BEHAVIORAL HEALTH PLANNING COUNCIL

Advocacy and Legislation Committee	Date: April 20, 2018	Called to Order: 9:07 Adjourned: 10:15 By Laws Called to Order: 10:21 Adjourned: 11:15 ACC Presentation: 11:55 Final Adjournment: 1:17

Members Present:	Dana, Albert, Dan, Dan, Leon, Dave, Jim, Mary, John, Vicki, Lisa,
	On the phone: Kathy, Dawn, Alita
Members Absent:	
Non-Members Present:	
Guests:	Alex
Next Meeting:	

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions	Introductions in room and on the phone.	**NA**
II. San Tan Crisis Issue	• Updates from Dana and Albert • Dana to follow up on concerns regarding **San Tan crisis issues.** • Dana explained tier 2 huddle board and the process wherein community concerns get addressed • Invite extended to group to come see tier 2 huddle • Crisis response on the border • specific cases went to QOC • Calls w/ both RBHAs to inform of concerns • Discussed contracting issues for faster response rates • Clarification that providers can work for both counties • Contractors now know that they need to kick questionable concerns to RBHAs • Group thanked for town hall contributions. • RBHAs met with one another in attempt to resolve border confusion • QOC was opened on one particular case • Questions arose about pulling federal dollars.	

	• AHCCCS does have options at disposal, prefers to work collaboratively with contractors first • Dana explained the level of priority that crisis has to respond to. • Dana shared that she could get the prioritization list if the group would like • RHBA is responsible for coming up with solution if all crisis resources are occupied. • Group expresses appreciation towards RBHAs for finally communicating • Apache junction addressed in same meeting with same two RBHAs	
III. SMI Applications	**SMI applications** • Albert communicated with Diana K • One issue had to do w/members in jail or family not being able to provide sup information, leading to members not receiving SMI determination. • Has since seen positive movement wherein members in jail have received SMI determinations. • Council not going to sit on this result, will continue moving forward. • Council will continue to reach out if other concerns arise. • Open to editing policy with this input when policy is re-opened. • If any provider has difficulty with the SMI packets, they can reach out to RBHA, AHCCCS for T/a. Records not existing is a separate issue	
IV. SABG	**SABG** • Council shares insight that other states are trying to create immediate response to SA treatment • Council would like AZ to use the SABG dollars in that way. • Culture problem in our system, need to create a culture that treatment is readily available when member is ready • AHCCCS strongly agrees, branding that message • AHCCCS doing a system wide analysis to create that message. • One of the barriers that specialty providers see is the inability 834 to get member into services. • Practice varies from RBHA to RBHA • Council expresses concern with members	• Follow up with reach in efforts in regard to SUD/ treatment in general being offered regardless of SMI enrollment • Follow up on 834 in southern region (provider type 77)

	coming out of jail.	
	• Dana understanding that with reach-in efforts this was being addressed	
	• Gaps when members are out for several days, then try to receive services	
	• Dana has been receiving tours of facilities.	
	• Issues with 77s having to refer members to home health homes before being able to provide services.	
	• Rarely will approval from health home and enrolment in 77 happen in the same day.	
	• 77s cannot get reimbursed for services prior to enrollment in health home	
	• Reach in program works, but not everyone in agreement at first sight	
	• There is a process in place for RBHAs to coordinate with VA to foster member choice.	
V. Crisis not providing Transportation	**Crisis providers not providing transportation** • Are these members "members" • According to Diana, these members are not affiliated w/ clinic-new members • Kicking for further review • CRT established with CRU to ride with an officer • Accompanying clinician can draft a petition. • Crisis teams are usually not one person • Crisis providers are more comfortable and less liable when there is more than one responder, especially when transporting members • Crisis notifies that they cannot transport without two people. • Crisis teams would rather send one than none if that is the only option due to staffing issues, ect.	
VI. 3/22 SABG Data	**3/22 data SABG** • Tracked by government scorecard • Required 45 days • Currently functioning at 20 days. • Cannot mandate that they work with people • Providers usually are beginning to work with people that have an educated guess that will become AHCCCS eligible. • Retroactive payments go back 1 quarter • Currently a bill moving retroactive pay from quarter to month.	

	• A lot of the issue is coming from the provider level. • Front-line intake staff might not be aware of these details. • Group to discuss how to educate intake at providers about • Group to write a letter to legislature about bill that is active • Curious about how many times people go past 1Q • Penny would be better to answer further questions • Group to reach out to Penny • Group to send Dana follow up questions.	
VII. ACT/FACT issue	• Nothing received back from RBHAs • Kicked to compliance. • Issue possibly that there is not availability for FACT • FACT concentration criminal justice • Both ACT and FACT are both required to know how to work with CJ • ACT team in the south had little support with people coming out of Jail- about a year and a half ago. • Dana would love to take ideas back to RBHAs • Group would like more coordination between prison and ACT team when member is being released. • Members were assessed coming out of DOC, ACT team not always the one to assess • 2 DC planners in DOC for the state. • Concern seems to be GMHSA rather than SMI • CO3 is person that members would utilize to access phone calls to available resources. • If members call OHR, OHR will send out resource packets. This has not happened recently • GMHSA is lagging with the reach- in efforts, starting to	
VIII. Bylaws	Track changes recorded in word document saved in G Drive→DHCAA BHPC→By Laws Motion to approve by laws as written • Approved • Will be sent for approval in June meeting	
IX. Approval of	• Edit noting that Dawn should be listed as	• Motion- John, Second by

Minutes	a member not present	Vickie • Minutes approved
X. ACC	• Presentation date to be determined	
XI. Committee discussion	• Reviewed previous committees • Leon wants to get information more effectively to members getting out of AzSH. Wants presentation on members' options upon discharge. • Dan and Leon to speak more offline. • Interest in maintaining legislative committee due to the possibility of reducing retroactive payments • Planning and evaluation committee • May meeting is in Yuma, July is in Payson, September is White Mountain. • Call to the public • Alita missed By Laws, was filled in.	• Leon to lead CAC • Legislative- Dave to lead • Lisa to lead planning and evaluation. Alita wants to join. • Alita to reach out to tribes regarding September meeting.
XII. Adjournment	**Leon motioned to Adjourn at 1:17pm** **Dave Second, all in favor**	