BHAC Recommendations for MH and SUD Federal Block Grant Priorities
February 9, 2023

Priority 1- Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in Washington State.

1. **Data/Reporting**

   Discussion

   The Annual Update Report stated that HCA has no technical assistance to support Tribes to enter data into the data system. There is also a concern that individuals are being counted multiple times each time they enter treatment and inflating numbers.

   Recommendation:

   Determine whether tribal government would like technical assistance in data collection, and if so, provide it.

2. **Workforce shortages related to AI/AN BH Services**

   Recommendation:

   Provide direct allocation of funds through government-to-government processes for tribes working with AI/AN individuals that have SUD and MH disorder to address workforce shortage such as hiring bonuses, etc., and ongoing staff BH/SUD professional training opportunities focused on SUD and MH disorders and the disproportionate rates of AI/AN overdoses.

Priority 3- "Increase the number of youths receiving outpatient substance use disorder treatment."

3. **Improve BH youth services.**

   Discussion: Currently it is difficult to find outpatient treatment for youth even when court ordered. Also, there are only two providers in the state for youth withdrawal management.

   We know intrinsic motivation works over all others, the complexity of youth consent requires creating a treatment environment that feels safe and appealing to youth and proactively engages family involvement. This would increase the number of those seeking treatment as well as improve effectiveness.

   Recommendations:

   A. Since block grant dollars are intended to support innovation, consider a funding proposal to create a youth inpatient environment that would be appealing to them.

   B. Find a way to increase providers for youth SUD outpatient treatment, specifically:

      1. Perform behavioral health provider mapping of current adolescent services and networks. Identify access challenges and strategies to remove system barriers.
      2. Use certified youth peer navigators to support current adolescent networks
      3. Interface with the provider networks to increase the treatment initiation and engagement rates among the number of youths accessing SUD outpatient services.

Priority 4- Increase the number of SUD Certified Peers

4. **Recommendations:**

   A. DEI: This goal could be more impactful if it was built out so that it is not only "increase SUD certified Peers" but increase DEI and other markers of diversity among those accepted to training such as BIPOC, LGB+, transgender, gender non-conforming, refugees, different languages, rural, etc.

   B. **Improve Peer Services**: Use FBG funds to improve certified peer services the same way we support community health workers. Specifically, access to training (travel, lodging etc.) and/or provide trainings in rural areas by providing ample support, access to continuing education, etc.

   C. **Increase peer services efficiencies and effectiveness**: Partner with DOH to reduce the amount of time to receive the AAC for peers. Several programs this year specifically provided funding to support

peers (which is great) but the programs were very slow to launch due to delays in being able to take the CPC course and receive their AAC. This also caused peers some concern over their employment continuing as they were employed but unable to fully contribute to the team.

Priority 6- Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.

5. **Recommendation: Relabel Priority**
   If the primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP), It should be relabeled as youth instead of individuals.

Priority 7- Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services.

6. **Discussion - Improve Target Measurement**
   The baseline for this target was 192,662. The goal was 104,128 and the actual was 216,740. The number of adults receiving OP MH services for SMI ended up so high because the increase was in numbers served. This does not appear to be an effective baseline.
   Recommendation - Establish a new baseline.

Priority 8 - Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing for individuals with SMI, SED, and SUD.

7. **Discussion – Expand Recovery Support Services**
   DBHR's support of recovery support services are too narrowly focused on housing and employment. It has become apparent that the most important ingredient of recovery is connection and community. In our experience, housing and employment is sufficient for sustained recovery for some, but many individuals need to have ongoing access to the recovery support services specific to their needs and the tools to find and keep employment and housing while staying in recovery.
   Recommendations:
   A. Invest in establishing additional Recovery Community Organizations.
   B. Provide more funding for support services for those who have returned to work or been placed in housing to ease them into the stresses of these life changes until they become the norm for them.
   C. Decrease the significant supportive housing wait times by better coordination amongst the many different agencies involved, with the goal of efficiently utilizing braided funding.

Priority #9 - Increase the number of adults receiving outpatient substance use disorder treatment.

8. **Discussion - Sublocade**
   DBHR's Annual FBG Update Report mentioned that a contributing factor in the failure to meet this priority is the effects of fentanyl use. Because fentanyl is approximately 50 times more potent than heroin, withdrawal symptoms are extremely severe and are a barrier to entering any kind of treatment without medically assisted treatment.
   Also, the efficacy of medicines used for medically assisted opiate use disorder treatment vary widely because of the risks of diversion and the short-term effects of many of them. However, recent studies show extended-release buprenorphine (Sublocade) has been very effective in addressing these risks. This is a 30-day injectable medicine.
   Recommendation: Increase the amount of Sublocade available for withdrawal management. If interested, attached a presentation by Dr. John J. Mariani titled "Extended-Release Buprenorphine in the Fentanyl Era". Dr Mariani is the premier researcher in the US on Sublocade and provides advice for clinicians. Another resource is Dr. Catherine Smith, who has successfully implemented a Sublocade

program in Washington State's DOC has graciously agreed to be a resource if needed. We will provide contact information upon DBHR request.

General Recommendations

Workforce Challenges

9. **Discussion -** An overarching theme throughout the report is the constraints placed on the system by limited and burnt out workforce. Without addressing the root causes of workforce shortages in the behavioral health field, meeting targets will continue to be a challenge. For example, funding hiring bonuses is great for attracting staff, but does nothing for building the workforce if it only serves to pull people from other agencies. This results in maintaining low numbers of workforce while creating more stress on the system that is typical with losing staff at locations where the existing staff have to leave to access such a benefit.

   Recommendations:

   A. Workforce innovation - Support innovation to increase direct number of service providers at all levels.

   B. Prioritize Workforce Shortages in FBG Priorities - Create workforce shortages as a stand-alone priority within FBG report (since it is an identified barrier in many of the existing priorities).

   C. Rural Services - Find a way to increase the Behavioral Health infrastructure and increase # of providers to rural/ underserved areas.

   D. Compensation: Find a way to increase funding to providers so they are paid fairly based on their education/skill level.

Improve BH Services Measures of Success and Outcomes

10. **Discussion -** Currently FBG targets do not reflect the outcome or success of services provided because they do not reflect any improvements in the clients behavioral health status. Targets are generally process measures rather than outcome measures.

    A. **Recommendation** Would be ideal to have a mix of process measures and outcome measure to understand are we actually having the impact intended, such as all the social determinates of health (not just housing and employment).

    B. **Recommendation** Create a way to follow up with clients/patients 3 months, 6 months, year after services provided to see what impact program has on them.

    C. **Recommendation** Create a satisfaction survey BH providers must provide to patient/clients to collect qualitative data of services provided, so that this information may be used to identify and remove barriers. There is an existing BH Enrollee Survey that is reported on annually. If the timing aligns with FBG reporting, we could use this data. Otherwise, create a separate survey, and include the data from this survey in FBG report.

    D. **Recommendation** Collect data within hospitals/penal systems to see if hospitalized and/or incarcerated people with BH concerns tried to access other BH services prior to their admit/incarceration, if not, why? And if so, why those services did not meet the need.

Improve Efficiency of Reporting Requirements

11. **Recommendation**: Streamline/ease cumbersome reporting requirements for providers receiving BG funds so that this is no longer a barrier to timely services.

Harm Reduction

12. **Recommendation** - Increase funding for harm reduction supplies, including specifically fentanyl test strips and other drug checking/testing tools (e.g. benzodiazepine test strips).