

Behavioral Health Advisory Council

Attendees:					
<input type="checkbox"/>	Ahney King	<input type="checkbox"/>	Mari Nunez	<input checked="" type="checkbox"/>	Vanessa Lewis
<input checked="" type="checkbox"/>	Beth Dannhardt	<input checked="" type="checkbox"/>	Mary O'Brian	<input checked="" type="checkbox"/>	Janet Cornell
<input type="checkbox"/>	Carolyn Cox	<input checked="" type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Louise Nieto
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>	Michael Reding	<input checked="" type="checkbox"/>	Ryan Keith
<input checked="" type="checkbox"/>	Dawn Williams	<input checked="" type="checkbox"/>	Nelson Rason	<input checked="" type="checkbox"/>	Jared Langton
<input type="checkbox"/>	Haley Tibbits	<input checked="" type="checkbox"/>	Pamala Sacks-Lawler	<input checked="" type="checkbox"/>	Andy Greisen
<input checked="" type="checkbox"/>	Jeff Spring	<input type="checkbox"/>	Paul Neilson	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Jenni Olmstead	<input checked="" type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>	
<input type="checkbox"/>	Jimsey Chorath	<input checked="" type="checkbox"/>	Ruth Leonard	<input type="checkbox"/>	
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Sandra Mena-Tyree	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Josh Wallace	<input type="checkbox"/>	Sharon McKellery	<input type="checkbox"/>	
<input type="checkbox"/>	JulieRae Castelton	<input type="checkbox"/>	Shelby M Satko	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Katie Mirkovich	<input type="checkbox"/>	Shelli Young	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Keri Waterland	<input type="checkbox"/>	Steve Kutz	<input type="checkbox"/>	
<input type="checkbox"/>	Kimberly Conner	<input checked="" type="checkbox"/>	Stu Parker	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Lateish De Lay	<input checked="" type="checkbox"/>	Susan Kydd	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Marcia Mongain-Finkas	<input checked="" type="checkbox"/>	Tana Russell	<input type="checkbox"/>	
<input type="checkbox"/>	Facilitator: Tori McDermott Hale	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	
<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Minutes: Tori McDermott Hale
<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:

Main Outcome: The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State

Behavioral Health Advisory Council

No	Agenda Items	Time	Lead	Summary Meeting Notes
1.	CALL TO ORDER - Welcome/Introductions and Attendance - Approve September Minutes - Welcome New Member: Dawn Williams, DOC, Substance Abuse Recovery Administrator	9:45	Josh Wallace and Susan Kydd	<ul style="list-style-type: none"> September meeting minutes approved.
2.	Section Update: Adult Behavioral Health	10:00	Kara Panek & Matt Gower	<ul style="list-style-type: none"> Look into the BH council and how they can get involved with BHAC Have a representative come to BHAC meetings. BHAC has been challenged with maintain providers within the group.
3.	Blake Bill Update	11:00	Tony Walton	<ul style="list-style-type: none"> Please review power point. Michelle Martinez – crsa committee member
4.	Council Member Roundtable / Updates	11:20	All	<ul style="list-style-type: none"> Tana Russell – Kaleidoscope FREE live-stream episode, in celebration of National Indian Heritage Month Gerardo Perez-Guerrero (Guest) – North Central is expecting two Harm Reduction vending machines. Website: https://ncach.org/harm-reduction-vending-machines-coming-soon-to-region/ Laura Van Tosh (Guest) – Washington Legislative and Policy Advocates is on Facebook! Join us! Josh Wallace – Peer WA is also putting Naloxone vending machines in their King County locations.
5.	Lunch / Break	12:20	All	
6.	Directors Dialogue	1:00	Keri Waterland	<ul style="list-style-type: none"> CYBHWG Recommendations – <ul style="list-style-type: none"> Create guidance for educational service districts and school districts who are interested in contracting with MCO’s to provide services to students. <ul style="list-style-type: none"> How you identify providers who are able to provide youth specific services. HCA develop a cost benefit analysis to determine if there is a way to be more effective in having school districts become providers. Collaborate with OSPI, ESD’s MCO’s – is there a way to standardize this whole process Evaluating if there would be a need to establish an 1115 waiver program for BH services.

Behavioral Health Advisory Council

				<ul style="list-style-type: none"> ○ Work around CCBHC's – is this a viable option for statewide services. <ul style="list-style-type: none"> ▪ Conversations around this will continue on during legislative session. ○ Do a gap analysis of currently existing services in the transitional age. <ul style="list-style-type: none"> ▪ Using this info on what a true youth family transition age BH continuum would look like. ○ Share DP and workgroup info ● School Based Health Centers – HCA is working on a document that outlines what the possibilities of school based behavioral health could be. ● Youth and Fentanyl – <ul style="list-style-type: none"> ○ In the process of completing the healthy youth survey – give a better read on 6th, 8th and 12th graders. ○ Greater needs in MH and SUD throughout the pandemic – we are seeing growth in most areas except SUD youth. We are not seeing as many referrals, less individuals receiving services. ○ The transition to opioid use is happening faster and sooner than once before. ○ Fentanyl is becoming stronger and creating more panic within the systems, how can we do more to lessen this issue. ○ Need for harm reduction messaging. ○ Drug checking services ○ Harm reduction – clean and available supplies, using this as an opportunity to engage with someone to get them into treatment. ○ Naloxone – we need to get it out to everyone who wants and needs it. ● Eating Disorders trends, we are seeing around WA state. ● How has covid effected the Mental health of youth ● Hired Office of Recovery Supports position – identification coming soon! ● David Reed retired ● Melodie Pazolt – left DBHR for advocates for human potential ● Liz Venuto – new Recovery Supports Supervisor (former transitional age youth supervisor at DBHR) ● Supporting idea for set aside in BG for RSS – at least 10% of SABG set aside for RSS. DBHR is in support of this request. Currently, DBHR is sitting at approximately 20% invested of SABG in RSS. ● Goal of DBHR is to continue to support the entire continuum.
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Behavioral Health Advisory Council

				<ul style="list-style-type: none"> • DBHR needs to continue on with the housing piece of RSS now that Melodie has moved onto a new position. •
	Action Item Recap January Agenda Items Adjourn	2:00 – 2:30	All	<p>January Meeting topics</p> <p>Legislature ? Josh to help identify a legislature</p> <p>Tribal office of affairs – Lucy Mendoza to present 1/5/22</p> <p>Peer Review – BHAC’s executive review.</p> <p>Following up on interaction with CERSA committee</p> <p>Getting results of fidelity review from Adult BH.</p> <p>MH service provider on the council – follow up with Richelle.</p>





Block Grant Funded Program Updates for the Adult and Involuntary Services Section

Kara Panek and Matthew Gower
Adult and Involuntary Services Section
DBHR
November 3rd, 2021

PACT Fidelity Monitoring and Team Training

PACT Fidelity Monitoring

- Assertive Community Treatment
 - ACT is a model for multidisciplinary team care.
 - ACT model developed in the 1970s and researched thoroughly.
 - PACT is created from ACT principles for specific people.
- PACT is an evidence-based practice (EBP)
 - As with all EBPs there needs to be a set of standards to ensure the practice is followed correctly.

PACT Fidelity Monitoring

- PACT fidelity standards are designed to make services effective, safe, and fulfill the goals of PACT.
- PACT teams were introduced to Washington in 2006 along with fidelity standards.
 - Fidelity standards were developed to fit the needs of Washington. The standards are called WA-PACT.
 - Fidelity standards are revised regularly based on national trends and needs.
- Starting in 2020 fidelity is required by statute to receive state funds.

PACT Fidelity Monitoring

What is WA-PACT?

The set of minimum standards all PACT teams must follow. Which includes:

- Composition of the team and schedule
- Credentials of the team members
- People to be served by PACT
- Admission and discharge practices
- Documentation standards
- Team communication

What is not part of WA-PACT?

- Methods and types of interventions
- Employer policies and procedures
- Area of service
- Override specific clinical decisions

PACT Fidelity Monitoring

- Fidelity monitoring and training is provided by the University of Washington's SPIRIT program.
- The SPIRIT program is made up of nationally recognized researchers, trainers, and faculty.
- They train on the ACT model, WA-PACT standards, specific roles on the team, and treatment modalities.
 - These modalities include:
 - Cognitive Behavioral Therapy for psychosis (CBT-p).
 - Co-occurring disorder treatments.

PACT Fidelity Monitoring

- The SPIRIT team receives \$550,000 a year to provide fidelity monitoring to monitor 23 teams statewide.
- Fidelity monitoring typically involves yearly onsite review of fidelity and includes review of:
 - P&Ps, clinical documentation, interviews, and improvement planning.
 - Due to COVID this has been done virtually.

PACT Fidelity Monitoring

- Ongoing monitoring and support includes:
 - Monthly team leader meetings
 - Monthly team specialist meetings
 - ECHO clinic for EBPs
 - Yearly retreats for Team Leaders, Nurses, and Specialists
- Corrective action plans
 - If a team does not meet fidelity standards in any area, they are required to create a corrective action plan with UW

Workforce development initiative

Cognitive Behavioral Therapy for Psychosis (CBT-P)

CBT-p Workforce Development

- What is CBT-p?
 - It is a form of CBT therapy specifically designed for people experiencing psychosis developed in the early 2000s.
 - It is an EBP recommended by SAMHSA.
 - CBT is a form of therapy that teaches a person how to challenge cognitive distortions, change behavior, and improving emotional regulation.
 - CBT-p helps the person experiencing psychosis learn tools to manage their own experience of psychosis.

CBT-p Workforce Development

- Does CBT-p work?
 - Yes, it is recommended by SAMHSA as a first line intervention for anyone experiencing psychosis.
- Why does CBT-p work?
 - Basic CBT is a highly effective intervention used for depression, dieting, and even improving sleep habits.
 - CBT-p is adapted to incorporate more social engagement, normalize experiences, gives someone specific tools to manage symptoms they are often told are out of their control.

CBT-p Workforce Development

- Funding for CBT-p is \$211,518 a year
- Workforce development initiative is operated by the UW SPIRIT team
 - UW SPIRIT team is a leading team on research and development of EBPs.
 - Research led by Dr. Kopelovich has created new approaches and improved CBT-p model

CBT-p Workforce Development

- CBT-p
 - Taught to Master's level clinicians
 - 3 tracks based on level of commitment to model
 - Trainings consists of 1 -4 days of all day training on the model with practice.
 - Monthly ECHO clinics for the first 6-12 months to practice and improve implementation
 - Submission of tapes for review and staffing.
 - Requires a huge commitment from clinician and employer
- CBT-p REACH
 - Skills to support a person undergoing CBT-p for family, care givers, and non-therapist clinicians

CBT-p Workforce Development

- CBT-p development statewide
 - First suggested after 2SSB 5732 passed in 2013 to increase the use of EBPs in Washington
 - First cohort was trained in 2016-17 among these were:
 - Frontier Behavioral Health in Spokane
 - Valley Cities in King County
 - Since provided trainings to over 15 different providers statewide
 - Expanding modality to support the transition from inpatient to outpatient
 - Eastern State Hospital has begun to deploy CBT-p in hospital
 - Long-term inpatient units to deploy CBT-p soon

Washington Behavioral Health Conference and the Co-Occurring Disorder
and Treatment Conference

Statewide Conferences

Statewide Conferences

Washington Behavioral Health Conference

- Operated by the Washington Behavioral Health Council
- Focus on educating and bringing together the behavioral health workforce and those receiving services

Co-Occurring Disorder and Treatment Conference

- Operated by HCA
- Goal is to promote the integration of services for mental health, SUD, developmental disabilities, and medical conditions

Statewide Conferences

Washington Behavioral Health Conference

- Held in mid to late June
- Moves around the state last in Vancouver next in Kennewick
 - COVID permitting
- Typically attended by 700 people across the state
 - Typically 9 CEUs available with 288 awarded CEUs last year
 - Preconference optional trainings to meet licensure requirements
- Lived experience scholarships are available
 - 32 lived experience scholarships were provided last year
 - There has been a drop in scholarships due to travel costs and lack of local resources to attend

Statewide Conferences

Washington Behavioral Health Conference

- Workshop and plenary topics include:
 - Clinical skills
 - Administrative tools
 - New programs, rules, and work done by state entities
 - People with lived experience sharing their experience and impacts
 - Family advocacy
- Recovery Roundtable
 - A chance for those with lived experience to ask questions of state leadership.
- Peer Support Reception
 - Reception dinner for peer support and peer advocates to network and support each other.

Statewide Conferences

Co-Occurring Disorder and Treatment Conference

- Held in early October in Yakima
 - COVID permitting
- Typically attended by 700 people across the state
 - CEUS are available Typically 11 but increased to 16 due to lack of training opportunities during COVID.
 - Preconference optional trainings to meet licensure requirements
- Lived experience scholarships are available
 - 48+ lived experience used the scholarship option this year
- Partnership with the WRA for 2022 to increase lived experience voice.

Statewide Conferences

Co-Occurring Disorder and Treatment Conference

- Workshop and plenary topics include:
 - Clinical skills
 - Administrative tools
 - New programs, rules, and work done by state entities
 - Integration of care
 - Specific interventions for integration of different populations
 - New and innovative services
- 2022 planning
 - Starts in December
 - Planning on in person with focus on reconnecting

Co-Occurring, Ethnic, I/DD, Older Adult

Mental Health Specialist Training Institute

Mental Health Specialist Training Institute

- What is a Mental Health Specialist (MHS)?
 - They are a MHP who has received specialized training and meets certain requirements that makes them an expert with a specific population.
- Why train MHS?
 - To improve services to special populations who are often underserved in the mental health system.
 - The focus is on improving communication skills, clinical skills, and system tools to reach populations – not diagnosis.

Mental Health Specialist Training Institute

- The MHSTI is being operated in a joint venture between the UW SPIRIT team and HCA.
- To be provided virtually in the spring/early summer
- Training made available to all of Washington
- The trainings to be offered are:
 - Co-Occurring – Operated by the SPIRIT team
 - Ethnic - Operated by the SPIRIT team
 - I/DD - Joint venture with UW/Autism and HCA
 - Older Adult Operated by HCA

Mental Health Specialist Training Institute

- \$369,000 is being used from the ARPA enhancement to the block grant
- UW SPIRIT program is the lead contractor
 - All trainings will hire speakers and experts to develop the training
- We expect to train between 60-90 people for each training.
- Training will be open to more than MHPs
 - Will include Peers, RNs, and MHCPs
 - MHPs must complete full training for the MHS credential

Questions?

More Information: Contact

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Adult and Involuntary Services
Section

DBHR

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ESB 5476- Addressing *State v. Blake*

BHAC
November 3, 2021

Washington State
Health Care Authority

Background

State v. Blake

State v. Blake- 2016

Shannon Blake was arrested and convicted of Unlawful Possession of Controlled Substance

February 25, 2021

Supreme Court Decision ruled Controlled Substance Statute (RCW 69.50.4013) unconstitutional

Law lacked a *mens rea* element, which allowed for prosecution and conviction of individuals who unknowingly possessed illegal substances

ESB 5476

Addressing *State v. Blake* through
criminal legal system and behavioral
health system responses

Impacts

Who was impacted?

- Anyone currently charged and/or previously convicted under the statute as it was written

Pending Charges at time of Decision

- Release from Jail
- Dismissal of charges
- Therapeutic Court discharge

Prior Convictions

- Any person convicted of eligible offenses could get charges vacated

Supervision

- Probation
- Community Custody
- Resentencing with revised standard range

Revised criminal penalty laws

▶ Statute revisions:

- ▶ Added the word “knowingly” to possession of controlled substance, counterfeit substance, and Legend drugs
 - ▶ Possession of a controlled substance or counterfeit substance is now a misdemeanor
 - ▶ Removed this language from possession of drug paraphernalia law: test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body
- ▶ Provisions expire July 1, 2023, at which time the statutes revert to the previous language, unless the legislature extends or enacts new legislation.

Changing how law enforcement responds

Basic Law Enforcement Academy Training

- Interaction with persons with substance use disorders including persons with co-occurring substance use and mental health conditions.
- Training on referring individuals to treatment and recovery services, and the unique referral process for youth.
- Developed and implemented by 07.01.22.

Amendments to Chapter 10.31 (Warrants and arrests)

- Directs police officers to refer individuals with substance use disorders to community-based programs, include youth, adult, or mobile crisis response services.

Prosecutors

- Encouraged to divert cases for assessment, treatment, or other services

ESB 5476

Behavioral health initiatives

Substance Use Recovery services plan

Committee

- 130+ applications received
- Over 20 members selected and notified
- Focused on individuals with lived experience, BIPOC populations, and those who have not historically been at the table.

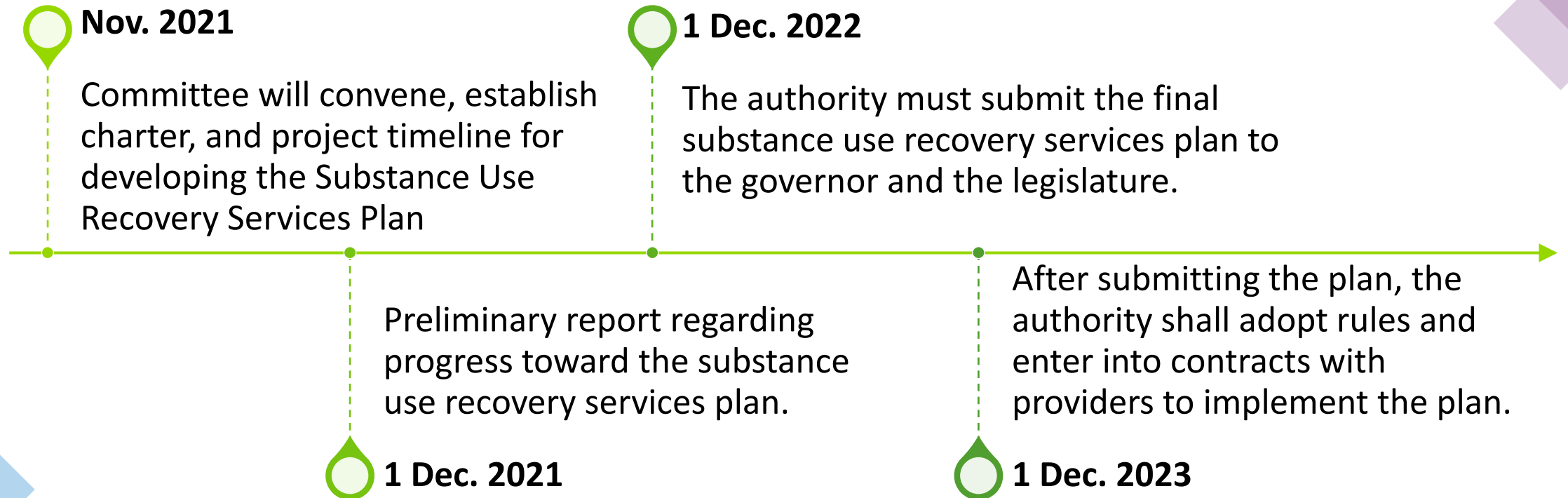
The Plan

- Regional capacity for SUD and Co-Occurring
- Address barriers to accessing treatment
- Funding framework which shifts funding to community-based care
- Criminal Legal System responses to SUD
- Data Needs, metrics

Framework & design

- Requirements for diversion to community-based services.
- Design referral mechanism for community-based engagement with treatment and recovery support services

Plan Deliverables



Continuum of Integrated Services

Recovery Support Services- Expansion

- Homeless outreach stabilization transition (HOST) program
- SUD Family Navigator Grant Programs
- Expansion of Clubhouse- Community-Based Services

Addressing Opioid Use Disorder

- Contingency Management for Opioid Treatment Networks
- Medications for Opioid Use Disorder in City, County, Tribal Jails

Recovery Navigator Program

- Provide community-based outreach and referral pathway to intensive case management services to youth and adults

Homeless Outreach Stabilization Transition (HOST) Program

- ▶ HCA will establish a HOST program to expand access to modified assertive community treatment services provided by multidisciplinary behavioral health outreach teams to serve people who are living with serious substance use disorders, are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models.
- ▶ HCA has been working with those BHASOs to understand interest and capacity to developing a HOST team in the region.
- ▶ Anticipated services available starting January 2022

HOST Implementation Timeline

July – August 2021

HCA met with Downtown Emergency Services Center (DESC) to discuss HOST model and began contract process for TA.

October- November 2021

The BHASOs submitted their plans, which were reviewed by HCA. Feedback and plan revisions requested.

HCA reviewed Point in Time surveys, which indicated King, Pierce, Snohomish, Spokane, and Thurston Counties had disproportionate need for homeless services.

September- October 2021

Funding available in BHASO contracts, TA Contract executed, program implementation begins

January 2022

Recovery Navigator Program (RNP)

- ▶ Provide community-based outreach, intake, assessment, referral, and long-term intensive case management services to individuals with substance use disorders who are referred to the program.
- ▶ HCA developed statewide Uniform Program Standards based on the Law Enforcement Assisted Diversion (LEAD) Core Principles.
- ▶ The RNP will provide referral pathways for law enforcement, emergency departments, business, and other referral points
- ▶ The RNP staff will work with local community resources to address the intersectional and holistic needs of the individual by addressing the social determinants of health, including education, housing, and employment.

Recovery Navigator Program- Implementation Timeline

July – August 2021

Health Care Authority convened an ad-hoc committee to develop Uniform Program Standards

October

The BHASOs submitted their plans, which were reviewed by HCA. Feedback and plan revisions requested.

The Uniform Program Standards were provided to Behavioral Health Administrative Service Organizations, who then developed their strategic implementation plan.

September

BHASOs will begin implementing the plan and embedding recovery navigator programs staff in their respective regions.

November- December 2021

Clubhouse-Peer Run Organizations Funding Timeline



Community Behavioral Health System Funding

	State fiscal year '22 (General-state fund)	State fiscal year '23 (General-state fund)	Funding Allocation
Recovery Navigator program	\$25 million	\$20 million	BHASOs
HOST	\$5 million	\$7.5 million	BHASOs
MOUD in jail	\$2.5 million	\$2.5 million	Solicitation
Clubhouse service expansion	\$1.6 million	\$3.1 million	Solicitation
Short term housing vouchers	\$.5 million	\$.5 million	Existing Housing Contracts
SUD family navigator grant	\$.5 million	\$.5 million	Solicitation

Other Appropriations related to *State v. Blake*

- ▶ \$44.5 million to assist counties with costs related to resentencing
- ▶ \$23.5 million to provide legal financial obligations repayments
- ▶ \$4.5 million for therapeutic court grants
- ▶ \$10.2 million to assist counties providing counsel or contracting for counsel for clients seeking to have sentence vacated or resentenced
- ▶ \$1.2 million to aid in outreach, education, technical assistance, legal assistance to resolve civil matters stemming from LFOs
- ▶ \$1.5 million for a grant program for the operational costs of new staffed recovery residences

Information and updates

- ▶ <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/state-v-blake-esb-5476-and-behavioral-health-expansion>



State v. Blake: ESB 5476 and behavioral health expansion

State v. Blake (ESB 5476) addresses justice system responses and expands behavioral health prevention, treatment, and services.

On this page

[Who is leading the work?](#)

[Deliverables and timeline](#)

[Substance Use Recovery Services Advisory Committee](#)



Questions?

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