

**Behavioral Health
Advisory Council**

January Agenda

Wednesday, January 4, 2023

9:30 AM- 12:15 PM

| Attendees: | | | | | |
|-------------------------------------|-----------------------|-------------------------------------|---------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Keri Waterland | <input checked="" type="checkbox"/> | Susan Kydd | <input type="checkbox"/> | David Musser |
| <input checked="" type="checkbox"/> | Michael Langer | <input checked="" type="checkbox"/> | Richelle Madigan | <input type="checkbox"/> | Michelle Burchett |
| <input checked="" type="checkbox"/> | Teesha Kirschbaum | <input checked="" type="checkbox"/> | Tana Russell | <input checked="" type="checkbox"/> | Bridget Underdahl |
| <input checked="" type="checkbox"/> | Michelle Tinkler | <input checked="" type="checkbox"/> | Vanessa Lewis | <input type="checkbox"/> | |
| <input type="checkbox"/> | Jeff Spring | <input checked="" type="checkbox"/> | Shawn Brannan | <input checked="" type="checkbox"/> | DBHR Guest: Michael Brown |
| <input checked="" type="checkbox"/> | Jenni Olmstead | <input checked="" type="checkbox"/> | Clarissa Fletcher | <input checked="" type="checkbox"/> | DBHR Guest: Kris Shera |
| <input checked="" type="checkbox"/> | Jolie Ramsey | <input type="checkbox"/> | Ruth Leonard | <input checked="" type="checkbox"/> | Guest: Christal Eshelman |
| <input checked="" type="checkbox"/> | Josh Wallace | <input checked="" type="checkbox"/> | Janet Cornell | <input checked="" type="checkbox"/> | Guest: Robert Hopkins |
| <input checked="" type="checkbox"/> | Katie Mirkovich | <input checked="" type="checkbox"/> | Nathan Lusk | <input checked="" type="checkbox"/> | Guest: Carolyn Cox |
| <input checked="" type="checkbox"/> | Nelson Rason | <input checked="" type="checkbox"/> | Tori McDermott Hale | <input checked="" type="checkbox"/> | Guest: Nanci Watson |
| <input type="checkbox"/> | Kielan Lynch | <input type="checkbox"/> | Kim Wright | <input checked="" type="checkbox"/> | Guest: Mary O'Brian |
| <input checked="" type="checkbox"/> | Marcia Mongain-Finkas | <input type="checkbox"/> | Guest: | <input type="checkbox"/> | Guest: |

| # | Agenda Items | Time | Lead | Decisions and Summary of Meeting |
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| 1. | <p>Welcome & Call to Order</p> <ul style="list-style-type: none"> Attendance Approve November minutes Vote to approve new members Robert Hopkins and Christal Eshelman | 9:30am | Josh Wallace, Richelle Madigan | <p>Call to Order</p> <p>Approved November Minutes</p> <p>Council voted to approved Robert Hopkins and Christal Eshelman as members</p> |
| 2. | <p>Council Member Roundtable BHAC council overview:</p> <ul style="list-style-type: none"> Increase advisory work and recommendations to DBHR Increase general membership participation in this work Strategic Plan | 9:45am | Roundtable | <p>Susan Kydd- Has been doing research in trauma, looking to see how it impacts individuals with SUD and MH.</p> <p>Mary O'Brian- Yakima farmworkers client doing recruitment around workforce, were able to recruit more staff but continues to be a challenge.</p> <p>Richelle Madigan- Continuing advocacy for children youth and families.</p> <p>Tana Russell- Now have a new problem gambling prevalence study. Recently made a report to the state legislature. About to open foundations of gaming disorder to the public in the coming year.</p> <p>Bridget Underdahl- Project aware supervisor for OSPI. Continuing work with school districts and expanding to different ESD and providing Tier 3 services.</p> |

Michelle Tinkler- Doing 1st quarter report for OBHA and looking forward to the legislative session.

Vanessa Lewis- PAVE working with bullying and harassment and mental health services.

Shawn Brannan- No updates.

Jenni Olmsted- DCYF- No updates.

Clarissa Fletcher- Been working bringing resources to Juvenile Court with getting more PEER support through the TACID organization.

Jolie Ramsey- My update for the WA State Rehabilitation Council is that our next Council meeting will be February 9th and 10th. It will be a hybrid meeting. Also, we are focusing right now on exploring Rapid Engagement practices that could be used by DVR counselors. DVR is currently in order of selection, and getting potential customers some services and support while they are awaiting full services by DVR could help them get connected to supports, such as mental health services.

Josh Wallace- Moved OBHA out of Peer Workforce Development into its own division. Peer WA is working on DEI internally creating more opportunity for employee diversity, equity and sense of belonging to strength employee attraction and retention.

Katie Mirkovich- Updated customer services handbook for DBR. Revised online DBR training for staff and help provide more resources for clients.

Nelson Rascon- Just hired a new peer staff member for King County. Starting peer support services for incarcerated fathers when they get out.

Increase participation discussion-

Richelle Madigan- There is a need to increase the advisory work and participation of BHAC in support of DBHR.

Josh Wallace- Is there a time limitation on involvement or should there be more direction/ structure to increase involvement

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| | | | <p>Carolyn Cox- Is the website up to date/ is there current contact that we can point the public to?</p> <p>Richelle- A visibility subcommittee would be great to work on this but goes back to more participation of BHAC members to make this happen</p> <p>Marcia- Her barrier has been difficulty due to technology and living in rural community</p> <p>Tana- One barrier to responses/ involvement is that the BHAC scope is so broad, breaking down requirements and having specific asks to help create a more focused approach.</p> <p>Richelle- Creating a revolving calendar to help create a timeline of things that BHAC delivers to DBHR would help with this</p> <p>Susan- There are two big asks that BHAC needs to advise DBHR on. Advising DBHR on block grant recommendations and Peer Review. Suggested creating a Block Grant or recommendations committee to commit to this work</p> <p>Michelle Tinker- There is training available to help structure the council with this work. Michelle will compile what she thinks would be relevant to BHAC and report back.</p> <p>Nanci Watson- Look at the ratio of participants to reflect lived experience vs government/paid participants.</p> | |
| 3. | Short Break | 10:20am | All | |
| 4. | Office of Behavioral Health Advocacy | 10:35am | Michelle Tinkler | See PowerPoint |
| 5. | Directors Dialogue <ul style="list-style-type: none"> • Block grant progress report discussion • Legislative update/ Governor’s Budget | 11:00am | Michael Langer, Teesha Kirschbaum | <p>Janet Cornell BG Report-</p> <p>Susan- How nimble can you be within moving funds around to meet priorities that were not met in the progress report.</p> <p>Janet- Looking at the gaps and building the reports</p> <p>1) Priority #1 – Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in WA state</p> <p>a. Which tribes/tribal representatives have served as consultants in the writing of this priority area/goal/objectives?</p> |

Priorities and goals are presented at Tribal Roundtables and Tribal Consultation annually for input/questions before the Block Grant application is finalized and submitted.

b. Why were the target outcomes for first-year (3,400) and second-year (3,400) set at a lower threshold than the baseline (4,499)?

The target goals were set lower due to Covid having an impact on treatment accessibility.

2) Priority #3 – Increase the number of youths receiving outpatient substance use disorder treatment

a. The baseline in FY20 was 1695, why did it drop down to 711 in SFY21, and did not come back even to baseline in FY22 at 1624? Listed are impacts of COVID-19, schools as a referral source were also impacted, and BH workforce shortages, but was there something else that caused might have caused this drop? The main reason these numbers dropped so significantly was due to impacts of Covid and accessibility to treatment and referrals through schools dropping while in-person learning was limited/unavailable.

– Increase the number of SUD certified Peers

a. How was marketing done to find 430 peers who were interested in taking the peer training?

i. We do not have a lack of people who are interested in the training, we continue to get around 100 applicants per month for the CPC training and our waitlist is coming down but still high.

1. We are contracting for 74 CPC trainings for FY23 and 65 CPC trainings were held in FY22, doubling our historical number of trainings per year.

ii. We also contract for CPC Bridge trainings that certified Recovery Coaches to become CPCs

iii. The Peer Support Program has implemented a Peer to Peer Newsletter and a monthly Peer Support Webinar “Peer Blend.”

iv. The Peer Support Program has a technical assistance program, Operationalizing Peer Support, that provides support and training to organizations who want to add peer services to their book of business or who need supports around their peer program. The training includes/but not limited to: building peer champions in your organization, supervision, and billing for peer support services.

1. Weekly “Office Hours” are provided to answer and provide supports to peer supervisors and program administrators.

2. Monthly webinars are held on different topics around implementing or supporting peer support programs

v. Information on peer support to include job postings, continuing education training opportunities, upcoming

webinars, and OPS Office Hours are sent out on the Office of Consumer Partnerships gov delivery

vi. With one of the proviso's in the 2021/23 budget "Increase recruitment and retention of BIPOC Peers," HCA contracted with majority minority owned organizations to do the following:

1. Community outreach and oversee the application process for seed funding opportunities to promote the recruitment of BIPOC peer specialists
2. Seed funding advertisement and to create a report from information gathered from community listening sessions
3. Hold community listening sessions in marginalized communities to identify barriers and gaps to BH services with a focus on peer services
4. Hold BIPOC specific CPC trainings
5. Contract for 2 CPCs to be held in Department of Correction facilities (Walla Walla and Mission Creek)
6. Translation of standard CPC manual to Spanish
7. Hold CPC trainings in Spanish

b. Are there dates set yet for the Peer Pathways Annual Workforce Development Conference for 2023?

- i. The conference will be held Wednesday 8/23 and Thursday 8/24
- ii. Conference will either be held in King or Pierce County.

4) Priority #5 – Maintain outpatient mental health services for youth with SED

- a. What factors contributed to the success of accomplishing this goal?
There are likely a broad array of nuances that led to this, the bigger items we believe impacted the outcome is continued expansion of New Journeys First episode Psychosis and Wrap Around with Intensive Services teams - along with the expansion of telehealth options.

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

- a. Baseline was 192,662, goal was 104,128, actual was 216,740....why did the number of adults receiving OP MH services for SMI end up so high? Was there an increase in instances of SMI in the general population? Or improved access to care? Both? Something else? Will look into more detailed response

6) Priority #8 – Increase the number of individuals receiving recovery support services, including increasing

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| | | <p>supported employment and supported housing services for individuals with SMI, SED, and SUD</p> <p>a. Indicator #1 - What factors contributed to the success of accomplishing this goal? Report mentions HCA worked with its provider network to increase referrals....how was this accomplished?</p> <p>b. Indicator #2 – Baseline was 5,199, goal was 5,406, actual was 7,343...why so high? Did an increase in homelessness in general generate a larger population needing services, or was there improved access to services? Both? Something else? Report mentions an “increase in capacity of the provider network”...meaning more staff employed? Something else?</p> <p>Priority #9 – Increase the number of adults receiving outpatient substance use disorder treatment</p> <p>a. Baseline was 40,293 SFY20, goal was 47, 875, actual was over 4,000 less than the goal (est. 43,875, but actual number was not listed)....does this final number include individuals enrolled in tribal outpatient SUD tx programs? Yes, data pulled includes data reported into TARGET, which provides treatment data for Tribes.</p> <p>b. Report mentions an “unanticipated impact of fentanyl”, what does that mean? What was that unanticipated impact, and how did that interfere with individuals seeking outpatient SUD tx? This was referring to unanticipated barriers that Fentanyl presents – treating someone for Fentanyl use is much different than treating for other opioids due to the half life of Fentanyl and the abundance and potency. Additionally, with a higher mortality rate with Fentanyl the opportunity to get someone into treatment is reduced.</p> <p>8) Priority #11 – Tuberculosis Screening</p> <p>a. If TB screenings and education in SUD outpatient and residential agencies was already required, then why is it listed here as a goal to continue that requirement? We are required to keep this as a priority within the Block Grant per SAMHSA</p> <p>Clarissa Fletcher- A lot of SUD providers are directly in the schools. What is being done working with law enforcement regarding reducing fentanyl overdoses?</p> <p>Michael Langer- DBHR is working with law enforcement but also working on communication campaigns, reducing barriers to treatment, and harm reduction.</p> |
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Focusing more on treating the SUD crisis as more of a healthcare problem than a criminal justice problem.

Josh Wallace- there is work being done to introduce House bill 1006 to decriminalize the sale and purchase of schedule 1 testing strips which will help make it easier to provide fentanyl test strips.

Tana Russell- Do you have employees from the OTP/MAT programs consulting on this goal?

Michael- Yes its all hands on deck, we are working with them closely.

Richelle- Are you looking at qualitative data in the BG report besides the quantitative data to get the full picture of services being provided.

Janet- The progress report itself is pretty strict on how the report is compiled and is heavy on the numbers/ quantitative data.

Richelle- Somewhere In the process there should be a qualitative data where feedback can be provided.

Janet- This is where we would love feedback from BHAC so that we can build to these goals.

Michael- I'm not sure we need to keep the two connected where we have to report the quantitative data to SHAMSA as it pertains to the BG report. The qualitative part can be compiled in other ways.

Richelle- If we're reporting to SAHMSA about the efficacy of BG programs there needs to be a qualitative part that shows the true efficacy of the services being provided.

Janet- we do report on the qualitative portion of the report when we draft the application narrative around each of the priorities.

Mike Brown responding to question regarding providers being delayed in getting their credentials for Medicaid.

Mike Brown - Unfortunately, the workload continues to increase as the agency gets in compliance with credentialing requirements and getting folks trained to handle all application types can take a few months. We have been hiring and training for the last several months as well as authorizing overtime to work on the backlog. There are more issues on the horizon (PHE ending, NPI issue, LNI implementation) that will continue to put pressure on provider enrollment staff to

keep up with the volume of incoming work. The delays are across all professions and provider application types.

Kris Shera- Opioid Settlement update

Kris Shera- There are many settlements out there but will focus primarily on the disturber settlement
Will receive first amount 12/2022 and the second amount 7/2023

Recommendations for State ORP plan was submitted to Governor's office by 10/28/2022.

State will not be able to use funds until 7/2023 once final budget approved and signed.

Please set attached PowerPoint:

Josh- Where is the settlement of the funding recovery support services. Feels there is a significant gap in recovery support services focuses only on housing and jobs.

Kris- there were a lot of opportunities for input with workgroups submitting 3 proposals each. There will continue to be opportunities for more input as more settlements come in.

Richelle- This conversation highlights the point that we're missing stuff where the rubber meets the road. Where we need to come up with a plan where the feedback that is provided is being implemented. we need to become a state that is proactive vs reactive.

Michael- we haven't had a conversation yet fully. Kris did not have time to share the detail within each of the strategies presented. Most of the conversation we've had went into is how do we reduce barriers to support.

Michael- There are more recovery support services in the plan that was submitted in the governor's budget. What's shown is the headline of each project. There are more services within them.

Josh- Recovery support services are more than housing and jobs.

Kris- This process is going to continue and get more resources as these settlements continue. We recognize that these funds

do not meet the need that is out there. Kris offered to come to BHAC on a more regular basis.

Josh- It is unfathomable to me that our State's authority on behavioral health and recovery could knowingly and intentionally exclude any funding for Recovery services in their recommendations to the Governor's office. Effective treatment of addiction disease requires every component identified by SAMHSA. Chronic disease does not manage itself. It must be provided for through long term care and support that is provided for under recovery support services.

Governor's budget DP's

Michael Langer- We sent out a draft on DPs for the governor's budget this morning. This is subject to change but it is an overview of DP's we sent to the governor.

Richelle- Council will review the DP's sent out and send replies to Nathan and Michael.

Bylaws Committee-

Ask for Volunteers for Bylaw committee
Christal Eshelman, Susan Kydd, volunteered. Email will be sent to request further volunteers.

Agenda items for March,

Action Items: submit formal recommendations for BG report
Peer Review report and presentation
Possible presentation from Kielan on Youth Buddies

Request for members to please respond to the BG report if they haven't already. Nathan will compile questions and DBHR responses to executive committee

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| 6. | Bylaw Changes: Formation of a bylaw committee to review and update bylaws Next steps, review action items, review March agenda items | 12:00pm | Josh Wallace and Richelle Madigan |
| 7. | Adjourn | 12:15pm | All |

| Action Items/Decisions | | | | | |
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| # | Action Item | Assigned To: | Date Assigned: | Date Due: | Status |
| 1. | | | | | |
| 2. | | | | | |