

**Behavioral Health
Advisory Council**

March Agenda

Wednesday, March 6, 2024

9:30 p.m.– 3 p.m.

Attendees:					
<input checked="" type="checkbox"/>	Michael Langer (DBHR)	<input checked="" type="checkbox"/>	Nathan Lusk (DBHR)	<input checked="" type="checkbox"/>	Guest: Joe Barsana
<input checked="" type="checkbox"/>	Teesha Kirschbaum (DBHR)	<input checked="" type="checkbox"/>	Janet Cornel (DBHR)	<input checked="" type="checkbox"/>	Guest: Shiya Grant
<input checked="" type="checkbox"/>	Teresa Claycamp (DBHR)	<input checked="" type="checkbox"/>	Tori McDermott Hale (DBHR)	<input checked="" type="checkbox"/>	Guest: Tana Russell
<input checked="" type="checkbox"/>	Richelle Madigan	<input checked="" type="checkbox"/>	Kim Wright (DBHR)	<input checked="" type="checkbox"/>	Guest: Paulina Zykowski
<input checked="" type="checkbox"/>	Vanessa Lewis	<input checked="" type="checkbox"/>	Guest: Mauren Bailey (DBHR)	<input checked="" type="checkbox"/>	Guest: Joseph Hunter
<input checked="" type="checkbox"/>	Jolie Ramsey	<input checked="" type="checkbox"/>	Guest: Shelly Shor (DBHR)	<input checked="" type="checkbox"/>	Guest: Joshua Smith
<input checked="" type="checkbox"/>	Katie Mirkovich	<input checked="" type="checkbox"/>	Guest: Steve Perry (DBHR)	<input checked="" type="checkbox"/>	Guest: Jasmine Matinez
<input checked="" type="checkbox"/>	Nelson Rason	<input checked="" type="checkbox"/>	Guest: Todd Jensen (DBHR)	<input checked="" type="checkbox"/>	Guest: Janice Schutz
<input checked="" type="checkbox"/>	Tessa Clements	<input checked="" type="checkbox"/>	Guest: Dakota Steel (DBHR)	<input checked="" type="checkbox"/>	Guest: Carloyn Cox
<input checked="" type="checkbox"/>	Shundra King	<input checked="" type="checkbox"/>	Samantha Mellendorf (DBHR)	<input checked="" type="checkbox"/>	Guest: Ramon Razo
<input checked="" type="checkbox"/>	Robert Hopkins	<input checked="" type="checkbox"/>	Jesse Sharber (HCA)	<input checked="" type="checkbox"/>	Guest: John King
<input checked="" type="checkbox"/>	Miranda Meier	<input checked="" type="checkbox"/>	Guest: Deborah Ingram	<input checked="" type="checkbox"/>	Guest: Arlene Lommers
<input checked="" type="checkbox"/>	Michelle Tinkler	<input checked="" type="checkbox"/>	Guest: Chris Tippet	<input checked="" type="checkbox"/>	Guest: James Fisk
<input type="checkbox"/>	Clarissa Fletcher	<input checked="" type="checkbox"/>	Guest: Jeffery Davis	<input checked="" type="checkbox"/>	Guest: Daniel Vallin
<input checked="" type="checkbox"/>	Ruth Leonard	<input checked="" type="checkbox"/>	Guest: Mehgan Regis	<input checked="" type="checkbox"/>	Guest: Jim Harvey
<input checked="" type="checkbox"/>	Christal Eshelman	<input checked="" type="checkbox"/>	Guest: Nanci Watson	<input checked="" type="checkbox"/>	Guest: Cece Byrd
<input checked="" type="checkbox"/>	Julee Christianson	<input checked="" type="checkbox"/>	Guest: Gabriel Hamilton	<input checked="" type="checkbox"/>	Guest: Jazmaine Wong
<input type="checkbox"/>	David Musser	<input checked="" type="checkbox"/>	Guest: Elieser Pando	<input checked="" type="checkbox"/>	Guest: Jamie L. Mullenix
				<input checked="" type="checkbox"/>	Guest: Raymond Gregson

#	Agenda Items	Time	Lead	Decisions and Summary of Meeting
1.	Welcome & Call to Order <ul style="list-style-type: none"> Attendance Welcome New and Returning Members Shundra King and Nelson Rascon Announce New Meeting Cadance Approve January minutes and action items-completed via email 	9:30 a.m.	Richelle Madigan and Vanessa Lewis	<ul style="list-style-type: none"> Welcome new member Shundra King and returning member Nelson Rascon. The New meeting cadence will now take place the second Tuesday of every odd month. The next meeting will take place on Tuesday May 14th, 2024, at the HCA headquarters. January 2024 minutes were approved via email 3/12/2024
2.	Meeting Expectations	9:40 a.m.	Richelle Madigan	See Meeting Expectations doc
3.	Introductions	9:45 a.m.	All	
4.	Ice Breaker 5 Things in Common	10 a.m.	Nathan Lusk	

<p>5. Peer Support Presentations. • Joe Barsana</p>	<p>10:20 a.m.</p>		<p>See Joe Barsana Presentation pdf</p>
<p>6. Peer Support Conversation</p>	<p>10:45 a.m.</p>	<p>All</p>	<p>Opening Discussion Questions:</p> <ul style="list-style-type: none"> • What do you think is working well in Peer work statewide? • What do you think needs additional attention/support within the scope of statewide peer work? • What innovative ideas do you have to improve Peer Service Delivery and/or Peer Workforce Development? <p>Janice Schutz (guest): One thing that is very confusing for people accessing and working in peer services right now are the different terms and names that apply to different positions. A lot have the word navigator in them and there are peer positions where a peer might have SUD or some other lived experience that is placed outside of their shared peer experience.</p> <p>Nelson Rascon (member): gave an example of a person hired for peer work placed over parents but was not a parent peer.</p> <p>Mauren Bailey (DBHR): As we look into implementing SB 5555 (Creating the profession of certified peer specialist) it will hopefully take out some of the confusion as we consolidate different names and trainings to youth and family certified peer specialist, or adult certified peer specialist with different peer work falling under those categories. Also agrees that more work can be done to educate providers and organizations around peer work and connecting peers to their relevant field.</p> <p>Richelle Madigan (co-chair): Wondered if they are able to change the name of certified peer specialist, CPS can be triggering for families and individuals even changing it to certified peer support specialist CPSS could help prevent that barrier.</p> <p>Carloyn Cox (guest): as one of the organizations in the state that conducts the certified peer specialist trainings has seen an issue where individuals show up to a peer training thinking they are there for one specific area like SUD when it is in fact mental health or something else. Perhaps having more of a campaign around integration so peers know its not just one thing but the much broader behavioral health field.</p> <p>Carolyn Cox (guest): There also needs to be more education at the employer level about the need for and importance of supporting peers and making sure they receive an adequate amount of training.</p>

Carloyn Cox (guest): We also need to make sure that certified peer counselors are in concrete recovery. Issues can come up both in training and in the field that are triggering.

John King (guest)- A lot of times peer work isn't cookie cutter, so it is figuring out what degree a person can contribute to peer support. Important peers communicate what we can contribute to other peers out there.

Joshua Smith (guest) – Stated when he took his certified peer support counselor training, he wasn't ready to be a recovery coach but the training itself helped him get tools and information that led him to be ready.

Joshua Smith (guest): looking at the communities we are serving and hiring from it is important to see their experiences. Josh himself is dyslexic and statistically a large portion of incarcerated people are not functional readers. If we are looking to hire from these communities it is important to provide prerequisites, training, and onboarding in a way that's inclusive such as video, E readers, note taking software.

Joshua Smith (guest) -stated there has been great success in training and hiring a peer workforce; now there is a need to retain and protect them.

Joseph Hunter (guest)- a lot of peer workers experience compassion fatigue. A lot more work can be done around training organizations to see that they are using a vulnerable population to work with vulnerable populations. If some says oh my best friend just overdosed, I need to take the day off, the employer needs to realize the importance of that and work with them.

Joseph Hunter (guest)- Has seen two approaches to peer work a person-centered approach but also a funding centered approach where there are a lot more restrictions and guidelines and it turns into more of a counseling role and not a peer role.

Tessa Clements (member)- received an email stating some therapeutic courts are looking to hire in house peer support vs contracting with an agency due to a trend of those agencies focusing on quantity over quality. Asked if this is a trend others are seeing, many said yes in agreement.

Joseph Hunter (guest) – yes, it's super high caseloads where it's touch and go recovery supports and versus that person-centered long-term approach.

Gaberial Hamilton (guest)- Agreed that Bull 5555 will help with restructuring peer work to be more person centered. Has been really advocating for more training of senior leadership at agencies around peer work and inviting them into the room so that they better understand Peer Work. Happy the new 80 training is more inclusive and holistic.

Tana Russell (guest)- sees peers in her network wishing they had more supervision/ coaching support after initial training similar to what counselors receive.

Janice Schutz (guest)- Peer Supports and work started because there were people who were completely marginalized based on their behavioral health diagnosis and unable to work. Peer Work gives meaning back to people's lives. Recovery isn't linear so someone maybe 100% during their training but not ready to enter the workforce. Peer training can also be a valuable resource in someone's recovery.

Janice Schutz (guest): This is why it is so important for agencies to understand the difference between supervising a peer and supervising somebody who is in a different position and understand what supervising from a trauma informed approach is.

Janice Schutz (guest): There are a lot of times there is pressure for peers to do things more on a clinical model and leaders not understanding what the peer role is.

Jasmine Martinez (guest)- one thing that is going well are conversations like this one today. I see The Washington State Healthcare Authority welcoming, supporting and utilizing peers at all levels and areas and inviting peers in even at the design phase, not just when they've been designed but when they are being designed.

Jasmine Matinez(guest)- shared when she took her CPC training it was from a family and youth lens but there were adult mental health peers with lived experience who struggled with Jasmine having her son in a CLIP facility. She used the opportunity to do peer work in the training. Validating her fellow peers' experience while explaining the best choices for her family. It went from a near triggering scenario to a collaborative one. Peers entering the training should be aware there may be moments like this.

Janice Schutz (guest)- Expressed that Family and mental health peers are often an underutilized resource and there should be more outreach to inform the public of it as a resource.

			<p>Shelly Shor (DBHR)- we are working on operationalizing Peer Support and also working on a required supervisor of peers training. This is a great opportunity to take what we have heard today back to agencies and organizations that don't know about it.</p> <p>Shelly Shor (DBHR)- Working with peers or people with lived experience, we also want to be mindful of not assuming that because I'm hiring a peer, that person is going to need reasonable accommodation or those kinds of things that, you know a peer might need. So, we also want to be mindful of that when we incorporate that into the supervisor training.</p> <p>Mauren Bailey (DBHR)- Highly encourage folks to read up on the new 5555 bill and the guidance coming out from the Department of Health around peer work. They're holding open sessions for peers and individuals with lived experience around license requirements around peer work, counseling, ect.</p> <p>Mauren Bailey (DBHR)- Also wanted to let individuals know since it came up earlier that we do have a statewide peer network and you are welcome to reach out if you would like to get connected.</p> <p>Richelle Madigan- (co-chair)- Shared her story of her employer booking her a hotel large enough for her family when she has to come to western Washington for work as an example of an employer seeing her wholistically as a person and not just an employee as an example of management support.</p>
7.	Short Break	11:45 a.m.	All
8.	Directors Dialogue <ul style="list-style-type: none"> Legislative Session Recap 	Noon	Michael Langer, Teesha Kirchbaum
			<p>See BH Legislative update 4.8.24.pdf.</p> <p>Possibly present opioid presentations that were presented to the governor in January at May meeting.</p> <p>Send the specifics for what Medicaid reimbursement rate and specific rates for problem gambling.</p>
9.	Lunch	12:30 p.m.	All
10.	State Medicaid Plan Amendments	1 p.m.	Teresa Claycamp
			<p>See State Plan Amendments Updates 2024 pdf.</p> <p>Discussion:</p>

			<p>Shundra King (member)- With the associate level counselors changing and not billing under the supervisor if they were to have a private practice would they be able to get in network with the MCO's?</p> <p>Teresea Claycamp (DBHR)- Associate level folks still need to have supervision, they can not work independently, So what I would envision is the possibility to be within like a group practice and being able to bill for those services, but they would need to make sure that they were following the DH guidelines on that supervision piece because in the RCW is very clear about you can't practice independently,</p> <p>Chris Tippet (guest)-raised concerns about if a physical health care entity such as a hospital or clinic can hire SUDPs and start billing, it will make it even harder to attract and hire them for outpatient SUD facilities.</p> <p>Teresa Claycamp (DBHR)- Doesn't see it being very lucrative for physical health entities to start offering these services, but it may be more feasible for rural health clinics or FQHC's due to how they are funded.</p> <p>Tana Russell (guest)- Wanted to let the room know that as of January 1st, 2024, Medicaid is now also able to cover problem gambling services</p>
11. Workforce Presentation	1:30 p.m.	Steve Perry, Todd Jensen,	See Workforce Presentation BHAC 3.6.2024 pdf
12. Workforce Discussion	1:50 p.m.	All	<p>Tessa Clements (Member): Do we have a specific number of how short we are on licensed behavioral health professionals?</p> <p>Steve Perry (DBHR)- There isn't really a handle on measuring shortages, where they are measuring it is usually limited to clinicians such as psychologists, social workers, and psychiatrists and not the entire behavioral health workforce. They are also able to watch the educational trend line bringing folks into the industry.</p> <p>Steve Perry (DBHR)- Starting in 2024/2025 the Department of Health will begin collecting more data on license holders on where they are at, if they are still practicing, and in what setting.</p> <p>Steve Perry (DBHR)- there also needs to be more agreement on which providers should be included, for example Washington is investing a lot of money into the peer workforce but generally it isn't the kind of workforce the people in the data discussion are thinking about.</p>

Steve Perry (DBHR)- There is this concept of a “leaky bucket” with holes in it that represent workforce, so we can keep pouring in professionals but if we keep leaking them due to turnover due to burnout, higher paying health systems, ect, we never get a sense of where we are at.

James Fisk (guest)- Has seen a drop in morale due to some things happening systemically in mental health where you aren’t able to detain and transfer people getting them help. So, we’ve lost numerous mental health professionals because they don’t see a resolution to what’s happening.

Steve Perry (DBHR)- good example of how these are complex issues without a single solution. Need targeted investment, payment policy reform, expanded pipelines. We are also looking at the education arc in mental health and SUD programs and college where completion rates are actually declining.

Chirs Tippet (guest)- shared at his SUD program he sees where someone starts as a trainee but have been losing them because they look at what a recovery coach is making vs a counselor or case manager.

Chris Tippet (guest)- Had a patient denied admission by their insurance due to them needing to be assessed by a licensed mental health professional. The insurance provider mentioned that if SUDPs were licensed rather than certified that would have been sufficient.

Tana Russell (guest)- shared statistics on those who had licenses and certifications in mental health in WA as of 3 years ago, roughly 23,000, 4,500 were SUDP, 35 were problem gambling, and 2 where video game addiction, her group (evergreen council on problem gambling) is working to provide grants to increase problem gambling professionals.

Steve Perry (DBHR)- shared about going to a presentation about long term care workers who have historically had very high turnover rates and saw a facility that went from a 50% turnover rate to 20% in 18 months by implementing structural change focusing on the workforce.

Steve Perry (DBHR)- has seen surveys of clinician retention rate in behavioral health retention where turnover is in the high 30% which means that organizations are continually investing in recruitment, training on boarding, only to lose them again.

John King (guest)- Sees retention as really being about workplace culture and if it is people centered. Past employers had morale funds where workers could use for team bonding, and it created an environment where they really enjoyed showing up. When it's centered entirely on the productivity of work, everything is commodified, and people burn out really quick.

Richelle Madigan (co-chair)- echoed from her experience in business the importance of keeping the employees you have and being people centered not just with customers but employees too.

Carolyn Cox (guest)- it looks like there is a lot of money and research going into recruitment and retention strategies but is wondering if there are funds going into innovative ideas that are person centered and based on fostering cultures of belonging and selfcare.

Carolyn Cox (guest)- is working with agencies where she is seeing them losing people because they are not letting them go to training, not letting them be innovative in the way they do things are stuck with rising caseloads outside their scope of work. Sees family peers with case loads of up to 30 families and supervising and they can't keep up. Unless their organization restructures around them, they're going to lose them.

Janice Schutz (guest)- There is a culture shift happening right now across all workforces where people are less tolerant of unsuitable treatment at work, and for years statistics have shown people often quite their jobs because of a poor supervisor or boss.

Janice Schutz (guest)- This is a high stress job. People need to be treated with respect to their own needs regardless of where they are in the workforce. no longer is 40 hour work week from 8 to 5 daily suitable work schedule for many people without having flexibility to attend to family means medical needs, other things that might need to happen during the business day and just something as shifting as small as that a little bit of flex time in scheduling without people having to take PTO or gets, you know, make special requests to go to a doctor's appointment on.

Ramon Razo (guest)- Shared his work with gang intervention and substance abuse in middle school and a lot of the issues with joining gangs and substance use is the kids coming from good families, but parents couldn't/can't take the day off because they are stuck in the office. You'd see this in Hispanic

communities where it was coming from families that couldn't take the day off because they were working the fields but now, you're seeing it from every walk of life because nobody is home. Kids get out of school at 2:00pm and parents aren't off till 5:00pm.

Ramon Razo (guest)- Employers, especially in behavioral health have to stop looking at caseload and numbers and start looking at ways to support staff.

Nelson Rascon (member)- Shared that the last organization he worked for before joining Dad's Move full time, his health decreased to the point where his wife told him to quit his job. Morale, lack of support was so bad, there was no other choice.

John King (guest)- talked about his current job and how it has changed for the better where at the beginning there was so much pressure to have high productivity or they would lose the program, but instead they started losing people, so they turned around and started asking, why did you want to do this in the first place? What really lights you up? No focus on productivity and instead focusing on where they could bring their passion into it. There was real collaboration and productivity that went through the roof.

Tana Russell (guest)- had three thoughts to add:

- There should be some type of mandate that requires that clinical supervision could not be done by the person who can fire you. Clinical supervision should be separate from administrative supervision.
- Those with specialties such as EMDR or even an area of focus such and problem gambling, those need to be respected with higher pay for the things that they can do that no one else can.
- For bilingual providers if they are asked to do sessions in one language and then do their notes in English, they need to be compensated for their translation services and should never be asked to provide translation services for their office, a professional service should be brought in.

James Fisk (guest)- when you lose people, you lose information, business practices, treatment plans, historical knowledge that takes a long time to get back.

Joseph Hunter (guest)- His organization has continuing education funds that he can tap into such as a typing class or pretty much anything to do your job better. They have bowling and pizza parties where nothing is discussed about work but just

to grow bonds with colleagues. They do weekly wellness checks and encourage vulnerability. It is something he's never had before in a workplace and makes him want to stay.

Joesph Hunter (guest)- Peers can't work from an empty cup. If you're working from an empty cup, you're risking yourself and the person you're working with, I think it's true for all people.

Janice Schutz (guest): PTO is important and being able to flex one's schedule. In the past when she needed to do something with her family or for her mental health, she was always asked how she was going to make up those hours.

Tessa Clements (member)- Shared that supervisors are often also pouring from an empty cup. Supervisors often aren't trained in how to be good supervisors or given the resources to seek it out. Continuing education should be provided at all levels.

Janice Schutz (guest): Wants to do a quick plug for something the Healthcare Authority is sponsoring right now called coach approach for adaptive leadership, it's a free training through the system of care grant.

Richelle Madigan (co-chair)- Shared that there should be incentives for people to actually do continuing education and additional training to motivate people to authentically engage.

Tessa Cements: (member) – shared in a previous job her work was able to offer from MD's down to physician assistants a \$800 stipend to anyone who took their waiver to prescribe suboxone. So those incentives exist and do work.

Jasmine Martinez (guest)- Shared that she is seeing this type of person-centered approach modeled at HCA where top leadership is modeling this from the top down. Where they say I am going to take the day off because of what happened in yesterday's meeting, and you don't have burnout or moral injury.

Tana Russell (guest)- Shared a story of an employer offering a free financial management class to their employees and partners and then gave them a \$100 incentive with the understanding that if individuals can improve their home life, that would reflect into improving their productivity.

Shiya Grant (guest)- Shared her experience working in different industries and what an incredible difference it made in the workplace when it was person centered.

			Vanessa Lewis (co-chair)- Shared her story of joining her organization PAVE and how the original owner brought her there and exhibited many of the qualities that have been shared. The small things are the reason she stayed. Shared how her organization just hosted a community engagement event making candles, where they took some of the kids they served and board members and just had an environment where they could show workers how much they appreciated their work and sacrifice.	
13.	Action Items and May agenda items	2:20 p.m.	Richelle Madigan and Vanessa Lewis	<ul style="list-style-type: none"> Reach out to the national technical assistance and training center for Strategic Planning at the May meeting. Possibly review Decision Packages, Overview of 2024 legislative session, list of historically overallocated block grant projects.
14.	Council Member Roundtable/Announcements	2:30 p.m.	All	<p>Tana Russell (guest)- March is Problem Gambling Month, the Evergreen Council on Problem Gambling is holding a problem gambling screening day 3/12/2024.</p> <p>Jasmine Martinez- A Common Voice is holding a parent’s peer support training called Parents Empowering Parents. The first one will be in Spokane in May and planning to do one in Greys Harbor</p> <p>Richelle Madigan (co-chair)- BHAC is recruiting new members. It is an all day meeting every other month. If you don’t have the capacity to commit to being a member, you are also always welcome to come to a BHAC meeting as they are open to the public.</p> <p>Carolynn Cox (guest)- SPARK received the Youth Network Behavioral Health Grant, so going to be doing a lot of work with family, youth, and system partners.</p>
15.	Adjourn	3 p.m.	All	

Action Items/Decisions

#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
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1.	Reach out to National technical assistance and training center training for strategic planning, potentially for the May meeting.	Nathan Lusk	3/6/2024		
2.	Create another discussion forum for other areas of the block grant	TBD	3/6/2024		
3.	Draft a Peer Supports and Workforce document capturing today meeting for recommendations for SAMHSA	Nathan Lusk	3/6/2024		
4.					
5.					
6.					