

**Behavioral Health
Advisory Council**

March Agenda

Wednesday, March 1, 2023

9:30 AM– 2:00 PM

Attendees:					
<input checked="" type="checkbox"/>	Keri Waterland (DBHR)	<input checked="" type="checkbox"/>	Susan Kydd	<input checked="" type="checkbox"/>	Christal Eshelman
<input checked="" type="checkbox"/>	Michael Langer (DBHR)	<input checked="" type="checkbox"/>	Richelle Madigan	<input checked="" type="checkbox"/>	Bridget Underdahl
<input checked="" type="checkbox"/>	Teesha Kirschbaum (DBHR)	<input type="checkbox"/>	Tana Russell	<input checked="" type="checkbox"/>	David Musser
<input checked="" type="checkbox"/>	Robert Hopkins	<input checked="" type="checkbox"/>	Vanessa Lewis	<input type="checkbox"/>	Michelle Tinkler
<input type="checkbox"/>	Jeff Spring	<input checked="" type="checkbox"/>	Shawn Brannan	<input type="checkbox"/>	Michelle Burchett
<input checked="" type="checkbox"/>	Jenni Olmstead	<input checked="" type="checkbox"/>	Clarissa Fletcher	<input checked="" type="checkbox"/>	Guest: Carolyn Cox
<input checked="" type="checkbox"/>	Jolie Ramsey	<input type="checkbox"/>	Ruth Leonard	<input checked="" type="checkbox"/>	Guest: Peggy Dolan
<input checked="" type="checkbox"/>	Josh Wallace	<input checked="" type="checkbox"/>	Nathan Lusk (DBHR)	<input checked="" type="checkbox"/>	Guest: Tessa Clements
<input checked="" type="checkbox"/>	Katie Mirkovich	<input checked="" type="checkbox"/>	Janet Cornell (DBHR)	<input checked="" type="checkbox"/>	Guest: Nanci Watson
<input checked="" type="checkbox"/>	Nelson Rason	<input checked="" type="checkbox"/>	Tori McDermott Hale DBHR)	<input checked="" type="checkbox"/>	HCA Guest: Teresa Claycamp
<input type="checkbox"/>	Kielan Lynch	<input checked="" type="checkbox"/>	Kim Wright (DBHR)	<input checked="" type="checkbox"/>	HCA Guest: Jessica Diaz
<input checked="" type="checkbox"/>	Marcia Mongain-Finkas	<input checked="" type="checkbox"/>	Grace Burkhart (DBHR)	<input checked="" type="checkbox"/>	Dakota Steel (DBHR)

#	Agenda Items	Time	Lead	Decisions and Summary of Meeting
1.	<p>Welcome & Call to Order</p> <ul style="list-style-type: none"> Attendance Approve January minutes 	9:30am	Josh Wallace, Richelle Madigan	<p>Quorum Reached</p> <p>January minutes approved unanimously.</p>
2.	Council Member Roundtable	9:45am	Roundtable	<p>Nelson Rascon, member- Dad’s Move, hired a new Peer Supervisor, still trying to hire 3 peers in King County, lots of trainings, hiring and looking to get credentialed to be able to give the MH Peer training.</p> <p>Susan Kydd, vice co-chair- Volunteer at Recovery Cafe, being trained as smart recovery trainer.</p> <p>Bridget Underdahl, member- Program lead for Project Aware, OSPI, has been able to expand into Spokane and Seattle, all their programs will be certified by mental health agencies.</p> <p>Robert Hopkins- No updates</p> <p>Katie Mirkovich, council secretary-, Supported Employment Program Manager, DSHS. DVR is a statewide resource assisting people with disabilities to prepare for, secure, maintain, advance in, or regain employment. DVR partners with organizations and businesses to develop employment opportunities. DVR serves people who seek meaningful, secure employment but whose disabilities may result in one or more barriers to achieving an employment goal.</p>

When DVR does not have adequate financial resources or staff capacity to serve all eligible individuals, it must establish a waiting list for services. Waiting list rules are established by the federal Rehabilitation Services Administration (RSA) under a provision called "Order of Selection for Services" (34 CFR 361.36). These rules require that DVR serve individuals with most significant disabilities as a priority.

Services are initiated to individuals on the waiting list for services based on the date they applied for services with DVR. As of February 1st, 2023, individuals in Priority Category 4 with application dates prior to September 28, 2018, have been released from the waiting list.

Priority Categories 1 (individuals with most significant disabilities), 2 (individuals with significant disabilities), and 3 (individuals with significant disabilities) will be open continuously (no waiting).

DVR reevaluates its service delivery capacity regularly to ensure it continues serving the greatest number of eligible individuals possible in the most effective manner.

While DVR remains under Order of Selection, individuals determined eligible in Priority Category 1, Priority Category 2 and Priority Category 3 continue to receive services.

Please feel free to reach out to me if you need assistance with general information about DVR or Find your local DVR office.

Marcia Mongain- Finkas- no updates

Shawn Brannon, member- no updates

Carolyn Cox, guest- getting ready for their 6th building bridges grant with OSPI. Able to bring the spark program into the Bremerton School district.

Christal Eshelman, member- Beacon Health is now Carelon Health. Just a name change, nothing is changing structurally.

David Musser, member- Things seem to be improving coming out of Covid. More services are getting provided in prison. Also, more peer services being offered.

Jenni Olmstead, member- No updates

Peggy Dolan, guest - following two bills- Family Care Act and Behavioral Health 360 that helps parents assess their children's mental health.

Jolie Ramsey, member- The WSRC just wrapped up their February quarterly meeting. Holding listening sessions in March with DVR field staff to see what they can do while prospective customers are on the waitlist.

			<p>Tessa Clements, guest - I am the Behavioral Health Program Lead for the Administrative Office of the Courts. We are working on many projects, at the moment but the most comprehensive project we have at the moment is providing The Sequential Intercept Model - Policy Research Associates (prainc.com) Facilitators training in May to state partners who are interested in becoming certified to help communities map the intercepts in their community and use it as a tool to start to fill gaps in the system.</p> <p>Clarissa Fletcher, member- No updates</p> <p>Richelle Madigan, council co-chair - No updates</p> <p>Josh Wallace, council co-chair- No updates</p>
3. Peer Review Presentation	10:10pm	Susan Kydd	<p>See meeting attachment-2022 Peer Review Report</p> <p>Motion to approve draft. Peer Review approved unanimously.</p>
4. Short Break	10:40am	All	
5. Federal Block Grant Progress Report Recommendations	10:50am	Executive Committee	<p>See meeting attachment- 2023 Federal Bock Grant Recommendations</p> <p>Concern was raised, by guest, Peggy Dolane, that Priority 3 did not reflect the current law regarding age of consent.</p> <p>The council moved to amend Priority 3 wording to include complexity of youth consent and family involvement. Wording updated and approved unanimously.</p> <p>Motion to approve FBG recommendations. Recommendations approved unanimously.</p>
6. Directors Dialogue <ul style="list-style-type: none"> Federal Block Grant Response to Recommendations 	11:20am	Keri Waterland, Michael Langer, Teesha Kirschbaum	<p>Priority 1- Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in Washington State.</p> <p>Data and Reporting-</p> <ul style="list-style-type: none"> Tribes are moving away from the old reporting system (TARGET) to a new system. No current timeline, there are two active pilot programs and work is ongoing at this point. <p>Workforce shortages related to AI/AN BH Services-</p>

- Tribes did get part of the \$100 million in SFY 2023 and will be included in the future if funds are available, some restriction with Block Grant funds. Some of these funds will address the workforce. There are also several tribal opiate summits happening this year, we can get those dates out to you.

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

3. Improve BH youth services.

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.

- This is the developmentally specific focused work HCA is recommending when we review bills and look at new priorities.
- The block grant guidelines prohibit use for inpatient care.

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.**

Right now, we have CPC training, and you can break off into family/youth branch. Interested in hearing from youth peers if this is a training that works for them and what else can be done to support this work.

3. Interface with the provider networks to increase the treatment initiation and engagement rates among the number of youths accessing SUD outpatient services.

- Healthy Transitions Project grant was obtained specifically to address this need and increase access to developmentally specific treatment.
- HTP – innovative access point to help youth and adults who might otherwise not get connected to treatment get connected to treatment.
- HCA continues to look for additional grants and utilize current funding to develop and

expand these services and appreciate this recommendation.

- Imagining SUD access report is key to this process to ensure youth have a voice in letting us know what services should look like.

Reimagining Access Report

- Reimagining Access was a five-month collaboration between the Washington State Health Care Authority (HCA) and Seattle-based co-design firm Do Big Good. Its purpose was to reimagine access to treatment for substance use disorders (SUD) and co-occurring disorders (COD) with young people and their communities. Can send follow-up links to council.
- **[Reimagining Access - Final Report - Sept 18, 2022 \(wa.gov\)](#)**

FIT

[Family initiated treatment \(FIT\) | Washington State Health Care Authority](#)

FIT goals

The goals of FIT are to provide parents (as defined in **[RCW 71.34.020](#)**) a way to access services when they feel a youth may need behavioral health treatment (mental health or substance use), and for providers to engage youth in a manner that shows them the benefits of treatment so they are willing to provide their consent.

What FIT is:

A way for youth and/or their parents to seek out behavioral health treatment.

May be used to access medically necessary outpatient, inpatient, and residential services.

An opportunity for providers to meet youth where they are and to engage them in treatment.

Regular reviews are conducted for all youth in outpatient, inpatient, and residential services, to continually assess medical necessity.

What FIT is not:

FIT does not guarantee immediate access to behavioral health treatment services.

Services cannot continue beyond medical necessity.

FIT does not supersede federal substance use disorder laws.

Each provider's intake and assessment process may be different.

Priority 4- Increase the number of SUD Certified Peers-

DEI:

- HCA has funded 16 BIPOC specific training courses through proviso state funds in FY22 and 2 CPC Train the Trainers to increase the cadre of BIPOC CPC Trainers.
- HCA is in process of translating the CPC Standard manual into Spanish and then will hold CPC trainings in Spanish through proviso state funds.
- HCA provided 25 seed funding opportunities to organizations to increase recruitment of BIPOC peers through proviso state funds.
- HCA has 2 training courses scheduled within the Walla Walla State Penitentiary and Mission Creek Corrections center through proviso state funds.

Improve Peer Services:

- HCA provides travel support for 4 Standard Statewide CPC training courses per year with our limited FBG.
- We have continued to offer CPC training in a virtual format for peers who are unable to attend in person due to travel, employment, childcare, living in rural or frontier areas, or any other barriers.
- HCA has created several online continuing education opportunities over the past couple of years that are available free of charge to all CPCs.
 - i. Enhancing your Cultural Intelligence
 - ii. Intersection of BH and the Law
 - iii. Documenting Peer Support
 - iv. Ethics and Boundaries in Peer Support
 - v. The Power of Peer Support in Crisis Settings
- HCA has created a 40 hour in person CPC Crisis training and needs additional funding to implement the training.

Increase peer services efficiencies and effectiveness:

- There has been a significant increase in the number of CPC training courses in the past couple of years. In FY23 we have 90 CPC trainings scheduled and have trained 786 CPCs in the first 8 months of FY23, over 400 of the peers certified identified as either SUD or COD.
- HCA has prioritized all applicants who need the training to maintain employment or who have a job offer to provide peer services in a Medicaid setting. We are able to keep up with the current demand for this group of applicants as well as applicants who are working in other BH settings. We have been able to do this with

additional funding through COVID enhancement funds. Funds are expiring 3/14/2023.

- Current investment of \$4.4 million in CPC.
- We do not do separate training courses for SUD or MH.
- Our standard training includes both SUD/MH – important to include both for peers.
- We train Recovery Coaches to become CPC through a shortened CPC training called “bridge” – all these would be SUD specific.
- Occasionally we may have SUD specific on-off training that occurs through outside organizations.

- Spending on SUD Peer Services.
 - FBG estimate \$1,740,000 (including covid enhancement)
 - General Fund State through the BIPOC recruitment proviso \$380,000

- # of SUD Peers certified – approximately 400 since 7/1/2023
- 90 CPC training scheduled for FY23.

- HCA does not have specific training for SUD Peer Support.
 - In 2019, HCA updated the manual to cover both MH and SUD.
 - In 2019 HCA created the “Bridge Training” to train Recovery Coaches to become CPCs through a shortened CPC training.
 - There has been one off training sponsored by outside organizations that have been SUD specific.

7. Lunch	12:00pm	All	
8. Directors Dialogue Continued <ul style="list-style-type: none"> • Legislative Update 	12:15am	Keri Waterland, Michael Langer, Teesha Kirschbaum	FBG Responses continued Priority 6- Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis. Relabel Priority <ul style="list-style-type: none"> • FEP is services primarily for ages 16-25 but clinical discretion does allow for inclusion up to age 40, as evidence shows that some, especially women, present later. Because of this, youth would not necessarily be appropriate. Individuals is what is commonly used, would recommend leaving individuals or could consider emerging adults.

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

Establish a new baseline.

- The goal was set lower than baseline because we anticipated seeing a drop in #'s served due to Covid impacts. Baselines and goals are adjusted with the full application every two years and will be adjusted this year.

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.

Expand Recovery Support Services

- Asking for good things but the specific priority is revolving around housing and employment services - we need something specific and measurable. What else do they want to see funded?
- Suggested to create funding around ongoing support, possibly offering soft skills and hard skills around employment.

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

Sublocade

- Sublocade is currently covered under Medicaid.
- Injectable Sublocade is expensive at about \$1000 a shot so if FBG went to those not covered by Medicaid, question of funding amount and what to do if it ran out.
- Other cheaper forms of buprenorphine are also available.
- Also note that SAMHSA and DEA recently announced the elimination of the requirement for prescribers to have a DATA 2000 (X) waiver to prescribe buprenorphine.
- Effective immediately, all practitioners with a DEA registration that includes Schedule III authority can now prescribe medications for opioid use disorder as they would any other medication.

General Recommendations

Workforce Challenges

- We agree, this is important.

- There are limitations on what the block grant can fund that we must consider when allocating.
- **Current BG efforts?**
 - CPC trainings
 - CPC Crisis Trainings
 - Peer wellness coach trainings
 - WISE SED and ASD workforce development efforts
 - WAADAC workforce summit sponsorships
 - NAADAC indigenous workforce conference sponsorship

- **Startyourpath.org campaign**

For the reporting period 10/03-12/04:

- 11,768,683 total impressions
- 40,085 clicks
- 23,072 landing page sessions (this is time spent, and action taken by a user)
- Amazon has seen a 101% increase in clicks.
- Video continues to perform above our goal benchmarks a combine average viewer click through rate of 86% for English and 81% for Spanish.
- Our Spanish version landing page sessions have increased by an average of 45% since last report.

Improve BH Services Measures of Success and Outcomes

- Any priorities added to the list need to be measurable.
- Rural Services - 100m from leg is where a lot of the money is going to come from for these services.
- DBHR continues to work to improve reporting requirements.
- Is working to determine what needs to happen to produce outcomes survey's and get associated work into provider contract deliverables.
- Creating more reports through an integrated database that follows through on longitude studies are not impossible. It would just take a lot of resources to do so.
- We have spoken to some BHAC members about the idea of drafting a survey of why individuals don't engage in services. Maybe from folks that are incarcerated, in emergency rooms or in shelters and finding out, have you attempted to receive services, why did it not work or not work well for you?

Improve Efficiency of Reporting Requirements

			<ul style="list-style-type: none"> Agree, DBHR continues to adhere to federal requirements associated with these grants and communicate regularly with providers and our federal partners to provide TA to reduce barriers. <p>Harm Reduction</p> <ul style="list-style-type: none"> Harm reduction is getting a lot of support. DBHR is currently following a lot of bills in the state legislature that address different areas of this, such as naloxone, syringe exchange, etc. Also looking to lower barriers to harm reduction strategies and counseling. <p>Did not get to Legislative update.</p>
9. Behavioral Health Medicaid State Plan Amendment-	12:45pm	Teresa Claycamp, Jessica Diaz	See meeting attachment- Behavioral Health Medicaid State Plan Amendment Presentation
10. Short Break	1:30pm	All	
11. Vote to approve FBG Recommendations Vote to approve Peer Review Report	1:40 pm	Josh Wallace and Richelle Madigan	<p>May Agenda:</p> <ul style="list-style-type: none"> Reach out to David Dickinson to go over SAMHSA and role BHAC in relation to Block Grant Invite Peggy Dolan to present on FIT/ family rights. DBHR response to BHAC Peer Review <p>Call to Volunteers for Both Membership committee and Bylaw Committee. Nathan will follow up with an email.</p>
Next steps, review action items, review May agenda items.			
Call for volunteers for			
<ul style="list-style-type: none"> Membership Committee Bylaw Committee 			
12. Adjourn	2:00pm	All	

Action Items/Decisions					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1.	Call to Volunteers for Both Membership committee and Bylaw Committee. Nathan will follow up with an email.	Nathan	3/1/2023	?	

2. Other outstanding action items here