders. This bill talks about targeting DOC releases individuals are receiving treatment services. We know about average 65% of those clients at CMHC are involved in criminal justice. Some centers, especially in our SACs, numbers are in the 90s, and in one particular SAC about 97% of those receiving substance abuse treatment are justice involved. We want to improve on that, all offenders are able to get treatment from the centers.

Working with field agents, flow of information (DOC – DOH – CMHC/SACs), providing training to individuals who work with these individuals are well trained and trained in the same manner. As part of the Council of State Government, a sub-award to get training, including ASAM. Hoping to get that a standardized training across the state.

Paul – ASAM is a way to pull all the information together through the addiction severity index. You can clinician poll, there are good tests on reliability. Able to determine the level of care, and come out with a specific number which says “IOP”, “outpatient”, “relapse prevention”. Really great tool.

Andi – Thank you Paul. If I use acronyms, please just interrupt and we’ll discuss. We are going to work on the training pieces, and hopefully it becomes standardized. The bill also includes a quality assurance by DOC. There are no budget cuts that will impact the HB31, at this time. Training is being paid by through the sub-award grant. We’ll see what October and January brings.

The quality assurance will be by DOC, reviewing data, making sure providers are providing services. DOC is working through the hiring process, and operation process. In general, the conversations between DOH, DOC, and WAMHSAC trying to get the mental health and substance abuse services out to the DOC population, has spiraled to local conversations. What are we doing with the local population? How do we get to them earlier before they’re in the State system? It has been a great relationship. Ben do you want to add?

Ben– You did a great job Andi. The significant loss of you, Sam, will definitely hamper the progress, as you have been an invaluable partner in this, and get these efforts off the ground. Just wanted to thank you and we’re really sorry to see you go.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Andi – Well said Ben.

Sam – Thank you. The real significant aspect of this effort, it is going to standardize the information that CMHC receive when someone is leaving the institution and there is a continuum of care need. There is even a possibility on community based clinicians providing an intake, prior to them leaving prison. Will improve the treatment for individuals of the justice involved population.

Andi – Great point Sam. It wasn't directed by the bill, but did bring the discussion. SAMHSA does have a lot of great history. Reach-in and reach-out, aimed at the higher success rate. The data shows that getting the justice involved in the services they need, it keeps recidivism down. No down side at this time. Are there any questions at this time?

Doug – Andrea, you talked about the percentage. Do you have any estimates are in the prison population and how many are impacted by mental health and substance abuse issues?

Andi – I will let the expert answer that question. Sam, would you like to jump in on that?

Sam – Yes, we're looking about 60% of inmates. It's a little higher, closer to 70% for the female population.

Cassie – Andi, where do the Court Supervised Treatment programs fall into play? The population we work with, we accept clients when they come out of community based populations inpatient treatment programs. Also, bridge gap between misdemeanors before increase to the recidivism. How has this been in this discussion?

Andi – They definitely took a cut. I'll defer to Ben, as he oversees the Court Supervised Treatment Services.

Ben – We unfortunately did receive a cut in the CST program. Still awaiting a panel meeting where those cuts will fall. There were a quite a few slots lost as a result. Tried to offset through administrative budget to reduce that amount. In our best effort, we want to maintain as much treatment and service hours, and we essentially cut all the programing and administrative to the bone. HB31 part, the large part, we have been working with the DOC providers, we are going to start working with the field offices which will include the CST program. Always had been an effort of WDH, pauses due to budget cuts. We don't fully understand the gaps, yet. Shoulder cuts, understanding where we will be going. A lot in liaisons and treatment centers, and field offices to really improve the communication and gap. More provenance where we bring in the CST program managers and field offices. Many centers have done this already. We want to make sure it is comprehensive care. Hopefully, that betters answers your questions.

Cassie – It does, and I don't mean to speak on behalf of the state CST programs, as my program is an outlier of funding. Team is passion, please use us, we love what we do and believe in it, and we don't want to stop doing it.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Andi – Great bridge into my next part. We’ve been through Phase II of the budget cuts. We are still uncertain in the future budget cuts. Dept. of Health, Dept. of Corrections, and the State in general, is in an impossible position in terms of revenue. If you look at cuts, there are heartbreaking choices to make. We’re trying to figure out how much we can keep going. Alternative method and funding are being looked at.

All the pieces that make up a system for those justice involved individuals, there was a cut to the adult community justice facility from DOC. That doesn’t directly impact the CMHC or SACs in terms of funding. Uncertain of the long term effects. There are three transitional centers, Casper, Gillette, and Cheyenne, and different types of offenders. Stays include intensive mental health services and support. We lost about 70 beds or so, and still figuring out how this is going to effect the system. Will people be sent to prisons? For us, the terms of work, HB31 and the work with CSG, it is difficult. That tool has been reduced. What is the effect? How we can adapt? More discussion in the future. I’ll stand for any questions.

Paul – Any other questions?

Doug – State bed for substance abuse and behavioral health? It may be a year to get individuals in the

Andi – We did a count this week. We have about 15-18 crisis stabilization beds, 485 other beds. That’s both a combination of mental health and substance abuse.

Paul – Difference between residential beds, hospital beds, and others. Could you clarify in terms of your numbers? There are difference in mental health beds. I’ll muddy up the waters.

Andi – Numbers inclusive to community mental health system, residential substance beds, group home beds, and all the categories total 509 beds. Not all are state paid, just available in the state. So includes group homes, residential, mental health on LOCUS levels, conglomerate.

Paul – Folks under title – emergency titled, they are going to go to the designated hospital. The Behavioral Institute in Casper. There are changes in terms of the Wyoming State Hospitals.

Ben – I would much prefer Bill to explain the expansion and everything. They did have the ribbon cutting. With WBI, an interesting learning, we learned how much WBI holds the Title 25 individuals. Hopefully with the expansion with the facilities, there will be a reduction in time and waitlist, in terms of state beds. Not all the beds, as mentioned, are state beds. Overall, the bed count is healthy. I’ll pause there.

Paul – When we’re talking about beds. It really depends on the type of beds you are talking about. Does that answer your questions Doug?

Doug – Yes. Unknown of where people go. It’s impacting the county because they have to transfer the individual. Fremont has lost a lot of services here due to private practices. I think getting out there with all the information we’ve discussed, we just need to communicate that services are available.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Paul – When you talk about the changes in the mental health facilities, is that specifically to the beds and due to Pine Ridge no longer have that capability.

Doug – Yeah. People want to want the help. It's a tough a field, both mental health and substance abuse.

Andi – 279 substance abuse residential, 189 mental health beds, and the crisis stabilization beds. Usually a waitlist, and depends on county and resources. Would agree Fremont has been hit hard in terms of services.

Paul – We will see people in psychosis, suicide ideology, etc. The lower level you impact, you decrease the higher levels. People would go through several psychotic episodes, their bounce back was more problematic than what they could bounce back as before, it can become debilitating. What we know with the early intervention treatment finds, if you can intervene at local level and community based services, your need for those higher needs become greatly diminished. Broad need for mental health substance abuse service needs, the data and research has been crystal clear. Andi, what else you got for us?

Andi – I would mention, since you, Doug, brought up Title 25. T25 a major rewrite of the statute that will appear at the Judiciary meeting in October. It talks about breaking up into a new format, the counties responsibilities, clarifies/removes Gatekeeping as a word but not the services, and cost share. We know with the hospitals, they are an important piece in the wheel. Reducing the need on designated hospitals, there is a lot of information in the rewrite. Would be happy to discuss that in future meetings, if you would like.

Paul – Materials added to the Committee. It is a sweeping effort and would be interested in what happens. Really more than anything, demonstrates the struggle Wyoming has in terms of the legal part of Title 25 in getting people help.

Andi – Initially led by the County Attorneys, the group has grown. The large group of people have to come together to talk about this. We'll see where this goes. The attention is good to work out the bugs.

Paul – Any other questions, comments, or related to all this? Okay. One thing we're going to have to deal with and have a recommendation, would like some feedback. Sam, just last time we met, agreed to be the Vice Chair. The recommendation would be think about that and people think about who to nominate and take a vote. Anyone interested can send an email. Otherwise, we're going to have to wrangle people. Send out a separate email to let you know what we're going to do for the Vice President. Next thing on agenda, the next meeting is November 13, 2020.

Next BHAC Meeting

Paul - We're going to do it by Zoom. Might have Andi as a standing individual in the meetings. We'll add in as specific topics. Does anyone want to discuss any particular topic?

Megan – We are trying to get Bill from WSH on the Title 25 and hospital changes.



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Doug – Mental health parity act? Does that have to be approved by the Legislature?

Paul – I think that Representative Wilson, could you enlighten us?

Representative Wilson – We did pass several years ago we did the Mental Health Parity Act, as reflecting the federal requirements. This particular bill is over the payment, specifically mental health telehealth/telecare. We are not ready to plunge to allow an internal provider treat a bronchitis patient by telehealth get paid as in office. But did think we could movement for individuals who were receiving counseling through telehealth services. Push back from the insurers, it's difficult with the coding. Still doing it.

Kat – As a parent of four kiddos receiving mental health services, getting those services at home, either by computer or phone has been so, so helpful.

Paul – That feedback is something we need to hear.

Andi – A way to continue as a strong tool. We do have some conversations a head of us with the federal government, CMS, trying to get them to keep the changes they initiated during COVID. The feedback received from the providers, that some people really like it, and then the importance of needing the telehealth to further reach our rural populations.

Paul – Silver lining of COVID. Did you have something to add Representative Wilson?

Representative Wilson – Yes, thank you. When Andi mentioned receiving the services. Also peripheral involved with Broadband Task Force. Last year, we put telehealth on the list and was removed. This year it was on the list again, and they bumped it up. Management audit had a meeting about telehealth as there may be a thing of “too many cooks in the kitchen”. The broadband side of things, lot of issues such as internet of rural areas, situation in populous areas where there is good internet coverage, but often the client do not have internet at home or laptop suitable – the hardware situation. Just one of the problems needed to be dealt with.

Paul – Broadband use is important. Example of moving. These are critical examples. Other topics? Agenda items? Please send to Paul or Megan. Public Comment?

Public Comment

Paul - Question in the chat box – What about mental health services in schools due to COVID? We'll write that down. There may be a subset of kids.

Megan – Jo Ann may have more information.

Paul – Any other comments? Between Megan and I, we're out an hour early. Any other thoughts before adjourn? Motion to adjourn. Thank you everyone!



Behavioral Health Advisory Council

Meeting Minutes

September 18, 2020

Conducted via Zoom Conference

Adjourned

Move and second (unable to hear in recording, confirmed by Paul)